

Return of Organization Exempt From Income Tax

2024

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

Form header section containing fields B through M: B Check if applicable, C Name of organization (COMMUNITY SERVICE SOCIETY OF NEW YORK), D Employer identification number (13-5562202), E Telephone number (212-254-8900), G Gross receipts \$ (108,827,035), H(a) Is this a group return for subordinates? (No), H(b) Are all subordinates included? (No), I Tax-exempt status (501(c)(3)), J Website (WWW.CSSNY.ORG), K Form of organization (Corporation), L Year of formation (1939), M State of legal domicile (NY).

Part I Summary

Table with 22 rows detailing financial and governance information. Rows 1-7: Activities & Governance (Mission, members, employees, volunteers, revenue). Rows 8-19: Revenue and Expenses (Contributions, program revenue, salaries, fundraising, other expenses). Rows 20-22: Net Assets or Fund Balances (Total assets, liabilities, net assets).

Part II Signature Block

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

Signature block section containing fields for Sign Here (Signature of officer: DAVID R. JONES, PRESIDENT/CEO), Paid Preparer (Preparer's name: PATRICIA DIAZ, CPA; Signature: Patricia Diaz; Date: 03/05/26; PTIN: P01362006), and Use Only (Firm's name: DORFMAN ABRAMS MUSIC, LLC; Firm's EIN: 22-1655803; Firm's address: 250 PEHLE AVE., SUITE 702, SADDLE BROOK, NJ 07663; Phone no.: 201-403-9750).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE COMMUNITY SERVICE SOCIETY OF NEW YORK (CSS) HAS WORKED WITH AND FOR NEW YORKERS SINCE 1843 TO PROMOTE ECONOMIC OPPORTUNITY AND CHAMPION AN EQUITABLE CITY AND STATE. WE POWER CHANGE THROUGH A STRATEGIC COMBINATION OF RESEARCH, SERVICES, AND ADVOCACY TO MAKE NEW

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 30,651,707. including grants of \$ 16,097,079.) (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; THE MANAGED CARE CONSUMER ASSISTANCE PROGRAM (MCCAP); INTELLECTUAL AND DEVELOPMENTAL DISABILITIES OMBUDS PROGRAM (IDDO); AND COMMUNITY HEALTH ACCESS FOR ADDICTION AND MENTAL HEALTHCARE PROJECT (CHAMP). FOR MANY OF THESE PROJECTS, CSS SUBCONTRACTS WITH NETWORKS OF COMMUNITY-BASED ORGANIZATIONS TO SERVE CONSUMERS ACROSS NEW YORK STATE. TOGETHER, IN FY 2025, CSS'S HEALTH COVERAGE DIRECT SERVICES PROGRAMS SERVED CONSUMERS

4b (Code: ) (Expenses \$ 1,781,436. including grants of \$ ) (Revenue \$ ) RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP CORE PROGRAM) HIGHLIGHTS DURING FY2025 ARE AS FOLLOWS: -A TOTAL OF 1,248 VOLUNTEERS WERE ACTIVE IN THE AMERICORPS SENIORS RSVP PROGRAM IN FY 2025 -RSVP CORE PROGRAM HAS PARTNERSHIPS WITH 134 COMMUNITY-BASED ORGANIZATIONS WHO UTILIZE VOLUNTEERS TO MEET COMMUNITY NEEDS THROUGH IMPACTFUL, ONGOING SERVICE. THE ACTIVITIES PERFORMED BY VOLUNTEERS INCLUDE ACCESSING HEALTH CARE; PROVIDING FRAUD PREVENTION EDUCATION; FIGHTING FOOD INSECURITY; HOME MEAL DELIVERY; REDUCING SOCIAL ISOLATION BY PROVIDING COMPANIONSHIP; TUTORING AND MENTORING STUDENTS OF ALL AGES; REMOVING BARRIERS RESULTING FROM CONVICTION HISTORIES; BUILDING CAPACITY IN COMMUNITY-BASED ORGANIZATIONS; AND SUPPORTING VETERANS AND

4c (Code: ) (Expenses \$ 3,219,741. including grants of \$ 129,268.) (Revenue \$ ) EDUCATION DEBT CONSUMER ASSISTANCE PROGRAM (EDCAP) PROGRAM HIGHLIGHTS DURING FY2025 ARE AS FOLLOWS: -STATEWIDE CAMPAIGNS: EDCAP'S EXTENSIVE OUTREACH AND EDUCATIONAL CAMPAIGNS REACHED OVER 6.9 MILLION NEW YORKERS, RAISING AWARENESS AND ADDRESSING KEY STUDENT DEBT TOPICS. THIS REPRESENTS AN INCREASE FROM LAST YEAR, DRIVEN BY GROWTH IN OUR PRE-COLLEGE COUNSELING AS WELL AS HIGHER EDUCATION AND FINANCIAL AID CONTENT. -EDUCATIONAL WORKSHOPS AND COUNSELING: WE ENGAGED 16,388 BORROWERS THROUGH EDUCATIONAL WORKSHOPS AND CONDUCTED 7,300 INDIVIDUAL COUNSELING SESSIONS, PROVIDING THEM WITH THE KNOWLEDGE AND TOOLS NECESSARY TO EFFECTIVELY MANAGE THEIR STUDENT DEBT. -FINANCIAL IMPACT: EDCAP SECURED OVER \$10 MILLION IN SAVINGS FOR

4d Other program services (Describe on Schedule O.) (Expenses \$ 6,477,063. including grants of \$ 1,511,689.) (Revenue \$ 168,955.)

4e Total program service expenses 42,129,947.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	X	

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

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax filings, foreign accounts, and charitable contributions.

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed NY, NJ, CT, FL
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
CHARLES TARMINA, CFO - 212-254-8900  
633 THIRD AVENUE, 10TH FLOOR, NEW YORK, NY 10017

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JACQUELINE KOPPELL TRUSTEE	1.00	X						0.	0.	0.
(2) ANGELA DORN TRUSTEE	1.00	X						0.	0.	0.
(3) DAVID J. POLLAK TRUSTEE	1.00	X						0.	0.	0.
(4) MELINDA DUTTON TRUSTEE	1.00	X						0.	0.	0.
(5) KAREN Y. BITAR, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(6) GEOFFREY NEWMAN TRUSTEE	1.00	X						0.	0.	0.
(7) KHALED HARAM TRUSTEE	1.00	X						0.	0.	0.
(8) KHARY LAZARRE-WHITE, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(9) PHYLLIS TAYLOR TRUSTEE	1.00	X						0.	0.	0.
(10) RICHARD W. EADDY TRUSTEE	1.00	X						0.	0.	0.
(11) DONALD W. SAVELSON, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(12) ALEXANDER BARRETT TRUSTEE	1.00	X						0.	0.	0.
(13) ROBERT MCCABE TRUSTEE	1.00	X						0.	0.	0.
(14) GAYLE HORWITZ TRUSTEE	1.00	X						0.	0.	0.
(15) COREY JOHNSON TRUSTEE	1.00	X						0.	0.	0.
(16) MICHAL ROSENN TRUSTEE	1.00	X						0.	0.	0.
(17) AIMEE SCILLIERI TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MATTHEW J. CAMP TRUSTEE	1.00	X						0.	0.	0.
(19) KIMBERLY CHIN TRUSTEE	1.00	X						0.	0.	0.
(20) ABIGAIL FEUER TRUSTEE	1.00	X						0.	0.	0.
(21) RICHARD GOTTFRIED TRUSTEE	1.00	X						0.	0.	0.
(22) DOUGLAS LAWRENCE TRUSTEE	1.00	X						0.	0.	0.
(23) MARK R. LOFTON TRUSTEE	1.00	X						0.	0.	0.
(24) KATHRYN METCALFE TRUSTEE	1.00	X						0.	0.	0.
(25) TEAL NEWLAND TRUSTEE	1.00	X						0.	0.	0.
(26) SARAH S. PARK TRUSTEE	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								3,634,821.	0.	408,450.
<b>d Total (add lines 1b and 1c)</b> .....								3,634,821.	0.	408,450.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 12

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SANDHURST ASSOCIATES LTD, 299 PARK AVENUE, 42ND FL, NEW YORK, NY 10171	CONDOMINIUM MAINTENANCE CHARGES	668,395.
FAIRCOM NEW YORK, INC., 12 WEST 27TH STREET, 13TH FLOOR, NEW YORK, NY 10001	PROFESSIONAL FUNDRAISING	549,046.
SEVEN LETTER, 1140 CONNECTICUT AVE NW STE 800, WASHINGTON, DC 20036	CONSULTING	461,000.
SONI RESOURCES GROUP LLC 174 JAY COURT, CROSS RIVER, NY 10518	TEMP AGENCY	242,688.
WELLSPRING CONSULTING LLC, 24-01 44TH ROAD, 15TH FLOOR, LONG ISLAND CITY, NY	CONSULTING	196,400.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 14

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ANGELA OUTLAW-MATHENY TRUSTEE	1.00	X						0.	0.	0.
(28) TERRY AGRIS TRUSTEE	1.00	X						0.	0.	0.
(29) MICHAEL HORODNICEANU, PH.D TRUSTEE (TERM FY25)	1.00	X						0.	0.	0.
(30) FLORENCE FRUCHER TRUSTEE	1.00	X						0.	0.	0.
(31) JEFFREY J. WEAVER TRUSTEE (TERM FY25)	1.00	X						0.	0.	0.
(32) REGAN KELLEY ORILLAC TRUSTEE	1.00	X						0.	0.	0.
(33) PATRICIA GLAZER TRUSTEE (TERM FY25)	1.00	X						0.	0.	0.
(34) KEN SUNSHINE TRUSTEE	1.00	X						0.	0.	0.
(35) MARK A. WILLIS BOARD CHAIR	1.00	X	X					0.	0.	0.
(36) MAGDA JIMENEZ TRAIN, ESQ. BOARD VICE CHAIR	1.00	X	X					0.	0.	0.
(37) JERRY WEBMAN BOARD TREASURER	1.00	X	X					0.	0.	0.
(38) JOSEPH J. HASLIP BOARD SECRETARY	1.00	X	X					0.	0.	0.
(39) DAVID R. JONES, ESQ. PRESIDENT/CEO	35.00		X				823,790.	0.	72,286.	
(40) STEVEN L. KRAUSE EXECUTIVE V.P./COO	35.00		X				494,343.	0.	54,234.	
(41) SARA GRIBBON GENERAL COUNSEL	35.00		X				209,776.	0.	6,024.	
(42) CHARLES TARAMINA CFO	35.00		X				236,581.	0.	6,121.	
(43) ELISABETH RYDEN BENJAMIN VP HEALTH INITIATIVES	35.00		X				354,359.	0.	20,204.	
(44) ALINA MOLINA VP OF PROGRAM SERVICES	35.00		X				229,861.	0.	22,107.	
(45) M. DEAN BRADLEY VP FOR ADMINISTRATION	35.00		X				221,180.	0.	31,729.	
(46) ADRIANA PEZZULI VP OF DEVELOPMENT	35.00				X		210,059.	0.	47,517.	
Total to Part VII, Section A, line 1c										



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	1 b	Membership dues					
	1 c	Fundraising events	4,214.				
	1 d	Related organizations					
	1 e	Government grants (contributions)	35,551,009.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	2,727,241.				
	1 g	Noncash contributions included in lines 1a-1f	\$				
	1 h	<b>Total.</b> Add lines 1a-1f		38,282,464.			
Program Service Revenue	2 a	PROGRAM SERVICE FEES	611420	168,955.	168,955.		
	2 b						
	2 c						
	2 d						
	2 e						
	2 f	All other program service revenue					
	2 g	<b>Total.</b> Add lines 2a-2f		168,955.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,452,201.		5,452,201.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	4,800.			
			(ii) Personal				
			6 a	4,800.			
	6 b	Less: rental expenses	6 b	0.			
	6 c	Rental income or (loss)	6 c	4,800.			
	6 d	Net rental income or (loss)		4,800.		4,800.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	64,843,985.			
			(ii) Other				
			7 a	64,843,985.			
	7 b	Less: cost or other basis and sales expenses	7 b	58,587,433.			
	7 c	Gain or (loss)	7 c	6,256,552.			
7 d	Net gain or (loss)		6,256,552.		6,256,552.		
8 a	Gross income from fundraising events (not including \$ 4,214. of contributions reported on line 1c). See Part IV, line 18	8 a	74,630.				
		8 b	68,815.				
8 c	Net income or (loss) from fundraising events		5,815.		5,815.		
9 a	Gross income from gaming activities. See Part IV, line 19	9 a					
		9 b					
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10 a					
		10 b					
		10 c					
10 d	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	11 b						
	11 c						
	11 d	All other revenue					
	11 e	<b>Total.</b> Add lines 11a-11d					
12	<b>Total revenue.</b> See instructions		50,170,787.	168,955.	0.	11,719,368.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	17,718,173.	17,718,173.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	19,862.	19,862.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,564,143.	1,971,951.	450,885.	141,307.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	15,920,610.	14,716,407.	441,248.	762,955.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,248,004.	1,179,266.		68,738.
9 Other employee benefits	1,180,701.	1,172,058.		8,643.
10 Payroll taxes	1,309,489.	1,189,654.	56,945.	62,890.
11 Fees for services (nonemployees):				
a Management				
b Legal	116,424.		116,424.	
c Accounting	130,490.		130,490.	
d Lobbying	239,888.	239,888.		
e Professional fundraising services. See Part IV, line 17	105,455.			105,455.
f Investment management fees	531,152.		531,152.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,599,343.	1,081,782.	423,282.	94,279.
12 Advertising and promotion	364,895.	351,976.	8,194.	4,725.
13 Office expenses	29,958.	23,297.		6,661.
14 Information technology				
15 Royalties				
16 Occupancy	890,198.	716,436.	137,557.	36,205.
17 Travel	222,529.	126,002.	96,304.	223.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	203,359.	68,764.	132,943.	1,652.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,306,165.	792,648.	465,011.	48,506.
23 Insurance	226,827.	9,951.	216,876.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>SOFTWARE SUBSCRIPTIONS</b>	503,583.	199,123.	292,035.	12,425.
b <b>POSTAGE</b>	371,916.	30,237.	4,222.	337,457.
c <b>TELEPHONE AND COMMUNICA</b>	365,457.	290,491.	68,474.	6,492.
d <b>SUPPLIES</b>	170,530.	107,835.	60,325.	2,370.
e All other expenses	236,077.	124,146.	104,109.	7,822.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	47,575,228.	42,129,947.	3,736,476.	1,708,805.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	1,849,436.	1	1,483,565.
	2	Savings and temporary cash investments	5,678,576.	2	4,217,285.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	19,737,649.	4	21,449,448.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	655,132.	9	470,597.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	40,044,563.		
	b	Less: accumulated depreciation	13,965,984.	10c	26,078,579.
	11	Investments - publicly traded securities	158,856,078.	11	169,267,821.
	12	Investments - other securities. See Part IV, line 11	10,912,842.	12	13,870,805.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	54,119,912.	15	59,226,445.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	278,992,856.	16	296,064,545.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	9,511,737.	17	10,406,212.
	18	Grants payable		18	
	19	Deferred revenue	922,363.	19	968,177.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	10,434,100.	26	11,374,389.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	176,565,359.	27	190,246,719.
	28	Net assets with donor restrictions	91,993,397.	28	94,443,437.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	268,558,756.	32	284,690,156.
33	<b>Total liabilities and net assets/fund balances</b>	278,992,856.	33	296,064,545.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	50,170,787.
2	Total expenses (must equal Part IX, column (A), line 25)	2	47,575,228.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,595,559.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	268,558,756.
5	Net unrealized gains (losses) on investments	5	10,868,122.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,667,719.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	284,690,156.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2024)



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	25,946,344.	24,360,309.	30,305,659.	31,971,614.	38,282,464.	150,866,390.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	25,946,344.	24,360,309.	30,305,659.	31,971,614.	38,282,464.	150,866,390.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						150,866,390.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	25,946,344.	24,360,309.	30,305,659.	31,971,614.	38,282,464.	150,866,390.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	6,916,078.	8,265,109.	3,703,041.	8,610,760.	11,713,553.	39,208,541.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						190,074,931.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	898,229.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	79.37 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	73.61 %
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2024**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**  
**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

Name of organization <b>COMMUNITY SERVICE SOCIETY OF NEW YORK</b>	Employer identification number (EIN) <b>13-5562202</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
b Total lobbying expenditures to influence a legislative body (direct lobbying) .....	239,888.													
c Total lobbying expenditures (add lines 1a and 1b) .....	239,888.													
d Other exempt purpose expenditures .....	41,890,059.													
e Total exempt purpose expenditures (add lines 1c and 1d) .....	42,129,947.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	287,800.	256,750.	282,521.	239,888.	1,066,959.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with 4 columns: Question, (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

Table with 4 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 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 prior year?

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

Table with 4 columns: Question, Yes, No. Rows include: 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); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions.

Part IV Supplemental Information

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

Multiple horizontal lines provided for entering supplemental information.

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

Open to Public  
 Inspection

Name of the organization

COMMUNITY SERVICE SOCIETY OF NEW YORK

Employer identification number

13-5562202

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

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

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

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

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes  No

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

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

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

Yes  No

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	132,711,658.	124,652,469.	117,901,893.	136,891,877.	106,314,598.
b Contributions					
c Net investment earnings, gains, and losses	15,726,550.	17,947,568.	16,785,194.	-17,903,433.	42,033,098.
d Grants or scholarships					
e Other expenditures for facilities and programs	8,100,000.	9,888,379.	10,034,618.	1,086,550.	11,455,819.
f Administrative expenses					
g End of year balance	140,338,208.	132,711,658.	124,652,469.	117,901,894.	136,891,877.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 79.2700 %
  - b Permanent endowment 20.7300 %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                              | Yes                      | No                                  |
|------------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,034,552.		5,034,552.
b Buildings		23,550,930.	5,988,378.	17,562,552.
c Leasehold improvements		8,935,858.	5,753,938.	3,181,920.
d Equipment		2,523,223.	2,223,668.	299,555.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 26,078,579.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) <b>BENEFICIAL INTEREST IN PERPETUAL TRUSTS</b>	<b>49,044,720.</b>
(2) <b>POST-EMPLOYMENT BENEFITS</b>	<b>10,181,725.</b>
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	<b>59,226,445.</b>

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	63,859,987.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	10,868,122.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	2,821,078.
e	Add lines 2a through 2d	2e	13,689,200.
3	Subtract line 2e from line 1	3	50,170,787.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	50,170,787.

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

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

1	Total expenses and losses per audited financial statements	1	47,044,076.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	47,044,076.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	531,152.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	531,152.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	47,575,228.

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

THE COMMUNITY SERVICE SOCIETY OF NEW YORK ENDOWMENT CONSISTS OF INDIVIDUAL DONOR-RESTRICTED ENDOWMENT FUNDS ESTABLISHED TO SUPPORT THE CSS DIRECT SERVICE PROGRAMS, PROGRAM ADMINISTRATION AND GENERAL PURPOSE USE.

CSS ALSO HAS A QUASI ENDOWMENT IN THE AMOUNT OF \$111,244,333 AT JUNE 30, 2025. THIS IS INCLUDED IN NET ASSETS WITHOUT DONOR RESTRICTION ON THE BALANCE SHEET.

**PART X, LINE 2:**

THE ORGANIZATION IS A TAX-EXEMPT ORGANIZATION AS DEFINED BY THE INTERNAL REVENUE CODE, THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE ORGANIZATION HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

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

INTEREST INCOME ON BOOKS OF FRIENDS OF RSVP 182.  
 INVESTMENT EXPENSES NETTED AGAINST INVESTMENT RETURN -531,152.  
 CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN PERPETUAL



**SCHEDULE G  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public  
Inspection

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

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
FAIRCOM NEW YORK, INC. - 12 WEST 27TH STREET, 13TH FL,	DIRECT MAIL AND ONLINE APPEALS		X	186,020.	105,455.	80,564.
<b>Total</b>				186,020.	105,455.	80,564.

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

NY, NJ, FL, CT

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	78,844.		78,844.
	2	Less: Contributions	4,214.		4,214.
	3	Gross income (line 1 minus line 2)	74,630.		74,630.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	16,698.		16,698.
	7	Food and beverages	31,490.		31,490.
	8	Entertainment			
	9	Other direct expenses	20,627.		20,627.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			68,815.
	11	Net income summary. Subtract line 10 from line 3, column (d)			5,815.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |            |   |
|-------------------------------|------------|---|
| a The organization's facility | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter the name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

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

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

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

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

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

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

(I) ADDRESS OF FUNDRAISER:  
 12 WEST 27TH STREET, 13TH FL, NEW YORK, NY 10001

\_\_\_\_\_

\_\_\_\_\_

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**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**COMMUNITY SERVICE SOCIETY OF NEW YORK**

Employer identification number

**13-5562202**

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

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CITY LIMITS NEWS, INC, C/O WE WORK HARLEM - 8 WEST 126TH STREET - NEW YORK, NY 10027	27-0218689	501(C)(3)	47,072.	0.			DIRECT SERVICE
ACTION FOR OLDER PERSONS 609 EAST MAIN STREET, SUITE 11 ENDICOTT, NY 13760	23-7060657	501(C)(3)	184,150.	0.			DIRECT SERVICE
ADIRONDACK HEALTH INSTITUTE INC 100 GLEN STREET, SUITE 1A GLEN FALLS, NY 12801	14-1698269	501(C)(3)	817,108.	0.			DIRECT SERVICE
AIDS COMMUNITY RESOURCE 627 W GENESEE STREET SYRACUSE, NY 13204	16-1359060	501(C)(3)	544,598.	0.			DIRECT SERVICE
ASIAN AMERICANS FOR EQUALITY INC. 108 NORFOLK STREET NEW YORK, NY 10002	13-3187792	501(C)(3)	123,059.	0.			DIRECT SERVICE
BRONX WORKS INC. 60 EAST TREMONT AVENUE BRONX, NY 10453	13-3254484	501(C)(3)	107,718.	0.			DIRECT SERVICE

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

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

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

Schedule I (Form 990) (Rev. 12-2024)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR INDEPENDENCE OF THE DISABLED N.Y. - 1010 AVENUE OF THE AMERICAS SUITE 301 - NEW YORK, NY 10018	13-2984549	501(C)(3)	512,309.	0.			DIRECT SERVICE
CHENANGO HEALTH NETWORK 19 EATON AVENUE NORWICH, NY 13815	52-1987010	501(C)(3)	130,693.	0.			DIRECT SERVICE
COMMUNITY HEALTH ACTION OF STATEN ISLAND, INC. - 56 BAY STREET, 4TH FLR - STATEN ISLAND, NY 10301	13-3556132	501(C)(3)	79,977.	0.			DIRECT SERVICE
COMMUNITY OUTREACH CENTER 21 REMSEN AVE SUITE 201 MONSEY, NY 10952	13-3972370	501(C)(3)	223,657.	0.			DIRECT SERVICE
COORDINATED CARE SERVICES INC. 1099 JAY STREET BUILDING J ROCHESTER, NY 14611	22-2573042	501(C)(3)	190,000.	0.			DIRECT SERVICE
EMERALD ISLE IMMIGRATION CENTER 59-26 WOODSIDE AVE 2ND FLR WOODSIDE, NY 11377	11-2932528	501(C)(3)	115,137.	0.			DIRECT SERVICE
EMPIRE JUSTICE CENTER 1 WEST MAIN STREET, STE 200 ROCHESTER, NY 14614	16-1487925	501(C)(3)	439,875.	0.			DIRECT SERVICE
FAMILY AND CHILDREN'S ASSOCIATION 377 OAK STREET, 5TH FLR GARDEN CITY, NY 11530	11-3422018	501(C)(3)	79,881.	0.			DIRECT SERVICE
FAMILY COUNSELING SERVICES 165 MAIN STREET, SUITE A CORTLAND, NY 13045	16-0975006	501(C)(3)	80,000.	0.			DIRECT SERVICE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FINGER LAKES MIGRANT HEALTH CARE PROJECT INC - PO BOX 423 - PENN YAN, NY 14527	16-1581104	501(C)(3)	1,049,591.	0.			DIRECT SERVICE
HEALTH & WELFARE COUNCIL OF LI, INC. - 110 WAIT WHITMAN RD. SUITE 101 - HUNTINGTON STATION, NY 11746	11-1858098	501(C)(3)	403,583.	0.			DIRECT SERVICE
HEALTHY CAPITAL DISTRICT INITIATIVE - 175 CENTRAL AVENUE, 5TH FLR - ALBANY, NY 12206	10-0000023	501(C)(3)	318,773.	0.			DIRECT SERVICE
HUMAN SERVICES COALITION OF TOMPKINS COUNTY INC - 118N TIGGA ST, STE 304 - ITHACA, NY 14850	16-1036873	501(C)(3)	167,335.	0.			DIRECT SERVICE
INDEPENDENT LIVING CENTER OF HUDSON VALLEY - 15-17 THIRD AVE - TROY, NY 12180	22-2875911	501(C)(3)	60,000.	0.			DIRECT SERVICE
JERICHO ROAD COMMUNITY HEALTH CENTER - 184 BARTON STREET - BUFFALO, NY 14213	42-1571876	501(C)(3)	59,629.	0.			DIRECT SERVICE
KOREAN COMMUNITY SERVICES 203-05 32ND AVE BAYSIDE, NY 11361	23-7348989	501(C)(3)	107,038.	0.			DIRECT SERVICE
LEGAL ACTION CENTER 225 VARICK STREET, SUITE 402 NEW YORK, NY 10014	13-2756320	501(C)(3)	300,000.	0.			DIRECT SERVICE
LEGAL ASSISTANCE OF WESTERN N.Y. 16E MAIN STREET, STE 380 ROCHESTER, NY 14614	16-0955954	501(C)(3)	491,405.	0.			DIRECT SERVICE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL SERVICES OF THE HUDSON VALLEY - 90 MAPLE AVENUE - WHITE PLAINS, NY 10601	13-6265606	501(C)(3)	109,993.	0.			DIRECT SERVICE
MAKE THE ROAD N.Y. 301 GROVE STREET BROOKLYN, NY 11238	11-3344389	501(C)(3)	707,338.	0.			DIRECT SERVICE
MATERNAL-INFANT SRVCS. NETWORK 333 BROADWAY #1 NEWBURGH, NY 12550	06-1286045	501(C)(3)	53,704.	0.			DIRECT SERVICE
MEDICARE RIGHTS CENTER 266 W 37TH STREET, 3RD FLR NEW YORK, NY 10018	13-3505372	501(C)(3)	1,100,780.	0.			DIRECT SERVICE
MOTHERS & BABIES PERINATAL NETWORK OF SC - 346 GRAND AVENUE - JOHNSON CITY, NY 13790	16-1478905	501(C)(3)	64,256.	0.			DIRECT SERVICE
LEGAL SERVICES OF LONG ISLAND INC 1757 VETERANS HIGHWAY, SUITE 50 ISLANDIA, NY 11749	11-2125411	501(C)(3)	293,358.	0.			DIRECT SERVICE
NASSAU-SUFFOLK HOSP. COUNCIL, INC 800 VETERANS MEMORIAL HIGHWAY, SUITE HAPPAGUE, NY 11788	11-3434265	501(C)(3)	58,423.	0.			DIRECT SERVICE
NEIGHBORHOOD LEGAL SERVICES INC 237 MAIN STREET, STE 400 BUFFALO, NY 14203	51-0198935	501(C)(3)	503,688.	0.			DIRECT SERVICE
NEW YORK LEGAL ASSISTANCE GROUP 100 PEARL STREET NEW YORK, NY 10004	13-3505428	501(C)(3)	430,479.	0.			DIRECT SERVICE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH COUNTRY PRENATAL/PERINATAL COUNCIL - 200 WASHINGTON ST, SUITE 300 - WATERTOWN, NY 13601	16-1333337	501(C)(3)	69,303.	0.			DIRECT SERVICE
NYS COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE - 911 CENTRAL AVENUE, P.O BOX 152 - ALBANY, NY 12206	22-2567304	501(C)(3)	150,000.	0.			DIRECT SERVICE
PUBLIC POLICY & EDUCATION FUND 94 CENTRAL AVENUE ALBANY, NY 12206	13-3364209	501(C)(3)	689,474.	0.			DIRECT SERVICE
SAVE THE MICHAELS OF THE WORLD INC 737 DELAWARE AVE, SUITE 101 BUFFALO, NY 14209	46-1191636	501(C)(3)	58,502.	0.			DIRECT SERVICE
SOUTH ASIAN COUNCIL FOR SOCIAL SERV - 143-06 45TH AVENUE - FLUSHING, NY 11355	11-3632920	501(C)(3)	366,825.	0.			DIRECT SERVICE
SOUTHERN ADIRONDACK INDEPENDENT LIVING CENTER - 71 GLENWOOD AVENUE - QUEENSBURY, NY 12804	14-1706914	501(C)(3)	405,839.	0.			DIRECT SERVICE
SOUTHERN TIER INDEPENDENCE CENTER 135 EAST FREDERICK STREET BINGHAMTON, NY 13904	16-1204347	501(C)(3)	124,990.	0.			DIRECT SERVICE
THE ACTOR'S FUND 729 SEVENTH AVENUE, 10TH FLR NEW YORK, NY 10019	13-1635251	501(C)(3)	69,225.	0.			DIRECT SERVICE
THE LEGAL AID SOCIETY OF NORTHEASTERN NY - 95 CENTRAL AVENUE - ALBANY, NY 12206	14-1338448	501(C)(3)	300,000.	0.			DIRECT SERVICE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED JEWISH ORGANIZATION OF WILLIAMSBURG - 32 PENN STREET - BROOKLYN, NY 11249	11-2728233	501(C)(3)	400,369.	0.			DIRECT SERVICE
URBAN HEALTH PLAN INC. 1065 SOUTHERN BOULEVARD BRONX, NY 10459	23-7360305	501(C)(3)	299,274.	0.			DIRECT SERVICE
WESTCHESTER DISABLED ON THE MOVE 984 NORTH BROADWAY, SUITE LL 10 YONKERS, NY 10701	13-3211649	501(C)(3)	444,846.	0.			DIRECT SERVICE
WESTERN NEW YORK INDEPENDENT LIVING INC - 3108 MAIN STREET - BUFFALO, NY 14214-1384	22-2316065	501(C)(3)	439,551.	0.			DIRECT SERVICE
AIM INDEPENDENT LIVING CENTER 271 EAST FIRST STREET CORNING, NY 14830	16-1137097	501(C)(3)	75,788.	0.			DIRECT SERVICE
JULIA DYCKMAN ANDRUS MEMORIAL INC 1156 NORTH BROADWAY YONKERS, NY 10701	13-2793295	501(C)(3)	65,515.	0.			DIRECT SERVICE
PHOENIX HOUSES OF LONG ISLAND INC 34-11 VERNON BLVD LONG ISLAND CITY, NY 11106	11-2307925	501(C)(3)	76,111.	0.			DIRECT SERVICE
SECOND CHANCE OPPORTUNITIES INC 55 COLVIN AVENUE ALBANY, NY 12206	20-8924424	501(C)(3)	79,989.	0.			DIRECT SERVICE
ARISE 635 JAMES STREET SYRACUSE, NY 13203	16-1186293	501(C)(3)	65,857.	0.			DIRECT SERVICE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKLYN LEGAL SERVICES CORPORATION - 105 COURT STREET, 4TH FLOOR - BROOKLYN, NY 11201	13-2605599	501(C)(3)	165,179.	0.			DIRECT SERVICE
CITY BAR JUSTICE CENTER 42 WEST 44TH STREET NEW YORK, NY 10036	13-6003018	501(C)(3)	115,379.	0.			DIRECT SERVICE
DAY CARE COUNCIL OF NEW YORK 1430 BROADWAY SUITE 404 NEW YORK, NY 10018	13-2613479	501(C)(3)	132,944.	0.			DIRECT SERVICE
LIVING INDEPENDENTLY IS FOR EVERYONE AT RCIL INC. - PO BOX 210 - UTICA, NY 13503	22-2402150	501(C)(3)	93,543.	0.			DIRECT SERVICE
PARACHUTE CREDIT COUNSELING INC 40 GARDENVILLE PKWY STE 300 WEST SENECA, NY 14224	16-0909583	501(C)(3)	107,956.	0.			DIRECT SERVICE
UNITED WAY OF LONG ISLAND 819 GRAND BLVD DEER PARK, NY 11729	11-6042392	501(C)(3)	97,291.	0.			DIRECT SERVICE
VOLUNTEER LAWYERS PROJECT OF CNY 221 S. WARREN ST STE 200 SYRACUSE, NY 13202	46-1593349	501(C)(3)	160,693.	0.			DIRECT SERVICE
CENTER FOR SELF ADVOCACY INC 1021 BROADWAY ST 4TH FLOOR BUFFLAO, NY 14212	46-2694388	501(C)(3)	7,500.	0.			DIRECT SERVICE
DIRECTIONS IN INDEPENDENT LIVING INC - 512 WEST STATE STREET - OLEAN, NY 14760	22-2898604	501(C)(3)	59,758.	0.			DIRECT SERVICE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARLEM INDEPENDENT LIVING CENTER INC - 289 SAINT NICHOLAS AVE LL/21 - NEW YORK, NY 10027	13-3642449	501(C)(3)	149,335.	0.			DIRECT SERVICE
INDEPENDENT LIVING INC 5 WASHINGTON TERRACE NEWBURGH, NY 12250	22-2894558	501(C)(3)	111,013.	0.			DIRECT SERVICE
JEWISH COMMUNITY CENTER OF STATEN ISLAND - 1466 MANOR ROAD - STATEN ISLAND, NY 10314	13-5562256	501(C)(3)	198,898.	0.			DIRECT SERVICE
MASSENA INDEPENDENT LIVING CENTER 156 CENTER STREET MASSENA, NY 13662	16-1328750	501(C)(3)	108,901.	0.			DIRECT SERVICE
SOUTHWESTERN INDEPENDENT LIVING CENTER INC - 843 NORTH MAIN STREET - JAMESTOWN, NY 14701	22-2663199	501(C)(3)	80,000.	0.			DIRECT SERVICE

**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	4	6,287.	0.		
EDUCATION - TRAINING	3	9,347.	0.		
CAMPING	2	4,228.	0.		

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

**PART I, LINE 2:**

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

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

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

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) (Rev. 12-2024)

**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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID R. JONES, ESQ. PRESIDENT/CEO	(i)	591,570.	121,000.	111,220.	39,052.	33,234.	896,076.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVEN L. KRAUSE EXECUTIVE V.P./COO	(i)	293,111.	113,000.	88,232.	21,000.	33,234.	548,577.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SARA GRIBBON GENERAL COUNSEL	(i)	180,265.	29,382.	129.	5,404.	620.	215,800.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHARLES TARMINA CFO	(i)	195,414.	38,505.	2,662.	5,843.	278.	242,702.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELISABETH RYDEN BENJAMIN VP HEALTH INITIATIVES	(i)	294,056.	59,450.	853.	6,000.	14,204.	374,563.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ALINA MOLINA VP OF PROGRAM SERVICES	(i)	195,743.	32,477.	1,641.	5,973.	16,134.	251,968.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) M. DEAN BRADLEY VP FOR ADMINISTRATION	(i)	181,792.	38,505.	883.	5,385.	26,344.	252,909.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ADRIANA PEZZULI VP OF DEVELOPMENT	(i)	178,098.	31,767.	194.	5,650.	41,867.	257,576.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JEFFREY N. MACLIN VP FOR GOVERNMENTAL AND PUBLIC RELAT	(i)	200,443.	41,587.	853.	6,000.	37,955.	286,838.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ALIA D. WINTERS VP OF DIGITAL STRATEGY	(i)	169,716.	29,315.	194.	5,392.	37,955.	242,572.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CARRIE ANN TRACY SENIOR DIRECTOR, HEALTH INITIATIVES	(i)	150,478.	14,054.	536.	4,739.	26,344.	196,151.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) EMERITA TORRES VICE PRESIDENT OF POLICY,	(i)	207,605.	39,975.	116.	3,028.	26,815.	277,539.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE CEO/PRESIDENT, DAVID R. JONES RECEIVED THE FOLLOWING BENEFITS DURING THE CALENDAR YEAR ENDED WITHIN THE ORGANIZATION'S FISCAL YEAR:

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 457B PLAN:

DAVID R. JONES: \$23,500

STEVEN L. KRAUSE: \$15,000

SECTION 457F PLAN:

DAVID R. JONES: \$10,000

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 MANAGEMENT CONSULTING FIRM KORN FERRY. 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 MEMBER THE GREATER THE EMPHASIS ON ORGANIZATIONAL GOALS VERSUS INDIVIDUAL GOALS AND THE HIGHER THE POTENTIAL PERCENTAGE BONUS.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

COMMUNITY SERVICE SOCIETY OF NEW YORK

Employer identification number

13-5562202

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
PROMOTE ECONOMIC OPPORTUNITY AND CHAMPION AN EQUITABLE CITY AND STATE.  
WE POWER CHANGE THROUGH A STRATEGIC COMBINATION OF RESEARCH, SERVICES,  
AND ADVOCACY TO MAKE NEW YORK MORE LIVABLE FOR PEOPLE FACING ECONOMIC  
INSECURITY. BY EXPANDING ACCESS TO HEALTH CARE, AFFORDABLE HOUSING,  
EMPLOYMENT, OPPORTUNITIES FOR INDIVIDUALS WITH CONVICTION HISTORIES,  
DEBT ASSISTANCE, AND MORE, WE MAKE A TANGIBLE DIFFERENCE IN THE LIVES  
OF MILLIONS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
YORK MORE LIVABLE FOR PEOPLE FACING ECONOMIC INSECURITY. BY EXPANDING  
ACCESS TO HEALTH CARE, AFFORDABLE HOUSING, EMPLOYMENT, OPPORTUNITIES  
FOR INDIVIDUALS WITH CONVICTION HISTORIES, DEBT ASSISTANCE, AND MORE,  
WE MAKE A TANGIBLE DIFFERENCE IN THE LIVES OF MILLIONS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  
IN OVER 150,000 CASES. THE HEALTH INITIATIVES DEPARTMENT HAS 10 TRAINED  
AND ACTIVE VOLUNTEERS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
MILITARY FAMILIES. VOLUNTEERS SERVE IN BOTH IN-PERSON AND REMOTELY  
BASED ON THE NEEDS OF THE ORGANIZATION WHERE THEY SERVE AND THE  
PREFERENCE OF THE VOLUNTEER.  
-THE RSVP ACES VOLUNTEERS ASSISTED 4,147 CLIENTS (2,320 NEW AND 1,827  
ONGOING) WITH 5,782 PUBLIC BENEFITS. THEY COMPLETED 1,205 APPLICATIONS  
AND RECERTIFICATIONS.  
-THE RSVP FINANCIAL COACHING CORPS (FCC) SUPPORTED 41 FINANCIAL COACHES  
AND ESTABLISHED 21 PARTNER SITES.  
-THE FCC VOLUNTEERS CONDUCTED 1,132 FINANCIAL COACHING SESSIONS ON  
2,523 FINANCIAL TOPICS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
BORROWERS THROUGH FEDERAL RELIEF, FORGIVENESS, AND DISCHARGE PROGRAMS,  
SIGNIFICANTLY REDUCING THEIR FINANCIAL BURDENS. TO DATE, WE HAVE SAVED  
NEW YORKERS MORE THAN \$46.5 MILLION CUMULATIVELY (AS OF 12/6/2025).

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
OTHER PROGRAM SERVICES INCLUDE:  
LEGAL DEPARTMENT  
UNHEARD THIRD  
HOUSING RESEARCH  
YOUTH POLICY  
LABOR MARKET STUDIES  
TRUE COST OF LIVING CAMPAIGN GENERAL  
CITYLIMITS  
INCOME SUPPORT  
BENEFITPLUS  
HIICAP/NYS  
POLITICAL DEPARTMENT  
PUBLIC AFFAIRS  
EXPENSES \$ 6,477,063. INCL GRANTS OF \$ 1,511,689. REVENUE \$ 168,955.

Name of the organization COMMUNITY SERVICE SOCIETY OF NEW YORK	Employer identification number 13-5562202
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FORM 990, PART VI, SECTION B, LINE 11B:  
ELECTRONICALLY DISTRIBUTE THE 990 TO ALL BOARD OF TRUSTEE MEMBERS FOR INFORMATION, REVIEW, AND FEEDBACK.

FORM 990, PART VI, SECTION B, LINE 12C:  
CONFLICT OF INTEREST FORMS ARE DISTRIBUTED AND SIGNED ANNUALLY AT THE JUNE BOARD MEETING. ALL TRUSTEES/OFFICERS/BOARD MEMBERS HAVE ONGOING DUTY TO DISCLOSE ANY CONFLICTS ARISING THROUGHOUT THE YEAR. THE GENERAL COUNSEL MONITORS AND REVIEWS COMPLETED FORMS. IF THERE IS A CONFLICT THE BOARD IS NOTIFIED OF THE CONFLICT. IF SUCH CONFLICT CANNOT BE RESOLVED THE BOARD MEMBER/TRUSTEE/OFFICER IS ASKED TO RESIGN OR TAKE A LEAVE OF ABSENCE. EMPLOYEES ARE NOT REQUIRED TO SIGN THE CONFLICT OF INTEREST STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 15A:  
COMPENSATION OF THE PRESIDENT AND 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 GOVERNANCE AND NOMINATING COMMITTEE OF THE BOARD. THE INDEPENDENT COMPENSATION COUNSULTANT CONDUCTS A COMPENSATION SURVEY AND PRESENTS THE FINDINGS TO THE GOVERNANCE AND NOMINATING COMMITTEE. THE BOARD SIGNS A WRITTEN EMPLOYMENT CONTRACT WITH THE PRESIDENT AND CEO. THE LAST OUTSIDE INDEPENDENT COMPENSATION REVIEW WAS COMPLETED IN 2022 AND THE BOARD HAS ARRANGED TO HAVE ANOTHER INDEPENDENT REVIEW DONE IN THE UPCOMING FISCAL YEAR.

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 XI, LINE 9, CHANGES IN NET ASSETS:

PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST	-686,869.
FRIENDS OF RSVP	2,540.
CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS	3,352,048.
TOTAL TO FORM 990, PART XI, LINE 9	2,667,719.

FORM 990, PART XII, LINE 2C:  
THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization  
**COMMUNITY SERVICE SOCIETY OF NEW YORK**

Employer identification number  
**13-5562202**

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

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

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

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



**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.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FRIENDS OF RSVP, INC.	C	2,116.	CASH/FMV
(2) FRIENDS OF RSVP, INC.	N	0.	NO FEES WERE CHARGED
(3) FRIENDS OF RSVP, INC.	O	0.	NO FEES WERE CHARGED
(4) INSTITUTE FOR COMMUNITY EMPOWERMENT	N	0.	NO FEES WERE CHARGED
(5) INSTITUTE FOR COMMUNITY EMPOWERMENT	O	0.	NO FEES WERE CHARGED
(6)			





IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

COMMUNITY SERVICE SOCIETY OF NEW YORK

13-5562202

Name and title of officer or person subject to tax CHARLES TARMINA CFO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number and description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) (EIN) and that I have examined a copy of the

2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Charles Tarmina

Date 3/12/26

Part III Certification and Authentication

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

20095179691

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Patricia Diaz

Date 03/05/26

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2024)



Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201-0074

**Important Information – Please Read**

**IRS Notice CP211A**

027112.113998.300942.21074 1 AV 0.593 372



COMMUNITY SERVICE SOCIETY OF NEW  
YORK  
633 3RD AVE FL 10  
NEW YORK NY 10017-6701

027112

**November 3, 2025**

## We processed your request for an extension of time to file

We approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans, for employer identification number **13-5562202**.

### What you need to do

---

- **Electronically** file form 990, Return of Organization Exempt From Income Tax, for tax period ending June 30, 2025 by **May 15, 2026**. The IRS will not accept Form 990 filed on paper.
- You can find more information about filing electronically at [IRS.gov/EOeFile](https://www.irs.gov/EOeFile).

### IRS help

---

- Visit [IRS.gov/CP211A](https://www.irs.gov/CP211A).
- Call 877-829-5500 if you can't find what you need online.

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

*E-file*  
OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

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

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.

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>COMMUNITY SERVICE SOCIETY OF NEW YORK</b>	Taxpayer identification number (TIN) <b>13-5562202</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>633 THIRD AVENUE, 10TH FLOOR</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10017</b>	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **CHARLES TARMINA, CFO**  
**633 THIRD AVENUE, 10TH FLOOR - NEW YORK, NY 10010**

Telephone No. **212-254-8900** Fax No. \_\_\_\_\_

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

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 \_\_\_\_\_ or  
 tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.



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

***YEARS ENDED JUNE 30, 2025 AND 2024***

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

Years Ended June 30, 2025 and 2024

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## INDEPENDENT AUDITORS' REPORT

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

### **Opinion**

We have audited the accompanying consolidated financial statements of the Community Service Society of New York (a nonprofit organization) and Affiliates, (the Society), which comprise the consolidated balance sheets as of June 30, 2025 and 2024, and the related consolidated statements of activities, cash flows, and functional expenses for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Community Service Society of New York and Affiliates as of June 30, 2025 and 2024, 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.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Community Service Society of New York and Affiliates and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Financial Statements**

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

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Society's ability to continue as a going concern within one year after the date that the consolidated financial statements are available to be issued.

### **Auditors' Responsibility for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Society's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Society's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

*Dorfman Abrams Music, LLC*

Saddle Brook, New Jersey  
December 19, 2025

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

CONSOLIDATED BALANCE SHEETS  
(in thousands)

ASSETS

	June 30,	
	<u>2025</u>	<u>2024</u>
Assets:		
Cash and cash equivalents	\$ 5,740	\$ 7,567
Investments	183,139	169,769
Government grants and other receivables	21,454	19,738
Prepaid pension and post-retirement benefits	10,182	8,427
Prepaid expenses and other assets	470	654
Beneficial interest in perpetual trusts	49,045	45,693
Property and equipment, net	<u>26,079</u>	<u>27,183</u>
Total assets	<u>\$ 296,109</u>	<u>\$ 279,031</u>

LIABILITIES AND NET ASSETS

Liabilities:		
Accounts payable and accrued expenses	\$ 10,406	\$ 9,507
Refundable advances	<u>968</u>	<u>926</u>
Total liabilities	<u>11,374</u>	<u>10,433</u>
Net assets:		
Without donor restrictions:		
Board designated:		
Quasi-endowment fund	111,244	103,617
Operating reserve	5,000	5,000
Other	1,450	1,338
Bequest	8,040	7,226
Undesignated	<u>64,518</u>	<u>59,382</u>
Total net assets without donor restrictions	<u>190,252</u>	<u>176,563</u>
With donor restrictions:		
Donor restricted endowment funds	29,095	29,095
Beneficial interest in perpetual trusts	49,045	45,693
Purpose restricted	<u>16,343</u>	<u>17,247</u>
Total net assets with donor restrictions	<u>94,483</u>	<u>92,035</u>
Total net assets	<u>284,735</u>	<u>268,598</u>
Total liabilities and net assets	<u>\$ 296,109</u>	<u>\$ 279,031</u>

See Notes to Financial Statements.

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

CONSOLIDATED STATEMENTS OF ACTIVITIES

(in thousands)

	Year ended June 30, 2025			Year ended June 30, 2024		
	Without donor restrictions	With donor restrictions	Total	Without donor restrictions	With donor restrictions	Total
Operating revenue and support:						
Government grants	\$	\$ 35,551	\$ 35,551	\$	\$ 27,607	\$ 27,607
Direct contributions and federated campaigns	617	1,931	2,548	627	3,272	3,899
Bequests	180		180	453		453
Program fees and other revenue	174		174	153		153
Investment return used for operations, net	4,652	3,448	8,100	7,894	1,606	9,500
Special events, net of expenses of \$69 and \$51 in 2025 and 2024, respectively	10		10	32		32
Net assets released from restrictions	43,707	(43,707)		33,238	(33,238)	
Total operating revenue and support	49,340	(2,777)	46,563	42,397	(753)	41,644
Operating expenses:						
Program services:						
Direct program services	37,339		37,339	31,562		31,562
Policy, research and advocacy	3,893		3,893	3,359		3,359
Public interest	910		910	848		848
Total program services	42,142		42,142	35,769		35,769
Supporting services:						
Management and general	3,187		3,187	3,404		3,404
Fundraising	1,709		1,709	1,718		1,718
Total supporting services	4,896		4,896	5,122		5,122
Total operating expenses	47,038		47,038	40,891		40,891
Excess (deficit) of operating revenue over operating expenses	2,302	(2,777)	(475)	1,506	(753)	753
Non-operating activities:						
Investment return in excess of amount used for operations, net	12,074	5,225	17,299	10,746	8,882	19,628
Total non-operating activities	12,074	5,225	17,299	10,746	8,882	19,628
Change in net assets before pension and post-retirement related charges	14,376	2,448	16,824	12,252	8,129	20,381
Pension and post-retirement related charges other than periodic pension cost	(687)		(687)	6,283		6,283
Change in total net assets	13,689	2,448	16,137	18,535	8,129	26,664
Net assets, beginning of year	176,563	92,035	268,598	158,028	83,906	241,934
Net assets, end of year	\$ 190,252	\$ 94,483	\$ 284,735	\$ 176,563	\$ 92,035	\$ 268,598

See Notes to Financial Statements.

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

CONSOLIDATED STATEMENTS OF CASH FLOWS  
(in thousands)

	Year ended June 30,	
	<u>2025</u>	<u>2024</u>
Cash flows from operating activities:		
Change in net assets	\$ 16,137	\$ 26,664
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation	1,307	1,298
Net realized and unrealized gains on investments	(17,125)	(19,391)
Increase in beneficial interest in perpetual trusts	(3,352)	(4,547)
Pension and post-retirement related changes other than net periodic pension cost	687	(6,283)
Changes in operating assets and liabilities:		
(Increase) decrease in:		
Government grants and other receivables	(1,716)	(4,303)
Prepaid expenses and other assets	184	(242)
Prepaid pension and post-retirement benefits	(2,442)	(2,205)
Increase (decrease) in:		
Accounts payable and accrued expenses	899	2,941
Refundable advances	42	489
Net cash used by operating activities	<u>(5,379)</u>	<u>(5,579)</u>
Cash flows from investing activities:		
Purchases of investments	(61,095)	(30,410)
Proceeds from sales/maturities of investments	64,844	35,633
Purchases of property and equipment	(197)	(210)
Net cash provided by investing activities	<u>3,552</u>	<u>5,013</u>
Net change in cash and cash equivalents	(1,827)	(566)
Cash and cash equivalents, beginning of year	<u>7,567</u>	<u>8,133</u>
Cash and cash equivalents, end of year	<u>\$ 5,740</u>	<u>\$ 7,567</u>

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES  
(in thousands)

Years Ended June 30, 2025 and 2024

	Program services expenses							
	Direct program services		Policy, research and advocacy		Public interest		Total	
	2025	2024	2025	2024	2025	2024	2025	2024
Salaries	\$ 13,776	\$ 12,102	\$ 2,104	\$ 2,047	\$ 504	\$ 434	\$ 16,384	\$ 14,583
Fringe benefits and payroll taxes	3,434	3,081	295	261	129	109	3,858	3,451
Total salaries and related expenses	17,210	15,183	2,399	2,308	633	543	20,242	18,034
Professional fees	18,047	14,094	1,118	696	148	180	19,313	14,970
Occupancy	595	535	99	89	22	18	716	642
Software and equipment expenses	215	177	23	22	14	20	252	219
Direct assistance	20	305					20	305
Telephone and communication	266	236	20	19	4	5	290	260
Insurance	10	10					10	10
Support payments	28	57	3	2	47	52	78	111
Conferences, conventions and meetings	50	42	18	12			68	54
Printing and other office expenses	16	6	6	8	2		24	14
Transportation	98	88	28	17			126	105
Supplies	103	88	5	9			108	97
Postage and shipping	30	20	1	1			31	21
Other expenses	34	35	35	41	2	3	71	79
Depreciation	617	686	138	135	38	27	793	848
Total operating expenses	<u>\$ 37,339</u>	<u>\$ 31,562</u>	<u>\$ 3,893</u>	<u>\$ 3,359</u>	<u>\$ 910</u>	<u>\$ 848</u>	<u>\$ 42,142</u>	<u>\$ 35,769</u>

See Notes to Financial Statements.

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES

(in thousands)

Years Ended June 30, 2025 and 2024

	Supporting services expenses						Total operating expenses	
	Management and general		Fundraising		Total		2025	2024
	2025	2024	2025	2024	2025	2024		
Salaries	\$ 784	\$ 1,066	\$ 866	\$ 952	\$ 1,650	\$ 2,018	\$ 18,034	\$ 16,601
Fringe benefits and payroll taxes	152	187	178	177	330	364	4,188	3,815
Total salaries and related expenses	936	1,253	1,044	1,129	1,980	2,382	22,222	20,416
Professional fees	678	674	204	86	882	760	20,195	15,730
Occupancy	138	148	36	33	174	181	890	823
Software and equipment expenses	333	309	13	6	346	315	598	534
Direct assistance							20	305
Telephone and communication	68	66	6	7	74	73	364	333
Insurance	217	200			217	200	227	210
Support payments							78	111
Conferences, conventions and meetings	133	138	2	2	135	140	203	194
Printing and other office expenses			7	104	7	104	31	118
Transportation	96	84			96	84	222	189
Supplies	61	65	2	8	63	73	171	170
Postage and shipping	4	3	337	289	341	292	372	313
Other expenses	58	62	9	6	67	68	138	147
Depreciation	465	402	49	48	514	450	1,307	1,298
Total operating expenses	<u>\$ 3,187</u>	<u>\$ 3,404</u>	<u>\$ 1,709</u>	<u>\$ 1,718</u>	<u>\$ 4,896</u>	<u>\$ 5,122</u>	<u>\$ 47,038</u>	<u>\$ 40,891</u>

See Notes to Financial Statements.

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
(in thousands)

June 30, 2025 and 2024

1. Nature of the Organizations

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), are affiliated through common board control. CSS is a 501(c)(3) nonprofit 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 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's primary goals are to advocate for better job opportunities to break the cycle of intergenerational poverty that particularly affects communities of color; promote policies and programs that advance the economic security of the poor and working poor; and promote health care reform as an essential strategy for alleviating barriers to employment and economic stability.

The Institute is a 501(c)(4) not-for-profit corporation which was established in November 1988 to perform certain electoral advocacy, research, and lobbying activities with other community-based organizations. The Institute did not engage in any activities during either of the years ended June 30, 2025 and 2024.

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 government grants, contributions, and investment income.

2. Summary of significant accounting policies

Principles of consolidation

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

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
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June 30, 2025 and 2024

2. Summary of significant accounting policies (continued)

Basis of presentation

The consolidated financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles (U.S. GAAP). 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:

Net assets without donor restrictions - Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Society. These net assets may be used at the discretion of the Society's management and its Board of Trustees. Included within net assets without donor restrictions are board-designated net assets of \$117,694 and \$109,955 as of June 30, 2025 and 2024, respectively.

Net assets with donor restrictions - Net assets subject to stipulations imposed by donors, and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Society or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Functional allocation of expenses

The costs of providing various programs and support services have been summarized on a functional basis in the consolidated statement of activities and in the consolidated statement of functional expenses. Accordingly, natural expenses attributable to more than one functional expense category are allocated using a variety of cost allocation techniques, such as time and effort, and square footage.

Measure of operations

The statement of activities reports all changes in net assets, including changes in net assets from operating and non-operating activities. Operating activities consist of those items attributable to the Society's ongoing services and amounts appropriated and spent from the Society's investments. Non-operating activities are limited to other investment activity not used in operations, pension related charges other than net periodic pension cost and other activities considered to be of a more unusual or nonrecurring nature.

Fair value of financial instruments

The carrying amounts reported on the consolidated balance sheet of the Society approximate their fair value.

Income taxes

The Society is comprised of tax-exempt organizations as defined by the Internal Revenue Code, though they are subject to tax on income unrelated to its exempt purpose, unless that income is otherwise excluded by the Code. The Society has processes presently in place to ensure the maintenance of their tax-exempt status; to identify and report unrelated income; to determine their filing and tax obligations in jurisdictions for which they have nexus; and to identify and evaluate other matters that may be considered tax positions. The Society has determined that there are no material uncertain tax positions that require recognition or disclosure in the consolidated financial statements.

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
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June 30, 2025 and 2024

2. Summary of significant accounting policies (continued)

Operating revenue and support

The Society recognizes contributions when cash, investments, or other assets; an unconditional promise to give; or a notification of a beneficial interest is received. Bequests are recognized when the Society receives notification that the probate court has declared the will valid. Contributions received are recorded as net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statement of activities as net assets released from restrictions. Conditional promises to give are contributions with a measurable performance or other barrier and a right of return. Contributions with conditions are not recognized until the conditions upon which they depend have been met.

A significant portion of the Society's revenues are derived from cost-reimbursable federal, state, and city contracts and grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Society has incurred expenditures in compliance with specific contract or grant provisions. Amounts received on cost reimbursement grants, prior to incurring qualifying expenditures, are reported as refundable advances in the consolidated balance sheet. Under the terms of funding agreements with various governmental agencies, certain reported expenditures are subject to audit and acceptance by the funding agencies. In the opinion of management, adjustments, if any, resulting from future audits, should not have a material effect on the Society's financial position or changes in its net assets.

In-kind contributions are reflected as contributions at fair value at the date of donation and are reported as support without donor restrictions unless explicit donor stipulations specify how donated assets must be used. The Society did not recognize any in-kind donations during either of the years ended June 30, 2025 or 2024.

Several volunteers have made significant contributions of their time in furtherance of the Society's mission. These services are not reflected in the accompanying consolidated statement of activities because they do not meet the necessary criteria for recognition under U.S. GAAP.

Cash and cash equivalents

Cash and cash equivalents consist of demand deposit accounts and highly liquid financial instruments with original maturities of three months or less. Cash and money market funds held as a portion of the Organization's investment portfolio, are classified as investments and are not considered to be cash equivalents for purposes of the statement of cash flows.

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 consolidated balance sheet. Unrealized gains and losses are included in the changes in net assets without donor restriction for the gains and losses that are unrestricted, and in the changes in net assets with donor restriction for the gains and losses that are restricted for the support of certain programs. Investment fees are netted against the investment return.

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
(in thousands)

June 30, 2025 and 2024

2. Summary of significant accounting policies (continued)

Government grants and other receivables

Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. The discounts on those amounts are computed using risk-adjusted interest rates applicable to the years in which the promises are received. Discount amortization is included in contribution revenue. Conditional promises to give are not included as support until the conditions are met. All government grants and other receivables are expected to be collected within one year for the years ended June 30, 2025 and 2024.

Allowance for doubtful accounts

Government grants and other 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, 2025 and 2024, management determined that an allowance was not necessary.

Beneficial interest in perpetual trusts

The Society has a beneficial interest 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 as increase or decrease in net assets on the consolidated statement of activities.

Property and equipment

Property and equipment are stated at cost, if purchased, or at fair value at the date of the gift, if donated, less accumulated depreciation. The cost of property and equipment purchased in the amount of \$5 or more with an estimated useful life in excess of a year is capitalized. Depreciation is provided in amounts sufficient to amortize the cost of the property and equipment over the estimated useful lives on a straight-line basis.

Building	39 years
Building and improvements	7 - 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 as increase or decrease in net assets. Expenditures for maintenance and repairs are charged to expense as incurred; replacements and betterments that extend the useful lives are capitalized.

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
(in thousands)

June 30, 2025 and 2024

2. Summary of significant accounting policies (continued)

Operating leases - right-of-use assets

The Society recognizes rights and obligations arising from leases as right-of-use (ROU) assets and lease liabilities in the balance sheet in accordance with Accounting Standards Update (ASU) No. 2016-02, Leases. ROU assets and lease liabilities reflect the present value of the future minimum lease payments over the lease term, and ROU assets also include prepaid or accrued rent. Operating lease expense is recognized on a straight-line basis over the lease term. The Society does not report ROU assets and lease liabilities for its short-term leases (leases with a term of 12 months or less) and leases below the ROU assets capitalization policy of \$200. Instead, the lease payments of those leases are reported as lease expense on a straight-line basis over the lease term. The Society evaluated its leases and concluded that there are no material leases, which would require right-of-use assets and related lease liabilities to be recorded.

Estimates

The preparation of 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 disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

Reclassifications

Certain amounts in the 2024 consolidated financial statements have been reclassified to conform to the 2025 presentation.

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
(in thousands)

June 30, 2025 and 2024

3. Availability and liquidity

The following reflects the Society's financial assets as of June 30, 2025, reduced by funds not available for general use due to restrictions imposed by either the governing board and/or donor-imposed restrictions within one year of the consolidated balance sheet date. However, funds already appropriated from donor-restricted endowment for general expenditure within one year of the consolidated balance sheet date are not deemed unavailable.

The following represents the Society's financial assets at June 30, 2025:

Financial assets:	
Cash and cash equivalents	\$ 5,740
Investments	183,139
Government and other receivables	21,454
Beneficial interest in perpetual trusts	<u>49,045</u>
Total financial assets	<u>259,378</u>
Less funds unavailable for general expenditures within one year due to:	
Donor-imposed restrictions	94,483
Board designated net assets	117,694
Less: net assets with restrictions to be met in less than a year	<u>(16,343)</u>
Total funds unavailable for general expenditures within one year	<u>195,834</u>
Financial assets available for general expenditures within one year	<u>\$ 63,544</u>

The Society's operations are substantially supported by government grants and restricted contributions. Because donor-imposed restrictions or contractual obligations require resources to be used in a particular manner or in a future period, the Society must maintain sufficient resources to meet these responsibilities. Thus, financial assets may not be available for general expenditure within one year. As part of the Society's liquidity management, there is a policy in place to structure financial assets to be available as obligations become due. The Society's goal is generally to maintain financial assets to meet 90 days of operating expenses, approximately \$11,760. Cash in excess of daily requirements is invested in short-term investments.

In addition, the governing board has designated certain funds (see Note 11) that may be drawn upon in the event of financial distress or an immediate liquidity need resulting from events outside the typical life cycle of converting financial assets to cash or settling financial liabilities. The Society also had \$6,000 available on its line of credit to meet unanticipated liquidity needs at June 30, 2025 (see Note 8).

4. Risks and uncertainties

Financial instruments that potentially subject the Society to concentrations of credit risk consist principally of cash and cash equivalents, investments, and government grants and other receivables. The Society maintains its cash and cash equivalents 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 Society limits its exposure by performing periodic evaluations of the financial institution where it maintains its cash and cash equivalents. Investments are exposed to various risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect the amounts reported in the consolidated financial statements. Concentration of credit risk with respect to receivables is limited due to the fact that they are mainly derived from governmental agencies. The Society has not experienced, nor does it anticipate, any losses with respect to such accounts.

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
(in thousands)

June 30, 2025 and 2024

5. Government grants and other receivables

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

	<u>2025</u>	<u>2024</u>
Government receivables:		
U.S. Department of Health and Human Services:		
Community Health Advocate	\$ 2,578	\$ 6,092
Navigator Program Grant	2,807	3,296
ABD Healthcare Program Grant	<u>5,686</u>	<u>2,351</u>
	11,071	11,739
Corporation for National and Community Service:		
RSVP Program	139	160
New York State Department of Health:		
ICAN Healthcare Program Grant	2,257	1,786
New York City DOHMH:		
MCCAP and Access Health NYC grant	633	761
New York State Department of Financial Services:		
EDCAP Program	1,789	976
New York State Department of State:		
EDCAP Program		51
Other government receivables	<u>2,429</u>	<u>1,155</u>
Total government receivables	18,318	16,628
Non-government receivables	<u>3,136</u>	<u>3,110</u>
	<u>\$ 21,454</u>	<u>\$ 19,738</u>

At both June 30, 2025 and 2024, all receivables were expected to be collected within one year.

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
(in thousands)

June 30, 2025 and 2024

6. Fair value measurements

The framework for measuring fair value provides 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** - Valued at the closing price reported on the active market on which the individual securities are traded.

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

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

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

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

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
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June 30, 2025 and 2024

6. Fair value measurements (continued)

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

	2025		2024	
	Cost	Fair value	Cost	Fair value
Money market funds	\$ 14,416	\$ 14,416	\$ 8,508	\$ 8,508
Fixed income:				
U.S. government and agency	6,614	6,587	5,896	5,788
Corporate bonds	2,414	2,469	2,782	2,787
Mutual funds:				
Equity	70,321	117,413	71,372	110,260
Fixed income	5,264	4,948	8,849	8,302
Alternative investment	6,222	8,404	6,086	6,868
U.S. equity	8,890	9,619	9,426	10,912
Non-U.S. equity	9,961	13,817	10,047	12,299
Private equity	4,364	5,466	2,997	4,045
	<u>\$ 128,466</u>	<u>\$ 183,139</u>	<u>\$ 125,963</u>	<u>\$ 169,769</u>

The classification of the Society's investment securities at fair value is as follows at June 30, 2025:

	Level 1	Level 2	Level 3	Total
Money market funds (at cost)	\$	\$	\$	\$ 14,416
Fixed income:				
U.S. government and agency	6,587			6,587
Corporate bonds	2,469			2,469
Mutual funds:				
Equity	117,413			117,413
Fixed income	4,948			4,948
Alternative investment			8,404	8,404
U.S. equity	9,619			9,619
Non-U.S. equity	13,817			13,817
Private equity			5,466	5,466
	<u>154,853</u>		<u>13,870</u>	<u>183,139</u>
Beneficial interest in perpetual trusts			49,045	49,045
	<u>\$ 154,853</u>	<u>\$</u>	<u>\$ 62,915</u>	<u>\$ 232,184</u>

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
(in thousands)

June 30, 2025 and 2024

6. Fair value measurements (continued)

The classification of the Society's investment securities at fair value is as follows at June 30, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds (at cost)	\$	\$	\$	\$ 8,508
Fixed income:				
U.S. government and agency	5,788			5,788
Corporate bonds	2,787			2,787
Mutual funds:				
Equity	110,260			110,260
Fixed income	8,302			8,302
Alternative investment			6,868	6,868
U.S. equity	10,912			10,912
Non-U.S. equity	12,299			12,299
Private equity			4,045	4,045
	<u>150,348</u>		<u>10,913</u>	<u>169,769</u>
Beneficial interest in perpetual trusts			45,693	45,693
	<u>\$ 150,348</u>	<u>\$</u>	<u>\$ 56,606</u>	<u>\$ 215,462</u>

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
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June 30, 2025 and 2024

6. Fair value measurements (continued)

The table below sets forth a summary of changes in the fair value of the level 3 assets for the year ended June 30, 2025:

	Permanent Portfolio Fund	Wilshire Private Equity Annual Fund Series L.P.	Total	Beneficial Interest in Perpetual	Total
Balance, beginning of year	\$ 6,868	\$ 4,045	\$ 10,913	\$ 45,693	\$ 56,606
Purchases		1,367	1,367		1,367
Sales		(144)	(144)		(144)
Fees		(30)	(30)		(30)
Interest/dividend income	135	(7)	128		128
Unrealized gain/(loss)	1,401	54	1,455	3,352	4,807
Realized gain/(loss)		181	181		181
Net change	1,536	1,421	2,957	3,352	6,309
Balance, end of year	\$ 8,404	\$ 5,466	\$ 13,870	\$ 49,045	\$ 62,915

The table below sets forth a summary of changes in the fair value of the level 3 assets for the year ended June 30, 2024:

	Permanent Portfolio Fund	Wilshire Private Equity Annual Fund Series L.P.	Total	Beneficial Interest in Perpetual	Total
Balance, beginning of year	\$ 5,770	\$ 3,974	\$ 9,744	\$ 41,146	\$ 50,890
Purchases		409	409		409
Sales		(480)	(480)		(480)
Fees		(33)	(33)		(33)
Interest/dividend income	86	43	129		129
Unrealized gain/(loss)	1,012	71	1,083	4,547	5,630
Realized gain/(loss)		61	61		61
Net change	1,098	71	1,169	4,547	5,716
Balance, end of year	\$ 6,868	\$ 4,045	\$ 10,913	\$ 45,693	\$ 56,606

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
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June 30, 2025 and 2024

6. 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	2025	2024
Permanent Portfolio Fund			The fund seeks to preserve and increase long-term purchasing power value by investing fixed percentages in gold, silver, Swiss Franc assets, stocks of real estate and natural resource companies, aggressive growth stocks, and US Treasury securities.	\$ 8,404	\$ 6,868
Wilshire Private Equity Annual Fund Series, L.P.			<p>The Fund is designed to be a turnkey private equity solution consisting of 6-12 primary fund investments and up to 6 secondary fund investments and direct co-investments diversified by sector and geography. The Fund will be structured to be diversified by sector, industry and geography. Each series containing 6-12 primary fund investments and up to 6 secondary fund investments and direct co-investments would be expected to be in excess of 60 underlying investment positions. We also believe in the importance of vintage year diversification and believe investors can achieve this objective by investing in future annual series offerings.</p> <p>The Fund will follow a legacy of fully discretionary private markets investment vehicles that Wilshire has sponsored. The Fund will seek to develop a diversified portfolio of private equity investments composed primarily of private equity partnerships targeting long-term net returns that are expected to exceed those available through a diversified portfolio of publicly-traded equity securities. The Fund will focus on underserved and niche markets and may include select transactions that could further diversify the portfolio and may generate incremental returns. The fund aims to generate strong risk-adjusted returns on behalf of its investors.</p>	5,466	4,045
				<u>\$13,870</u>	<u>\$10,913</u>

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATE

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
(in thousands)

June 30, 2025 and 2024

6. Fair value measurements (continued)

The following summarizes the net investment return. The classification of the investment return is reported in the consolidated statement of activities.

	<u>2025</u>	<u>2024</u>
Interest and dividend income	\$ 3,097	\$ 3,201
Net realized and unrealized gains on investments	17,125	19,391
Unrealized gains on perpetual trust	3,352	4,547
Perpetual trust investment income	<u>1,825</u>	<u>1,989</u>
	<u>\$ 25,399</u>	<u>\$ 29,128</u>

Consistent with the Society's spending policy during the years ended June 30, 2025 and 2024, \$8,100 and \$9,500 was appropriated and spent, respectively.

7. Property and equipment

A summary of property and equipment is as follows at June 30:

	<u>2025</u>	<u>2024</u>
Land	\$ 5,035	\$ 5,035
Building and improvements	32,487	32,476
Computer and office equipment	<u>2,524</u>	<u>2,332</u>
	40,046	39,843
Less accumulated depreciation	<u>13,967</u>	<u>12,660</u>
	<u>\$ 26,079</u>	<u>\$ 27,183</u>

Depreciation expense for the years ended June 30, 2025 and 2024 was \$1,307 and \$1,298, respectively.

8. Line of credit

The Society has a \$6,000 revolving line of credit with a financial institution that bears interest at SOFR plus 0.95% per annum. The loan is secured by certain investments and expires on November 10, 2026.

There were no outstanding balances as of June 30, 2025 and 2024, and no interest expense was incurred during the years ended June 30, 2025 and 2024..

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS  
(in thousands)

June 30, 2025 and 2024

9. Net assets with donor restrictions and net assets released from donor restrictions

Net assets with donor restrictions are available for the following purposes at June 30:

	<u>2025</u>	<u>2024</u>
Net assets with donor restrictions:		
Donor-imposed restricted endowment funds	\$ 29,095	\$ 29,095
Beneficial interest in perpetual trusts	<u>49,045</u>	<u>45,693</u>
Subject to expenditure for specified purpose:		
Direct program services	15,056	14,702
Policy, research and advocacy	589	1,826
Fundraising	100	
Program administration	<u>598</u>	<u>719</u>
	<u>16,343</u>	<u>17,247</u>
Net assets with donor restrictions	<u>\$ 94,483</u>	<u>\$ 92,035</u>

Net assets released from donor restrictions by incurring expenses satisfying the restricted purpose or by occurrence of the passage of time or other events specified by donors during the fiscal years ended June 30, 2025 and 2024 were as follows:

	<u>2025</u>	<u>2024</u>
Direct service programs	\$ 38,976	\$ 30,652
Policy, research and advocacy	4,361	2,203
Management and general	270	283
Fundraising	<u>100</u>	<u>100</u>
	<u>\$ 43,707</u>	<u>\$ 33,238</u>

COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

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10. Endowment funds

The Society's endowment fund consists of both donor-restricted endowment funds which are classified and reported based on the existence or absence of donor-imposed restrictions and board-designated endowment funds. Board-designated endowment funds are portions of net assets without donor restriction which are designated or earmarked for long-term investment and functions as an endowment (Quasi-endowment). Any donated gift instructions received for particular purpose that the Society is unable to spend in the near term may be designated by the board for long-term investment and recognized as net assets with donor restrictions until those funds are used.

The Society's Board of Trustees is responsible for the long-term investment policies of the endowment funds, unless otherwise specified by the donor.

The Society has adopted the New York Prudent Management of Institutional Funds Act (NYPMIFA). As a result, the Society classifies endowment funds with donor-imposed restrictions as net assets with donor restrictions and income generated from those assets are time restricted until its Board of Trustees appropriates them for expenditure. Most of those funds are also subject to purpose restrictions that may be met before they are released from restrictions.

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.

The Society's Board of Trustees has interpreted this change of policy as not requiring the maintenance of purchasing power of the original gift value contributed to the endowment fund, unless a donor stipulated to the contrary. As a result of this interpretation, when reviewing donor-restricted endowment funds, the Society considers a fund to be underwater if the fair market value of the fund is less than its original initial value of gifts donated, the original value of subsequent gifts added to the fund and or any accumulations to the fund that are required to be maintained in perpetuity in accordance with the direction of the applicable donor gift instrument. NYPMIFA has permitted spending from underwater funds in accordance with prudent measures as required under the law.

In addition to NYPMIFA prudent measures, the Society consider the following factors when determining to appropriate or accumulate donor-restricted endowment funds:

- The purpose of the donor restrictions;
- Anticipated income and appreciation of the assets;
- Preservation and duration of the fund;
- General economic conditions;
- The availability of other resources;
- The investment policies of the Society.

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10. Endowment funds (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 endowment fund 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.

Composition of endowment funds

Endowment funds consist of the following at June 30:

	<u>2025</u>	<u>2024</u>
Donor-restricted endowment funds:		
Income restricted for specific purposes	\$ 4,741	\$ 4,741
Income restricted for program administration	455	455
Income available for general purposes	<u>23,899</u>	<u>23,899</u>
Total donor-restricted endowment funds	<u>29,095</u>	<u>29,095</u>
Board-designated endowment funds:		
Quasi-endowment fund	<u>111,244</u>	<u>103,617</u>
Total endowment funds	<u>\$ 140,339</u>	<u>\$ 132,712</u>

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10. Endowment funds (continued)

Activity within endowment funds

Changes in endowment net assets for the year ended June 30, 2025 are as follows:

	Board-designated endowment funds without donor restrictions	Endowment funds with donor restrictions	Total
Endowment net assets, beginning of year	\$ 103,617	\$ 29,095	\$ 132,712
Investment return:			
Interest and dividend income	1,879	528	2,407
Realized gains	3,767	1,058	4,825
Unrealized gains	6,633	1,862	8,495
Total investment return	12,279	3,448	15,727
Appropriation of endowment income for expenditure	(4,652)	(3,448)	(8,100)
Endowment net assets, end of year	<u>\$ 111,244</u>	<u>\$ 29,095</u>	<u>\$ 140,339</u>

Changes in endowment net assets for the year ended June 30, 2024 are as follows:

	Board-designated endowment funds without donor restrictions	Endowment funds with donor restrictions	Total
Endowment net assets, beginning of year	\$ 97,476	\$ 27,176	\$ 124,652
Investment return:			
Interest and dividend income	1,919	535	2,454
Realized gains	3,050	850	3,900
Unrealized gains	9,066	2,528	11,594
Total investment return	14,035	3,913	17,948
Appropriation of endowment income for expenditure	(7,894)	(1,994)	(9,888)
Endowment net assets, end of year	<u>\$ 103,617</u>	<u>\$ 29,095</u>	<u>\$ 132,712</u>

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11. Board designated net assets

The Society's Board of Trustees has designated from net assets without donor restrictions for the following purposes as of June 30:

	<u>2025</u>	<u>2024</u>
Quasi-endowment fund	\$ 111,244	\$ 103,617
Operating reserve	5,000	5,000
Other	<u>1,450</u>	<u>1,338</u>
	<u>\$ 117,694</u>	<u>\$ 109,955</u>

12. 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 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.

Effective July 1, 2021, the Society amended the DB Plan to freeze accruals under the traditional and cash balance formulas. The impact on the Society was a \$7,393 change in unrestricted net assets, which will be amortized over 10 years at approximately \$801 per annum.

The following table summarizes the DB Plan's funded status at June 30:

	<u>2025</u>	<u>2024</u>
Projected benefit obligation	\$ (45,633)	\$ (43,843)
Fair value of Plan assets	<u>55,815</u>	<u>52,270</u>
Funded status	<u>\$ 10,182</u>	<u>\$ 8,427</u>

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12. Employee benefit plans (continued)

The following table provides information about the weighted average assumptions for the pension benefits as of June 30:

	Pension cost		Pension obligations	
	2025	2024	2025	2024
Weighted-average assumptions as of June 30:				
Discount rate	5.25%	5.00%	5.50%	5.25%
Expected return on Plan assets	7.00%	7.00%	N/A	N/A
Rate of compensation increase	4.50%	4.50%	4.50%	4.50%

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

	2025	2024
Society's contributions	\$ 1,200	\$ 1,200
Benefits paid	\$ 2,443	\$ 2,653

The accumulated benefit obligation for the defined benefit pension plan was \$45,633 and \$43,843 at June 30, 2025 and 2024, respectively.

The PRI2012 table with Generational Projection Scale MP-2021 was the Mortality Table used for both years ended June 30, 2025 and 2024.

An assumed long-term rate of return of 7.00% for both years ended June 30, 2025 and 2024 was used for pension benefits. In developing this rate, the Society evaluated input from its actuaries on asset class return expectations and long-term inflation.

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12. Employee benefit plans (continued)

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

	<u>2025</u>	<u>2024</u>
Beginning balance of cumulative pension related changes other than net periodic pension cost	\$ 8,373	\$ 2,090
Changes:		
Amortization gain	(802)	(802)
Prior service credit	115	7,085
Asset gain	<u>        </u>	<u>        </u>
Net change	<u>(687)</u>	<u>6,283</u>
Ending balance of cumulative pension related changes other than net periodic pension cost	<u>\$ 7,686</u>	<u>\$ 8,373</u>

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12. 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:

	<u>2025</u>	<u>2024</u>
Service costs	\$ 812	\$ 799
Interest cost	2,320	2,182
Expected return on assets	(3,572)	(3,185)
Amortization of prior services credit	<u>(802)</u>	<u>(802)</u>
Net change	<u>\$ (1,242)</u>	<u>\$ (1,006)</u>

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

	<u>Pension benefits</u>
2026	\$ 2,903
2027	3,003
2028	3,040
2029	3,078
2030	3,123
2031 - 2035	<u>15,401</u>
	<u>\$ 30,548</u>

403(b) Plan

In addition, the Society has established a 403(b) plan for all employees; however, only non-union employees are eligible to participate for purposes of matching contributions. The Society matches employee contributions to the Plan at a rate of 50% up to the first 6% of each employee's salary. Salary deferrals in excess of \$12 are not matched. The Society's contributions to the Plan were \$250 and \$212 during the years ended June 30, 2025 and 2024, respectively.

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13. Commitments and contingencies

The Society leases office space in Staten Island, NY for one of its programs. This office lease will expire on April 30, 2026. In addition, the Society leases various equipment and automobiles under operating leases which expire through July 2027. These leases are below the Society's right-of-use assets capitalization policy of \$200. Rent expense for these leases was \$99 and \$91 for the years ended June 30, 2025 and 2024, respectively.

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

Year ending June 30:		
2026	\$	64
2027		<u>21</u>
	\$	<u>85</u>

14. Litigation

The Society is involved in legal matters arising in the normal course of its operations. In the opinion of management, the outcome of any pending claims will not have a material effect on the Society's financial position or results of operations.

15. Significant source of support

The Society received approximately 92% and 86% of its operating revenue and support, excluding investment returns, for the years ended June 30, 2025 and 2024, respectively, from government agencies. Amounts due the Society from these agencies were \$18,318 and \$16,628 at June 30, 2025 and 2024, respectively. Contracts with the funding agencies were renewed at comparable amounts for the upcoming fiscal year.

16. Collective bargaining agreement

Certain employees are covered by a collective bargaining agreement. The agreement with 1199 SEIU United Healthcare Workers East is effective through June 30, 2028. Payments made to the National Benefits fund were \$1,515 and \$1,301 for the years ended June 30, 2025 and 2024, respectively.

17. Subsequent events

Subsequent events have been evaluated through December 19, 2025, which is the date the consolidated financial statements were available to be issued. All subsequent events requiring recognition or disclosure as of June 30, 2025 have been incorporated into these consolidated financial statements. The Society is not aware of any additional material subsequent events.