Forr	" <b>9</b>	90	Return of Organization Exempt Fro			OMB No. 1545-0047
Dana	rtmont c	of the Treesury	Do not enter social security numbers on this form as i	-		Open to Public
Intern	al Reve	of the Treasury	Go to www.irs.gov/Form990 for instructions and the	and the second data and the se		Inspection
					JN 30, 2021	
B C a	heck if pplicabl	e: C Name o	forganization		D Employer identifie	cation number
	Addre chang	COM	UNITY SERVICE SOCIETY OF NEW YORK			
	Name chang	e Doing b	usiness as		13-55622	
	]Initial return Final		· · · · · · · · · · · · · · · · · · ·	om/suite	E Telephone number	
	Final return/ termin ated		THIRD AVENUE, 10TH FLOOR		212-254-	
-	Amen	Carbon .	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	60,798,485.
F	return _Applic _tion		YORK, NY 10017 Ind address of principal officer: DAVID R. JONES		H(a) Is this a group re for subordinates	
	pendir	na	AS C ABOVE		H(b) Are all subordinates in	
1.7	ax-ex		x 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527		list. See instructions
		and the second state of th	CSSNY ORG		H(c) Group exemptio	
			x Corporation Trust Association Other			A State of legal domicile: NY
Pa	art I	Summary				
ø	1	Briefly descril	be the organization's mission or most significant activities: THE MI	SSIO	N OF THE CO	MMUNITY
Activities & Governance		SERVICE	SOCIETY OF NEW YORK (CSS) IS TO ID	DENTI	FY PROBLEMS	WHICH
ŝrne	2	Check this bo	→ If the organization discontinued its operations or disposed	d of more	than 25% of its net as	ssets.
0 N	3	Number of vo	ting members of the governing body (Part VI, line 1a)			33
ۍ ه			dependent voting members of the governing body (Part VI, line 1b)			33
es			of individuals employed in calendar year 2020 (Part V, line 2a)		CONVERTING CONCEPTS FROM A DOM A	149
ivit			of volunteers (estimate if necessary)			600
Act			d business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
пе			and grants (Part VIII, line 1h)		24,169,756.	25,946,343.
Revenue			ice revenue (Part VIII, line 2g)		109,656.	139,005.
Re			come (Part VIII, column (A), lines 3, 4, and 7d)	Contract in the second	21,527,927.	6,916,078.
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	01010-161-0	-2,605.	33,001,426.
_		and the second strategy and the second strategy and the	<ul> <li>add lines 8 through 11 (must equal Part VIII, column (A), line 12)</li> <li>milar amounts paid (Part IX, column (A), lines 1·3)</li> </ul>		45,804,734. 419,546.	500,894.
			to or for members (Part IX, column (A), lines 1-3)		<u>419,540.</u>	<u> </u>
Ś			r compensation, employee benefits (Part IX, column (A), lines 5-10)	15/20021	19,379,072.	20,215,005.
Ise			fundraising fees (Part IX, column (A), line 11e)		100,072.	74,911.
Expense			ing expenses (Part IX, column (D), line 25) <b>1</b> ,076,816			
ŭ			es (Part IX, column (A), lines 11a-11d, 11f-24e)		15,710,723.	15,314,653.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)	Contraction of the second s	35.609.413.	36,105,463.
	10		expenses. Subtract line 18 from line 12	10000A - 10000	10,195,321.	-3,104,037.
Fund Balances				the second se	inning of Current Year	End of Year
sets	20	Total assets (	Part X, line 16)	2	29,905,228.	273,079,053.
t As	21		s (Part X, line 26)		39,488,466.	20,069,919.
N <sup>H</sup>	22		fund balances. Subtract line 21 from line 20	1	90,416,762.	253,009,134.
Pa	irt II	Signatur				
			I declare that I have examined this return, including accompanying schedules an			ly knowledge and belief, it is
true,	correc	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which	n preparer		
		Classetu	e of officer		Date	2/22
Sigr		S			Date	
Her	е		D R. JONES, PRESIDENT/CEO			
				D	ate Check [	PTIN
Daid		Print/Type pre		1.1	3/14/22 self-employ	
Paid Prep		and the second s	K. BALTAZAR, CPA			22-1655803
Use			▶ DORFMAN ABRAMS MUSIC, LLC ▶ 250 PEHLE AVE., SUITE 702 ( )	ND	N/7	AA 10000000
000	July		SADDLE BROOK, NJ 07663	919	Phone no. 2 0	1-403-9750
May	the I	RS discuss th	is return with the preparer shown above? See instructions		U	X Yes No
	01 12-2		For Paperwork Reduction Act Notice, see the separate instructions	s.		Form <b>990</b> (2020)

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

×.	
	990 (2020) COMMUNITY SERVICE SOCIETY OF NEW YORK **-***2202 Page 2 t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE COMMUNITY SERVICE SOCIETY OF NEW YORK (CSS) IS TO
	IDENTIFY PROBLEMS WHICH CREATE A PERMANENT POVERTY CLASS IN NEW YORK
	CITY, AND TO ADVOCATE THE SYSTEMIC CHANGES REQUIRED TO ELIMINATE SUCH
	PROBLEMS. CSS WILL FOCUS ON ENABLING, EMPOWERING AND PROMOTING
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
-	revenue, if any, for each program service reported.
4a	
	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) HARLEM
	HEALTH ADVOCACY PARTNERS; 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
4b	(Code:) (Expenses \$1,997,321. including grants of \$64,869. ) (Revenue \$)
	RETIRED & SENIOR VOLUNTEER PROGRAM (RSVP)
	MAINTAINED AN ACTIVE CORPS OF 600 VOLUNTEERS WHO CONTINUED TO SERVE
	DURING THE HEIGHT OF THE COVID 19 PANDEMIC
	PROVIDING VITAL SERVICES WHICH INCLUDED MEAL DELIVERY, FOOD PANTRY AND
	SOUP KITCHEN ASSISTANCE, PUBLIC BENEFITS
	COUNSELING, MENTORING AND TUTORING SERVICES.
40	(Code:) (Expenses \$1,452,315, including grants of \$3,000, ) (Revenue \$250, )
40	CSS'S LEGAL DEPARTMENT FOCUSES ON REPRESENTING INDIVIDUALS WITH
	CONVICTION HISTORIES WHO FACE DISCRIMINATORY BARRIERS
	TO JOBS, LICENSES TO PRACTICE A TRADE, STABLE HOUSING, CIVIC
	ENGAGEMENT, AND TO FULL PARTICIPATION IN THE LIFE OF THIS CITY
	AND STATE. WE REPRESENT INDIVIDUALS AND GROUPS OF PERSONS IN STATE AND
	FEDERAL COURTS AND ADMINISTRATIVE FORA, AND
	ENGAGE IN POLICY ADVOCACY (ALONE AND IN COALITION WITH GROUPS ACROSS
	THE STATE) TO BRING ABOUT SYSTEMIC CHANGE: WE CURRENTLY CO-LEAD THE CLEAN SLATE NY CAMPAIGN, ADVOCATING FOR AUTOMATIC
	CONVICTION RECORDS SEALING LEGISLATION. WE
	ALSO PROVIDE DIRECT SERVICES TO LOW?INCOME NEW YORKERS THROUGH OUR NEXT
4.4	DOOR PROJECT, OBTAINING, CORRECTING MISTAKES
40	Other program services (Describe on Schedule O.)         (Expenses \$ 8,201,119, including grants of \$ 402,835.) (Revenue \$ 138,755.)
40	(Expenses \$ 8,201,119. including grants of \$ 402,035.) (Havenue \$ 138,735.)       Total program service expenses > 32,076,811.
40	Form 990 (2020)

	990 (2020) COMMUNITY SERVICE SOCIETY OF NEW YORK **-***2 t IV Checklist of Required Schedules	202	Pa	age 3
r ca	Checkist of hequied benedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	110
	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		2	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		CON CO	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	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? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		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	45		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10	-	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17	x	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
10	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
zoa b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
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	990 (2020) COMMUNITY SERVICE SOCIETY OF NEW YORK **-***2	202	Pa	age 4
Pa	rt IV Checklist of Required Schedules (continued)		× 1	
00	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	r	Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		_ <b>A</b>	
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	8		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		**
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
		25b		x
06	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
26	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	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	x	
05-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
30	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa	rt 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		1	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable	2		
c				
	(gambling) winnings to prize winners?	Eorn	X 990	(2020)
03200	4 12-23-20	- rum	, 000	(LOZO)

	990 (2020) COMMUNITY SERVICE SOCIETY OF NEW YORK **-**2	202	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 149			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)		1.	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>	-	
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			-
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			-
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes." complete Form 4720, Schedule O.	.I		J

Form 990 (2020)

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	990 (2020) COMMUNITY SERVICE SOCIETY OF NEW YORK **-***2	202		age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "	No" re	espon	se
	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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a33			
	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 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	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?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
000	tion D. Tonoles (mis Section D requests information about policies not required by the internal neverice could.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iou		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	-
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
D	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
С		12c	v	
40	in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14		14	-	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.0	77	
	The organization's CEO, Executive Director, or top management official	15a	X	v
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	<u>16a</u>	-	X
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?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <b>NY</b> , <b>NJ</b> , <b>CT</b> , <b>FL</b>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only	/) avai	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X 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, an	d finar	ncial	
	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 TARAMINA, CONTROLLER - 212-254-8900			
-	633 THIRD AVENUE, 10TH FLOOR, NEW YORK, NY 10017		000	
		Lorn	uur)	(2020)

Part VII	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         ection A.       Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees         a       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	
	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 Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.	

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

See 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.

<b>(A)</b> Name and title	(B)			(C Pos	C) itior	ı		(D)	(E)	(F)
	Average hours per	(do	not c	heck	more	than	one h an	Reportable compensation	Reportable compensation	Estimated amount of
	week		cer an					from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	trustee or director	Institutional trustee		ee	upens		(W-2/1099-MISC)		organization and related
	below	dual to	ltiona		mploy	st con	5			organizations
	line)	Individual	Institu	Officer	Key employee	Highest compensated employee	Former		27 T K II	organizationo
(1) TERRY AGRISS	1.00									
TRUSTEE		x						0.	0.	0.
(2) SYLVIA E. DI PIETRO, ESQ.	1.00									
TRUSTEE		x						0.	0.	0.
(3) JOSEPH J. HASLIP	1.00									
TRUSTEE		X						0.	0.	0.
(4) JUDY CHAMBERS	1.00				0					
TRUSTEE		X						0.	0.	0.
(5) MICHAEL HORODNICEANU, PH.D.	1.00									
TRUSTEE		X				-	-	0.	0.	0.
(6) JOYCE L. MILLER	1.00						2411			
TRUSTEE	1	X			_		<u> </u>	0.	0.	0.
(7) ANGELA DORN	1.00									
TRUSTEE	1 00	X	-		-	-	-	0.	0.	0.
(8) DAVID J. POLLAK	1.00									0
TRUSTEE	1 00	X		_	-	-		0.	0.	0.
(9) MARLA EISLAND SPRIE, ESQ. TRUSTEE	1.00	x							0	0
(10) CAROL L. O'NEALE	1.00	•		_	-	-	-	0.	0.	0.
TRUSTEE	1.00	x						0.	0.	0.
(11) KAREN Y. BITAR, ESQ.	1.00					-	-	0.	U.	Ų.
TRUSTEE	1.00	x						0.	0.	0 -
(12) HON. BETSY GOTBAUM	1.00	42							<u>v</u> .	V.
TRUSTEE		x						0.	0.	0.
(13) MICHAEL CORREA	1.00						-			
TRUSTEE		x						0.	0.	0.
(14) JEFFREY J. WEAVER	1.00									
TRUSTEE		x						0.	0.	0.
(15) MARK A. WILLIS	1.00									
TRUSTEE		x						0.	0.	0.
(16) JERRY WEBMAN	1.00									
TRUSTEE		x			_			0.	0.	0.
(17) ROSALIE MARGOLIS, ESQ.	1.00									
TRUSTEE		X				_		0.	0.	0.
032007 12-23-20										Form <b>990</b> (2020)

Form 990 (2020) COMMUNI	TY SERVIO	:E	S	DC.	LE.	ΓY	01	F NEW YORK	**_***	22	02	Pa	age 8
Part VII Section A. Officers, Directors, Tr									es (continued)	_1V			
(A) Name and title	<b>(B)</b> Average hours per week	(do box	not c	( Pos heck ss pe	C) ition more prson		one han	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related		(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		frc orga and	oensa om the nizati relate nizatio	ə ion ed
(18) GEOFFREY NEWMAN TRUSTEE	1.00	x						0.	0				0.
(19) KHALED HARAM	1.00												
TRUSTEE (20) REGAN KELLEY ORILLAC	1.00	X		-	-		-	0.	0	•			0.
TRUSTEE		x						0.	0				0.
(21) MARGARITA ROSA, ESQ. TRUSTEE	1.00	x						0.	0				0.
(22) KHARY LAZARRE-WHITE, ESQ. TRUSTEE	1.00	x						0.	0				0.
(23) PHYLLIS TAYLOR TRUSTEE	1.00	x						0.	0				0.
(24) PATRICIA GLAZER	1.00	x						0.	0				0.
TRUSTEE (25) KEN SUNSHINE	1.00				T								
TRUSTEE (26) RICHARD W. EADDY	1.00	X	-				-	0.	C				0.
TRUSTEE	1.00	x						0.	C				0.
1b Subtotal								0.		).	0.01		0.
c Total from continuation sheets to Part							10.00	3,216,240.					80.
d Total (add lines 1b and 1c) 2 Total number of individuals (including bu											50.	<u>a</u> , <u>s</u>	00.
compensation from the organization									-			Yes	34 No
3 Did the organization list any former offic									ployee on		3		x
<ul><li>line 1a? If "Yes," complete Schedule J fo</li><li>For any individual listed on line 1a, is the</li></ul>	sum of reportat	le c	omp	ens	atio	n an	d ot	ther compensation from					
and related organizations greater than \$ 5 Did any person listed on line 1a receive of										-	4	x	
rendered to the organization? If "Yes," co										n:	5		X_
Section B. Independent Contractors 1 Complete this table for your five highest		don	and	ont	oont	root	ore	that received more than	\$100.000 of comp	ensa	tion f	rom	
<ol> <li>Complete this table for your five highest the organization. Report compensation f</li> </ol>										1100			
(A) Name and busine								(B) Description of		Co	(C mper	;) nsatio	n
SANDHURST ASSOCIATES LT 42ND FL., NEW YORK, NY		AR	K.	AV	EN	UE		CONDOMINIUM MAINTENANCE	CHARGES		38	1,8	83.
LEGAL ACTION CENTER, 22 SUITE 402, NEW YORK, NY		S	TR	EE	т,			CONSULTING			27	4,1	86.
DELL MARKETING L.P., C/ 643561, PITTSBURGH, PA	O DELL U	SA	,	во	х			EOUIPMENT PF	OVIDER		18	3,2	48.
LAKE RESEARCH PARTNERS, STREET NORTHWEST, SUITE	INC, 11							CONSULTING			15	7,5	00.
FAIRCOM NEW YORK, INC., STREET, 13TH FLOOR, NEW	12 WEST YORK, N	2 Y	7T 10	H 00	1			MARKETING & FUNDRAISING					87.
2 Total number of independent contractor \$100,000 of compensation from the orga	s (including but i					ose I 7	iste	d above) who received i	more than			Ű	
	All strength of the state of the strength of t	mT	NTTT	2	TO	NT	CU	TEEMO		F	orm	990	(2020)

SEE PART VII, SECTION A CONTINUATION SHEETS 032008 12-23-20

(2 U)

(B) Average hours per week (list any hours for related organizations below line) 1.00 1.00 1.00 1.00	X X Individual trustee or director (3)		(C Pos	C) ition			Compensated Employ (D) Reportable compensation from the organization (W-2/1099-MISC)	ees (continued) (E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Average hours per week (list any hours for related organizations below line) 1.00 1.00 1.00 1.00	X X Individual trustee or director	neck	Posi all I	ition that	appl		Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the organization and related
hours per week (list any hours for related organizations below line) 1.00 1.00 1.00 1.00	X X Individual trustee or director	neck	all	that	appl		compensation from the organization	compensation from related organizations	amount of other compensation from the organization and related
per week (list any hours for related organizations below line) 1.00 1.00 1.00 1.00	X X Individual trustee or director						from the organization	from related organizations	compensation from the organization and related
(list any hours for related organizations below line) 1.00 1.00 1.00 1.00	x x x	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	v	from the organization and related
hours for related organizations below line) 1.00 1.00 1.00 1.00	x x x	Institutional trustee	Officer	Key employee	Highest compensated empt	Former	0	(W-2/1099-MISC)	organization and related
related organizations below line) 1.00 1.00 1.00 1.00	x x x	Institutional trustee	Officer	Key employee	Highest compensated	Former	(W-2/1099-MISC)		and related
organizations below line) 1.00 1.00 1.00 1.00 1.00	x x x	Institutional trus	Officer	Key employee	Highest compen	Former			
below line) 1.00 1.00 1.00 1.00 1.00	x x x	Institution	Officer	Key emplo	Highest co	Former			-
1.00 1.00 1.00 1.00 1.00	x x x	Instit	Offic	Key (	High	Form			
1.00 1.00 1.00 1.00	x x							///	
1.00 1.00 1.00 1.00	x x								
1.00	x						0.	0.	0
1.00	x								
1.00							0.	0.	0
1.00									
1.00							0.	0.	0
	X	<u> </u>	X	-		_	0.	0.	0
1 00							0		0
	X	-	Х			_	0.	0.	0
1.00					6.		0	0.	0
1 00	X	-	X	-			0.	Ū.	0
1.00	37						0	0	0
25 00	A	-		-		-		U.	
33.00			v				720 268	0.	83,428
35 00	-		-	1			120,200	V.	
55.00			x				390.614.	0.	79,115
35.00			-						
			x				234,980.	0.	6,684
35.00									
			x				198,465.	0.	5,630
35.00									55 582
				X			303,064.	0.	20,686
35.00	1								
	_	-	-	X	-		211,638.	0.	22,748
35.00							105 500		24 254
	-	-	-	X	-	-	185,730.	0.	34,354
35.00					l		010 105	0	22 202
25 00	-	-	-	-	X	-	210,195.		32,382
35.00							220 262	0	36,049
35 00	-	-	1	-		$\vdash$	440,303.		
33.00	t				y		202 349	0 -	20,988
35 00	1		1	1					
55.00	1				x		170.464	0.	35,504
35.00	1		1						
					x		160,110.	0.	4,912
									10
				1	1		1		1
			1						
	35.00 35.00 35.00 35.00 35.00 35.00	1.00 X 35.00 35.00 35.00 35.00 35.00	1.00 X 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00 35.00	1.00 X X 35.00 X X 35.00 X X 35.00 X X 35.00 X X 35.00 X X 35.00 1 1 X 35.00 1 X X X 35.00 1 X X X 35.00 1 X X 35.00 1 X X X 35.00 1 X X X X 35.00 1 X X X X 35.00 1 X X X X X X X 35.00 1 X X X X X X X X X X X X X X X X X X	1.00 X X X 35.00 X X X 35.00 X X 35.00 X X 35.00 X X 35.00 X X 35.00 X X 35.00 X X X 35.00 X X X 35.00 X X X X 35.00 X X X X 35.00 X X X X X X 35.00 X X X X X X X X X X X X X X X X X X	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$

		_	Check if Schedule O c	conta	ins a respo	nse c	or note to any line		(D)	(C)	
								<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	a	Federated campaigns		1a		996,592.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
Am Am		¢	Fundraising events		1c						
Giff lar	•	d	Related organizations		1d	_					
ns,			Government grants (contr				23,014,125.				
er	1		All other contributions, gifts,								
5 E E E			similar amounts not included				1,935,626.				
Idn			Noncash contributions included in		lunes Mileton			05 046 040			
0.0	-	n_	Total. Add lines 1a-1f				Business Code	25 946 343.			
0	0	_	PROGRAM SERVICE FEES	~			611420	139,005.	139,005,		
, Ki			PROGRAM SERVICE FEE				011420	133,003.	135,005,	-	
la Se											
evel evel		d s									
Program Service Revenue		d e									
Ĕ	1	F	All other program service								
		g	Total. Add lines 2a-2f				<b>&gt;</b>	139,005,			
	3		Investment income (includ								
			other similar amounts)					2,610,869.			2,610,869
- 1	4		Income from investment of								
	5		Royalties	1	(i) Rea		(ii) Personal			r	
	~		Over a verate	0	(1) NOA		(II) Fersonal				
	6		Gross rents	6a 6b							
			Less: rental expenses Rental income or (loss)	6c							
			Net rental income or (loss)								
- 1			Gross amount from sales of		(i) Securi		(ii) Other				
			assets other than inventory	7a	32,102,	268.					
	1	b	Less: cost or other basis								
nue			and sales expenses	7b	27,797,	059.					
svel		С	Gain or (loss)	7c	4,305,	209.					0. 20 SHOT NO SHA
щ,		d	Net gain or (loss)			<u></u>		4,305,209			4,305,209
Other Reve	8	а	Gross income from fundraisi								
°			including \$								
			contributions reported on		•	8a					
			Part IV, line 18								
			Net income or (loss) from								
			Gross income from gamin								
	-		Part IV, line 19	-		1.11					
		b	Less: direct expenses			9b					
			Net income or (loss) from			s	▶				
	10	а	Gross sales of inventory,								
			and allowances								
			Less: cost of goods sold								
_		C	Net income or (loss) from	sale	s or invento	ory	Business Code				
sno	11	2					54611035 0048				
nue		a b	·····								
evel		c									
Miscellaneous Revenue			All other revenue								
<		e Total. Add lines 11a-11d									1

032009 12-23-20

# Form 990 (2020) COMMUNITY SERVICE SOCIETY OF NEW YORK Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	104,361.	104,361.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	396,533.	396,533.		
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,		0 105 005	510 015	145 650
	trustees, and key employees	2,784,766.	2,127,096.	512,017.	145,653.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	44 444 004	10 510 604	0.61 850	266 727
7	Other salaries and wages	11,141,094.	10,512,604.	261,753.	366,737.
8	Pension plan accruals and contributions (include	0 000 500		124 2017	70 070
	section 401(k) and 403(b) employer contributions)	2,808,723.		134,397.	70,270.
9	Other employee benefits		2,381,532.	81,182.	142,340.
10	Payroll taxes	875,368.	810,245.	34,457.	30,666.
11	Fees for services (nonemployees):				
а	Management	105.065	205	100 740	
b	Legal	107,067.	325.	106,742.	
С	Accounting	94,999.	104 000	94,999.	
d	Lobbying	194,300.	194,300.		74 011
е	Professional fundraising services. See Part IV, line 17	74,911.		422 107	74,911.
f	Investment management fees	433,127.		433,127.	
g	Other. (If line 11g amount exceeds 10% of line 25,	11 166 501	10 047 400	157 072	62 000
	column (A) amount, list line 11g expenses on Sch 0.)	11,166,501.		157,073.	62,000.
12	Advertising and promotion	103,433.		7,370.	68,163.
13	Office expenses	75,522.	7,359.		00,103.
14	Information technology				
15	Royalties	F00 1F0	398,885.	81,947.	19,320.
16	Occupancy	500,152.	28,664.	42,206.	12,340
17	Travel	70,870.	20,004.	42,200.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	76,474.	19,414.	56,530.	530.
19	Conferences, conventions, and meetings	/0,4/4.	19,414.		
20	Interest				
21	Payments to affiliates Depreciation, depletion, and amortization	1,424,696.	968,650.	404,908.	51,138.
22		180,649.	15,257.	165,392.	
23 24	Insurance Other expenses. Itemize expenses not covered	100,047.	15,457.	100,0000	
	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 0.)				
а	SOFTWARE SUBSCRIPTIONS	308,816.	125,851.	179,659.	3,306.
b	TELEPHONE AND COMMUNICA	218,614.	155,481.	59,643.	3,490.
c	EOUIPMENT RENTAL	112,435.	48,412.	62,078.	1,945
d	SUPPLIES	65.299.	35,829.	28,914.	556
e	All other expenses	181,699.	98,466.	47,442.	35,791
25	Total functional expenses. Add lines 1 through 24e	36,105,463.	32,076,811.	2,951,836.	1,076,816
26	Joint costs. Complete this line only if the organization				50 (J
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here b if following SOP 98-2 (ASC 958-720)				

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Form 990 (2020)

 COMMUNITY	SERVICE SOCIETY O	F NEW YORE

\*\*-\*\*\*2202 Page 11

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
3	1	Cash - non-interest-bearing	875,461.	1	2,247,128.
	2	Savings and temporary cash investments	2,680,939.	2	3,567,521.
	3	Pledges and grants receivable, net		3	
Assets	4	Accounts receivable, net	12,398,751.	4	11,459,364.
	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	
sse	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	281,661.	9	497,728.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 39,553,733.			1 0 0 0 000 5
	b	Less: accumulated depreciation 10b 8,612,520.	32,116,777.	10c	
	11	Investments - publicly traded securities	141,234,642.	11	172,667,166.
	12	Investments - other securities. See Part IV, line 11	2,701,842.	12	5,114,417.
	13	Investments - program-related. See Part IV, line 11		13	
٥.	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	37,615,155.	15	46,584,516.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	229,905,228.	16	273,079,053.
	17	Accounts payable and accrued expenses	6,396,849.	17	6,036,984.
	18	Grants payable	100 101	18	C00 8C0
	19	Deferred revenue	102,121.	19	682,768.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
-iat		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties	2 0 67 600	23	0
	24	Unsecured notes and loans payable to unrelated third parties	3,067,600.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	20 021 006	25	13,350,167.
		of Schedule D	29,921,896.	26	Construction of the second second second second
·	26	Total liabilities. Add lines 17 through 25         Organizations that follow FASB ASC 958, check here ▶	39,400,400.	20	20,009,919.
S		and complete lines 27, 28, 32, and 33.			
Net Assets or Fund Balances	07	Net assets without donor restrictions	118,559,131.	27	164,323,233.
	27	Net assets without donor restrictions	71,857,631.	28	88,685,901.
	28	Organizations that do not follow FASB ASC 958, check here	/1,057,051.	20	00,000,001
Fu		and complete lines 29 through 33.		· · · · ·	
2	00			29	
ets	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		30	
<b>A</b> ss	30	Retained earnings, endowment, accumulated income, or other funds		31	
et ,	31	Total net assets or fund balances	190,416,762.	32	253,009,134.
Z	32	Total liabilities and net assets/fund balances	229,905,228.	33	273.079.053.
	00		and; and; and		- 000 (0000

Form 990 (2020)

4 Form 990 (2020)
Part X Balance Sheet

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10			2000	15124		
and in case of the local division of the loc	990 (2020) COMMUNITY SERVICE SOCIETY OF NEW YORK	**_	***22	02	Pag	e 12
Pa	rt XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI			*******		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,	105	5,4	63.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,	104	1,0	37.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	190,	416	5,7	62.
5	Net unrealized gains (losses) on investments	5	45,	276	5,7	91.
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	20,	419	9,6	18.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	253,	009	9,1	34.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			-		Yes	No
1	Accounting method used to prepare the Form 990: 🔲 Cash 🛛 😰 Accrual 💭 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				1.1	
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
-	review, or compilation of its financial statements and selection of an independent accountant?		anna anna a	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
- 4	Act and OMB Circular A-133?			3a	х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	lit			
~	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	x	
-				Form	990	(2020)

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section
Department of the Treasury Internal Revenue Service	4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.
Name of the organization	COMMINITELY CERVICE COLLETY OF NEW YORK

#### OMB No. 1545-0047

2020	
Open to Public Inspection	

				404	17(a)(1) nonexampt about		et			Harr W Harr
Departr	nent o	f the Treasury			47(a)(1) nonexempt cha Attach to Form 990 or F					Open to Public
		ue Service		150	/Form990 for instructio			formation.		Inspection
Name	e of t	he organizati							Employer	identification number
			COMM	UNITY SERV	ICE SOCIETY	OF NEW	V YOR	K	*	*-**2202
Par	tl	Reason	for Public C	Charity Status.	(All organizations must co	omplete th	is part.) S	ee instructio	ns.	
The o	rgan	ization is not a	private founda	ation because it is: (	For lines 1 through 12, cl	heck only	one box.)			
1 [		A church, co	nvention of chu	urches, or associatio	on of churches described	in sectio	n 170(b)(1	)(A)(i).		
2		A school des	cribed in secti	on 170(b)(1)(A)(ii).	Attach Schedule E (Form	990 or 99	0-EZ).)			
3					anization described in <b>se</b>			i).		
4		,			njunction with a hospital				(iii). Enter	the hospital's name,
-		city, and stat								
5				or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental	unit describ	ed in
5				complete Part II.)		or operat	ou o j u g.			
0					nantal unit described in a	nation 17	0/6//4//4/			
6 l			-	-	nental unit described in s				the general	public described in
7 [	X	_			intial part of its support fi	rom a gove	emmentai	unit or norm	ule general	public described in
	<u> </u>			omplete Part II.)						
8	_				(1)(A)(vi). (Complete Part					
9		-			in section 170(b)(1)(A)(i					
		or university	or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state o	of the colleg	e or
		university:								
10					than 33 1/3% of its supp					
					ct to certain exceptions; a					
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the c	rganization	after June 30, 1975.
		See section	509(a)(2). (Cor	mplete Part III.)						
11		An organizat	ion organized a	and operated exclus	ively to test for public sa	fety. See s	section 50	)9(a)(4).		
12		An organizat	ion organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to c	arry out the	purposes of one or
					ed in section 509(a)(1) of					
					of supporting organization					
а					supervised, or controlled					giving
-					gularly appoint or elect a					
				complete Part IV, Se						
b	ľ –				d or controlled in connec	tion with it	s support	ed organizat	ion(s), by ha	ving
0					anization vested in the s					
				t complete Part IV,						
_	<u> </u>				g organization operated	in connec	tion with	and function	ally integrate	ed with
с									any mograe	
	r—				s). You must complete F				orted organi	zation(s)
d	<u> </u>				oorting organization oper					
					zation generally must sat				iu an alleni	10011033
	_				mplete Part IV, Sections					
е	L				written determination fro			атурет, тур	e II, Type III	
					onally integrated support					(
f							•••••		i	
g				about the support	ed organization(s).	fivi is the orda	nization listed	(v) Amount	fmonotony	(vi) Amount of other
	(	(i) Name of supp		(ii) EIN	(ili) Type of organization (described on lines 1-10	(iv) is the orga In your governi		support (see	-	support (see instructions
	_	organizatio	1		above (see instructions))	Yes	No	3000011 (000		
T										

Total LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

÷.	3						
	edule A (Form 990 or 990-EZ) 2020 C						2202 Page 2
Pa	rt II Support Schedule for						
	(Complete only if you checked				failed to qualify u	nder Part III. If the	organization
	fails to qualify under the tests	listed below, pleas	se complete Part II	l.)			
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and		4490 20				
	membership fees received. (Do not						
	include any "unusual grants.")	20,356,875.	21,066,816,	22,620,090,	24,169,756.	25,946,344.	114,159,881.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	20,356,875.	21,066,816,	22,620,090,	24,169,756.	25,946,344,	114,159,881.
5	The portion of total contributions						
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	adumn (f)						
6	Public support. Subtract line 5 from line 4.						114,159,881.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) >	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
			21,066,816,	22,620,090.	24,169,756,	25,946,344.	114,159,881,
7	Amounts from line 4 Gross income from interest,	20,356,875.	21,000,010,	22,020,030.	24,105,750,	20,010,011	
8							
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	7 040 527	5,487,966.	6.011.989.	21,527,927,	6,916,078.	47,884,497.
~	Net income from unrelated business	7,940,537.	5,407,500,	0,011,909.	21, 521, 521,	0,510,010	
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain					1	
	or loss from the sale of capital						
	assets (Explain in Part VI.)						162,044,378.
11	Total support. Add lines 7 through 10		I			12	660,750.
12	Gross receipts from related activities						000,150.
13	First 5 years. If the Form 990 is for th						
-	organization, check this box and stor ction C. Computation of Publ						
				aluman (fi)		14	70.45 %
14	Public support percentage for 2020 (						71.97 %
15	Public support percentage from 2019	Schedule A, Part	II, IINE 14	line 10. and line :	14 io 29 1/90/ or r	15 nore check this b	
16a	a 33 1/3% support test - 2020. If the						
	stop here. The organization qualifies	as a publicly supp	orted organization		line 15 is 00 1/00	( ar mara, abaak t	
k	<b>33 1/3% support test - 2019.</b> If the						
	and <b>stop here.</b> The organization qua	lifies as a publicly s	supported organiza	ation	40.40.40		
17a	a 10% -facts-and-circumstances tes	st - 2020. If the org	anization did not c	heck a box on line	13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances to						
k	o 10% -facts-and-circumstances tes						10% or
	more, and if the organization meets t						
	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sch	edule A (Form 99	0 or 990-EZ) 2020

Sch Pa	edule A (Form 990 or 990 EZ) 2020 C( rt III   Support Schedule for C	OMMUNITY Organizations	SERVICE S Described in	OCIETY OF Section 509(a)	NEW YORK	**_***	2202 Page 3
	(Complete only if you checked					Part II. If the organ	ization fails to
Sec	qualify under the tests listed be						
-	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10/20/0	(0) = 0 (1)	(0) = 0 + 0			
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	a(3					
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
1	ction B. Total Support		0.002.02	50 <b>4</b>	1	( ) 0000	(0 Total
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's f	first, second, third	, fourth, or fifth tax	year as a section	501(c)(3) organiza	ation,
_	check this box and stop here						
Se	ction C. Computation of Publ						
15							%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inve					1 1	
17							%
18	Investment income percentage from	2019 Schedule A	, Part III, line 17			18	%
	a 33 1/3% support tests - 2020. If the more than 33 1/3%, check this box a	and stop here. The	e organization qua	lifies as a publicly	supported organia	zation	
ł	<b>33 1/3% support tests - 2019.</b> If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is n	nore than 33 1/3%	, and
00	line 18 is not more than 33 1/3%, che Private foundation. If the organization	eck this box and s	top here. The org	anization qualifies 9a. or 19b. check	as a publicly supp this box and see in	nstructions	
20	treate roundation in the organization	The second se	and the second se	the second s	and the second se		

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Schedule A (Form 990 or 990-EZ) 2020

	TELV Supporting Organizations (Complete only if you checked a box in line 12 on 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.)			
Sec	tion A. All Supporting Organizations			
			Yes	N
1	Are all of the organization's supported organizations listed by name in the organization's governing		100	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			0
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			i.
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			1
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			0
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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;			1
	(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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
-	designated in the organization's organizing document?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
-	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
в	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			Γ
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			Γ
-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
Da	Was the organization subject to the excess business holdings rules of section 4943 because of section			T
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

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Schedule A (Form 990 or 990-EZ) 2020

#### Schedule A (Form 990 or 990 EZ) 2020 COMMUNITY SERVICE SOCIETY OF NEW YORK \*\*-\*\*\*2202 Page 5 Part IV Supporting Organizations (continued)

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

#### Section B. Type I Supporting Organizations

			Yes	No
1	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? <i>If</i> "No," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	6		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		

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

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

			Yes	No
1	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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 Part VI the role the organization's			
	supported organizations played in this regard	3		

## Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organizati	n used to satisfy the Integral Par	Test during the yea(see instructions).
--------------------------------------------------------	------------------------------------	----------------------------------------

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	s).

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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 Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2020

No

Yes

2a

2b

3a

3b

1	Check here if the organization satisfied the Integral Part Test as a qualifyin All other Type III non-functionally integrated supporting organizations mus	· · · · · ·	23. 25.	Part VI). See instruction
Sect	ion A - Adjusted Net Income	Complete	(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
-	(explain in detail in Part VI):			
2		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	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990-EZ) 2020

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Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1
2	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5
6	Other distributions (describe in Part VI). See instructions.			6
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which the	he organization is responsive	· · · · · · · · · · · · · · · · · · ·	
	(provide details in Part VI). See instructions.	-		8
9	Distributable amount for 2020 from Section C, line 6			9
10	Line 8 amount divided by line 9 amount		1	0
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
_	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
	From 2016			
	From 2017			
	From 2018			
_	From 2019			
	Total of lines 3a through 3e			
-	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			18
1	Carryover from 2015 not applied (see instructions)			
1	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$		C	
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
725	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A	(Form 990 or 990-EZ) 2020 COMMUNITY SERVICE SOCIETY OF NEW YORK **-**2202 Page 8
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.)
<u>.</u>	
2	
2	
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SCHEDULE C	Po	Political Campaign and Lobbying Activities				OMB No. 1545-0047
(Form 990 or 990-EZ)			2020			
	_	inizations Exempt From Income				LOLO
Department of the Treasury	10000	if the organization is described b			<i>9</i> 90-ЕZ.	Open to Public Inspection
Internal Revenue Service	10/-	o to www.irs.gov/Form990 for in				
		Form 990, Part IV, line 3, or Form		ne 46 (Political Cam	paign Ac	tivities), then
		plete Parts I-A and B. Do not comp		. Do not complete Pa	ut LR	
<ul> <li>Section 501(c) (other</li> <li>Section 527 organization</li> </ul>		1(c)(3)) organizations: Complete P	ans I-A and C below			
		Form 990, Part IV, line 4, or Forr	n 990-EZ. Part VI. 1	ine 47 (Lobbying Act	: livities), t	then
		ave filed Form 5768 (election und				
		nave NOT filed Form 5768 (election				
		Form 990, Part IV, line 5 (Proxy				
Tax) (See separate inst						
<ul> <li>Section 501(c)(4), (5)</li> </ul>	), or (6) organizat	ions: Complete Part III.				
Name of organization					Employe	er identification number
1	COMMUNI	TY SERVICE SOCIET	Y OF NEW Y	ORK		**-***2202
Part I-A Compl	ete if the org	anization is exempt under	r section 501(c)	or is a section t	27 org	anization.
		ation's direct and indirect political				
		Jres				
3 Volunteer hours for	political campaig	gn activities				
Part I-B Compl	ata if the ord	anization is exempt under	r section 501(c)	(3)		
		incurred by the organization under			\$	
1 Enter the amount o	f any excise tax i	incurred by organization managers	section 4300		°⊳\$	
2 Enter the amount of 2. If the organization is	nourred a section	n 4955 tax, did it file Form 4720 fo	r this year?		at 50 🖬 🛏	Yes No
-		14905 tax, did it ille i onn 4720 io				
b If "Yes," describe in					*******	
Part I-C Compl	ete if the org	anization is exempt unde	r section 501(c)	, except section	501(c)	(3).
		l by the filing organization for sect				
		ization's funds contributed to othe				
					► \$	
		. Add lines 1 and 2. Enter here and				
line 17b					► \$ _	
4 Did the filing organ	ization file Form	1120-POL for this year?			*****	L_Yes LNO
5 Enter the names, a	ddresses and en	nployer identification number (EIN)	of all section 527 p	olitical organizations	o which t	the filing organization
made payments. F	or each organiza <sup>.</sup>	tion listed, enter the amount paid	from the filing organ	ization's funds. Also e	enter the a	amount of political
contributions recei	ved that were pro	omptly and directly delivered to a	separate political org	ganization, such as a	separate	segregated fund or a
		additional space is needed, provid		1	-	
<b>(a)</b> Name	e	(b) Address	(c) EIN	(d) Amount paid filing organizati		(e) Amount of political contributions received and
				funds. If none, en	•··· =	promptly and directly
						delivered to a separate
						political organization. If none, enter -0
-				-		
	*					
				-		
	- 12 J				- 1	
					2	
3						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA Schedule C (Form 990 or 990-EZ) 2020

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Schedule C (Form 990 or 990-EZ) 2020	COMMINITY S	ERVICE SOCT	ETY OF NEW	YORK **-*	**2202 Page 2
Schedule C (Form 990 or 990 EZ) 2020 Part II-A Complete if the orgonal section 501(h)).	ganization is exen	npt under section	n 501(c)(3) and fi	ed Form 5768 (el	ection under
A Check 🕨 🛄 if the filing organiza	ation belongs to an affili	iated group (and list in	Part IV each affiliated	l group member's nam	e, address, EIN,
expenses, and sha	are of excess lobbying e	xpenditures).			
B Check 🕨 🛄 if the filing organiza	ation checked box A an	d "limited control" pro	visions apply.		
Lim	its on Lobbying Exper ditures" means amou	ditures		<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf	luence public opinion (g	rassroots lobbying)			
b Total lobbying expenditures to inf				194,300.	
c Total lobbying expenditures (add				194,300.	
d Other exempt purpose expenditu	31,882,509.				
e Total exempt purpose expenditur	32,076,809.				
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.				1,000,000.	
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:					
Not over \$500,000					
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		0 plus 5% of the exce			
Over \$17,000,000	\$1,000.0				
g Grassroots nontaxable amount (e	nter 25% of line 1f)		V.6	250,000.	
h Subtract line 1g from line 1a. If ze				0.	
i Subtract line 1f from line 1c. If zer				0.	
j If there is an amount other than z reporting section 4911 tax for this	ero on either line 1h or		ation file Form 4720		Yes N
	4-Year Ave that made a section 5	raging Period Under	Section 501(h) have to complete all		elow.
	Lobbying Exper	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 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
					1

120 000	124 171	144 654	194 300	583,125.
120,000.		T44,034.	1) 1, 5000	U U I I I I I I I I I I I I I I I
250,000.	250,000.	250,000.	250,000.	1,000,000.
_				1,500,000.
			41	
	120,000.			

Schedule C (Form 990 or 990-EZ) 2020

#### Schedule C (Form 990 or 990 EZ) 2020 COMMUNITY SERVICE SOCIETY OF NEW YORK \*\*-\*\*\*2202 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b	)
of th	olobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5)	, or se	ction	
	501(c)(6).				
-				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5)	, or se	ection	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OR (b	) Part	III-A, lin	e 3, is
-	answered "Yes."		1	i	
1	Dues, assessments and similar amounts from members				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi	Çai			
	expenses for which the section 527(f) tax was paid).		2a		
	Current year				
	Carryover from last year				
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?				
5	Taxable amount of lobbying and political expenditures (See instructions)	HOME HER PARTY	5		
Pa	t IV Supplemental Information				

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

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(*)				
SCH	IED	UL	Ε	D

#### (Form 990)

Department of the Treasury

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 for instructions and the latest information.

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Internal	Revenu	e Service	

Open to Public Inspection

OMB No. 1545-0047

Name	of the organization COMMUNITY SERVICE	COUTEMN OF	NEW YORK		Employer identification number
Par		d Funds or Oth	er Similar Fund	s or A	
I ui	organization answered "Yes" on Form 990, Part IV, lin				
	organization answered rea on rollin sod, ratery, in	(a) Donor ad	dvised funds	()	) Funds and other accounts
1	Total number at end of year				
	Aggregate value of contributions to (during year)				
	Aggregate value of grants from (during year)				
	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the asse	ets held in donor adv	ised fund	ds
5	are the organization's property, subject to the organization's				
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?				
Par					
	Purpose(s) of conservation easements held by the organizati	on (check all that a	pply).		
57 -	Preservation of land for public use (for example, recrea			of a histo	rically important land area
	Protection of natural habitat		Preservation of	of a certi	fied historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quality	fied conservation co	ontribution in the form	n of a co	nservation easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements				2a
b					2b
с	Number of conservation easements on a certified historic str	ucture included in (	a)		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and r	not on a historic struc	cture	
	listed in the National Register				2d
3	Number of conservation easements modified, transferred, re	leased, extinguishe	d, or terminated by t	he orgar	ization during the tax
	year 🕨				
4	Number of states where property subject to conservation ea			2	
5	Does the organization have a written policy regarding the pe				
	violations, and enforcement of the conservation easements	t holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violatio	ons, and enforcing co	nservati	on easements during the year
	▶				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, a	ind enforcing conserv	vation ea	asements during the year
	► \$				21/1
8	Does each conservation easement reported on line 2(d) abo				V-n Nn
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservat				
	balance sheet, and include, if applicable, the text of the foot	note to the organiza	ation's financial state	ments tr	lat describes the
Des	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historics	Trageuras or	Other	Similar Assets
Par	t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form			ounor	
				t and ha	lance sheet works
1a	If the organization elected, as permitted under FASB ASC 9				
	of art, historical treasures, or other similar assets held for pu				
	service, provide in Part XIII the text of the footnote to its fina If the organization elected, as permitted under FASB ASC 98				e sheet works of
b	art, historical treasures, or other similar assets held for publi	o ovhibition aducat	tion or research in fu	rtheranc	e of public service
	provide the following amounts relating to these items:	o okinipition, ouucai			
	(i) Revenue included on Form 990, Part VIII, line 1				▶ \$
	(ii) Assets included in Form 990, Part Viii, line 1				
0	If the organization received or held works of art, historical tre	easures or other sin	nilar assets for financ	cial gain	
2	the following amounts required to be reported under FASB				
~	Revenue included on Form 990, Part VIII, line 1				\$
a	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instruction				Schedule D (Form 990) 202
	12-01-20				

	10								
Sche	dule D (Form 990) 2020 COMMUNT	TY SERVICE	SOCIETY (	OF NEW Y	ORK	k	**_**	*2202	Page 2
Par	t III   Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, o	r Othe	er Simila	r Asse	ts(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	: make si	ignificant ι	use of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	change progra	m				
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further	the organizatio	on's exer	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	asures, or othe	er similar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's c	ollection?				Yes	No
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the organization	on answered "	Yes" on	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributio	ns or other as	sets not	included		-	
	on Form 990, Part X?							Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:						
								Amount	
С	Beginning balance	******	*****			. 10			
	Additions during the year								
	Distributions during the year								
f	Ending balance								
<b>2</b> a	Did the organization include an amount on F							Yes	No No
	If "Yes," explain the arrangement in Part XIII.								
Par									
		(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	106,314,598,	106,314,598	. 130,814	1.762.	128,4	64,137.	121,	155,298.
b	Contributions								
č	Net investment earnings, gains, and losses	42,033,098.	4,577,863	6 418	3,298,	11.0	74.898.	16	104,069.
d A	Grants or scholarships	,,	-,		/				
ů	Other expenditures for facilities								
e	and programs	11,455,819,	4,577,863	30,918	462	8.7	24,273.	8	795,230.
	Administrative expenses	11,400,019,	4,577,005	. 50,510	, 102.	,			
	End of year balance	136,891,877,	106,314,598	106,314	1 598	130.8	14 762	128	464,137.
g	Provide the estimated percentage of the cur				+,550*	100,0	11,102.	1 400	101,101,
2				(a)) Hold as.					
a	Board designated or quasi endowment		_%						
b	Permanent endowment > 21.2500	%							
С	Term endowment								
	The percentages on lines 2a, 2b, and 2c sho		attan élané ava balal	and administa	rad for t	ho organia	ation		
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are neig	and administe		ne organiz	ation	ſ	Yes No
	by:							3a(i)	X
	(i) Unrelated organizations								
	(ii) Related organizations								X
b	If "Yes" on line 3a(ii), are the related organiza			γ				3b	
4	Describe in Part XIII the intended uses of the		owment funds.					_	
Pa	t VI Land, Buildings, and Equipn			0 E 000		Bar (0			
	Complete if the organization answere							( )) (D) ( ))	
	Description of property	(a) Cost or o		st or other	1-1	ccumulate	od	(d) Bool	< value
		basis (investr		s (other)	de	preciation		-	
	Land	1117		34,552.					4,552.
	Buildings	575-00		50,930.		574,8			6,127.
С	Leasehold improvements			48,241.		385,8			2,408.
d	Equipment		2,1	20,010.	_1,	651,8	84.	46	8,126.
	Other		The second second	2355-5 at					
Tota	, Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line	10c.)				What have seen to	1,213.
							Schedul	e D (Forn	n 990) 2020

Schedule D (Form 990) 2020	COMMUNITY	SERVICE	SOCIETY	OF	NEW	YORK	**-***2202	Page 3
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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

#### 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)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	46,584,516.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	_
(8)	_
(9)	

46.584.516 Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	POST-EMPLOYMENT BENEFITS	13,350,167.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		de las constantes a antesa
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	13,350,167.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the x 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.

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 COMMUNITY SERVICE SOCIETY				***2202 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme		ith Revenue per R	eturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1			********	1	79,615,807.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	8 9			
а	Net unrealized gains (losses) on investments	2a	45,281,030.	-	
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1,333,351.		
е	Add lines 2a through 2d			2e	46,614,381.
3	Subtract line 2e from line 1			3	33,001,426.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	<b>X</b> ( ()			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	33,001,426.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents \	Vith Expenses per	Retu	ırn.
-					
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements			1	35,674,657.
1 2				1	35,674,657.
•	Total expenses and losses per audited financial statements			1	35,674,657.
2	Total expenses and losses per audited financial statements	2a	······································	1	35,674,657.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b		1	35,674,657.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	2,320.	1	35,674,657.
2 a	Total expenses and losses per audited financial statements	2a 2b 2c 2d	2,320.	_1 _2e	35,674,657.
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	2,320.		
2 a b c d e	Total expenses and losses per audited financial statements	2a 2b 2c 2d	2,320.	2e	2,320.
2 a b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	2,320.	2e 3	2,320.
2 a b c d e 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	2,320.	2e 3	2,320.
2 a b c d e 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	433,126.	2e 3	2,320.
2 a b c d e 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	2,320. 433,126.	2e 3	2,320. 35,672,337.

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 \$107,796,702 AT JUNE 30,

2021. THIS IS INCLUDED IN NET ASSETS WITHOUT DONOR RESTRICTION ON THE

BALANCE SHEET.

PART X, LINE 2:

THE ORGANIZATIONS' ARE TAX-EXEMPT ORGANIZATIONS AS DEFINED BY THE INTERNAL

REVENUE CODE, THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS 032054 12-01-20 Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 COMMUNITY SERVICE SOCIETY OF NEW YORK **-***2202 Page 5 Part XIII Supplemental Information (continued)
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 34.
INVESTMENT EXPENSES NETTED AGAINST INVESTMENT RETURN -433,127.
CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN PERPETUAL
TRUSTS 1,766,444.
TOTAL TO SCHEDULE D, PART XI, LINE 2D 1,333,351.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
EXPENSES ON BOOKS OF FRIENDS OF RSVP 2,320.

SCHEDULE G	Suppleme	ntal Information Regarding	Eup	Iraie	ing or Gaming	Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on					2020
(		rganization entered more than \$1				,	2020
Department of the Treasury		Attach to Form 990					Open to Public Inspection
Name of the organization		to www.irs.gov/Form990 for instr	uction	s and	the latest informati		lentification number
		TY SERVICE SOCIETY	OF	NE	W YORK	**_***	2202
Part I Fundrais		Complete if the organization answe				ine 17. Form 990-I	EZ filers are not
<ol> <li>Indicate whether th         <ul> <li>X</li> <li>Mail solicitat</li> <li>X</li> <li>Internet and</li> <li>C</li> <li>Phone solici</li> <li>In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul> </li> </ol>	ions email solicitations tations licitations on have a written o ed in Form 990, P ) highest paid indir	sed funds through any of the followi e Solicita f Solicita g Special or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of tion of I fundra I (inclue profess	non-g gover lising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees, or	
(i) Name and addres or entity (fund		(ii) Activity	fundi have c	Did aiser ustody irol of utions?	(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
FAIRCOM NEW YORK,	INC 12	DIRECT MAIL AND ONLINE	Yes	No			
WEST 27TH STREET,	13TH FL,	APPEALS	-	x	226,982.	59,50	0. 167,482.
							_
			-				
	the second state of the second state state of the				226,982.		
<ol> <li>List all states in wh or licensing.</li> </ol>	ich the organization	on is registered or licensed to solicit	contril	oution	s or has been notifie	d it is exempt from	registration
NY, NJ, FL, CT							
MI, MO, FD, CI							
1							
			005		pa ing	Oakadala O /E	
		tice, see the Instructions for Form FOR CONTINUATIONS	1 990 0	r 990-	·CZ.	Schedule G (Forr	n 990 or 990-EZ) 2020

Pa			e organization answere	d "Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gro	oss income on Form 99 (a) Event #1	0-EZ, lines 1 and 6b. List e (b) Event #2	events with gross receip (c) Other events	1
						(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Revenue		Orrest manifests				
Re	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Ō	8	Entertainment				
	9	Other direct expenses				
~	10	Direct expense summary. Add lines 4 through			2.1	
-	11					
Pa	irt I	III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on For	m 990, Part IV, line 19, or	reported more trian	
e	Ĭ	\$10,000 off off 000 E2, into 0a.		(b) Pull tabs/instant		(d) Total gaming (add
2			(a) Bingo		(c) Other gaming	
ver			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1		(a) Bingo		(c) Other gaming	
	1	Cash prizes	(a) Bingo		(c) Other gaming	
Expenses	1 2 3		(a) Bingo		(c) Other gaming	
		Cash prizes	(a) Bingo		(c) Other gaming	
Expenses	3	Cash prizes		bingo/progressive bingo		col. (a) through col. (c))
Expenses	3	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Expenses	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%	bingo/progressive bingo	☐ Yes% ☐ No	col. (a) through col. (c))
Expenses	3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes%	bingo/progressive bingo	☐ Yes% ☐ No	col. (a) through col. (c))
Expenses	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%	bingo/progressive bingo	☐ Yes% ☐ No	col. (a) through col. (c))
© Direct Expenses	3 4 5 6 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	Yes%	bingo/progressive bingo	Yes%     No     No     No	col. (a) through col. (c))
ω & Direct Expenses	3 4 5 6 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 Iter the state(s) in which the organization conduct the organization licensed to conduct gaming a	Yes% No  from line 1, column (d)  ucts gaming activities: ctivities in each of thes	bingo/progressive bingo	Yes%     No     No     No	col. (a) through col. (c))
ω & Direct Expenses	3 4 5 6 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	Yes% No  from line 1, column (d)  ucts gaming activities: ctivities in each of thes	bingo/progressive bingo	Yes%     No     No     No	col. (a) through col. (c))
a b Direct Expenses	3 4 5 6 7 8 En 1s 1 9 If "	Cash prizes	Yes% No 15 in column (d) 2 from line 1, column (d) 4 ucts gaming activities: ctivities in each of thes evoked, suspended, or	bingo/progressive bingo	Yes% No year?	col. (a) through col. (c))
a b Direct Expenses	3 4 5 6 7 8 En 1s 1 9 If "	Cash prizes	Yes% No 15 in column (d) 2 from line 1, column (d) 4 ucts gaming activities: ctivities in each of thes evoked, suspended, or	bingo/progressive bingo	Yes% No year?	col. (a) through col. (c))

Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 COMMUNITY SERVICE SOCIETY OF NEW YORK **-*** 2202 Page 3
11	
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?
	Indicate the percentage of gaming activity conducted in:
	The organization's facility
k	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address 🕨
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes Does No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
c	If "Yes," enter name and address of the third party:
	Name 🕨
	Address 🕨
16	Gaming manager information:
	Name
	Gaming manager compensation 🕨 \$
	Description of services provided 🕨
	Director/officer Employee Independent contractor
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to
ê	retain the state gaming license?
ŀ	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 <b>&gt;</b> \$
Pa	IT 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.
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:
-	
(1	) NAME OF FUNDRAISER: FAIRCOM NEW YORK, INC.
11	/ NAME OF TONDRATDER. TAINCOM AND TOMIC INC.
(1	) ADDRESS OF FUNDRAISER:
-	
12	WEST 27TH STREET, 13TH FL, NEW YORK, NY 10001
-	

 $\dot{a}$ 12 
 Schedule G (Form 990 or 990-EZ)
 COMMUNITY SERVICE SOCIETY OF NEW YORK

 Part IV
 Supplemental Information (continued)
 \*\*-\*\*\*2202 Page 4

Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	Arants and Oth vernments, an lete if the organization Go to www.ir:	d Individual	<b>s in the Un</b> i on Form 990, Pa n 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 <b>2020</b> Open to Public Inspection
Name of the organization							Employer identification number
		SOCIETY OF	NEW YORK				**-***2202
Part I General Information on Grants a							
1 Does the organization maintain records t							
criteria used to award the grants or assis							
2 Describe in Part IV the organization's pro	ocedures for moni	toring the use of grant	Tunds in the United	3 States.	nization answord "V	(os" on Form 990. Par	t IV line 21 for any
Part II Grants and Other Assistance to recipient that received more than a					anization answered i	es on Fonn 550, Fai	tiv, mezi, tor any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CITY LIMITS NEWS, INC, C/O WE WORK HARLEM - 8 WEST 126TH STREET - NEW YORK, NY 10027	**_**8689	501(C)(3)	71,745.	0.			PUBLIC INTEREST
NETWORK FOR GOOD 1140 CONNECTICUT AVE NW #700 WASHINGTON, DC 20036	**-**0736	501(C)(3)	7,030.	0.			DIRECT SERVICES
2							
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	is listed in the line	1 table					Schedule I (Form 990) 2020

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

### Schedule 1 (Form 990) 2020 COMMUNITY SERVICE SOCIETY OF NEW YORK

\*\*-\*\*\*2202

Page 2

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
INDIVIDUAL SUPPORT	139	32,727.	0.		
TRANSPORTATION	86	10,922.	. 0.		
EDUCATION - TRAINING	0	0.	. 0.		
DENTAL & MEDICAL FEES	21	16,425.	. 0.		
-					
FOOD - INDIVIDUAL Part IV Supplemental Information. Provide the information rec	80 Nuired in Part L lin		(b): and any other a	dditional information.	
PART I, LINE 2:					
THE SOCIETY MAINTAINS FINANCIAL GU	JIDELINES	THAT DICT	TATE WHO		
MAY RECEIVE A GRANT AND WHAT THE				BE. THE	
FINANCIAL GUIDELINES ALSO DICTATE					
POTENTIAL GRANTEE NEEDS TO PROVIDI					
PAYMENT FOR A GRANT. CASE MANAGERS					
ASSESS THEIR NEEDS AND MAINTAIN A	FILE WIT	H ALL REQU	JIRED DOCUL	IENTATION AND	
ENSURE THAT GRANT FUNDS ARE APPROI	RIATELY	USED. THE	FINANCE DE	<b>EPARTMENT</b>	
AUDITS REQUESTS FOR GRANTS AND VEH	RIFIES TH	AT ALL DO	CUMENTS SUP	BMITTED ARE	
032102 11-02-20		41			Schedule I (Form 990) 2020

chedule I (Form 990) COMMUNITY SER	**-***2202 Pag				
Part III Continuation of Grants and Other Assistance to Do (a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	0.	0.	0.		
DVING & STORAGE EXPENSES		0.	0.		
TILITIES/UTILITIES IN ARREARS	1.	129.	. 0.		
ECURITY DEPOSIT	0.	0.	. 0.		
ENT OR RENT IN ARREARS	200.	242,921.	. 0.		
MPLOYMENT - RELATED EXPENSES	0.	0.	. 0.		
HANKSGIVING/CHRISTMAS TOY DRIVE	3,687.	64,869	. 0.		
ACATION - CAMPING	5.	4,544	. 0.		
ENT SUBSIDY - OTHER	2	2,695	. <u></u> ō.		

Schedule I (Form 990)

36 V					
Schedule I (Form 990) COMMUNITY SI Part IV Supplemental Information	ERVICE	SOCIETY (	OF NEW YORK	**-**2202 Page	2
Part IV Supplemental Information					
	TITNINNOT				
SUBSTANTIAL AND ADHERE TO THE	FINANCI	AL GUIDE.	LINES.		
					_
3					
( <del>)</del>					
					_
) <del></del>					

Schedule I (Form 990)

		30V		
	HEDULE J Compensation Information	OMB No.	1545-004	17
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest	20	20	
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	Here U		
Depar	tment of the Treasury Attach to Form 990.	Open to		С
Interna	al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.		ction	
Nam		mployer identificati		nber
D	COMMUNITY SERVICE SOCIETY OF NEW YORK	**-***220	2	
Pa	rt I Questions Regarding Compensation		N.	
		~	Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 9	90,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for persona			
	Travel for companions	Jence		
	Tax indemnification and gross-up payments	abati		
	Discretionary spending account Personal services (such as maid, chauffeur,	chei)		
	If the full states of the state of the superior for follow a written policy recording powers for			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	16	x	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	a ta		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	110		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant	14.		
	Form 990 of other organizations	nmittee		
	The second se			
4	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:	10		x
	Receive a severance payment or change-of-control payment?		x	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?			x
С	Participate in or receive payment from an equity-based compensation arrangement?			A_
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	、		
5	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:	5a		x
	The organization?	EL.	-	X
b	Any related organization?			
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1		
	contingent on the net earnings of:	6a		v
	The organization?		-	X
b	Any related organization?	6b		A_
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	-	v	
	not described on lines 5 and 6? If "Yes," describe in Part III		X	-
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th			v
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
-	Regulations section 53.4958-6(c)?			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (For	m 990	0 2020

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	Denems	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DAVID R. JONES, ESQ.	(i)	536,423.	109,351.	74,494.	39,500.	43,928.	803,696.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.		0.
(2) STEVEN L. KRAUSE	(i)	272,864.	10,403.	107,347.	35,326.	43,789.		0.
EXECUTIVE V.P./COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JUDITH M. WHITING, ESQ.	(i)	207,290.	26,807.	883.	5,817.	867.	241,664.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHARLES TARAMINA	(i)	165,708.	30,000.	2,757.	4,626.	1,004.		0.
CONTROLLER	(ii)	0.	0.	0.	0.	0.		0.
(5) ELISABETH RYDEN BENJAMIN	(i)	256,148.	46,341.	575.	6,000.	14,686.	323,750.	0.
VP HEALTH INITIATIVES	(ii)	0.	0.	0.	0.	0.		0.
(6) ALINA MOLINA	(i)	188,766.	21,172.	1,700.	5,360.	17,388.		0.
VP OF PROGRAM SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) M. DEAN BRADLEY	(i)	154,105.	31,050.	575.	4,000.	30,354.	220,084.	0.
VP OF ADMINISTRATION	(ii)	0.	0.	0 .	0.	0.	0.	0.
(8) NANCY A, RANKIN	(i)	176,508.	31,500.	2,187.	4,762.	27,620.	242,577.	0.
VP OF POLICY, RESEARCH AND	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JEFFREY N. MACLIN	(i)	194,044.	33,744.	575.	5,695.	30,354.	264,412.	0.
VP OF GOVERNMENT AND PUBLI	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MELISSA KOSTOVSKI	(i)	181,419.	20,622.	308.	5,221.	15,767.	223,337.	0.
VP OF DEVELOPMENT AND PLAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ALIA D. WINTERS	(i)	150,830.	19,500.	134.	5,150.	30,354.		0.
VP OF DIGITAL STRATEGY	(ii)	0.	0.	0.	0.	0.		0.
(12) MARTIN D. LUBIN	(i)	139,037.	18,316.	2,757.	3,974.	938.		0.
DIR. OF EMPLOYEE BENEFITS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

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: \$18,500
STEVEN L. KRAUSE: \$15,000
SECTION 457F PLAN:
DAVID R. JONES: \$15,000
STEVEN L. KRAUSE: \$15,000
PART I, LINE 7:
Schedule J (Form 990) 2020

#### Part III Supplemental Information

Schedule J (Form 990) 2020

5

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.

COMMUNITY SERVICE SOCIETY OF NEW YORK

Page 3

Schedule J (Form 990) 2020 COMMUNITY SERVICE SOCIETY OF NEW YORK

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.

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.

Page 3

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. 2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

COMMUNITY SERVICE SOCIETY OF NEW YORK

Employer identification number \*\*- \*\*\* 2202

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

CREATE A PERMANENT POVERTY CLASS IN NEW YORK CITY, AND TO ADVOCATE THE

SYSTEMIC CHANGES REQUIRED TO ELIMINATE SUCH PROBLEMS, CSS WILL FOCUS ON

ENABLING, EMPOWERING AND PROMOTING OPPORTUNITIES FOR POOR FAMILIES AND

INDIVIDUALS TO DEVELOP THEIR FULL POTENTIAL, TO CONTRIBUTE TO SOCIETY,

AND TO REALIZE SOCIAL, ECONOMIC AND POLITICAL OPPORTUNITIES.

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

OPPORTUNITIES FOR POOR FAMILIES AND INDIVIDUALS TO DEVELOP THEIR FULL

POTENTIAL, TO CONTRIBUTE TO SOCIETY, AND TO REALIZE SOCIAL, ECONOMIC

AND POLITICAL OPPORTUNITIES.

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

NEW YORK STATE. TOGETHER, IN FY 2021, CSS'S HEALTH COVERAGE DIRECT

SERVICES PROGRAMS SERVED CONSUMERS IN OVER 100,000

CASES. THE HEALTH INITIATIVES DEPARTMENT HAS 10 TRAINED AND ACTIVE

VOLUNTEERS.

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

IN AND CLOSELY REVIEWING OFFICIAL CONVICTION RECORD "RAP SHEETS,"

TOGETHER WITH OTHER ASSISTANCE.

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

OTHER PROGRAM SERVICES INCLUDE:

### UNHEARD THIRD

HOUSING RESEARCH

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization COMMUNITY SERVICE SOCIETY OF NEW YORK	Employer identification number
YOUTH POLICY	
LABOR MARKET STUDIES	
CAPACITY BUILDING	
CITYLIMITS	
INCOME SUPPORT	<del></del>
BENEFITPLUS	n
HIICAP	
EXPENSES \$ 8,201,119. INCLUDING GRANTS OF \$ 402,835.	REVENUE \$ 138,755.
FORM 990, PART VI, SECTION B, LINE 11B:	
ELECTRONICALLY DISTRIBUTE THE 990 TO ALL BOARD OF TRUST	SE MEMBERS FOR
INFORMATION, REVIEW, AND FEEDBACK.	
FORM 990, PART VI, SECTION B, LINE 12C:	
CONFLICT OF INTEREST FORMS ARE DISTRIBUTED AND SIGNED AN	NNUALLY
AT THE JUNE BOARD MEETING. ALL TRUSTEES/OFFICERS/BOARD 1	MEMBERS HAVE ONGOING
DUTY TO DISCLOSE ANY CONFLICTS ARISING THROUGOUT THE YEA	AR. THE HUMAN
RESOURCES COMMITTEE OF THE BOARD MONITORS AND REVIEWS CO	OMPLETED FORMS. IF
THERE IS A CONFLICT THE BOARD IS NOTIFIED OF THE CONFLIC	CT. 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 BOA	RD OF TRUSTEES.
BOARD ACTION IS BASED ON PERIODIC REVIEW BY OUTSIDE IND	EPENDENT
COMPENSATION AND CLASSIFICATION EXPERTS UNDERTAKEN AT T	HE DIRECTION OF THE
HUMAN RESOURCES COMMITTEE OF THE BOARD. THE INDEPENDENT 032212 11-20-20	COMPENSATION Schedule O (Form 990 or 990-EZ) 2020

12

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Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page 2 Employer identification number
COMMUNITY SERVICE SOCIETY OF NEW YORK	**-***2202
COUNSULTANT CONDUCTS A COMPENSATION SURVEY AND PRESENTS	THE FINDINGS TO THE
HUMAN RESOURCES COMMITTEE. THE BOARD SIGNS A WRITTEN EM	PLOYMENT CONTRACT
WITH THE PRESIDENT AND CEO. THE LAST OUTSIDE INDEPENDEN	T COMPENSATION
REVIEW WAS COMPLETED IN SPRING 2016 AND THE BOARD HAS A	RRANGED TO HAVE
ANOTHER INDEPENDENT REVIEW DONE IN THE UPCOMING FISCAL	YEAR.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S FINANCIAL STATEMENTS AND INFORMATION	AL RETURNS ARE
AVAILABLE TO THE PUBLIC VIA THEIR WEBSITE. THE ORGANIZA	TION'S FINANCIAL
AVAILABLE TO THE PUBLIC VIA THEIR WEBSITE. THE ORGANIZA STATEMENTS, CONFLICT OF INTEREST POLICY, GOVERNING DOCU	
	MENTS AND
STATEMENTS, CONFLICT OF INTEREST POLICY, GOVERNING DOCU	MENTS AND REQUEST AT ITS
STATEMENTS, CONFLICT OF INTEREST POLICY, GOVERNING DOCU	MENTS AND REQUEST AT ITS
STATEMENTS, CONFLICT OF INTEREST POLICY, GOVERNING DOCU INFORMATIONAL RETURNS ARE AVAILABLE TO THE PUBLIC UPON HEADQUARTERS; 633 THIRD AVENUE, TENTH FLOOR, NEW YORK N	MENTS AND REQUEST AT ITS
STATEMENTS, CONFLICT OF INTEREST POLICY, GOVERNING DOCU INFORMATIONAL RETURNS ARE AVAILABLE TO THE PUBLIC UPON HEADQUARTERS; 633 THIRD AVENUE, TENTH FLOOR, NEW YORK N FORM 990, PART IX, LINE 11G, OTHER FEES:	MENTS AND REQUEST AT ITS
STATEMENTS, CONFLICT OF INTEREST POLICY, GOVERNING DOCU INFORMATIONAL RETURNS ARE AVAILABLE TO THE PUBLIC UPON HEADQUARTERS; 633 THIRD AVENUE, TENTH FLOOR, NEW YORK N FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTING FEES:	MENTS AND REQUEST AT ITS Y 10017. 530,289.
STATEMENTS, CONFLICT OF INTEREST POLICY, GOVERNING DOCU INFORMATIONAL RETURNS ARE AVAILABLE TO THE PUBLIC UPON HEADQUARTERS; 633 THIRD AVENUE, TENTH FLOOR, NEW YORK N FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTING FEES: PROGRAM SERVICE EXPENSES	MENTS AND REQUEST AT ITS Y 10017. 530,289. 157,073.

PROGRAM SERVICE EXPENSES 3,498,479. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 3,498,479.

SUBCONTRACTING EXPENSE - CHA:		
PROGRAM SERVICE EXPENSES		2,317,182.
032212 11-20-20		Schedule O (Form 990 or 990-EZ) 2020
	50	

Name of the organization COMMUNITY SERVICE SOCIETY OF NEW YORK	Employer identification number **-***2202
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	
SUBCONTRACTING EXPENSE - ABD:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	
SUBCONTRACTING EXPENSE - SOFA:	
PROGRAM SERVICE EXPENSES	75,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	75,000.
SUBCONTRACTING EXPENSE - ICAN:	
PROGRAM SERVICE EXPENSES	2,427,415.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,427,415.
SUBCONTRACTING EXPENSE - OTHER:	
PROGRAM SERVICE EXPENSES	863,433.
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	863,433
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL 2	A <u>11,166,501</u> Schedule O (Form 990 or 990-EZ) 202

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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
COMMUNITY SERVICE SOCIETY OF NEW YORK	**-***2202
	1
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN PERPETUAL	4
TRUSTS	1,766,444.
PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION	
COST	18,653,174.
TOTAL TO FORM 990, PART XI, LINE 9	20,419,618.
FORM 990 PART XII 2C	
THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PRO	DCESS OR
SELECTION PROCESS DURING THE TAX YEAR.	
032212 11-20-20	Schedule O (Form 990 or 990-EZ) 2020

SC	HED	ULE	R

(Form 990)

#### **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.

OMB No. 1545-0047

2020 Open to Public Inspection

Employer identification number

\*\*-\*\*\*2202

Department of the Treasury Internal Revenue Service

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

Name of the organization

#### COMMUNITY SERVICE SOCIETY OF NEW YORK

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(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	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
21				501(c)(3))		Yes	No
FRIENDS OF RSVP, INC 13-3335293 C/O CSS NY 633 THIRD AVE 10TH FLOOR NEW YORK, NY 10017	FUNDRAISING FOR RSVP PROGRAM	NEW YORK	501 (C)(3)	PF	CSS	x	
INSTITUTE FOR COMMUNITY EMPOWERMENT - 13-3473143, C/O CSS NY 633 THIRD AVE 10TH FLOOR, NEW YORK, NY 10017	PERFORM CERTAIN ELECTORAL ADVOCACY, RESEARCH AND LOBBYING ACTIVITIES	NEW YORK	501 (C)(4)		CSS	x	
	-						

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

Schedule R (Form 990) 2020

#### Schedule R (Form 990) 2020 COMMUNITY SERVICE SOCIETY OF NEW YORK

\*\*-\*\*\*2202 Page 2

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

organizations treated as a partnership during the tax year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	า)	(i)	()	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	General managing partner	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
							<u> </u>				
							- 20 C				
	-										

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr enti	i) tion b)(13) rolled ity?
		country)		01 01 00 0				Yes	No
						1			

#### Schedule R (Form 990) 2020 COMMUNITY SERVICE SOCIETY OF NEW YORK

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions						x	
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
b	Gift, grant, or capital contribution to related organization(s)				1b		X	
с	Gift, grant, or capital contribution from related organization(s)				1c	Х		
	Loans or loan guarantees to or for related organization(s)				1d		Х	
	Loans or loan guarantees by related organization(s)				1e		Х	
f	Dividends from related organization(s)				1f		Х	
	Sale of assets to related organization(s)				1g		Х	
-	Purchase of assets from related organization(s)				1h		X	
	Exchange of assets with related organization(s)				11		Х	
-	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х	
,								
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X	
ī	Performance of services or membership or fundraising solicitations for related organ				11		Х	
п	Performance of services or membership or fundraising solicitations by related organ				1m		Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organizatio	• • • • • • • • • • • • • • • • • • • •			1n	X		
	Sharing of paid employees with related organization(s)				10	X		
Ĩ								
D	Reimbursement paid to related organization(s) for expenses				1p		Х	
	Reimbursement paid by related organization(s) for expenses				1q		Х	
r	Other transfer of cash or property to related organization(s)				1r		X	
s	Other transfer of cash or property from related organization(s)				1s		X	
2	If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete t	nis line, including covered	relationships and transaction thresholds.				
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount inv	volved			

	type (a sy	
(1) FRIENDS OF RSVP, INC.	с	2,908.FORMULAIC
(2) FRIENDS OF RSVP, INC.	N	0.NO FEES WERE CHARGED
(3) FRIENDS OF RSVP, INC.	0	0.NO FEES WERE CHARGED
(4) INSTITUTE FOR COMMUNITY EMPOWERMENT	N	0.NO FEES WERE CHARGED
(5) INSTITUTE FOR COMMUNITY EMPOWERMENT	0	0.NO FEES WERE CHARGED
(6)	55	Sabadula P. (Form 990) 202

#### Schedule R (Form 990) 2020 COMMUNITY SERVICE SOCIETY OF NEW YORK

### \*\*-\*\*\*2202 Page 4

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

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

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

Schedule R (Form 990) 2020

chedule R	(Form 990) 2020	COMMUNITY	SERVICE	SOCIETY	OF NEW YOR	<u>RK **-***</u>	2202 Page 5
Part VII	Supplemental	Information					
	Provide additional in	nformation for responses	to questions on S	chedule R. See	instructions.		
					5		

### **CARRYOVER DATA TO 2021**

Name COMMUNITY SERVICE SOCIETY OF NEW YORK	Employer Identification Number
Based on the information provided with this return, the following are possible carryover amounts to new	
FEDERAL AMT NET OPERATING LOSS	
	· · · ·
	<u></u> .

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Form 8879-EO	IRS e-file Si	gnature Authorization cempt Organization	OMB No. 1545-0047
	For calendar year 2020, or fiscal year beginning	JUL 1 , 2020, and ending JUN 30	20 21 20 21
Department of the Treasury		to the IRS. Keep for your records.	- <sup>20</sup> 21 2020
Internal Revenue Service		/Form8879EO for the latest information.	
Name of exempt organization	or person subject to tax		Taxpayer identification number
	VICE SOCIETY OF NEW	YORK	13-5562202
Name and title of officer or pe			
CHARLES TARAM	IINA, CONTROLLER		
Part   Type of	Return and Return Information	(Whole Dollars Only)	
check the box on line <b>1a,</b> blank, then leave line <b>1b,</b> 3	2a, 3a, 4a, 5a, 6a, or 7a below, and the a	79-EO and enter the applicable amount, if any, amount on that line for the return being filed w oplicable, blank (do not enter -0-). But, if you er e more than one line in Part I.	rith this form was
1a Form 990 check here	<b>b</b> Total revenue, if any (Fo	rm 990, Part VIII, column (A), line 12)	1ь 33,001,426.
2a Form 990-EZ check		/ (Form 990-EZ, line 9)	
3a Form 1120-POL chec	k here 🕨 🛄 b Total tax (Form 1	1120-POL, line 22)	3b
4a Form 990-PF check h	nere 🕨 🛄 b Tax based on invest	tment income (Form 990-PF, Part VI, line 5)	
5a Form 8868 check her	e 🕨 🔜 b Balance due (Form 8	3868, line 3c)	
6a Form 990-T check he		T, Part III, line 4)	
7a Form 4720 check her	e D Total tax (Form 4720	), Part III, line 1) on of Officer or Person Subject to 1	7b
		e above organization or Lam a person subject to	
(name of organization)		e above organization or1 am a person s	-
processing the return or re Agent to initiate an electro software for payment of the a payment, I must contact (settlement) date. I also au confidential information ne	efund, and (c) the date of any refund. If a onic funds withdrawal (direct debit) entry ne federal taxes owed on this return, and t the U.S. Treasury Financial Agent at 1-6 uthorize the financial institutions involved ecessary to answer inquiries and resolve as my signature for the electronic retur	on for rejection of the transmission, (b) the rea applicable, I authorize the U.S. Treasury and it to the financial institution account indicated in the financial institution to debit the entry to th 388-353-4537 no later than 2 business days pr I in the processing of the electronic payment of issues related to the payment. I have selected n and, if applicable, the consent to electronic	s designated Financial n the tax preparation his account. To revoke rior to the payment of taxes to receive d a personal
X Lauthorize DO	RFMAN ABRAMS MUSIC,	LLC	to enter my PIN 79691
		irm name	Enter five numbers, but
a state agency(i		return. If I have indicated within this return tha S Fed/State program, I also authorize the afore	
electronically file	ed return. If I have indicated within this re	e organization, I will enter my PIN as my signat eturn that a copy of the return is being filed wi n, I will enter my PIN on the return's disclosure	th a state agency(ies) e consent screen.
Signature of officer or person subje	act to tax	aramine	Date ▶ 3(1+122
ERO's EFIN/PIN. Enter yo	our six-digit electronic filing identification		
number (EFIN) followed by	/ your five-digit self-selected PIN.	2009517965 Do not enter all zero	
-	eturn in accordance with the requiremen	ture on the 2020 electronically filed return indi Its of <b>Pub. 4163,</b> Modernized e File (MeF) Infor	
ERO's signature 🕨		Date 🕨 0 3	3/14/22
	FRO Must Ratai	n This Form - See Instructions	
		to the IRS Unless Requested To D	Do So

Form 8879-EO (2020)

LHA For Paperwork Reduction Act Notice, see instructions.



Department of the Treasury Internal Revenue Service Ogden, UT 84201

YORK

633 3RD AVE FL 10

NEW YORK NY 10017-6701

CP211A			
June 30, 2021			
November 8, 2021			
13-5562202			
Phone 877-829-550 FAX 877-792-2864			

Page 1 of 1

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Important information about your June 30, 2021 Form 990

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COMMUNITY SERVICE SOCIETY OF NEW

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### We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your June 30, 2021 Form 990. Your new due date is May 15, 2022.	What you need to do					
	File your June 30, 2021 Form 990 by May 15, 2022. We encourage you to use electronic filing—the fastest and easiest way to file.					
	Visit www.lrs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.					
Additional information	<ul> <li>VIsit www.irs.gov/cp211a.</li> <li>For tax forms, instructions, and publications, visit www.irs.gov/forms-pubs or call 800-TAX-FORM (800-829-3676).</li> <li>Keep this notice for your records.</li> </ul>					
	If you need assistance, please don't hesitate to contact us.					



Department of the Treasury Internal Revenue Service

### Notice 1155-G (EN-SP) Disaster Relief from the IRS

If you have been impacted by the recent disaster in your area and are unable to meet your tax obligations, the IRS may be able to assist with payment and filing extensions, and if qualified, with an expedited tax refund for casualty losses. Please call the IRS Disaster Hotline at 1-866-562-5227 to find out what type of administrative tax relief is available.

021854

For assistance in calculating any disaster loss, please call 1-800-829-3676 and order Publication 2194, Disaster Resource Guide for Individuals and Businesses. If you have access to the Internet you may log on to www.irs.gov and use the keyword "disaster" to view additional information.

### Aviso 1155-G (EN-SP) Alivio de Desastre por parte del IRS

Si usted ha sido impactado por el reciente desastre en su área y no ha podido cumplir con sus obligaciones tributarias, el *IRS* podría ayudarle a extender el término para el pago y la presentación, y si califica, con un reembolso rápido del impuesto por las pérdidas fortuitas. Por favor llame a la Línea de Emergencia del *IRS* al 1-866-562-5227, para averiguar qué tipo de alivio administrativo tributario está disponible.

Para ayudarle a calcular cualquier pérdida fortuita, por favor llame al 1-800-829-3676, y ordene la Publicación 2194 (SP), Guia de Recuros en caso de Desastres para personas físicas y negocios.. Si usted tiene acceso al Internet conéctese con la página del *IRS* en *www.irs.gov*, y use la palabra clave "desastre", para ver la información adicional.

Form	8868
(Rev.	January 2020)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Type or	Name of exempt organization or other filer, see instructions. Taxpayer identification n								
print									
File by the	COMMUNITY SERVICE SOCIETY OF NEW YORK **-**2202								
due date fo	date for Number, street, and room or suite no. If a P.O. box, see instructions.								
filing your return. See	633 THIRD AVENUE, 10TH FLO	OR							
instructions	City, town or post office, state, and ZIP code. For a fe	oreign add	ress, see instructions.						
<u></u>	NEW YORK, NY 10017					-rr			
Enter the	Return Code for the return that this application is for (fil	e a separa	te application for each return)			01			
Applicat	ion	Return	Application			Return			
Is For		Code	Is For			Code			
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 99	0-BL	02	Form 1041-A			08			
Form 47	20 (individual)	03	Form 4720 (other than individual)			09			
Form 99	D·PF	04	Form 5227			10			
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
	0-T (trust other than above)	06	Form 8870			12			
Telep If the If this box 1 I re the 2 If t	ooks are in the care of ▶ 633 THIRD AVENT         hone No. ▶ 212-254-8900         organization does not have an office or place of busines         is for a Group Return, enter the organization's four digit         □       . If it is for part of the group, check this box ▶         coquest an automatic 6-month extension of time until         corganization named above. The extension is for the org         calendar year or         x tax year beginning	s in the Ur Group Exe and atta MA` anization's , an check reas	Fax No. Fax No. ited States, check this box	If this is fo f all memb	r the whole group, c ers the extension is opt organization retu	for.			
	y nonrefundable credits. See instructions.	, 01 0009,	enter the tentative tax, less	3a	\$	0.			
	his application is for Forms 990-PF, 990-T, 4720, or 6069 timated tax payments made. Include any prior year over	AL DURING	Test New II B. R. B. Reef, K. H. Way	3b	\$	0.			
	lance due. Subtract line 3b from line 3a. Include your pa								
	ing EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.			
	; If you are going to make an electronic funds withdrawa			3453·EO ai	nd Form 8879-EO fo	r payment			
LHA I	For Privacy Act and Paperwork Reduction Act Notice.	see instr	uctions.		Form 8868 (Re	ev. 1-2020)			

# **Community Service Society** | Fighting Poverty Strengthening New York

### CONSOLIDATED FINANCIAL STATEMENTS WITH INDEPENDENT AUDITORS' REPORT

YEARS ENDED JUNE 30, 2021 AND 2020

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Consolidated Financial Statements: Balance Sheets Statements of Activities Statements of Cash Flows Statements of Functional Expenses Notes to Financial Statements	2 3 4 5 - 6 7 - 28



#### INDEPENDENT AUDITORS' REPORT

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

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

We have audited the accompanying consolidated financial statements of Community Service Society of New York and Affiliates, which comprise the balance sheets as of June 30, 2021 and 2020, 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.

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

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

#### Auditors' Responsibility

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

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

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

#### Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Community Service Society of New York and Affiliates as of June 30, 2021 and 2020, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Dorfman alrams muin, LLC

Saddle Brook, New Jersey

January 14, 2022

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## CONSOLIDATED BALANCE SHEETS (in thousands)

#### ASSETS

	June 30,					
	10	2021	-	2020		
Assets: Cash and cash equivalents	\$	5,862	\$	3,603		
Investments Government and other receivables Bronaid expansion and other essets		177,782 11,462 498		143,936 12,401		
Prepaid expenses and other assets Beneficial interest in perpetual trusts Property and equipment, net		46,585 30,942		282 37,615 32,117		
Total assets	\$	273,131	\$	229,954		
LIABILITIES AND NET ASSETS						
Liabilities:						
Accounts payable and accrued expenses	\$	6,720	\$	6,499		
Accrued pension and post-retirement liability		13,350		29,922		
Refundable advance - Paycheck Protection Program				3,068		
Total liabilities		20,070	2	39,489		
Net assets:						
Without donor restrictions:						
Board designated:						
Quasi-endowment fund		107,797		77,220		
Operating reserve		5,000		5,000		
Other		1,357		1,255		
Bequest		7,650		7,390		
Undesignated		42,524		27,696		
Total net assets without donor restrictions		164,328		118,561		
With donor restrictions:						
Donor restricted endowment funds		29,095		29,095		
Beneficial interest in perpetual trusts		46,585		37,615		
Purpose restricted		13,053		5,194		
Total net assets with donor restrictions		88,733		71,904		
Total net assets		253,061		190,465		

Total liabilities and net assets

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

<u>\$ 273,131</u>

\$

229,954

### CONSOLIDATED STATEMENTS OF ACTIVITIES (in thousands)

		ar ended June 30,	2021	Year ended June 30, 2020						
	Without donor restrictions	With donor restrictions	Total	Without donor restrictions	With donor restrictions	Total				
Operating revenue and support: Government grants Direct contributions and federated campaigns Bequests Program fees and other revenue	\$ 685 260	\$ 23,014 1,987	\$ 23,014 2,672 260	\$ 1,311 67	\$ 20,014 2,766	\$ 20,014 4,077 67				
Investment return used for operations, net Special events, net of expenses of \$0 in 2021 and \$8 in 2020 Net assets released from restrictions	139 6,422 28,379	3,578	139 10,000	110 7,213 8 24,531	2,377 (24,531)	110 9,590 8				
Total operating revenue and support	35,885	200	36,085	33,240	626	33,866				
Operating expenses: Program services:										
Direct program services Policy, research and advocacy Public interest	28,347 3,126 606	S	28,347 3,126 606	25,217 3,893 986		25,217 3,893 986				
Total program services	32,079	×	32,079	30,096	ss	30,096				
Supporting services: Management and general Fundraising	2,516 1,077		2,516 1,077	3,841 1,266		3,841 1,266				
Total supporting services	3,593		3,593	5,107		5,107				
Total operating expenses	35,672		35,672	35,203		35,203				
Excess (deficit) of operating revenue over operating expenses	213	200	413	(1,963)	626	(1,337)				
Non-operating activities: Investment return in excess of amount used for operations, net	26,901	16,629	43,530	(1,965)		(1,965)				
Total non-operating activities	26,901	16,629	43,530	(1,965)		(1,965)				
Change in net assets before pension and post-retirement related charges	27,114	16,829	43,943	(3,928)	626	(3,302)				
Pension and post-retirement related charges other than net periodic pension cost	18,653	·	18,653	(9,209)	ī	(9,209)				
Change in total net assets Net assets, beginning of year	45,767 118,561	16,829 71,904	62,596 190,465	(13,137) 131,698	626 71,278	(12,511) 202,976				
Net assets, end of year	<u>\$ 164,328</u>	<u>\$ 88.733</u>	<u>\$ 253,061</u>	<u>\$ 118.561</u>	<u>\$ 71.904</u>	<u>\$ 190.465</u>				

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## CONSOLIDATED STATEMENTS OF CASH FLOWS (in thousands)

		Year ende	ed June	e 30,
	3 3	2021		2020
Cash flows from operating activities: Change in net assets	\$	62,596	\$	(12,511)
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:			·	
Depreciation		1,425		1,380
Net realized and unrealized gain on investments		(40,617)		(3,320)
(Increase) decrease in beneficial interest in perpetual trusts Pension and post-retirement related changes		(8,970)		198
other than net periodic pension cost		(18,653)		9,209
Bad debt expense		22		5
Changes in operating assets and liabilities: (Increase) decrease in:				
Government and other receivables		917		(3,479)
Prepaid expenses and other assets Increase (decrease) in:		(216)		193
Accounts payable and accrued expenses		221		387
Accrued pension and post-retirement liability		2,081		1,005
Refundable advance - Paycheck Protection Program	-	(3,068)		3,068
Net cash used by operating activities	-	(4,262)	3	(3,865)
Cash flows from investing activities:				
Purchases of investments		(26,891)		(179,954)
Proceeds from sale/maturity of investments		33,663		183,358
Purchases of property and equipment		(251)		(182)
Net cash provided by investing activities		6,521		3,222
Net increase (decrease) in cash and cash equivalents		2,259		(643)
Cash and cash equivalents, beginning of year		3,603	-	4,246
Cash and cash equivalents, end of year	\$	5,862	\$	3,603

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

## CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES (in thousands)

#### Years Ended June 30, 2021 and 2020

	Program services expenses																
		Direct program services				Policy, research and advocacy				Public	interes	st	Total				÷
	2021			2020		2021		2020		2021	2020		2021		2020		r R
Salaries Fringe benefits and payroll taxes	\$	10,113 5,588	\$	8,415 4,273	\$	1,520 835	\$	2,071 920	\$	209 170	\$	381 198	\$	11,842 6,593	\$	10,867 5,391	
Total salaries and related expenses		15,701		12,688		2,355		2,991		379		579		18,435		16,258	
Professional fees Occupancy		10,712 324		10,512 421		440 64		452 94		88 11		249 16		11,240 399		11,213 531	
Software and equipment expenses Direct assistance		153 397		149 287		17		27		21		23		191 397		199 287	
Telephone and communication Insurance		134 7		113 8		18 8		19 14		3		4		155 15		136 22	
Support payments Conferences, conventions and meetings Printing and other office expenses		29 15		51 30		4		2 30		72		80		105 19		133 60	
Transportation Supplies		6 27 31		4 125 69		1		5 32 13				1		28 36		10 158 82	
Postage and shipping Other expenses	-	10 17		18 21		1 32		3		1		4		11 50		02 21 55	
Bad debt expense Depreciation		22 762		5 716		176		178		31		32		22 969		5 926	
Total operating expenses	\$	28,347	\$	25,217	\$	3,126	\$	3,893	\$	606	\$	986	\$	32,079	\$	30,096	•

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### CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES (in thousands)

#### Years Ended June 30, 2021 and 2020

				SL	pporting ser	vices	expenses			Тс	otal program	and s	upporting
	Managem	ent ar	nd general Fundraising Total			services expenses							
	2021		2020		2021		2020	 2021	 2020		2021		2020
Salaries Fringe benefits and payroll taxes	\$		1,542 617	\$	448 307	\$	655 307	\$ 952 827	\$ 2,197 924	\$	12,794 7,420	\$	13,064 6,315
Total salaries and related expenses	1,024	Ļ	2,159		755		962	1,779	3,121		20,214		19,379
Professional fees	366	;	410		137		100	503	510		11,743		11,723
Occupancy	82	2	101		19		23	101	124		500		655
Software and equipment expenses	258	3	269		5		8	263	277		454		476
Direct assistance											397		287
Telephone and communication	60	)	58		3		4	63	62		218		198
Insurance	165		148					165	148		180		170
Support payments											105		133
Conferences, conventions and meetings	57	·	133		1		4	58	137		77		197
Printing and other office expenses					68		79	68	79		75		89
Transportation	42		70				2	42	72		70		230
Supplies	29		53		1		1	30	54		66		136
Postage and shipping	e		9		16		22	22	31		33		52
Other expenses	22		27		21		11	43	38		93		93
Bad debt expense											22		5
Depreciation	405		404		51		50	 456	 454		1,425		1,380
Total operating expenses	\$ 2,516	\$	3,841	\$	1,077	\$	1,266	\$ 3,593	\$ 5,107	\$	35,672	\$	35,203

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## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

#### June 30, 2021 and 2020

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

The Institute is a 501(c)(4) not-for-profit corporation which was established in November 1988 to perform certain electoral advocacy, research, and lobbying activities with other community-based organizations. The Institute did not engage in any activities during either of the years ended June 30, 2021 or 2020.

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

This summary of significant accounting policies of the Society is presented to assist in understanding the Society's consolidated financial statements. The consolidated financial statements and notes are representations of the Society's management, which is responsible for their integrity and objectivity. These accounting policies conform to accounting principles generally accepted in the United States of America as promulgated in *FASB Accounting Standards Codification* (the Codification) and have been consistently applied in the preparation of the consolidated financial statements.

#### Principles of consolidation

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

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

#### June 30, 2021 and 2020

#### 2. Summary of significant accounting policies (continued)

#### Basis of presentation

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

<u>Net assets without donor restrictions</u> - 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 Organization's management and the Board of Trustees. Included within net assets without donor restrictions are board-designated net assets of \$114,154 and \$83,475 as of June 30, 2021 and 2020, respectively.

<u>Net assets with donor restrictions</u> - 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 Organization 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 investment account. 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 Organizations' are tax-exempt organizations 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.

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

#### June 30, 2021 and 2020

#### 2. Summary of significant accounting policies (continued)

#### Operating revenue and support

The Society recognizes contributions when cash, securities, 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 revenue is derived from cost-reimbursable federal and state 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.

The Society recognizes revenue from special events when the event takes place. The Society records special event revenue equal to the fair value of direct benefits to donors, and contribution income for the excess received. Amounts received prior to the commencement of the event, including deposits, are deferred to the applicable period.

In-kind contributions are reflected as contributions at fair value at 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, 2021 or 2020.

Several volunteers have made significant contributions of their time in furtherance of the Society's mission. These services were 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 consists of demand deposit accounts. Highly liquid financial instruments with maturities of three months or less that are held in the Society's investment portfolio are classified as investments and are not considered to be cash for the purposes of the consolidated statement of cash flows.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

#### June 30, 2021 and 2020

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

#### **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. The Society invests in various types of investment securities. Investment securities, in general, are exposed to various risks such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, based on the markets' fluctuations, and that such changes could materially affect the amounts reported in the Society's consolidated financial statements. Investment fees are netted against the investment return.

#### Government 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 and other receivables were due within one year as of both years ended June 30, 2021 and 2020.

#### Allowance for doubtful accounts

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 both June 30, 2021 and 2020, management determined that an allowance was not necessary.

#### Beneficial interest in perpetual trusts

The Society has beneficial interests in various perpetual trusts. The Society's interest in these trusts is reported as a contribution in the year received at their fair value. Changes in the fair value of the underlying assets are recognized as income or loss 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 \$2,500 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 improvements	15 years
Computer and office equipment	3 - 7 years

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

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

#### June 30, 2021 and 2020

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

#### **Estimates**

The preparation of financial statements requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

#### Reclassifications

Certain amounts in the 2020 consolidated financial statements have been reclassified to conform to the 2021 presentation.

#### 3. Availability and liquidity

The following reflects the Society's financial assets as of June 30, 2021, 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, 2021:

Financial assets: Cash and cash equivalents Investments Government and other receivables Beneficial interest in perpetual trusts	\$5,862 177,782 11,462 46,585
Total financial assets	241,691
Less funds unavailable for general expenditures within one year due to:	00 700
Donor-imposed restrictions	88,733
Board designated net assets	114,154
Less: net assets with restrictions to be met in less than a year	(12,953)
Total funds unavailable for general expenditures within one year	189,934
Financial assets available for general expenditures within one year	<u>\$ 51,757</u>

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

June 30, 2021 and 2020

#### 3. Availability and liquidity (continued)

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 \$8,600. Cash in excess of daily requirements is invested in short-term investments.

In addition, the governing board has designated certain funds (see Note 12) 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, 2021 (See Note 3).

#### 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 governmental 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. Investment securities are exposed to various risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the 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.

In the first quarter of calendar year 2020, the outbreak of a novel strain of coronavirus, COVID-19, was declared a Pandemic. The Pandemic did not have an impact on the Society until mid-March 2020. In response to the Pandemic, management has modified certain business and workforce practices and implemented new protocols to promote social distancing and enhance health and safety measures in their office. In addition, most of the Society's workforce continues to work from home. The Pandemic also impacted the Society's direct service programs that now required the exclusive use of technology to continue its operations. To the date of these consolidated financial statements, there has been no significant programmatic slowdowns or funding changes. However, events surrounding the Federal and State of New York's responses to the Pandemic could change this, and that change could be material.

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## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

#### June 30, 2021 and 2020

#### 5. Government grants and other receivables

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

- · · · ·	2	021	2	2020
Government receivables: U.S. Department of Health and Human Services:				
Community Health Advocate Navigator Program Grant ABD Healthcare Program Grant	\$	1,656 2,495 710	\$	1,722 2,494 1,010
		4,861		5,226
Corporation for National and Community Service: RSVP Program		188		204
New York State Department of Health: ICAN Healthcare Program Grant		2,429		2,628
New York City DOHMH: Harlem Healthcare Program Grant		228		590
Other government receivables	-	2,570		1,574
Total government receivables		10,276		10,222
Non-government receivables	-	1,186	0	2,179
	\$	11,462	\$	12,401

At both June 30, 2021 and 2020, all receivables were expected to be collected within one year

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

#### June 30, 2021 and 2020

#### Fair value measurements

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

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

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

Level 3 - Inputs that are unobservable.

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

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

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

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

*Money market funds, fixed-income securities and equities* - 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.

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

# June 30, 2021 and 2020

# 6. Fair value measurements (continued)

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

	2021				2020			
	Cost		Fa	Fair value		Cost		air value
Cash equivalents Money market funds Fixed income:	\$	15,645	\$	15,645	\$	14,957	\$	14,957
U.S. government and agency		5,709		5,747		7,893		8,266
Corporate bonds		2,965		3,042		3,223		3,398
Mutual funds:								
Equity		77,830		115,066		83,693		90,292
Fixed income		10,756		11,200		8,331		8,398
Alternative investment		3,395		3,665		2,834		2,702
U.S. equity		8,475		10,522		7,613		6,820
Non-U.S. equity		8,927		11,446		8,969		9,103
Private equity		1,342		1,449			-	
	\$	135,044	\$	177,782	\$	137,513	\$	143,936

The classification of the Society's investment securities at fair value is as follows at June 30, 2021:

		evel 1	_	Level 2	Ŀ	evel 3		Total
Cash equivalents	\$	15,645	\$		\$		\$	15,645
Money market funds Fixed income:								
U.S. government and agency		5,747						5,747
Corporate bonds		3,043						3,043
Mutual funds:								
Equity		115,066						115,066
Fixed income		11,200						11,200
Alternative investment						3,665		3,665
U.S. equity		10,522						10,522
Non-U.S. equity		11,445						11,445
Private equity		;			2	1,449	<u>.</u>	1,449
		172,668				5,114		177,782
Beneficial interest in perpetual trusts	-		-		-	46,585	-	46,585
	\$	172,668	\$		\$	51,699	\$	224,367

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

# June 30, 2021 and 2020

# 6. Fair value measurements (continued)

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The classification of the Society's investment securities at fair value is as follows at June 30, 2020:

	L	evel 1	Level 2	 evel 3	 Total
Cash equivalents Money market funds	\$	14,957	\$	\$	\$ 14,957
Fixed income:					
U.S. government and agency		8,266			8,266
Corporate bonds		3,398			3,398
Mutual funds:					
Equity		90,292			90,292
Fixed income		8,398			8,398
Alternative investment				2,702	2,702
U.S. equity		6,820			6,820
Non-U.S. equity		9,103		 	 9,103
		141,234		2,702	143,936
Beneficial interest in perpetual trusts				 37,615	 37,615
	\$	141,234	\$	\$ 40,317	\$ 181,551

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

### June 30, 2021 and 2020

#### 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, 2021

	BlackRock Strategic Income Opprtnts PTF Inst	BlackRock Allocation Shares Series P	BlackRock Allocation Shares Series A	DFA Real Estate Securities	DFA International Real Estate Securities	Permanent Portfolio Fund	Wilshire Private Equity Annual Fund Series L.P.	Templeton Global Bond Fund	Total	Beneficial Interest in Perpetual	Total
Balance, beginning of year	\$ 610	\$	\$	\$	\$	\$	\$	\$ 2,092	\$ 2,702	\$ 37,615	\$ 40,317
Purchases Sales Fees	3 (303)					3,085 (164)	1,357 (27)	(2,091)	4,445 (2,558) (27)		4,445 (2,558) (27)
Interest/dividend income Unrealized gain/(loss) Realized gain/(loss)						164 253	13 106	39 131 (171)	216 507 (171)	8,970	216 9,477 (17 <b>1</b> )
Net change	(283)	······································	·	»		3,338	1,449	(2,092)	2,412	8,970	11,382
Balance, end of year	\$ 327	\$	\$	\$	\$	\$ 3,338	\$ 1,449	\$	\$ 5,114	\$ 46,585	\$ 51,699

The table below sets forth a summary of changes in the fair value of the level 3 assets for the year ended June 30, 2020:

	BlackRock Strategic Income Opprtnts PTF Inst	BlackRock Allocation Shares Series P	BlackRock Allocation Shares Series A	DFA Real Estate Securities	DFA International Real Estate Securities	Permanent Portfolio Fund	Wilshire Private Equity Annual Fund Seires L.P.	Templeton Global Bond Fund	Total	Beneficial Interest in Perpetual	Total
Balance, beginning of year	\$ 2,470	<u>\$ 713</u>	\$ 570	<u>\$ 1,241</u>	<u>\$ 1,181</u>	\$	\$	\$	\$ 6,175	\$ 37,813	\$ 43,988
Purchases	244							5,162	5,406		5,406
Sales	(2,169)	(714)	(541)	(1,293)	(1,233)			(3,032)	(8,982)		(8,982)
Interest/dividend income	46		18	3				125	192		192
Unrealized gain/(loss)	(8)	63	3	170	(75)			(131)	22	(198)	(176)
Realized gain/(loss)	27	(62)	(50)	(121)	127	-		(32)	(111)	·	(111)
Net change	(1,860)	(713)	(570)	(1,241)	(1,181)			2,092	(3,473)	(198)	(3,671)
Balance, end of year	<u>\$ 610</u>	\$	\$	\$	\$	<u>\$</u>	<u>\$</u>	\$ 2,092	\$ 2,702	\$ 37,615	\$ 40,317

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

# June 30, 2021 and 2020

# 6. Fair value measurements (continued)

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

Fund name	Redemption Notice Fund name period period Description of fund		2021	2020	
BlackRock Strategic Income Opportunities Fund			Employs a flexible investment approach across fixed income sectors without constraints on maturity, sector, quality or geography. The Fund actively manages two main risks in fixed income, interest rate risk and credit risk, to provide a compelling combination of income, low volatility and attractive returns.	\$ 327	\$ 610
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.	3,338	
Wilshire Private Equity Annual Fund Series, L.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.		
			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.	1,449	
Templeton Global Bond Fund			The fund seeks current income with capital appreciation and growth of income, by investing at least 80% of its net assets in bonds of governments, government related entities and government agencies located anywhere in the world. The fund regularly enters into various currency- related and other transactions involving derivative instruments.	\$ 5,114	

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

### June 30, 2021 and 2020

### 6. Fair value measurements (continued)

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

		2020		
Interest and dividend income Net realized and unrealized gain on investments Perpetual trust investment income	\$	2,176 49,587 1,767	\$	2,908 3,122 1,595
	\$	53,530	\$	7,625

Consistent with the Society's spending policy for the years ended June 30, 2021 and 2020, \$10,000 and \$9,590 was appropriated and spent, respectively.

# 7. Property and equipment

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

	2021	2020
Land Building and improvements Computer and office equipment	\$         5,035 32,399 2,120	\$
Less accumulated depreciation	39,554 8,612	39,304 7,187
	\$ 30,942	\$ 32,117

Depreciation expense for the years ended June 30, 2021 and 2020 was \$1,425 and \$1,380, respectively,

## 8. Line of credit

The Society has a \$6,000 revolving line of credit with a financial institution that bears interest at LIBOR plus 0.95% per annum. The loan is secured by certain investments and expires on November 10, 2022.

There were no outstanding balances as of June 30, 2021 or 2020 and no interest expense was incurred during either of the years then ended.

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

#### June 30, 2021 and 2020

#### 9. Paycheck Protection Program loan

On May 8, 2020, the Society was granted a loan in the amount of \$3,068 pursuant to the Paycheck Protection Program (the PPP). The PPP, established as part of the Coronavirus Aid, Relief and Economic Security Act ("CARES Act"), provides for loans to qualifying businesses for amounts up to 2.5 times of the average monthly payroll expenses of the qualifying business. The loans and related interest are forgivable as long as the Society uses the loan proceeds for eligible payroll and nonpayroll costs, while maintaining its payroll levels.

On June 15, 2021, the Society's application for forgiveness was approved and the full amount of the PPP loan, including accrued interest, was recognized as government grant revenue in accordance with ASC 985-605 on the statement of activities. While the Society believes that the loan forgiveness was based upon meeting the eligibility criteria, the U.S. Small Business Administration reserves the right to review the loan application and subsequent forgiveness within six years following the date of the loan forgiveness.

### 10. Net assets with donor restrictions and net assets released from donor restrictions

Net assets with donor restrictions:	2021			2020
Subject to expenditure for specified purpose: Direct program services Policy, research and advocacy Program administration	\$	11,709 654 690	\$	3,025 1,701 468
		13,053	0	5,194
Donor imposed restricted endowment funds		29,095		29,095
Beneficial interest in perpetual trusts	-	46,585		37,615
Net assets with donor restrictions	\$	88,733	\$	71,904

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

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 fiscal years ended June 30, 2021 and 2020 were as follows:

	<u></u>	2021	2020		
Direct service programs Policy research and advocacy Management and general	\$	25,942 1,857 580	\$	22,800 1,587 144	
	\$	28,379	\$	24,531	

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

#### June 30, 2021 and 2020

#### 11. 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 of this interpretation, 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 the 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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# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

# June 30, 2021 and 2020

#### 11. Endowment funds (continued)

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## 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.

## Funds with deficiencies

The Society does not have any funds with deficiencies.

# Composition of endowment funds

Endowment funds consist of the following at June 30:

	2021	2020
Donor-restricted endowment funds: Income restricted for specific purposes Income restricted for program administration Income available for general purposes	\$ 4,74 45 23,89	5 455 9 23,899
Board-designated endowment funds:	29,09	5 29,095
Quasi-endowment fund	107,79	
i otal endowment lunds	<u>\$ 136,89</u>	<u>2 \$ 106,315</u>

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# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

# June 30, 2021 and 2020

# 11. Endowment funds (continued)

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# Activity within endowment funds

Changes in endowment net assets for the year ended June 30, 2021 are as follows:

	Board-designated endowment funds without donor restrictions		wi	vment funds th donor strictions	Total		
Endowment net assets, beginning of year:	\$	77,220	\$	29,095	\$	106,315	
Investment return: Interest and dividend income Realized gain Unrealized gain	1	1,238 2,236 28,454		467 843 7,339		1,705 3,079 35,793	
Total investment return		31,928		8,649		40,577	
Appropriation of endowment income for expenditure	-	(1,351)		(8,649)		(10,000)	
Endowment net assets, end of year	\$	107,797	\$	29,095	\$	136,892	

Changes in endowment net assets for the year ended June 30, 2020 are as follows:

	Board-designated endowment funds without donor restrictions		endowment funds Endowment funds without donor with donor			Total
Endowment net assets, beginning of year:	\$	77,220	\$	29,095	\$	106,315
Investment return: Interest and dividend income Realized gain Unrealized loss	2	1,545 9,768 (7,987)		582 3,680 (3,009)		2,127 13,448 (10,996)
Total investment return		3,326		1,253		4,579
Appropriation of endowment income for expenditure	-	(3,326)		(1,253)	_	(4,579)
Endowment net assets, end of year	\$	77,220	\$	29,095	\$	106,315

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# COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

#### June 30, 2021 and 2020

# 12. Board designated net assets

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

	2	2021	 2020
Quasi-endowment fund Operating reserve Other	\$	107,797 5,000 1,357	\$ 77,220 5,000 1,255
	\$	114,154	\$ 83,475

#### 13. Employee benefit plans

### Pension plan and other post-retirement benefits

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

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 positive change in unrestricted net assets, which will be amortized over 10 years at approximately \$801 per annum.

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

	Pension benefits	Total	
Projected benefit obligation Fair value of plan assets	\$ (60,827) 47,519	\$ (42)	\$ (60,869) 47,519
Funded status - recognized in the consolidated balance sheet	\$ (13,308)	<u>\$ (42)</u>	<u>\$ (13,350)</u>
		2020	
	Pension benefits	2020 Other benefits	Total
Projected benefit obligation Fair value of plan assets		Other	Total \$ (66,760) 36,838

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# COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

#### June 30, 2021 and 2020

### 13. Employee benefit plans (continued)

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

	Pension cost		Pension c	bligations
	2021	2020	2021	2020
Weighted-average assumptions as of June 30:				
Discount rate	2.75%	3.50%	2.75%	2.75%
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 weighted average assumptions for the other benefits as of June 30:

	Benefits cost		Benefits of	bligations
	2021	2020	2021	2020
Weighted-average assumptions as of June 30:				
Discount rate	2.75%	3.50%	2.75%	2.75%
Expected return on plan assets	N/A	N/A	N/A	N/A
Rate of compensation increase	N/A	N/A	N/A	N/A

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

		20	)21				20	20		
	ension enefits	-	ther nefits	-	Total	ension enefits		ther nefits	-	Total
Society's contributions	\$ 1,200	\$	24	\$	1,224	\$ 1,200	\$	53	\$	1,253
Employee's contributions	\$	\$	0.1	\$	0.1	\$	\$	0.1	\$	0.1
Benefits paid	\$ 1,949	\$	24	\$	1,973	\$ 1,905	\$	53	\$	1,958

The accumulated benefit obligation for the defined benefit pension plan was \$60,827 and \$58,794 at June 30, 2021 and 2020, respectively.

The Mortality table RP2006 with Generational Projection Scale MP-2018 used for both pension and other benefits as of June 30, 2020 was updated to RP2006 with Generational Projection Scale MP-2019 as of June 30, 2021.

An assumed long-term rate of return of 7.00% for both the years ended June 30, 2021 and 2020 was used for the pension plan. In developing this rate, the Society evaluated input from its actuaries on asset class return expectations and long-term inflation.

For measurement purposes with respect to other benefits, a 5.60% and 4.70% health care cost trend rate was assumed for 2021 and 2020, respectively.

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# COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

## June 30, 2021 and 2020

# 13. Employee benefit plans (continued)

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Amounts recognized as changes in net assets, but not yet included in net periodic benefit cost, consist of following at June 30, 2021:

	Pension benefits	Other benefits	Total
Beginning balance of cumulative pension related changes other than net periodic pension cost	\$ (26,853)	\$ 111	<u>\$ (26,742)</u>
Changes: Amortization gain (loss) Prior service credit/(cost) Asset gain (loss)	2,223 7,393 8,884	(19) 151	2,204 7,393 9,035
Net change	18,500	132	18,632
Ending balance of cumulative pension related changes other than net periodic pension cost	_ <b>\$</b> (8,353)	<u>\$ 243</u>	<u>\$ (8,110)</u>

Amounts recognized as changes in net assets, but not yet included in net periodic benefit cost, consist of following at June 30, 2020:

	Pension benefits	Other benefits	Total
Beginning balance of cumulative pension related changes other than net periodic pension cost	\$ (17,633)	\$ 100	<u>\$ (17,533)</u>
Changes: Amortization gain (loss) Asset gain (loss)	1,354 (10,574)	(14)	1,340 (10,549)
Net change	(9,220)	11	(9,209)
Ending balance of cumulative pension related changes other than net periodic pension cost	\$ (26,853)	<u>\$111</u>	\$ (26,742)

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# COMMUNITY SERVICE SOCIETY OF NEW YORK AND AFFILIATES

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

### June 30, 2021 and 2020

## 13. Employee benefit plans (continued)

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

	2021		
	Pension benefits	Other benefits	Total
Service costs Interest cost Expected return on assets Net amortization and deferral	\$	\$ (19)	\$
Net cost	\$ 3,298	\$ (14)	\$ 3,284
		2020	
	Pension benefits	2020 Other benefits	Total
Service costs Interest cost Expected return on assets Net amortization and deferral		Other	Total \$ 1,509 1,987 (2,577) 1,340

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

	Pension benefits		ther nefits	Total
2022 2023 2024 2025 2026 2027 - 2031	2, 2, 2, 2, 2,	315 \$ 481 637 648 731 001	13 10 7 5 3 6	\$ 2,328 2,491 2,644 2,653 2,734 14,007
	\$ 26,	<u>813</u> \$	44	\$ 26,857

# 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 \$185 and \$179 during the years ended June 30, 2021 and 2020, respectively.

# NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

### June 30, 2021 and 2020

#### 14. Commitments and contingencies

The Society leases various equipment and automobiles under operating leases which expire though October 2023. Rent expense for these leases was \$130 and \$141 for the years ended June 30, 2021 and 2020, respectively.

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

Year ending June 30:	
2022	\$ 101
2023	79
2024	 16
	\$ 196

#### 15. Litigation

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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.

#### 16. Significant source of support

The Society received approximately 89% and 75% of its operating revenue and support, excluding investment returns, for the years ended June 30, 2021 and 2020, respectively, from New York State agencies. Amounts due the Society from these agencies were \$8,143 and \$8,505 at June 30, 2021 and 2020, respectively. Contracts with the funding agencies were renewed at comparable amounts for the upcoming fiscal year.

### 17. Collective bargaining agreement

Certain employees are covered by a collective bargaining agreement. The agreement with 1199 SEIU United Healthcare Workers East is effective through December 31, 2023. Payments made to the National Benefits fund were \$979 and \$888 for the years ended June 30, 2021 and 2020, respectively.

# 18. Subsequent events

Subsequent events have been evaluated through January 14, 2022, which is the date the consolidated financial statements were available to be issued. All subsequent events requiring recognition or disclosure as of June 30, 2021 have been incorporated into these consolidated financial statements. The Society is not aware of any additional material subsequent events.