	0	00	Return of Orga	nization Exempt From	m Income Tax	OMB No. 1545-0047		
For	m 🕽	30	Under section 501(c), 527, or 49	47(a)(1) of the Internal Revenue Code	e (except private foundatio	ns) 2017		
Depa	artment	of the Treasury	Do not enter social	security numbers on this form as it	may be made public.	Open to Public		
-		enue Service		v/Form990 for instructions and the l		Inspection		
AI	For th		dar year, or tax year beginning	JUL 1, 2017 and endin	<u>19 JUN 30, 2018</u>			
B	Check if	C Name of	f organization		D Employer identifie	cation number		
ſ	Addr	ess COMM	UNITY SERVICE SOC	TETY OF NEW YORK				
	Nam		usiness as	THE OF HER FORK	13-5	562202		
Í	Initia	T-22	r and street (or P.O. box if mail is not d	elivered to street address) Room				
	Final		THIRD AVENUE, 10T	H FLOOR	Constantial Constantia	254-8900		
	ated	n- City or t	own, state or province, country, an	d ZIP or foreign postal code	G Gross receipts \$	64,677,486.		
	Amer	INEW	YORK, NY 10017		H(a) Is this a group re			
L	Appli tion pend	ing F Name a	ind address of principal officer: ${f DA}$	VID R. JONES	for subordinates	? Yes 🗶 No		
-		SAME	AS C ABOVE		H(b) Are all subordinates in			
		empt status:) < (insert no.) 4947(a)(1) or	box or g	list. (see instructions)		
			CSSNY.ORG	Association Other	H(c) Group exemption			
	orm o			Association 🚺 Other 🕨 🛛 L	Year of formation: 1939 N	State of legal domicile: NY		
-	T	Summary		A similar and a statute of The MTC	CTON OF THE CO			
lce I	1			st significant activities: <u>THE MIS</u> ORK (CSS) IS TO IDE				
Activities & Governance	2		()	ontinued its operations or disposed of				
ver	3		ting members of the governing bod			35		
Ğ	4			overning body (Part VI, line 1b)		35		
80	5	Total number	of individuals employed in calendar	r year 2017 (Part V, line 2a)	5	163		
vitie	6		of volunteers (estimate if necessary		2300			
Acti	7 a	Total unrelate	d business revenue from Part VIII, d	column (C), line 12	7a	0.		
_				n 990-T, line 34		0.		
					Prior Year	Current Year		
Р	8	Contributions	and grants (Part VIII, line 1h)			21,045,158.		
Revenue	9	-			142,627.	116,875.		
Rev	10			4, and 7d)		5,486,372.		
	11			Bc, 9c, 10c, and 11e)		-6,157.		
-	12			al Part VIII, column (A), line 12)		26,642,248.		
	13 14		to or for members (Part IX, column	(A), lines 1-3)		<u>529,145.</u> 0.		
ίΩ	15			(A), line 4) (Part IX, column (A), lines 5-10)		16,780,770.		
Ises			undraising fees (Part IX, column (A)		65,795.	70,514.		
Expense			ing expenses (Part IX, column (D), li			10,511:		
ñ				d, 11f-24e)		17,629,643.		
	18			IX, column (A), line 25)		35,010,072.		
	19			e 12		-8,367,824.		
Fund Balances					Beginning of Current Year	End of Year		
Sset	20	Total assets (F	Part X, line 16)			255,958,878.		
et As	21			m line 20	<u>47,678,541.</u> 206,584,834.	47,515,304.		
		208,443,574.						
Distant	irt II							
				n, including accompanying schedules and s		y knowledge and belief, it is		
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.								
Sigr	h	Signature	e of officer	- 23	Date	+/17		
Her		AND STREET, ST		DENT/CEO		1		
	-		print name and title					
_		Print/Type prep	parer's name	Preparer's signature	Date Check	PTIN		
Paid			K. BALTAZAR, CPA	Cet	1-15-2019 Il self-employe	P00988228		
Prep	arer	Firm's name	DORFMAN ABRAMS		Firm's EIN 🕨	22-1655803		
Use	Only	Firm's address	▶ 250 PEHLE AVE.,	SUITE 702		address de la constitución		
			SADDLE BROOK, N.	J 07663	Phone no.20	1-403-9750		

Ē.

	SADDLE BROOK, NJ 07663	Phone no. 201	
May the IRS di	scuss this return with the preparer shown above? (see instructions)		X Yes No
732001 11-28-17	LHA For Paperwork Reduction Act Notice, see the separate inst	tructions.	Form 990 (2017)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

No

	n 990 (2017) COMMUNITY SERVICE SOCIETY OF NEW YORK 13-5562202 Page 2 rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE COMMUNITY SERVICE SOCIETY OF NEW YORK (CSS) IS TO
	IDENTIFY PROBLEMS WHICH CREATE A PERMANENT POVERTY CLASS IN NEW YORK
	CITY, AND TO ADVOCATE THE SYSTEMIC CHANGES REQUIRED TO ELIMINATE SUCH
	PROBLEMS. CSS WILL FOCUS ON ENABLING, EMPOWERING AND PROMOTING
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
•	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
-	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 18,043,310. including grants of \$ 50,630.) (Revenue \$)
	CSS'S HEALTH INITIATIVES DEPARTMENT CONDUCTS HEALTH COVERAGE POLICY
	RESEARCH, ADVOCATES FOR QUALITY AFFORDABLE COVERAGE FOR ALL, AND
	PROVIDES EDUCATION AND DIRECT HEALTH COVERAGE ASSISTANCE TO NEW YORK
	CONSUMERS. CSS'S HEALTH COVERAGE-RELATED DIRECT SERVICES PROGRAMS
	INCLUDE: COMMUNITY HEALTH ADVOCATES; THE CSS NAVIGATOR NETWORK; THE
	INDEPENDENT CONSUMER ADVOCACY NETWORK; THE ABD-FE PROGRAM; AND HARLEM
	HEALTH ADVOCACY PROJECT. FOR MANY OF THESE PROJECTS, CSS SUBCONTRACTS
	WITH NETWORKS OF COMMUNITY-BASED ORGANIZATIONS TO SERVE CONSUMERS
	ACROSS NEW YORK STATE. TOGETHER, IN FY 2018, CSS'S HEALTH COVERAGE
	DIRECT SERVICES PROGRAMS SERVED CONSUMERS IN OVER 100,000 DIRECT
	ASSISTANCE CASES. THE HEALTH INITIATIVES DEPARTMENT HAS 25 TRAINED AND
	ACTIVE VOLUNTEERS.
4b	(Code:) (Expenses \$1,736,577. including grants of \$) (Revenue \$)
	RETIRED & SENIOR VOLUNTEER PROGRAM (RSVP)
	RSVP DEPLOYED 2,400 VOLUNTEERS PROVIDING IMPORTANT SERVICES IN ALL FIVE
	BOROUGHS. SOUP KITCHEN FOOD PANTRY INITIATIVE - 129 VOLUNTEERS
	CONTRIBUTED CLOSE TO 36,000 HOURS OF SERVICE, PROVIDING CRITICAL
	SUPPORT TO 26 SOUP KITCHENS AND FOOD PANTRIES. RSVP VOLUNTEERS
	PROVIDED ESSENTIAL SUPPORT TO STAFF AND CLIENTS BY ORGANIZING AND
	STOCKING SHELVES, MAKING GROCERY PACKAGES, PREPARING MEALS, ASSISTING
	WITH PARTICIPANT REGISTRATION, SERVING MEALS TO CLIENTS AND AIDING WITH
	CLEANUP. OVER 5,000 CLIENTS WERE SERVED.
	68 ACES VOLUNTEERS PROVIDED BENEFIT COUNSELING SERVICES AT 39 PARTNER
	SITES. THE VOLUNTEERS HAD 6,056 BENEFIT COUNSELING SESSIONS WITH
4c	(Code:) (Expenses \$ 1,168,084. including grants of \$) (Revenue \$) (R
	CSS'S LEGAL DEPARTMENT FOCUSES ON HELPING INDIVIDUALS WITH CRIMINAL
	CONVICTION HISTORIES OVERCOME BARRIERS TO REENTRY. WE BRING LITIGATION
	ON BEHALF OF INDIVIDUALS AND GROUPS WHO HAVE SUFFERED ACTIONABLE
	DISCRIMINATION BECAUSE OF THEIR RECORDS AND ENGAGE IN POLICY AND
	LEGISLATIVE ADVOCACY TO MAKE SYSTEMIC CHANGE. WE ALSO PROVIDE DIRECT
	SERVICES TO MORE THAN 700 LOW INCOME NEW YORKERS EACH YEAR THROUGH THE
	LEGAL DEPARTMENT'S NEXT DOOR PROJECT, WORKING WITH CLIENTS FROM ACROSS
	THE CITY TO OBTAIN, CORRECT MISTAKES IN AND CLOSELY REVIEW THEIR NEW
	YORK STATE RAP SHEETS. THE NEXT DOOR PROJECT'S WORK IS AUGMENTED BY THE
	EXPERT ASSISTANCE OF 10 TO 15 SPECIALLY TRAINED OLDER ADULT VOLUNTEERS.
	WE PROVIDE NEXT DOOR PROJECT SERVICES AT PARTNER AGENCIES' OFFICES IN
	DOWNTOWN BROOKLYN, BEDFORD STUYVESANT, HARLEM, THE SOUTH BRONX AND
4d	Other program services (Describe in Schedule O.)
Υ.	(Expenses \$ 7,020,076 . including grants of \$ 478,515 .) (Revenue \$ 115,175 .)
4e	Total program service expenses 27,968,047.
	Form 990 (2017)

Form 990 (2017) COMMUNITY SERVICE SOCIETY OF NEW YORK 13-5562202 Page 3 Part IV Checklist of Required Schedules

				anarte.
4	In the examination described in section $501(c)(2)$ or $4047(c)(1)$ (other then a private foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2	If "Yes," complete Schedule A	1	X X	
2		2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
4	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		~	
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	X	
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	-		v
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		X
0		~		v
7	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,	_		37
0	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	_7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
0	Schedule D, Part III	8	-	X
9				
	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	~		v
10		9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40	v	
4.4	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	<u>11a</u>	X	
b			v	
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<u>11b</u>	X	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44-		v
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	11c		X
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	4.4.4	v	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	X X	-
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	Δ	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	4.45	x	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u>11f</u>	~	
12d		10-		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		Δ
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	104	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	Δ	Х
13 14a		13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148		~
5	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		х
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	140		41
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		- 21
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		11
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
	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	42	
-	complete Schedule G, Part III	19		x

19 X Form 990 (2017)

Form 990 (2				OF	NEW	YORK
Part IV	Checklist of Required Sched	ules (continued,)			

A 56.

		-2	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			100
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		v
28	of any of these persons? If "Yes," complete Schedule L, Part III	27	-	X
20	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, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	1	**
-	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
26	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?	0.0		v
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3/		Δ
50	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form 990 (2017)

	990 (2017) COMMUNITY SERVICE SOCIETY OF NEW YORK 13-5562	202	Р	age 5
Pa	TX Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			_
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a145			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
0.0	(gambling) winnings to prize winners?	10	<u>X</u>	
Za	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 163			
h	filed for the calendar year ending with or within the year covered by this return 2a 163 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	Oh	x	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2b	~	
39		3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		Δ
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	00	_	
10	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:	ти		
-	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
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		
	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.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
a	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			1.1
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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	1		
с	Enter the amount of reserves on hand			1.1.1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Form 990	(2017)
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Form 990 (2017)

COMMUNITY SERVICE SOCIETY OF NEW YORK 13-5562202 Page 6

(# E)

	Check if Schedule O contains a response or note to any line in this Part VI		<u></u> .		X
Sec	tion A. Governing Body and Management				
-		8° U		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 3.	5		
	If there are material differences in voting rights among members of the governing body, or if the governing				1.0
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 3!	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o 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 th				
	of officers, directors, or trustees, or key employees to a management company or other person?		3	1	X
4	Did the organization make any significant changes to its governing documents since the prior Form §	90 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	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 a				
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
	persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	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 rea				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				
				Yes	No
10a	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 cl				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a			11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,			
12a			12a	x	
b			12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		12.07		
	in Schedule O how this was done		12c	x	
13	Did the organization have a written whistleblower policy?		13	X	-
	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approva		14	A	
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	a by moependent			
	The organization's CEO, Executive Director, or top management official		15.	v	
a			15a	X	v
b	Other officers or key employees of the organization		15b		X
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger		10.	-	- v
l.	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	- 12 19 19	<u>16a</u>		X
D					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
600	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure			_	_
17	List the states with which a copy of this Form 990 is required to be filed NY , NJ , CT , FL				-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	(Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.				
		in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	ntlict of interest policy, ar	d finan	cial	
	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo				
20					

633	THIRD	AVENUE,	10TH	FLOOR,	NEW	YORK,	NY	10010	
	_								

Form 990 (2017)	COMMUNITY	SERVICE	SOCIETY	OF	NEW	YORK	13-5562202	Page 7		
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employees, and Independent Contractors										
Check if Schedule O contains a response or note to any line in this Part VII										

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A) Name and Title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unle	ss pe	rson	than is bot or/trus	th an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee	İ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) TERRY AGRISS TRUSTEE	1.00	x						0.	0.	0.
(2) SYLVIA E. DI PIETRO, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(3) JOSEPH J. HASLIP TRUSTEE	1.00	x						0.	0.	0.
<pre>(4) NICHOLAS A. GRAVANTE JR., ESQ. TRUSTEE</pre>	1.00	x						0.	0.	0.
(5) JUDY CHAMBERS TRUSTEE	1.00	x						0.	0.	0.
<pre>(6) MICHAEL HORODNICEANU, PH.D. TRUSTEE</pre>	1.00	x				_		0.	0.	0.
(7) JOYCE L. MILLER TRUSTEE	1.00	x						0.	0.	0.
(8) HON. KELLY O'NEILL LEVY, ESQ. TRUSTEE - TERM JUNE 2018	1.00	x						0.	0.	0.
(9) FLORENCE H. FRUCHER TRUSTEE	1.00	x						0.	0.	0.
(10) BARBARA NEVINS TAYLOR TRUSTEE - TERM JUNE 2018	1.00	x						0.	0.	0.
(11) DAVID J. POLLAK TRUSTEE	1.00	x						0.	0.	0.
(12) MARLA EISLAND SPRIE, ESQ. TRUSTEE	1.00	x				_		0.	0.	0.
(13) MAGDA JIMENEZ TRAIN, ESQ. TRUSTEE	1.00	x						0.	0.	0.
(14) MARK E. LIEBERMAN TRUSTEE	1.00	x						0.	0.	0.
(15) CAROL L. O'NEALE TRUSTEE	1.00	x						0.	0.	0.
(16) KAREN Y. BITAR, ESQ. TRUSTEE	1.00	x						0.	0.	0.
(17) MICAH C. LASHER TRUSTEE	1.00	x						0.	0.	0.

732007 11-28-17

Form 990 (2017)

Form 990 (2017)	COMMUNITY	SERVICE	SOCIETY	OF	NEW YORK	13-5562202	Page 8
Dart VII a man		1946 225 14		3.22	2	11 11 11	

		_	_	_		_	_	F NEW YORK	13-556	2202	<u>2 P</u>	age 8		
Part VII Section A. Officers, Directors, 1	Trustees, Key Em	ploy	ees	, and	d Hi	ghes	t C	Compensated Employe	es (continued)					
(A)	(B)				C)			(D)	(E)		(F)			
Name and title	Average	(10		Pos		than d		Reportable	Reportable	E	Estimate	ed		
	hours per	box	, unle	iss pe	rson	is both	an	compensation	compensation	a	mount	of		
	week	-	cer ar	nd a d	irecto	or/trus	0 0)	from	from related		other			
	(list any	ector						the	organizations		mpensa			
	hours for	or di	8			ated		organization	(W-2/1099-MISC)		from th			
	related organizations	ustee	truste			bens		(W-2/1099-MISC)			ganizal			
	below	ual tr	ional	1.5	ploye	t corr					nd relat			
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Orę	ganizati	ions		
	1.00		-	0	×	Ξ÷ψ	ш.			_				
(18) ABBY WENZEL, ESQ.	1.00	x						0.).		0		
TRUSTEE	1.00	A	-	-	-		-	0.	· · · · ·			0.		
(19) JEFFREY J. WEAVER	T.00			1 1				0		.		0		
TRUSTEE	1 00	X	-	-	<u> </u>			0.	().		0.		
(20) MARK A. WILLIS	1.00											-		
TRUSTEE	1.00	X	_	-				0.	().		0.		
(21) JERRY WEBMAN	1.00													
TRUSTEE		X					_	0.	().		0.		
(22) ROSALIE MARGOLIS, ESQ.	1.00													
TRUSTEE		X						0.	(0.				
(23) GEOFFREY NEWMAN	1.00													
TRUSTEE		X						0.	().	0.			
(24) KHALED HARAM	1.00													
TRUSTEE		x						0.	0			0.		
(25) REGAN KELLEY ORILLAC	1.00													
TRUSTEE		x						0.	0).		0.		
(26) MARGARITA ROSA, ESQ.	1.00									-				
TRUSTEE		x						0.) .		0.		
1b Sub-total								0.).		0.		
c Total from continuation sheets to Pa								2,693,470.			03,7			
d Total (add lines 1b and 1c)								2,693,470.			03,7			
2 Total number of individuals (including b										1 30	,,,,	<u>J</u> <u></u>		
compensation from the organization		1000	nore	<i></i>	0010	57 991	01		0,000 01 1000112010			23		
compensation norm the organization		_				_					Yes			
3 Did the organization list any former offi	oor director or tri	into			nnla		.	highest componented		1				
5 ,								o ,				v		
line 1a? If "Yes," complete Schedule J										3	-	X		
4 For any individual listed on line 1a, is th								-	-					
and related organizations greater than s										. 4	X	-		
5 Did any person listed on line 1a receive					-			-						
rendered to the organization? If "Yes,"	complete Schedul	e J f	or s	uch	pers	son .				. 5		X		
Section B. Independent Contractors							_					_		
1 Complete this table for your five highes										nsation	from			
the organization. Report compensation	for the calendar y	ear (endi	ng w	vith	or wi	thir	n the organization's tax	year.					
(A)								(B)			(C)			
Name and busin					_			Description of	services	Comp	ensatic	n		
LAKE RESEARCH PARTNERS				\mathbf{T}	NV	N,								
SUITE 1100, WASHINGTON		003	36					SURVEY WORK		2	79,5	03.		
COLLINS BUILDING SERVIO	CES, INC													
24-01 44TH ROAD, LONG 1	ISLAND CI	ΓY	, 1	YV	1:	110	1	CLEANING SEF	VICES	10	68,2	64.		
ACTITEDCE INC 660 AMEL	TOAN AVE	c	ZTT-	TOT	7									

CONSULTING

PROFESSIONAL

FUNDRAISING

CONSULTING

Total number of independent contractors (including but not limited to those listed above) who received more than

5

ACUTEDGE, INC, 660 AMERICAN AVE, SUITE

12 WEST 27TH STREET, NEW YORK, NY 10001

204, KING OF PRUSSIA, PA 19406

TONIO BURGOS & ASSOCIATES, INC 115 BROADWAY, NEW YORK, NY 10006

\$100,000 of compensation from the organization

FAIRCOM NEW YORK INC

2

156,962.

151,783.

120,000.

Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0)			(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	app	ly)	compensation	compensation	amount of
	per week					8		from the	from related organizations	other compensation
	(list any	Ę				ploye		organization	(W-2/1099-MISC)	from the
	hours for	r dire				led en		(W-2/1099-MISC)	(,	organization
	related	stee o	rustee			ensat				and related
	organizations	al tru	onal t		oloyee	d Loo				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	=	=	Б	¥	Ξ	8			· · · · · · · · · · · · · · · · · · ·
(27) KHARY LAZARRE-WHITE, ESQ.	1.00	x						0.	0.	0
TRUSTEE	1.00	^			-			0.	0.	0
(28) PHYLLIS TAYLOR TRUSTEE	1.00	x						0.	0.	0
(29) PATRICIA GLAZER	1.00	A	_				-	0.	U.	0
TRUSTEE	1.00	x						0.	Ο.	0
(30) KEN SUNSHINE	1.00							0.	0.	0
TRUSTEE	1.00	x						0.	0.	0
(31) RICHARD W. EADDY	1.00									
TRUSTEE		x						0.	0.	0
(32) DONALD W. SAVELSON, ESQ.	1.00									
TRUSTEE		X						0.	0.	0
(33) ALEXANDER BARRETT	1.00									
TRUSTEE		X				11		0.	0.	0
(34) ROBERT MCCABE	1.00									
TRUSTEE	1.00	X			_			0.	0.	0
(35) DEBORAH M. SALE	1.00									
CHAIRPERSON	1.00	X		Χ		_		0.	0.	0
(36) HON, BETSY GOTBAUM	1.00	x		x				0.	0.	0
SECRETARY (37) RALPH DACOSTA-NUNEZ, PH.D.	1.00	Δ		Δ		-		0.		0
TREASURER	1.00	x		x				0.	0.	0
(38) STEVEN BROWN	1.00		-			-	-		.	U
VICE CHAIRMAN-TERM JUNE 2018		x		x				0.	0.	0
(39) DAVID R. JONES, ESQ.	35.00									
PRESIDENT/CEO		1		x				652,464.	0.	77,498
(40) STEVEN L. KRAUSE	35.00									
EXECUTIVE V.P./COO				Х				525,657.	0.	71,874
(41) JEFFREY F. RIZZO	35.00									
2FO - TERM NOV. 2017	_			Х	_			163,695.	0.	35,607
(42) ELISABETH RYDEN BENJAMIN	35.00									
/P HEALTH INITIATIVES					Х			246,986.	0 *	19,378
(43) ALINA MOLINA	35.00							105 504		
7P OF PROGRAM SERVICES	25.00		_		Х	_		186,624.	0.	20,453
(44) NANCY RANKIN	35.00							212 0.02	<u></u>	15 405
VP OF POLICY, RESEARCH AND	35 00	-				X		213,863.	0.	15,485
(45) JUDITH WHITING	35.00					x		195 124	0.	6 520
GENERAL COUNSEL	35.00	-		-	-	•		196,424.	0.	6,520
(46) JEFFREY MACLIN /P OF GOVERNMENT AND PUBLI	55.00					x		193,371.	0.	32,438
T OF SOVERNMENT AND PUBLI						1		100,011.	0.	54,450

Form 990 COMMUNITY	Y SERVIC	CE	S	DC:	IE'	ΓY	01	F NEW YORK	13-556	2202
Part VII Section A. Officers, Directors, Tru		nplo	oyee			ligh	est			
(A) Name and title	(B) Average hours per	(cl	heck	Pos	C) itior that		ily)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (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)	compensation from the organization and related organizations
(47) MELISSA KOSTOVSKI	35.00							156 505		10 000
VP OF DEVELOPMENT AND PLAN	25 00	-	-		-	X	-	176,737.	0.	19,077.
(48) CHARLES TARAMINA CONTROLLER	35.00					x		137,649.	0.	5,464.
										2
							_			
					-					
					_					
\$ 										
Total to Part VII, Section A, line 1c								2,693,470.		303,794.

Part		II Statement of Rever	nue		LETY OF NE		13-5562	
		Check if Schedule O cont	ains a response	or note to any line	in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
its	1 a	Federated campaigns	ta					
contributions, Girts, Grants and Other Similar Amounts	b	Membership dues						
A A A A	с			29,605.				
la la	d	Related organizations	1d	2				
in.	е	Government grants (contribut	tions) 1e	19,125,515.				
S	f	All other contributions, gifts, gran	its, and					
E		similar amounts not included abo	ve 1f	1,890,038.				
	g	Noncash contributions included in lines	a 1a-1f: \$					
<u> </u>	h	Total. Add lines 1a-1f		▶	21,045,158.			
				Business Code				
<u> </u>	2 a	PROGRAM SERVICE FEES		611420	116,875.	116,875.		
E e	b	S						
	с							
e č a	d							
Program Service Revenue	е	· · · · · · · · · · · · · · · · · · ·						
	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f			116,875,			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			3,093,568.			3,093,568
	4	Income from investment of ta	x-exempt bond p	roceeds 🕨 🕨				
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	¢	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	40,379,290.					
	b	Less: cost or other basis						1
		and sales expenses	37,986,486.					
	С	Gain or (loss)	2,392,804.					
	d	Net gain or (loss)		🕨	2,392,804.			2,392,804
٥	8 a	Gross income from fundraisin	g events (not					
en		including \$29	605, of					
l š		contributions reported on line	1c). See					
5		Part IV, line 18	a	42,595.				
Other Revenue	b	Less: direct expenses	b	48,752.				
Ŭ	С	Net income or (loss) from func	draising events	🕨	-6,157.			-6,157
	9 a	Gross income from gaming ac						
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	с	Net income or (loss) from gam	ning activities	🕨				
1	0 a	Gross sales of inventory, less						
		and allowances 🚎						
	b	Less: cost of goods sold	b					
_	c	Net income or (loss) from sale	s of inventory	🕨				
		Miscellaneous Revenu	0	Business Code				
1	1 a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
4	2	Total revenue. See instructions.			26,642,248,	116.875.	0.	5,480,215

* 4

COMMUNITY SERVICE SOCIETY OF NEW YORK Form 990 (2017) COMMUNITY SER Part IX Statement of Functional Expenses

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

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,		(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 \dots	198,400.	198,400.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	330,745.	330,745.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,902,560.	1,049,106.	778,334.	75,120.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	10,146,299.	8,046,043.	1,594,215.	506,041.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	135,980.		33,769.	6,889.
9	Other employee benefits	3,870,418.	3,027,200.	658,630.	184,588.
10	Payroll taxes	725,513.	677,087.	5,258.	43,168.
11	Fees for services (non-employees):				
а	Management				
b	Legal	106,250.		106,250.	
С	Accounting	88,000.		88,000.	
d	Lobbying	120,000.	120,000.		
е	Professional fundraising services. See Part IV, line 17	70,514.			70,514.
f	Investment management fees	660,708.		660,708.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)		11,833,994.	250,930.	3,000.
12	Advertising and promotion	44,155.		6,124.	564.
13	Office expenses	96,532.	35,524.		61,008.
14	Information technology				
15	Royalties				
16	Occupancy	661,679.	490,749.	147,196.	23,734.
17	Travel	299,721.	189,477.	106,479.	3,765.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	311,175.	143,578.	159,971.	7,626.
20	Interest	539,604.		539,604.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,553,697.	1,169,630.	336,432.	47,635.
23	Insurance	146,453.	20,252.	126,201.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) EOUIPMENT RENTAL	375,228.	151,413.	211,964.	11,851.
a	TELEPHONE AND COMMUNICA	295,164.	194,383.	92,049.	8,732.
b	SUPPLIES	102,794.	86,525.	13,244.	3,025.
C d	OTHER EXPENSES	86,491.	48,787.	28,896.	8,808.
d		54,068.	22,365.	11,016.	20,687.
	All other expenses Total functional expenses. Add lines 1 through 24e	35,010,072.	27,968,047.	5,955,270.	1,086,755.
25	Joint costs. Complete this line only if the organization	55,010,072.	41,300,041.	5,555,410.	1,000,755.
26					
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here Check here if following SOP 98-2 (ASC 958-720)				

1 B

-

		Check if Schedule O contains a response or not	e to ar	iy line in this Part X	(A) Beginning of year		(B) End of year
-	1	Cash - non-interest-bearing			1,015,307.	1	1,084,002.
	2	Savings and temporary cash investments			2,333,282.	2	1,676,039.
	3	Pledges and grants receivable, net			2,333,202.	3	1,070,039.
	4	Accounts receivable, net			10,158,101.	4	12,483,421.
	5	Loans and other receivables from current and fo			10/100/101.	4	14,105,1441.
	J	trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif					
	Ŭ	section 4958(f)(1)), persons described in section		,			
	6	employers and sponsoring organizations of sect					
s		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net		7			
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			899,310.		426,204.
		Land, buildings, and equipment: cost or other	1		000,010.	9	
	liva	basis. Complete Part VI of Schedule D	100	38 876 223			
	h	Less: accumulated depreciation		4,460,837.	35,858,614.	10c	34,415,386.
	11	Investments - publicly traded securities			151,046,786.		
	12	Investments - other securities. See Part IV, line 1	•••••• 1		16,892,413.	12	13,158,988.
	13	Investments - program-related. See Part IV, line 1		10,052,415.	13	13,130,300.	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			36,059,562.	14	37,490,582.
	16	Total assets. Add lines 1 through 15 (must equa			254,263,375.	16	255,958,878.
	17	Accounts payable and accrued expenses			7,856,943.	17	8,286,012.
	18	Grants payable			1,050,545.	18	0,200,012.
	19	Deferred revenue				19	34,913.
	20	Tax-exempt bond liabilities		20	J=1J1J.		
	21	Escrow or custodial account liability. Complete F	of Schedule D		21		
s	22	Loans and other payables to current and former			~1		
Liabilities		key employees, highest compensated employee					
lide		Complete Part II of Schedule L				22	
Ľ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
- 1	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		Schedule D			39,821,598.	25	39,194,379.
	26	Total liabilities. Add lines 17 through 25			47,678,541.	26	47,515,304.
		Organizations that follow SFAS 117 (ASC 958)					
ŝ		complete lines 27 through 29, and lines 33 and					
nce	27	Unrestricted net assets		ar como	115,634,313.	27	115,908,489.
ala	28	Temporarily restricted net assets		25,795,641.	28	25,949,391.	
dВ	29			65,154,880.		66,585,694.	
'n		Organizations that do not follow SFAS 117 (AS					
P		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or equ				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc		040112000-000000		32	
ž	33	Total net assets or fund balances			206,584,834.	33	208,443,574.
	34	Total liabilities and net assets/fund balances			254,263,375.	34	255,958,878.
				and a second statistic second statistic second statistics of the second			Form 990 (2017)

Form 990 (2017)
Part X Balance Sheet

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Form	990 (2017) COMMUNITY SERVICE SOCIETY OF NEW YORK	13-5	562202	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,64	2,2	48.
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,01	0,0	72.
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,36	7,8	24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	206,58	4,8	34.
5	Net unrealized gains (losses) on investments	5	8,73	3,5	73.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,49	2,9	91.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	208,44	3,5	74.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			4.444	X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (
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	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X 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				-
	review, or compilation of its financial statements and selection of an independent accountant?	i	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	0			
	Act and OMB Circular A-133?		<u>3a</u>	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		the second s	X	
			_	000	(0047)

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Form 990 (2017)

(Fo	rtm 99 rtment o al Rever	DULE A 90 or 990-EZ) of the Treasury nue Service	Co	omplete if the organ 494 ► A	blic Charity Status and Public Support ete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. to www.irs.gov/Form990 for instructions and the latest information.									
Nan	ne of t	the organizat								identification number				
De		Deces			ICE SOCIETY				1	3-5562202				
	rt I				All organizations must co				5.					
1 2 3 4 5		A church, co A school des A hospital or A medical res city, and stat	nvention of ch cribed in secti a cooperative search organiz e:	urches, or association ion 170(b)(1)(A)(ii). (hospital service organization operated in con	For lines 1 through 12, con of churches described Attach Schedule E (Formanization described in se njunction with a hospital lege or university owned	d in section 990 or 99 ection 170 described	n 170(b)(90-EZ).) 0 (b)(1)(A)(i i d in sectio	1)(A)(i). ii). n 170(b)(1)(A						
6 7 8 9		 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 												
		university:												
10	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)													
12 a b c		more publicly lines 12a thro Type I. A s the suppor organizatio Type II. A s control or r organizatio Type III fun its support	v supported or pough 12d that upporting orga ted organization n. You must o supporting orga nanagement o n(s). You mus nctionally inte ed organization	ganizations describe describes the type o anization operated, s con(s) the power to re- complete Part IV, Se anization supervised f the supporting orga t complete Part IV, grated. A supporting n(s) (see instructions	l or controlled in connec anization vested in the s Sections A and C. g organization operated s). You must complete F	r section an by its sup a majority o tion with it ame perso in connec Part IV, Se	509(a)(2). aplete lines ported orgoing the direct s support ons that control the tion with, a ections A,	See section s s 12e, 12f, and ganization(s), t ctors or truste ed organizatio pontrol or mana and functiona D, and E.	509(a)(3). C d 12g. typically by bes of the s on(s), by ha age the sup lly integrate	Check the box in giving upporting ving ported ed with,				
d		Type III no	n-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	with its suppo	rted organi	zation(s)				
		that is not	functionally int	egrated. The organiz	ation generally must sat	isfy a dist	ribution re	quirement an	d an attent	iveness				
	-	requiremer	it (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this	box if the orga	anization received a v	written determination fro	m the IRS	that it is a	а Туре I, Туре	II, Type III					
			-		nally integrated support									
f	Ente	er the number	of supported o	organizations			********							
g				about the supporte		(iv) is the orga	nization listed							
	()	 i) Name of supp organization 	NAME AND ADDRESS OF ADDRESS OF ADDRESS	(II) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see in		(vi) Amount of other support (see instructions)				
	_				above (see instructions))	Yes	No		.straotionioj					
-								÷						
27														
<u>i</u>									1					
										••••••••••••••••••••••••••••••				
Tota	1													

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Schedule A (Form 990 or 990-EZ) 2017 COMMUNITY SERVICE SOCIETY OF NEW YORK 13-5562202 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	12,592,645,	17,727,591,	20_308_291.	20,356,875.	21,066,816.	92,052,218.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
2	The value of services or facilities										
3											
	furnished by a governmental unit to										
	the organization without charge						5.445 (1995) 2V				
4		12,592,645.	17,727,591.	20,308,291.	20,356,875.	21,066,816.	92,052,218.				
5											
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)						371,508.				
6	Public support. Subtract line 5 from line 4.						91,680,710.				
See	ction B. Total Support					A	AAA				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
7	Amounts from line 4	12,592,645,	17,727,591,	20,308,291,	20,356,875,	21,066,816,	92,052,218.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	3,600,914.	2,228,574.	1,287,548.	7,940,537.	5,487,966.	20,545,539.				
9	Net income from unrelated business	3,000,514.	2,220,574.	1,207,540.	1,540,557.	5,407,500.	20,545,555.				
9	activities, whether or not the										
	business is regularly carried on	84,401.					84,401.				
10	Other income. Do not include gain	01,101.					04,401.				
10	-										
	or loss from the sale of capital	04 100					04 100				
	assets (Explain in Part VI.)	94,109.					94,109.				
	Total support. Add lines 7 through 10		,			1	112,776,267.				
	Gross receipts from related activities,						,054,902.				
13	First five years. If the Form 990 is for	•									
500	organization, check this box and stop	here	oontogo								
	tion C. Computation of Public						01 00				
	Public support percentage for 2017 (li					14	81.29 %				
	Public support percentage from 2016					15	80.86 %				
16a	33 1/3% support test - 2017. If the c										
	stop here. The organization qualifies										
b	33 1/3% support test - 2016. If the o	-									
	and stop here. The organization quali										
17a	17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,										
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Pa	t VI how the organ	ization				
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization						
b	10% -facts-and-circumstances test	t - 2016. If the orga	anization did not cl	heck a box on line	13, 16a, 16b, or	7a, and line 15 is	10% or				
	more, and if the organization meets th										
	organization meets the "facts-and-circ				•						
18	Private foundation. If the organizatio										
			and the second se								

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990 EZ) 2017 COMMUNITY SERVICE SOCIETY OF NEW YORK 13-5562202 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) 13-5562202 Page 3

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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						
J	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	- Automatica	() 0010	(1) 0014	() 0015	4 10 00 4 0	4 1 0047	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	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 five years. If the Form 990 is for						
	check this box and stop here		•••••••••••••••••••••••••••••••••••••••				
	ction C. Computation of Public					F 1	
	Public support percentage for 2017 (lin					15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves						
	Investment income percentage for 201					17	%
18	Investment income percentage from 2	016 Schedule A, I	Part III, line 17			18	%
19a	33 1/3% support tests - 2017. If the c	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box an	d stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	
b	33 1/3% support tests - 2016. If the c	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						

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Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 COMMUNITY SERVICE SOCIETY OF NEW YORK 13-5562202 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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

10b

Schedule A (Form 990 or 990-EZ) 2017 COMMUNITY SERVICE SOCIETY OF NEW YORK 13-5562202 Page 5

	rt IV Supporting Organizations (continued)	550220	21 10	ige 5
	Community organizations (communications)		Vee	Ma
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
-			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
2	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		
Sec	tion D. All Type III Supporting Organizations			
000	Alon Britan Type in oupporting organizations		Vee	NIa
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		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 (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			_
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruction	ns).		
а	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.

c Last The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

- 2 Activities Test. Answer (a) and (b) 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 (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) 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? *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) 2017

Yes

2a

2b

3a

3b

No

Schedule A (Form 990 or 990 EZ) 2017 COMMUNITY SERVICE SOCIETY OF NEW YORK 13-5562202 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 1	Net short-term capital gain	1		
2 F	Recoveries of prior-year distributions	2		
3 (Other gross income (see instructions)	3		
4 A	Add lines 1 through 3	4		
5 C	Depreciation and depletion	5		
6 F	Portion of operating expenses paid or incurred for production or			
C	collection of gross income or for management, conservation, or			
n	naintenance 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		
Sectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	Aggregate fair market value of all non-exempt-use assets (see			
ir	nstructions for short tax year or assets held for part of year):			
a A	Average monthly value of securities	1a		
b A	Average monthly cash balances	1b		
c F	air market value of other non-exempt-use assets	1c		
d T	fotal (add lines 1a, 1b, and 1c)	1d		
еD	Discount claimed for blockage or other			
fi	actors (explain in detail in Part VI):			
2 A	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 5	Subtract line 2 from line 1d	3		
4 (Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
S	ee instructions)	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 N	Aultiply line 5 by .035	6		
7 F	Recoveries of prior-year distributions	7		
8 N	Ainimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, Column A)	1		
2 E	Inter 85% of line 1	2		
3 N	Ainimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 E	nter greater of line 2 or line 3	4		
5 Ir	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to mergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		d Tupo III ourporting are	i

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

Schedule A (Form 990 or 990-EZ) 2017

Sche	dule A (Form 990 or 990-EZ) 2017 COMMUNITY SER			13-5562202 Page 7
	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		1	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
_	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
	From 2013			
-	From 2014			
	From 2015			
-	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
5 1507	Applied to 2017 distributable amount			
1	Carryover from 2012 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D.			· · · · · · · · · · · · · · · · · · ·
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
-	Remainder. Subtract lines 4a and 4b from 4.			
-	Remaining underdistributions for years prior to 2017, if			
-	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VJ Supplemental Information. Provide the explanations required by Part II, line 10; Part IV, Dent IV, Section D, Ires 12, ash, Ga, Ga, Ga, Bo, Ba, So, Part IV, Dent IV, Section B, Jines 1 and 2; Part IV, Section D, Jines 12, and Ga and YL, Section E, Jines 10, 22, 20, 30, and 30; Part V, Section B, Jines 1e; Part V, Section B, Jines 1and 2; Part IV, Section E, Jines 2, 5, and 6. Also complete this part for any additional information. (See Instructions.) Section F, Jines 2, and 6; and Part V, Section E, Jines 2, 5, and 6. Also complete this part for any additional information. (See Instructions.) Section F, Jines 2, and C,	Schedule A	(Form 990 or 990-EZ) 2017 COMMUNITY SERVICE SOCIETY OF NEW YORK 13-5562202 Page 8
	Part VI	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.
	-	
	5	
	5	

SCHEDULE C (Form 990 or 990-EZ)

Political Ca	ampaign a	and Lobb	ying Activit	ies
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For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

2U1/ Open to Public Inspection

Employer identification number

OMB No. 1545-0047

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

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

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

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization

	COMMUN	ITY SERVICE SOCIET	Y OF NEW YO	DRK	13-5562202
Pa	art I-A Complete if the or	ganization is exempt unde	r section 501(c)	or is a section 52	7 organization.
1 2 3	Political campaign activity expend	ization's direct and indirect political itures aign activities			\$
Pa	Irt I-B Complete if the or	ganization is exempt unde	r section 501(c)(3).	
1	Enter the amount of any excise ta	x incurred by the organization unde	r section 4955		\$
2	Enter the amount of any excise ta	x incurred by organization manager	s under section 4955		\$
3		on 4955 tax, did it file Form 4720 fo			
					Yes No
******	If "Yes," describe in Part IV.	ganization is exempt unde			044 1/01
Pa		China and a state of the second s		name and the state of the state	2.0 (0.000) (0.000)
1		ed by the filing organization for sect			► \$
2		nization's funds contributed to othe	•		
-					\$
3		es. Add lines 1 and 2. Enter here an	,		
					► \$
4		n 1120-POL for this year?			
5		employer identification number (EIN) ation listed, enter the amount paid			
		promptly and directly delivered to a			•
		f additional space is needed, provid			Salate segregated fund of a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro	m (e) Amount of political
		(1) Address		filing organization' funds. If none, enter	s contributions received and

Schedule C (Form 990 or 990-EZ) 2017 Part II-A Complete if the org section 501(h)).	<u>COMMU</u> janizatio	<u>NITY</u> S on is exer	ERVICE SOCI	ETY_OF_NEW n 501(c)(3) and fil	YORK <u>13-5</u> ed Form 5768 (el	562202 Page 2 ection under
	tion bolon	an to on offil	isted aroun (and list in	Part IV apph offiliated	group member's name	
expenses, and sha				Fart IV Bach anniated	group members name	9, address, Ein,
		, ,	d "limited control" pro	visione apolu		
Limi	ts on Lobi	bying Exper		11005	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence pub	lic opinion (grass roots lobbying)			
b Total lobbying expenditures to infl	120,000.					
c Total lobbying expenditures (add l					120,000.	
d Other exempt purpose expenditur					27,852,127.	
e Total exempt purpose expenditure		s 1c and 1d)		27,972,127.	
f_Lobbying nontaxable amount. Ent					1,000,000.	
If the amount on line 1e, column (a) of			oving nontaxable amo		1,000,000.	
Not over \$500,000	// (0/10.		the amount on line 1e.			
	0.000					
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$4,000,000 but not over \$1,000,000 \$125,000 but not over \$1,000,000						
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,000,000 \$205,000 plus 10% of the excess over \$1,000,000.						
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.						
Over \$17,000,000		\$1,000,0	100.			
 g Grassroots nontaxable amount (er h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zero j If there is an amount other than zer reporting section 4911 tax for this 	o or less, e o or less, e ro on eithe	enter -0 nter -0 er line 1h or l		ation file Form 4720	250,000. 0. 0.	Yes No
(Some organizations t	hat made See	4-Year Ave a section 50 e the separa	raging Period Under D1(h) election do not ate instructions for lir	section 501(h) have to complete all nes 2a through 2f.)		
8	Lobi	oying Exper	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount b Lobbying ceiling amount	1,00	0,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
(150% of line 2a, column(e))						6,000,000.
c Total lobbying expenditures	17	6,736.	219,084.	153,000.	120,000.	668,820.
d Grassroots nontaxable amount	25	0,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount	20	0,000.	250,000.	230,000.	200,000.	1,000,000.
(150% of line 2d, column (e))						1 500 000
						1,500,000.
f Grassroots lobbying expenditures						

4 (r

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990 EZ) 2017 COMMUNITY SERVICE SOCIETY OF NEW YORK 13-5562202 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of th	e lobbying activity.	Yes	No	Amo	nount	
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?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
	Mailings to members, legislators, or the public?				_	
	Publications, or published or broadcast statements?			_		
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
J	Total. Add lines 1c through 1i					
	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					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5)), or se	ction		
-	501(0)(0).			Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1	103	110	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization make only inflouse lobbying expenditures of \$2,000 of less 7					
	t III-B Complete if the organization is exempt under section 501(c)(4), section	e prior year?	3	ction	_	
i di	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," OR ((b) Parl	: III-A, lir	ne 3, is	
	Dues, assessments and similar amounts from members					
1			1			
1 2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
			. 1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	al				
2 a	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year	al	2a			
2 a	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year	al	2a 2b			
2 a b	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	al	2a 2b 2c			
2 a b c	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	al	2a 2b 2c			
2 a b c 3	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	ess	2a 2b 2c			
2 a b c 3	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	ess olitical	2a 2b 2c 3			
2 a b c 3 4	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess olitical	2a 2b 2c 3			

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.

SCHEDULI	E D
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Department of the Treasury Internal Revenue Service

(Form	990)	•
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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.

OMB No. 1545-0047	
2017	
ZU 17	
Open to Public	
Inspection	

Name of the organization

COMMUNITY SERVICE SOCIETY OF NEW YORK

Employer identification number 13-5562202

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	э б.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor o		-
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year 🕨		
4	Number of states where property subject to conservation eas	sement is located ►	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
-	conservation easements.		
Pai	rt III Organizations Maintaining Collections of		other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1 a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descril		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ec	lucation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under SFAS 1		
b	Assets included in Form 990, Part X		> \$

Part Will Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) a Using the organization's accession, and other records, check any of the following that are a significant use of its collection items (black at that apply): a Public exhibition d b Bit botic exhibition d c Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. c Prevention for Ature generations 4 Provide a description of the organization collection? 6 Descared the organization solect or receive dortations of art, historical treasures, or other similar assets c Descared the organization for Anorem 500, Part X, Ine 21. 1a Is the organization on form 500, Part X, Ine 21. Yes 1b Is the organization for Anorem 500, Part X, Ine 21. Yes 1a Controbutions during the year Id 2a Dd the organization include an anount on Form 990, Part X, Ine 21. Yes 2b Dd the organization include an anount on Form 990, Part X, Ine 21. Yes 1a Beginning of year blance Id Id 2b Dd the organization include an anount on Form 990, Part X, Ine 21. <	Personal and a second second		TY SERVICE							Page 2
e Delta biblion d Loan or exchange programs b Scholary research e Other	3									
aPublic exhibition				io, oncontany of the	Tonowing that a	li o u oigi	moant		Concolion	tomo
b Scholarly research c Other c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to see inform state than to be maintained as part of the organization collection? Yes No Part de adscription of the organization solicit or receive donations of art, historical treasures, or other similar assets to see inform 990, Part X7. Yes No 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7. Yes Xin o b If 'Yes', explain the arrangement in Part XIII and complete the following table: Amount to c Beginning balance 1d 1d 1d 1d Part V Endong balance 1d 1d 1d 1d 1d Part V Endong balance 1d	а		h		hange program	s				
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year. did the organization 's collections of art, historical treasures, or other similar assets 1 be sold to raise funds rather than to be maintained as part of the organization's collection? Pert IV Exercise and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. In a state organization angent, trustee, custodian or other intermediary for contributions or other assets and included an Form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21. In addition of a state assets and included an Form 990, Part X, line 21. 2 Bodt in organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Im addition of the organization answered 'Yes' on Form 990, Part X, line 21. 2 Dott in organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Im addition of the organization answered 'Yes' on Form 990, Part X, line 10. 1a Dettributions during the year Im organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Im org					nango program	3				
4 Provide a description of the organization's collections and explain how they further the organization's content sinkar assets 5 During the year, did the organization's collection? Yes No Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 960, Part IV, line 9, or reported an amount on Form 960, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 960, Part X, line 21. 1a Is the organization in agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 960, Part X, line 21. Yes Xin No b if "Yes," explain the arrangement in Part XIII, and complete the following table: Amount 10 c Boginning balance 11 11 11 20 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account tablity? Yes No Part V Endowrnent Funds. Complete if the organization has been provided on Part XIII Part XIII. Part XIII. Part V Endowrnent Funds. Complete if the organization answered 'Yes' on Form 980, Part X, line 21. Yes (9) For yeas back (4) for ye			6							
5 During the year, did the organization solicit or receive donations of art, historical tressures, or other similar assets Ives No. Part N Escrow and Custodial Arrangements. Complete if the organization answered 'Ves' on Form 590, Part IV, line 9, or reported an amount on Form 590, Part X, line 21. Ives No. Is the organization an agent intured, custodian or other intormodiary for contributions or other assets not included on Form 590, Part X, line 21. Ves X No. b if 'Yes,' explain the arrangement in Part XIII and complete the following table: Ives Amount 10 Amount 10 10 Additions during the year 10 10 Ives,' explain the arrangement in Part XIII. And complete the following table: Ives,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII. Ives,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII. Ives,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII. Ives,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Ives,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII. Ives,' explain the arrangement in Part XIII. Ives,' explain the arrangement in Part XIII. Check here if the explanation answered 'Ves' on Form 300, Part X, line 10. Ives,' explanation answered 'Ves' on Form 300, 406, 056, 31, 616, 056, 31, 616, 056, 31, 616, 056, 32, 127, 624, 6046, 056,			ollections and explain	n how they further t	ha organization	'e ovomr	at purpo	no in Pau	+ VIII	
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part N, Ime 9, or reported an amount on Form 980, Part X, Ime 21. Is is the organization an agent, trustee, outsciolan or other intermediary for contributions or other assets not included on Form 980, Part X, Ime 21. Ves X No b If "Yes,' explain the arrangement in Part XIII and complete the following table: Amount Amount Image: Complete Time								seinrai	LAIII.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X/. Ves X No b If "yes," explain the arrangement in Part XII and complete the following table: Image: Complete Technology (Complete) Image: Complete Technology (Complete) No c Beginning balance Image: Complete Technology (Complete) Image: Complete) Image: Com	5							ſ		
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes X No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1e c Beginning balance 1e 1e 1e d Additions during the year 1e 1e 1e 2a Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Ves" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Ves" on Form 990, Part X, line 10. 10 three years back (e) Four years	Pa									
1a Is the organization an agent, trustee, custodian or other intormediary for contributions or other assets not included on Form 990, Part X? Yes X No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete the following table: Image: Complete the following table: Image: Complete the following table: c Beginning balance Image: Complete the following table: Image: Complete the complete				ste il the organizatio	in answered to	35 UN F	0111 990	, rartiv,	inte 9, or	
on Form 990, Part X?	19			liany for contribution	s or other asse	te not in	cluded			
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Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back. (e) Four years back. 1a Beginning of year balance 30,406,056,30,406,056,31,616,056,31,616,056,32,127,824, 1a Contributions 2,206,368,3,334,290,-587,426,636,973,3,942,582, a Grants or scholarships 2,206,368,3,334,290,-587,426,636,973,4,454,350, a Administrative expenses 2,206,368,3,334,290,622,574,636,973,4,454,350, g End of year balance 30,406,056,30,406,056,30,406,056,31,616,056,31,616,056, g End of year balance 30,406,056,30,406,056,30,406,056,31,616,056,31,616,056, g End of year balance 1.49 % Perviate the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 1.49 % Pervanent endowment ▶ 19.91 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unelated organizations 3a(ii) X (i) unrelated organizations </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>1 mar 1 m 1</td> <td></td> <td>L</td> <td>_ Yes</td> <td></td>						1 mar 1 m 1		L	_ Yes	
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(ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 5,034,552. 5,034,552. 5,034,552. b Buildings 23,550,930. 1,761,288. 21,789,642. c Leasehold improvements 8,566,541. 1,619,945. 6,946,596. d Equipment 1,724,200. 1,079,604. 644,596. e Other 0ther 0ther 0ther 0ther		-								and the second s
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 5,034,552. 5,034,552. b Buildings 23,550,930. 1,761,288. 21,789,642. c Leasehold improvements 8,566,541. 1,619,945. 6,946,596. d Equipment 1,724,200. 1,079,604. 644,596.		(i) unrelated organizations							3a(i)	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 5,034,552. 5,034,552. b Buildings 23,550,930. 1,761,288. 21,789,642. c Leasehold improvements 8,566,541. 1,619,945. 6,946,596. d Equipment 1,724,200. 1,079,604. 644,596.		(ii) related organizations					ß		. 3a(ii)	X
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 5,034,552. 5,034,552. b Buildings 23,550,930. 1,761,288. 21,789,642. c Leasehold improvements 8,566,541. 1,619,945. 6,946,596. d Equipment 1,724,200. 1,079,604. 644,596.	b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule R?					. 3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(c) Accumulated depreciation(d) Book value1a Land5,034,552.5,034,552.b Buildings23,550,930.1,761,288.21,789,642.c Leasehold improvements8,566,541.1,619,945.6,946,596.d Equipment1,724,200.1,079,604.644,596.		Describe in Part XIII the intended uses of the	organization's endo	wment funds.						
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land5,034,552.5,034,552.b Buildings23,550,930.1,761,288.21,789,642.c Leasehold improvements8,566,541.1,619,945.6,946,596.d Equipment1,724,200.1,079,604.644,596.	Par									
basis (investment) basis (other) depreciation 1a Land 5,034,552. 5,034,552. b Buildings 23,550,930. 1,761,288. 21,789,642. c Leasehold improvements 8,566,541. 1,619,945. 6,946,596. d Equipment 1,724,200. 1,079,604. 644,596.		Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, F	Part X, lir	ne 10.			
b Buildings 23,550,930. 1,761,288. 21,789,642. c Leasehold improvements 8,566,541. 1,619,945. 6,946,596. d Equipment 1,724,200. 1,079,604. 644,596. e Other		Description of property		1 1-7				d	(d) Book	value
b Buildings 23,550,930. 1,761,288. 21,789,642. c Leasehold improvements 8,566,541. 1,619,945. 6,946,596. d Equipment 1,724,200. 1,079,604. 644,596. e Other	1a	Land	500 · · · · · · · · · · · · · · · · · ·	5,03	4,552.					
c Leasehold improvements 8,566,541. 1,619,945. 6,946,596. d Equipment 1,724,200. 1,079,604. 644,596. e Other				23,55	0,930.	1,76	51,28	38. 2		
d Equipment 1,724,200. 1,079,604. 644,596.				8,56	6,541.	1,61	19,94			
e Other				1,72	4,200.	1,07	79,60	04.		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) > 34,415,386.	e	Other	2240							
	Total	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	Oc.)			▶ 3	4,415	,386.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.	ERVICE SOCIET			-5562202 Page 3
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat	ion: Cost or end-	of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) BR STRATEGIC INCOME OPP				
(B) PTF INST	4,477,282.	END-OF-YEAR	R MARKET	VALUE
(C) BR ALLOCATION SHARES				
(D) SERIES P	2,040,801.	END-OF-YEAR	R MARKET	VALUE
(E) BR ALLOCATION SHARES		-2224-410-454		
(F) SERIES A	1,616,000.	END-OF-YEAR	R MARKET	VALUE
(G) DFA REAL ESTATE		W.S.W.H		233772
(H) SECURITIES	2,631,438.	END-OF-YEAR	R MARKET	VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)►	13,158,988.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of valuat	ion: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►				
Part IX Other Assets.	10000		22	
Complete if the organization answered "Yes"		11d. See Form 990, Part	X, line 15.	() Dealership
	Description	2		(b) Book value
(1) BENEFICIAL INTEREST IN PE	RPETUAL TRUST	5		37,490,582.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				25 400 500
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 75.)		🏲	37,490,582.
		444.0 5 000		
Complete if the organization answered "Yes" 1. (a) Description of liability			, Part X, line 25.	
Carrier - No. Hall - 22		b) Book value		
(1) Federal income taxes	1	5 601 100		
(2) POST-EMPLOYMENT BENEFITS		5,621,123.		
(3) LINE OF CREDIT	2.	3,573,256.		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		104 200		
Total. (Column (b) must equal Form 990, Part X, col. (B) line		9,194,379.		
2. Liability for uncertain tax positions. In Part XIII, provide		the organization's financ	ial statements th	hat reports the

1 X

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [🛛

Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 COMMUNITY SERVICE SOCIETY	OF NE	EW YORK	13-	5562202 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wi	th Revenue per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	36,381,365.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	8,733,573		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		1,005,544		
е	Add lines 2a through 2d	********		2e	9,739,117.
3	Subtract line 2e from line 1		*****	3	26,642,248.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3 3			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			. 4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	26,642,248.		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents W			
Pa	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents W	ith Expenses po	er Retu	Jrn.
Pa 1	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents W	ith Expenses po	er Retu	
	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents W	ith Expenses po	er Retu	Jrn.
1	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents W	ith Expenses po	er Retu	Jrn.
1 2	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents W	ith Expenses po	er Retu	Jrn.
1 2 a	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents W	ith Expenses p	er Retu	Jrn.
1 2 a	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents W	ith Expenses po 2 , 885		urn. 34,352,249.
1 2 a	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents W	/ith Expenses po 2 , 885		urn. 34,352,249. 2,885.
1 2 a b c d	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents W	/ith Expenses po 2 , 885		urn. 34,352,249.
1 2 a b c d e	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents W	/ith Expenses po 2 , 885	2e 3	urn. 34,352,249. 2,885.
1 2 b c d 3	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Armounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents W	/ith Expenses po 2 , 885	2e 3	urn. 34,352,249. 2,885.
1 2 a b c d e 3 4	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents W	/ith Expenses po 2 , 885	2e 3	um. 34,352,249. 2,885. 34,349,364.
1 2 a b c d e 3 4	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	ents W	/ith Expenses po 2 , 885 660 , 708		urn. 34,352,249. 2,885. 34,349,364. 660,708.
1 2 a b c d e 3 4 a b c 5	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents W	/ith Expenses po 2 , 885 660 , 708		um. 34,352,249. 2,885. 34,349,364.

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

PART V, LINE 4:

COMMUNITY SERVICE SOCIETY OF NEW YORK ENDOWMENT CONSISTS OF INDIVIDUAL

DONOR-RESTRICTED ENDOWMENT FUNDS ESTABLISHED FOR DIRECT SERVICE PROGRAMS.

PART X, LINE 2:

AS OF JUNE 30, 2018, MANAGEMENT BELIEVES THAT BASED ON EVALUATION OF THE

SOCIETY'S TAX POSITIONS THAT ANY LIABILITY AS A RESULT OF UNCERTAIN TAX

POSITIONS WOULD NOT BE MATERIAL. MANAGEMENT CONTINUALLY EVALUATES EXPIRING

STATUTES OF LIMITATIONS, CHANGES IN TAX LAW, AND NEW AUTHORITATIVE RULINGS

TO ASSIST IN EVALUATING THE SOCIETY'S TAX POSITIONS. ACCRUED INTEREST AND

PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS, IF ANY, WOULD BE

RECOGNIZED AS PART OF AN INCOME TAX PROVISION. INCOME TAX RETURNS ARE
732054 10-09-17
Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 COMMUNITY SERVICE SOCIETY OF NEW YORK 13 Part XIII Supplemental Information (continued)	-5562202 Page 5
FILED ONLY WITH THE U.S. FEDERAL JURISDICTION AS STATE AND LOC	AL TAX
RETURNS ARE NOT APPLICABLE. U.S. FEDERAL INCOME TAX RETURNS PR	
FISCAL YEAR 2014 ARE CLOSED.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
INTEREST INCOME ON BOOKS OF FRIENDS OF RSVP	154.
INVESTMENT EXPENSES NETTED AGAINST INVESTMENT RETURN	-660,708.
CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN PERPETUAL	
TRUSTS	1,666,098.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,005,544.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES ON BOOKS OF FRIENDS OF RSVP	2,885.
»	
5	
······	

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Schedule D (Form 990) COMMUNITY SERVICE SOCIETY Part XIII Supplemental Information (continued) Society	OF NEW YORK	13-5562202 Page 5
Part VII Investments - Other Securities. 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
DFA INT'L REAL ESTATE SECURITIES	2,393,467.	FMV
· · · · · · · · · · · · · · · · · · ·		
·····		
· · · · · · · · · · · · · · · · · · ·		

8 - X

Complete if the	e organization answered "Yes" or organization entered more than \$	5,000 0 or Fo	990, I on Fo rm 99	Part IV, line 17, 18, c rm 990-EZ, line 6a. 90-EZ.		OMB No. 1545-0047
ו						identification number
complete this par e organization rais ions	t. sed funds through any of the following $\mathbf{e} \ \square \$ Solicita	ing acti ation of	vities. non-g	Check all that apply overnment grants		U-EZ filers are not
tations licitations	g 🔛 Specia		-		stees. or	
ed in Form 990, P highest paid indi	art VII) or entity in connection with private view of the view of	profess	ional	fundraising services?		Yes X No to be
	(ii) Activity	fundr have c or cor	aiser ustody itrol of	(iv) Gross receipts from activity	to (or retained fundraiser	by) to (or retained by)
INC 12	DIRECT MAIL AND ONLINE	Yes	No			
13TH FL,	APPEALS		X	157,002.	70,5	14. 157,002.
		De la constance		157,002. s or has been notified		
	Complete if the COMMUNI ing Activities complete this part e organization rais ions email solicitations tations licitations on have a written of ed in Form 990, F0 highest paid indi- past \$5,000 by the s of individual draiser) INC. – 12 13TH FL,	Complete if the organization answered "Yes" or organization entered more than \$' Attach to Form 99 Go to www.irs.gov/Form990 COMMUNITY SERVICE SOCIET sing Activities. Complete if the organization answ complete this part. e organization raised funds through any of the following set and solicitations for a solicitations for a solicitations get solicitations In have a written or oral agreement with any individual ed in Form 990, Part VII) or entity in connection with p highest paid individuals or entities (fundraisers) purseast \$5,000 by the organization. s of individual fraiser) INC 12 DIRECT MAIL AND ONLINE APPEALS INC 12 DIRECT MAIL AND ONLINE APPEALS Int FL, APPEALS Int form solution and the provide set and the	Complete if the organization answered "Yes" on Form organization entered more than \$15,000 Attach to Form 990 or Fo Co to www.lrs.gov/Form990 for the COMMUNITY SERVICE SOCIETY OF ing Activities. Complete if the organization answered "Y complete this part. e organization raised funds through any of the following acti- ions e Solicitation of email solicitations f Solicitation of email solicitations g Special fundra- licitations un have a written or oral agreement with any individual (inclu- ed in Form 990, Part VII) or entity in connection with profess highest paid individuals or entities (fundraisers) pursuant to ast \$5,000 by the organization. s of individual itraiser) (ii) Activity Ves 1NC 12 DIRECT MAIL AND ONLINE Yes 13TH FL, APPEALS	Complete if the organization answered "Yes" on Form 990, I organization entered more than \$15,000 on Form 990 er Form 990 for the late Attach to Form 990 or Form 990 for the late COMMUNITY SERVICE SOCIETY OF NE sing Activities. Complete if the organization answered "Yes" or complete this part. e organization raised funds through any of the following activities. ions e □ Solicitation of non-genal solicitations g □ Special fundraising licitations nh have a written or oral agreement with any individual (including or ed in Form 990, Part VII) or entity in connection with professional for or control of contributions? so findividual traiser) (ii) Activity So findividual traiser) (ii) Activity Individual traiser) (ii) Activity So findividual traiser) (ii) Activity ITH FL, APPEALS APPEALS X	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, c organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. a to www.is.gov/Form990 for the latest instructions. COMMUNITY SERVICE SOCIETY OF NEW YORK ing Activities. Complete if the organization answered "Yes" on Form 990, Part IV, complete this part. e organization raised funds through any of the following activities. Check all that apply ions e Solicitation of non-government grants tations g Special fundraising events licitations on have a written or oral agreement with any individual (including officers, directors, tru- ed in Form 990, Part VII) or entity in connection with professional fundraising services? It highest paid individuals or entities (fundraisers) pursuant to agreements under which reast \$5,000 by the organization. s of individual fraiser) INC 12 DIRECT MAIL AND ONLINE APPEALS A 157,002, 157,002, 157,002, 157,002,	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 COMMUNITY SERVICE SOCIETY OF NEW YORK 13-55 ing Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990 complete this part. e organization raised funds through any of the following activities. Check all that apply. ions e organization g Special fundrations g G for the organization. g G form 990, Part IVI or entity in connection with professional fundration or orgeneres g fundration g G form orgenere g G form orgenere g G forgenere g G forgener

a <u>a</u>

Schedule G (Form 990 or 990-EZ) 2017 COMMUNITY SERVICE SOCIETY OF NEW YORK 13-5562202 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

× 4

:			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SPRING GALA			(add col. (a) through col. (c))
P			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	72,200.			72,200.
	2	Less: Contributions	29,605.			29,605.
-	3	Gross income (line 1 minus line 2)	42,595.			42,595.
	4	Cash prizes				
(0	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ect E	7	Food and beverages	37,450.			37,450.
Dir	8	Entertainment	800.			800.
	9	Other direct expenses				10,502.
	10	Direct expense summary. Add lines 4 throug				48,752.
	11	Net income summary. Subtract line 10 from				-6,157.
Pa	irt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form		reported more than	1 () -
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
s	1	Gross revenue Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	1			
	6	Volunteer labor	Yes%	└── Yes % └── No	☐ Yes % ☐ No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		▶	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
	ls t	er the state(s) in which the organization cond he organization licensed to conduct gaming a No," explain:	ucts gaming activities: ctivities in each of these	states?		Yes No
		re any of the organization's gaming licenses r Yes," explain:	evoked, suspended, or te			. Yes No

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

Sch	hedule G (Form 990 or 990 EZ) 2017 COMMUNITY SERVICE SOCIETY OF NEW YORK 13-5	562202	Page 3
11		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
13	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:	L Yes	No No
. –	a The organization's facility	13a	%
k	b An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address 🕨		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🛄 No
b	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
c	c If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name 🕨		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b	D Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year > \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II, line	ues 9 9b 1/	0b 15b
<u></u>	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SC	THEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	S:	
(I) NAME OF FUNDRAISER: FAIRCOM NEW YORK, INC.		
(I) ADDRESS OF FUNDRAISER:		
12	WEST 27TH STREET, 13TH FL, NEW YORK, NY 10001		

Schedule G	(Form 990 or 990-EZ) Supplemental Info	COMMUNITY	SERVICE	SOCIETY	OF NEW	YORK	13-5562202	Page 4
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2;								
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SCHEDULE I (Form 990) Department of the Treasury	Go	Grants and Oth overnments, ar	nd Individual	l s in the Ŭn on Form 990, Pa	ited States		OMB No. 1545-0047
Internal Revenue Service		Go to www.in	rs.gov/Form990 fo	r the latest inforn	nation.		Inspection
Name of the organization	SERVICE	SOCIETY OF	NEW YORK				Employer identification number 13-5562202
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records criteria used to award the grants or assi		-		• •			
2 Describe in Part IV the organization's pro	ocedures for mon	itoring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to recipient that received more than	10.00 00.000				anization answered "	Yes" on Form 990, Par	t IV, line 21, for 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 394 BROADWAY NEW YORK, NY 10013	27-0218689	501(C)(3)	103,415.	0.			PUBLIC INTEREST
BROOKLYN PUBLIC LIBRARY 10 GRAND ARMY PLAZA BROOKLYN, NY 11238	11-1904261	501(C)(3)	25,000.	0.			DIRECT SERVICES
HARTLEY HOUSE, INC. 1441 BROADWAY, SUITE 6049 NEW YORK, NY 10018	13-1656652	501(C)(3)	13,771.	0.			DIRECT SERVICES
MAKE THE ROAD NEW YORK 301 GROVE STREET BROOKLYN, NY 11237	11-3344389	501(C)(3)	5,000.	0.			DIRECT SERVICES
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 			he line 1 table				

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

Schedule I (Form 990) (2017)

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Schedule I (Form 990) (2017)

COMMUNITY SERVICE SOCIETY OF NEW YORK

13-5562202 Page 2

4

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
					<u>لم</u>
INDIVIDUAL SUPPORT	68	14,397	. 0.		
TRANSPORTATION	386	33,183,			
EDUCATION - TRAINING	135	15.045	. 0.		
VACATION - CAMPING	17	16,799	. 0.		
DENTAL & MEDICAL FEES	56		. 0.		
Part IV Supplemental Information. Provide the information r	equired in Part I, lin	ie 2; Part III, columr	h (b); and any other a	dditional information.	
PART I, LINE 2: THE AGENCY MAINTAINS FINANCIAL GU	IT DET TNEC	שמשמי הדרשמ			
MAY RECEIVE A GRANT AND WHAT THE				סד חדד	
FINANCIAL GUIDELINES ALSO DICTATE					
POTENTIAL GRANTEE NEEDS TO PROVII					
PAYMENT FOR A GRANT. CASE MANAGER					
ASSESS THEIR NEEDS AND MAINTAIN A					
ENSURE THAT GRANT FUNDS ARE APPRO	PRIATELY	USED. THE	FINANCE DE	PARTMENT	
AUDITS REQUESTS FOR GRANTS AND VE	RIFIES TH	AT ALL DOC	UMENTS SUE	MITTED ARE	Schedule I (Form 990) (201

ERVICE SOCIE.	LY OF NEW	YORK		13-5562202	Pag
o Individuals in the Unite	d States (Schedul	e I (Form 990), Part III.)		1	
(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cas	h assistance
14.	3,516.	0.			
14.	1,798.	0.			
235.	207,228.	0.			
28.	458,	0.			
4.	5,204,	0,			
3.	1,928,	0.			
	b Individuals in the Unite (b) Number of recipients 14. 14. 235. 28. 4.	Individuals in the United States (Schedule (b) Number of recipients (c) Amount of cash grant 14. 3,516. 14. 1,798. 235. 207,228. 28. 458. 4. 5,204.	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance 14. 3, 516. 0. 14. 1, 798. 0. 235. 207, 228. 0. 28. 458. 0. 4. 5, 204. 0.	a Individuals in the United States (Schedule I (Form 990), Part III.) (b) Number of recipients (c) Amount of cash assistance (e) Method of valuation (book, FMV, appraisal, other) 14. 3,516. 0. 14. 1,798. 0. 235. 207,228. 0. 28. 458. 0.	a Individuals in the United States (Schedule I (Form 990), Part III.) (c) Amount of cash grant (d) Amount of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (f) Description of non-cash assistance 14. 3,516. 0.

Schedule I (Form 990)

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N. X.
Schedule (Form 990) COMMUNITY SERVICE SOCIETY OF NEW YORK 13-5562202 Page 2 Part IV Supplemental Information 13-5562202 Page 2
SUBSTANTIAL AND ADHERE TO THE FINANCIAL GUIDELINES.
H
<u> </u>

sc	HEDULE J Compensation Information	MB No,	1545-00	47
	For certain Officers, Directors, Trustees, Key Employees, and Highest	วก	17	
•	Compensated Employees	20		
Dena	► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.	pen to		ic
Interr	nal Revenue Service Service Go to www.irs.gov/Form990 for instructions and the latest information.	Inspe		
Nar	ne of the organization Employer ident			mber
D	COMMUNITY SERVICE SOCIETY OF NEW YORK 13-556 art I Questions Regarding Compensation	220	2	
FC			Yes	No
19	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		Tes	INU
104	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 personal use			
	Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1	<u> </u>	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
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 filing organization used to establish the compensation of the organization's		(
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		1	
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations			
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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Χ	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		_X
	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			
а	contingent on the revenues of:	50		x
_	The organization?Any related organization?	5a 5b		X
	If "Yes" on line 5a or 5b, describe in Part III.	00		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
÷	contingent on the net earnings of:			
а	The organization?	6a		х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7				
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		-	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	-		
	Regulations section 53.4958-6(c)?	9		

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Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

COMMUNITY SERVICE SOCIETY OF NEW YORK 13-5562202

Page 2

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DAVID R. JONES, ESQ.	(i)	481,413.	96,595.	74,456.	38,500.	38,998.	729,962.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVEN L. KRAUSE	(i)	312,046.	86,425.	127,186.	32,951.	38,923.	597,531.	0.
EXECUTIVE V.P./COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEFFREY F. RIZZO	(i)	162,994.	0.	701.	5,274.	30,333.	199,302.	0.
CFO - TERM NOV. 2017	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELISABETH RYDEN BENJAMIN	(i)	218,063.	28,647.	276.	6,000.	13,378.	266,364.	0.
VP HEALTH INITIATIVES	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ALINA MOLINA	(i)	164,696.	21,412.	516.	4,652.	15,801.	207,077.	0.
VP OF PROGRAM SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) NANCY RANKIN	(i)	184,589.	27,750.	1,524.	3,900.	11,585.	229,348.	0.
VP OF POLICY, RESEARCH AND	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JUDITH WHITING	(i)	173,734.	22,174.	516.	5,262.	1,258.	202,944.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JEFFREY MACLIN	(i)	168,079.	24,500.	792.	5,024.	27,414.	225,809.	0.
VP OF GOVERNMENT AND PUBLI	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MELISSA KOSTOVSKI	(i)	157,306.	19,251.	180.	4,650.	14,427.	195,814.	0.
VP OF DEVELOPMENT AND PLAN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						l	
	(i)							
	(ii)							
	(i)							
	(ii)				·			
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017 COMMUNITY SERVICE SOCIETY OF NEW YORK	13-5562202	Page 3
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 p	art for any additional information.	c
······		
PART I, LINE 1A:		<u></u>
THE CEO/PRESIDENT, DAVID R. JONES RECEIVED THE FOLLOWING		
BENEFITS DURING THE CALENDAR YEAR 2017:		
MEMBERSHIP FEES TO VARIOUS ORGANIZATIONS		
LONGTERM DISABLITY AND LIFE INSURANCE PREMIUMS		
PERSONAL USE OF VEHICLE		
THESE BENEFITS WERE TREATED AS TAXABLE COMPENSATION.		
PART I, LINE 4B:		
SECTION 457F PLAN:		
DAVID R. JONES: \$15,000		
STEVEN L. KRAUSE: \$15,000		
PART I, LINE 7:		
THE CURRENT BONUS STRUCTURE FOR CSS NON-BARGAINING UNIT		
STAFF IS BASED UPON A COMPENSATION PROGRAM DEVELOPED IN CONJUNCTION WITH		
THE HAY GROUP. IN ESSENCE IT PROVIDES FOR BONUSES TO BE PAID TO MANAGEMENT		
STAFF BASED UPON TOTAL PERFORMANCE AND THE MEETING OF INDIVIDUAL AND		
ORGANIZATIONAL GOALS. THE HIGHER THE LEVEL OF THE POSITION HELD BY A STAFF		

Schedule J (Form 990) 2017

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Part III Supplemental Information

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

MEMBER THE GREATER THE EMPHASIS ON ORGANIZATIONAL GOALS VERSUS INDIVIDUAL

GOALS AND THE HIGHER THE POTENTIAL PERCENTAGE BONUS.

Schedule J (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number

13-5562202

OMB No. 1545-0047

COMMUNITY SERVICE SOCIETY OF NEW YORK

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

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

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

ENABLING, EMPOWERING AND PROMOTING OPPORTUNITIES FOR POOR FAMILIES AND

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

AND TO REALIZE SOCIAL, ECONOMIC AND POLITICAL OPPORTUNITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OPPORTUNITIES FOR POOR FAMILIES AND INDIVIDUALS TO DEVELOP THEIR FULL POTENTIAL, TO CONTRIBUTE TO SOCIETY, AND TO REALIZE SOCIAL, ECONOMIC AND POLITICAL OPPORTUNITIES.

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

CSS'S LEGAL DEPARTMENT FOCUSES ON HELPING INDIVIDUALS WITH CRIMINAL

CONVICTION HISTORIES OVERCOME BARRIERS TO REENTRY. WE BRING LITIGATION

ON BEHALF OF INDIVIDUALS AND GROUPS WHO HAVE SUFFERED ACTIONABLE

DISCRIMINATION BECAUSE OF THEIR RECORDS AND ENGAGE IN POLICY AND

LEGISLATIVE ADVOCACY TO MAKE SYSTEMIC CHANGE. WE ALSO PROVIDE DIRECT

SERVICES TO MORE THAN 700 LOW INCOME NEW YORKERS EACH YEAR THROUGH THE

LEGAL DEPARTMENT'S NEXT DOOR PROJECT, WORKING WITH CLIENTS FROM ACROSS

THE CITY TO OBTAIN, CORRECT MISTAKES IN AND CLOSELY REVIEW THEIR NEW

YORK STATE RAP SHEETS. THE NEXT DOOR PROJECT'S WORK IS AUGMENTED BY THE

EXPERT ASSISTANCE OF 10 TO 15 SPECIALLY TRAINED OLDER ADULT VOLUNTEERS.

WE PROVIDE NEXT DOOR PROJECT SERVICES AT PARTNER AGENCIES' OFFICES IN

DOWNTOWN BROOKLYN, BEDFORD STUYVESANT, HARLEM, THE SOUTH BRONX AND

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization COMMUNITY SERVICE SOCIETY OF NEW YORK	Employer identification number 13-5562202
AND HAVE PROVIDED SERVICES FOR CLIENTS OF THE NYC DEPT. (OF PROBATION.
THE DEPARTMENT'S GENERAL COUNSEL ALSO PERFORMS TAX-EXEMPT	LEGAL WORK
FOR CSS, INCLUDING CONTRACT REVIEW AND REAL ESTATE MATTER	RS, AND USES
PRO BONO SERVICES FROM A HOST OF NATIONAL AND LOCAL LAW H	FIRMS IN
SPECIALIZED AREAS SUCH AS INTELLECTUAL PROPERTY.	

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: CLIENTS (3,595 NEW CLIENTS AND 2,461 ONGOING CLIENTS) ASSISTING WITH 7,539 PUBLIC BENEFIT ISSUES. THEY COMPLETED 2,769 APPLICATIONS AND RECERTIFICATIONS FOR CLIENTS.

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

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

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: MANHATTAN'S LOWER EAST SIDE AS WELL AS AT CSS'S MIDTOWN HEADQUARTERS AND HAVE PROVIDED SERVICES FOR CLIENTS OF THE NYC DEPT. OF PROBATION. THE DEPARTMENT'S GENERAL COUNSEL ALSO PERFORMS TAX-EXEMPT LEGAL WORK FOR CSS, INCLUDING CONTRACT REVIEW AND REAL ESTATE MATTERS, AND USES PRO BONO SERVICES FROM A HOST OF NATIONAL AND LOCAL LAW FIRMS IN SPECIALIZED AREAS SUCH AS INTELLECTUAL PROPERTY.

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

OTHER PROGRAM SERVICES

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

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

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

ELECTRONICALLY DISTRIBUTE THE 990 TO ALL BOARD OF TRUSTEE MEMBERS FOR

INFORMATION, REVIEW, AND FEEDBACK.

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

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

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

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

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

 THE AGENCY'S FINANCIAL STATEMENTS AND INFORMATIONAL RETURNS ARE AVAILABLE

 732212 09-07-17
 Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization COMMUNITY SERVICE SOCIETY OF NEW YORK	Employer identification number 13-5562202
TO THE PUBLIC VIA THE AGENCY'S WEBSITE. THE AGENCY'S FI	NANCIAL STATEMENTS,
CONFLICT OF INTEREST POLICY, GOVERNING DOCUMENTS AND IN	FORMATIONAL RETURNS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST AT ITS HEADQUA	RTERS; 633 THIRD
AVENUE, TENTH FLOOR, NEW YORK NY 10017.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	1,267,565.
MANAGEMENT AND GENERAL EXPENSES	250,930.
FUNDRAISING EXPENSES	3,000.
TOTAL EXPENSES	1,521,495.
7	
SUBCONTRACTING EXPENSE - NAVIGATOR:	
PROGRAM SERVICE EXPENSES	4,832,353.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,832,353.
SUBCONTRACTING EXPENSE - CHA:	
PROGRAM SERVICE EXPENSES	2,182,603.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,182,603.
SUBCONTRACTING EXPENSE - ABD:	
PROGRAM SERVICE EXPENSES	1,051,463.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0 . chedule O (Form 990 or 990-EZ) (2017)

Name of the organization COMMUNITY SERVICE SOCIETY OF NEW YORK	Page 2 Employer identification number 13-5562202
TOTAL EXPENSES	1,051,463.
SUBCONTRACTING EXPENSE - SOFA:	
PROGRAM SERVICE EXPENSES	75,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	75,000.
SUBCONTRACTING EXPENSE - ICAN:	
PROGRAM SERVICE EXPENSES	2,425,010.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,425,010.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	12,087,924.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN PERPETUAL	J
TRUSTS	1,666,098.
PENSION ADJUSTMENT	-173,107.
TOTAL TO FORM 990, PART XI, LINE 9	1,492,991.
FORM 990, PART XII, LINE 2C	
ANNUALLY, THE AUDIT COMMITTEE MEETS WITH AUDITORS TO REV	JIEW DRAFT
FINANCIAL STATEMENTS. THIS PROCESS HAS NOT CHANGED SING	CE PRIOR YEARS.

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

OMB No. 1545-0047

2017 Open to Public Inspection

Employer identification number

13-5562202

Department of the Treasury Internal Revenue Service 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.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				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) 2017

Schedule R (Form 990) 2017 COMMUNITY SERVICE SOCIETY OF NEW YORK

13-5562202 Page 2

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

organizations treated as a pa	and the second sec	be your.									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(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 managir partner	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	5
								1			
	-										
	-										
										1.1	
	1										
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	1										
	-										

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 ElN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sect 512(b contro enti Yes	

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 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.

							6
No	te: 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 with o	one or more re	lated organizations listed i	n Parts II-IV?			
a	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
c Gift, grant, or capital contribution from related organization(s)							Х
с	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		x
g	3 Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		Х
i Exchange of assets with related organization(s)							Х
j Lease of facilities, equipment, or other assets to related organization(s)							X
k	k Lease of facilities, equipment, or other assets from related organization(s)						
- 1	Performance of services or membership or fundraising solicitations for related organizatio				11		Х
n	n Performance of services or membership or fundraising solicitations by related organization				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X	
	Sharing of paid employees with related organization(s)				10	X	
p	Reimbursement paid to related organization(s) for expenses				1p		x
	Reimbursement paid by related organization(s) for expenses				1q		Х
г	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
-	If the answer to any of the above is "Yes," see the instructions for information on who mu						
_	(a) Name of related organization Tra	(b) ransaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved		

(1) FRIENDS OF RSVP, INC.	N	0.NO FEES WERE CHARGED
(2) FRIENDS OF RSVP, INC.	0	0.NO FEES WERE CHARGED
(3) INSTITUTE FOR COMMUNITY EMPOWERMENT	N	0.NO FEES WERE CHARGED
(4) INSTITUTE FOR COMMUNITY EMPOWERMENT	0	0.NO FEES WERE CHARGED
(5)		
(6)		

Schedule R (Form 990) 2017 COMMUNITY SERVICE SOCIETY OF NEW YORK

13-5562202 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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax undel sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disprop tionat allocation Yes N	or- C e amo ns? of t lo (F	(i) Code V-UBI Sunt in box 20 Schedule K-1 Form 1065)	(j) General o managing partner? Yes No	(k) Percentage ownership
									11		
											1

Schedule R (Form 990) 2017

Schedule R	3 (Form 990) 2017	COMMUNITY	SERVICE	SOCIETY	OF NEW	YORK	13-5562202 Page 5
Part VII	(Form 990) 2017 Supplemental Infor	mation.					
v	Provide additional information		o questions on S	chedule R. See	instructions.		
					-		
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á							
7							

Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization	0	MB No. 1545-1878
	For calendar year 2017, or fiscal year beginning $JUL~1$, 2017, and ending $JUN~30$,	20 <u>18</u>	2017
Department of the Treasury Internal Revenue Service	 Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information. 		
Name of exempt organization	Go to www.irs.gov/rormooraco for the latest mormation.	Employer identific	ation number
	VICE SOCIETY OF NEW YORK	13-55622	202
PRESIDENT/CEO	Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, fro a, below, and the amount on that line for the return being filed with this form was blank, ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicabl	then leave line 1b ,	, 2b, 3b, 4b, or 5b,
1a Form 990 check here	, , , , , , , , , , , , , , , , , , , ,	22	
2a Form 990-EZ check he			
3a Form 1120-POL check		3b	
4a Form 990-PF check he 5a Form 8868 check here	· · · · · · · · · · · · · · · · · · ·	4b	
5a Form 8868 check here	b Balance Due (Form 8868, line 3c)	50	
Part II Declarat	ion and Signature Authorization of Officer		•
debit) entry to the financia return, and the financial in 1-888-353-4537 no later th processing of the electron payment. I have selected a	pplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an I institution account indicated in the tax preparation software for payment of the organize stitution to debit the entry to this account. To revoke a payment, I must contact the U.S. an 2 business days prior to the payment (settlement) date. I also authorize the financial i ic payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic re electronic funds withdrawal.	ation's federal taxe Treasury Financia institutions involve d resolve issues re	es owed on this al Agent at ed in the elated to the
X i authorize DO	RFMAN ABRAMS MUSIC, LLC	to enter my PIN	79691
	ERO firm name	E	nter five numbers, but to not enter all zeros
is being filed wit	on the organization's tax year 2017 electronically filed return. If I have indicated within the a state agency(ies) regulating charities as part of the IRS Fed/State program, I also aut the return's disclosure consent screen.		
indicated within	he organization, I will enter my PIN as my signature on the organization's tax year 2017 of this return that a copy of the return is being filed with a state agency(ies) regulating char nter my PIN on the return's disclosure consent screen.		
Officer's signature 🕨	Date /	1719	
Deut III Centifica		1.01.1	
	tion and Authentication		
	ur six-digit electronic filing identification your five-digit self-selected PIN. 20095179691 Do not enter all zeros		
	neric entry is my PIN, which is my signature on the 2017 electronically filed return for the ig this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF is Returns.		
ERO's signature 🕨	Date Date	1-15-20	=19
	ERO Must Retain This Form - See Instructions		
	Do Not Submit This Form to the IRS Unless Requested To Do	So	

LHA For Paperwork Reduction Act Notice, see instructions. 723051 10-11-17

mw 10/16/18

Form 8868

(Rev: January 2017)

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

OMB No. 1545-1709

Department of the Treasury	
Internal Revenue Service	

File a separate application for each return.

▶ Information about Form 8868 and its Instructions is at www.lrs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.lrs.gov/efile, click on Charitles & Non-Profits, and click on e-file for Charitles and Non-Profits.

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

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

				Enter file	r's identifyir	ng number	
Type or	Name of exempt organization or other filer, see in:	structions.		Employer	mployer identification number (EIN)		
print					12 55 6000		
	COMMUNITY SERVICE SOCIETY OF NEW YORK				13-5562202		
File by the due date for			tions.	Social sec	curity numbe	er (SSN)	
filing your return. See	633 THIRD AVENUE, 10TH FLOOR						
instructions	NEW YORK, NY 10017						
Enter the	Return Code for the return that this application is fo	r (file a separa	te application for each return)				
Applicat	ion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	D-BL	02	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11		
Form 99	orm 990-T (trust other than above) 06 Form 8870					12	
 If this box 1 1 1 	organization does not have an office or place of busi is for a Group Return, enter the organization's four of . If it is for part of the group, check this box equest an automatic 6-month extension of time until the organization named above. The extension is for calendar year or	ligit Group Exe and atta <u>MA</u> the organizati	emption Number (GEN) , ach a list with the names and EINs of $\underline{Y \ 15, \ 2019}$, to fi on's return for:	If this is fo of all memb le the exem	r the whole g	roup, check this nsion is for.	
	X tax year beginning JUL 1, 2017	, ar	a ending JOIN 30, 2010	Final retur	- '		
	he tax year entered in line 1 is for less than 12 month Change in accounting period		1000		n 		
3a lft	his application is for Forms 990-BL, 990-PF, 990-T, 4	720, or 6069,	enter the tentative tax, less any		~	0	
	nrefundable credits. See instructions.			<u>3a</u>	\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						0.	
os	timated tax payments made. Include any prior year o	overpayment a	allowed as a credit.	3b	\$	0.	
	alance due. Subtract line 3b from line 3a. Include you					0.	
by	using EFTPS (Electronic Federal Tax Payment Syste	em). See instru	uctions.	30	1.\$ 		
Caution Instruction	: If you are going to make an electronic funds withdra ons.	awal (direct de	ebit) with this Form 8868, see Form	8453-EO a			
LHA	For Privacy Act and Paperwork Reduction Act No	tice, see in <mark>s</mark> tr	ructions.		Form 8	3868 (Rev. 1-2017	



CONSOLIDATED FINANCIAL STATEMENTS WITH INDEPENDENT AUDITORS' REPORT

YEARS ENDED JUNE 30, 2018 AND 2017

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

INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

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

Dorfman alrama muin, LLC

Saddle Brook, New Jersey October 25, 2018

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CONSOLIDATED STATEMENTS OF FINANCIAL POSITION (in thousands)

ASSETS

		June 30,				
			2018		2017	
Assets: Cash and cash equivalents Investments Government and other receivables Prepaid and other assets Beneficial interest in perpetual trusts Property and equipment, net		\$	2,813 168,383 12,485 428 37,491 34,416	\$	3,401 167,939 10,716 348 36,060 35,860	
Total assets		\$	256,016	\$	254,324	
Liabilities:	LIABILITIES AND NET ASSETS	8				
Accounts payable and accrued exper Accrued pension and post-retirement Line of credit		\$	8,320 15,621 23,574	\$	7,859 14,714 25,107	
Total liabilities			47,515		47,680	
Net assets: Unrestricted: Undesignated Board designated - general reserve	9		115,097 816	0	114,779 914	
Total unrestricted			115,913		115,693	
Temporarily restricted Permanently restricted			26,002 66,586		25,796 65,155	
Total net assets			208,501	•••••	206,644	
Total liabilities and net assets		\$	256,016	\$	254,324	

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CONSOLIDATED STATEMENTS OF ACTIVITIES (in thousands)

		Year ended	June 30, 2018			Year ended June 30, 2017				
		Temporarily	Permanently			Temporarily	Permanently			
	Unrestricted	restricted	restricted	Total	Unrestricted	restricted	restricted	Total		
Operating revenue and support: Government grants Direct contributions and federated campaigns	\$ 19,126 715	\$ 865	\$	\$ 19,126 1,580	\$ 17,395 449	\$ 2,128	\$	\$ 17,395 2,577		
Bequests Program fees and other revenue	288 117	2 2 4 0		288 117 8,724	316 143 3,243	5,552		316 143 8,795		
Investment return used for operations, net Special events, net expenses of \$49 in 2018 and \$38 in 2017 Net assets released from restrictions	5,376 45 7,133	3,348		45	3,243 32 10,080	(10,080)		32		
Total operating revenue and support	32,800	(2,920)		29,880	31,658	(2,400)		29,258		
Operating expenses: Program services:										
Direct program services	23,540			23,540	22,680			22,680		
Policy, research and advocacy	3,121			3,121	2,965 898			2,965 898		
Public interest	1,311			1,311	090			000_		
Total program services	27,972			27,972	26,543	<u> </u>		26,543		
Supporting services: Management and general Fundraising	5,295 1,087			5,295 1,087	5,684 1,160			5,684 1,160		
Total supporting services	6,382		· · · · · · · · · · · · · · · · · · ·	6,382	6,844			6,844		
Total operating expenses	34,354			34,354	33,387			33,387		
Deficit of operating revenue over operating expenses	(1,554)	(2,920)		(4,474)	(1,729)	(2,400)		(4,129)		
Non-operating activities: Investment return in excess of amount used for operations, net	1,947	3,126	1,431	6,504	7,255_	4,415	2,322	13,992		
Total non-operating activities	1,947	3,126	1,431	6,504	7,255	4,415	2,322	13,992		
Change in net assets before pension and post-retirement related charges	393	206	1,431	2,030	5,526	2,015	2,322	9,863		
Pension and post-retirement related charges other than net periodic pension costs	(173)			(173)	2,624		. <u> </u>	2,624		
Change in total net assets Net assets, beginning of year	220 115,693	206 25,796	1,431 65,155	1,857 206,644	8,150 107,543	2,015 23,781	2,322 62,833	12,487 194,157		
Net assets, end of year	<u>\$ 115.913</u>	\$ 26,002	\$ 66,586	\$ 208.501	<u>\$ 115,693</u>	<u>\$ 25,796</u>	<u>\$ 65,155</u>	\$ 206,644		

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CONSOLIDATED STATEMENTS OF CASH FLOWS (in thousands)

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

Cash paid for interest	\$	541	\$	375
out paid for interest	Line and Lin		-	

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

CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES (in thousands)

Years Ended June 30, 2018 and 2017

							P	rogram serv	ices e	expenses						
	Direct p	годга	am se	rvices	Po	olicy, research				Public	intere	st		To	otal	
	2018			2017		2018		2017		2018	2017		2018		2017	
Salaries Fringe benefits and payroll taxes	\$ 6,7 3,1		\$	6,376 3,187	\$	1,626 723	\$	1,433 722	\$	445 199	\$	397 200	\$	8,851 4,044	\$	8,206 4,109
Total salaries and related expenses	9,9)2		9,563		2,349		2,155		644		597		12,895		12,315
Professional fees	11,1	97		10,689		383		422		414		104		11,994		11,215
Supplies		54		55		17		11		6		2		.87		68
Telephone and communication	1	54		152		24		20		7		8		195		180
Postage and shipping		21		24		1		2						22		26
Occupancy	3	90		374		82		83		19		18		491		475
Insurance		8		8		12		15						20		23
Printing and other office expenses	:	26		28		10		4		1		1		37		33
Transportation		64		168		24		28		2		1		190		197
Conferences, conventions and meetings		76		73		48		47		20		18		144		138
Direct assistance		31		401										331		401
Support payments		97		73		3		8		98		109		198		190
Equipment rentals and expenses		73		58		14		14		64		5		151		77
Interest																
Bad debt expense				4												4
Other expenses		24		14		18		21		6		5		48		40
Depreciation	1,0	03		996	<u></u>	136		135			0	30	-	1,169		1,161
Total operating expenses	<u>\$ 23,5</u>	<u>40</u>	\$	22,680	\$	3,121	\$	2,965	<u>\$</u>	1,311	\$	898	\$	27,972	<u>\$</u>	26,543

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

CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES (in thousands)

Years Ended June 30, 2018 and 2017

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

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

June 30, 2018 and 2017

1. Summary of significant accounting policies

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

Nature of the Organization

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

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

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

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

Principles of consolidation

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

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

June 30, 2018 and 2017

1. Summary of significant accounting policies (continued)

Basis of presentation

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

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

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

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

Cash and cash equivalents

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

Support and revenue

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

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

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

June 30, 2018 and 2017

1. Summary of significant accounting policies (continued)

Donated services

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

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

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

Investment in The United Charities

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

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

Beneficial interest in perpetual trusts

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

Allowance for uncollectible accounts and doubtful pledges

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

Investments

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

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

June 30, 2018 and 2017

1. Summary of significant accounting policies (continued)

Property and equipment

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

years years 7 years

Building	39
Building improvements	15
Computer and office equipment	3 -

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

Fair value of financial instruments

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

Use of estimates

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

Functional allocation of expenses

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

Uncertain tax positions

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

Reclassifications

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

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

June 30, 2018 and 2017

2. Risks and uncertainties

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

3. Government and other receivables

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

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

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

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

June 30, 2018 and 2017

4. Fair value measurements

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

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

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

Level 3 - Inputs that are unobservable.

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

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

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

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

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

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

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

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

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

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

June 30, 2018 and 2017

4. Fair value measurements (continued)

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

		201	18			20	17	
		Cost	Fa	ir value		Cost	Fa	ir value
Cash equivalents	\$	2,078	\$	2,078	\$	824	\$	824
Money market funds		810		810		16,994		16,994
Fixed income:								
U.S government and agency		15,399	9	14,989		14,188		14,038
Corporate bonds		8,618		8,460		10,305		10,427
Mutual funds:								
Equity		19,739		27,533		24,309		29,966
Fixed income		14,702		14,288		6,065		5,984
Alternative investment		8,325		8,134		8,171		7,978
U.S. equity		46,972		54,003		41,598		44,379
Non-U.S. equity		28,662		33,063		25,504		28,434
Alternative investment								
Real estate fund	<u> </u>	5,040	-	5,025	. <u></u>	9,245	-	8,915
	\$	150,345	\$	168,383	\$	157,203	\$	167,939

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

			2	2018		
	L	evel 1	Level 2	Le	evel 3	Total
Cash equivalents Money market funds	\$	2,078 810	\$	\$		\$ 2,078 810
Fixed income: U.S. government and agency Corporate bonds		14,989 8,460				14,989 8,460
Mutual funds: Equity Fixed income Alternative investment		27,533 14,288			8,134	27,533 14,288 8,134
U.S. equity Non-U.S. equity		54,003 33,063				54,003 33,063
Alternative investment Real estate fund					5,025	 5,025
Beneficial interest in		155,224	12		13,159	168,383
perpetual trusts			-		37,491	 37,491
	\$	155,224	\$	<u>\$</u>	50,650	\$ 205,874

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

June 30, 2018 and 2017

4. Fair value measurements (continued)

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			2	017			
	Lev	el 1	Level 2	Le	Level 3		Total
Cash equivalents	\$	824	\$	\$		\$	824
Money market funds Fixed income:		16,994					16,994
U.S. government and agency		14,038					14,038
Corporate bonds		10,427					10,427
Mutual funds:							
Equity		29,966					29,966
Fixed income		5,984					5,984
Alternative investment		0,004			7,978		7,978
		44,379			. 10. 0		44,379
U.S. equity Non U.S. equity		28,434					28,434
Alternative investment		20,404					, 0
							0
Structured debt fund					8,915		8,915
Real estate fund					0,010		
		151,046			16,893		167,939
Beneficial interest in					36,060		36,060
perpetual trusts					00,000	_	00,000
	\$	151,046	\$	\$	52,953	\$	203,999

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

June 30, 2018 and 2017

4 Fair value measurements (continued)

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

	BlackRock Strategic Income Opprtnts PTF Inst	BlackRock Allocation Shares Series P	BlackRock Allocation Shares Series A	Legg Mason BW Absolute	Wells Fargo Absolute	DFA Real Estate Securities	DFA International Real Estate Securities	Total	Beneficial Interest in Perpetual	Total
Balance, beginning of year	\$ 4,038	\$ 1,963	<u>\$ 1,977</u>	\$	\$	\$ 4,449	\$ 4,466	\$ 16,893	\$ 36,060	\$_52,953_
Purchases Sales	510		(459)			(1,815)	(2,039)	510 (4,313)		510 (4,313)
Fees Interest/dividend income Unrealized gains/(loss) Realized gains/(loss)	218 (289)	11 67	100 (6) 4			125 18 (146)	196 (33) (196)	650 (243) (338)	1,431	650 1,188 (338)
Net change	439	78	(361)			(1,818)	(2,072)	(3,734)	1,431	(2,303)
Balance, end of year	\$ 4,477	\$ 2,041	\$ 1,616	\$	\$	\$ 2,631	\$ 2,394	<u>\$ 13,159</u>	\$ 37,491	\$ 50,650

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

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

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

June 30, 2018 and 2017

4. 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 period	Notice period	Description of fund	2018	2017
BlackRock Strategic Income Opportunities Fund			Employs a flexible investment approach across fixed income sectors without constraints on maturity, sector, quality or geography. The Fund actively manages two main risks in fixed income, interest rate risk and credit risk, to provide a compelling combination of income, low volatility and attractive returns.	\$ 4,477	\$ 4,038
BlackRock Allocation Shares Series P			The Fund seeks to provide adoration that is the inverse of its benchmark. The fund pursues its investment objectives primarily by engaging in short sales of U.S. Treasury securities and investing in derivative instruments that provide returns that are inverse to those available by investing directly in U.S. Treasury securities. Derivative instruments that the Fund may invest in include: futures, options, forward contacts and/or swaps, including interest rate swaps, swap options and total return swaps. This Fund is non-diversified.	2,041	1,963
BlackRock Allocation Shares Series A			The Fund seeks to provide its unitholders with a balance of long-term capital growth and income by investing in a diversified and balanced portfolio that is comprised of Canadian and global equity securities and, to a lesser extent, Canadian fixed income securities. The Fund will invest primarily in iShares ETFs (or other mutual funds) that are managed by BlackRock Canada or an affiliate (the "underlying funds"), but may also invest directly in fixed income securities, equity securities, and cash or cash equivalents.	1,616	1,977
DFA Real Estate Securities			The investment objective of the DFA Real Estate Securities Portfolio is to achieve long-term capital appreciation. The DFA Real Estate Securities Portfolio will concentrate investments in readily marketable equity securities of companies whose principal activities include ownership, management, development, construction, or sale of residential, commercial or industrial real estate.	2,631	4,449
DFA Real Estate International Securities			The investment objective of the DFA International Real Estate Securities Portfolio is to achieve long-term capital appreciation. The Portfolio will concentrate its investments in a broad and diverse set of securities of non-U.S. companies principally engaged in the real estate industry with a particular focus on non-U.S. REITs and companies the Advisor considers to be REIT-like entities.	2,394	4.466
				\$ 13,159	\$ 16,893
				ψ 15,155	φ 10,000

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

June 30, 2018 and 2017

4. Fair value measurements (continued)

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

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

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

5. Property and equipment

Property and equipment consists of the following at June 30:

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

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

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

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June 30, 2018 and 2017

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

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

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	 2018	5	2017
Direct service programs Policy research and advocacy Public interest Program administration Unappropriated investment income from endowments	\$ 23,622 446 80 543 1,311	\$	22,793 642 437 613 1,311
	\$ 26,002	\$	25,796

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

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

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

June 30, 2018 and 2017

7. Permanently restricted net assets

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

The Board of Directors of Community Service Society of New York and Affiliates has adopted the New York Prudent Management of Institutional Funds Act (NYPMIFA). NYPMIFA moves away from the "historic dollar value" standard, and permits charities to apply a spending policy to endowments based on certain specified standards of prudence. The Society is now governed by the NYPMIFA spending policy, which establishes a maximum prudent spending limit of 7% of the average of its previous five years' balance. As a result of this interpretation, the Society classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standards of prudence prescribed by NYPMIFA.

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

		2018	2017		
Endowment: Direct service program: Income restricted for specific purposes Income restricted for program administration Income available for general purposes	\$	4,741 455 23,899	\$	4,741 455 23,899	
Total endowment	3	29,095		29,095	
Beneficial interest in perpetual trusts - income restricted Beneficial interest in perpetual trusts - income unrestricted		15,885 21,606	<u></u>	14,854 21,206	
Total beneficial interest in perpetual trusts	(*******	37,491		36,060	
	\$	66,586	\$	65,155	

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

June 30, 2018 and 2017

7. Permanently restricted net assets (continued)

Return objectives, strategies employed and spending policy

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

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

Funds with deficiencies

The Society does not have any funds with deficiencies.

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

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

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

June 30, 2018 and 2017

7. Permanently restricted net assets (continued)

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

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

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8. Line of credit

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

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

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

June 30, 2018 and 2017

9. Commitments and contingencies

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

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

Year ending June 30:	
2019	\$ 66
2020	74
2021	74
2022	65
	\$ 279

10. Employee benefit plans

Pension plan and other post-retirement benefits

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

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

	2018					
	Pension benefits	Other benefits	Total			
Projected benefit obligation Fair value of plan assets	\$ (51,533) 36,618	\$ (706)	\$ (52,239) 36,618			
Funded status - recognized in the statement of financial position	\$ (14,915)	<u>\$ (706)</u>	\$ (15,621)			
		0017				
	Pension	2017 Other				
	Pension benefits		Total			
Projected benefit obligation Fair value of plan assets	1000 - Sector Contractor State and Sec	Other	Total \$ (49,108) 34,394			
	benefits \$ (48,387)	Other benefits	\$ (49,108)			

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

June 30, 2018 and 2017

10. Employee benefit plans (continued)

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

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

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

	 2018						2017				
	ension enefits		ther nefits		Total		ension enefits		ther nefits		Total
Society's contributions	\$ 900	\$	191	\$	1,091	\$	900	\$	173	\$	1,073
Employee's contributions	\$	\$	1	\$	1	\$		\$	2	\$	2
Benefits paid	\$ 1,680	\$	192	\$	1,872	\$	1,640	\$	175	\$	1,815

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

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

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

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

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

June 30, 2018 and 2017

10. Employee benefit plans (continued)

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

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

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

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

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

June 30, 2018 and 2017

10. Employee benefit plans (continued)

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Net cost

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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:

		2018			
	Pension benefits	Other benefits	Total		
Service costs Interest cost Expected return on assets Net amortization and deferral Amortization of prior service cost	\$ 1,340 1,810 (2,430) 1,031	\$ 30 45 -	\$ 1,340 1,840 (2,430) 1,076		
Net cost	\$ 1,751	\$ 75	\$ 1,826		
		2017			
	Pension benefits	Other benefits	Total		
Service costs Interest cost Expected return on assets Net amortization and deferral Amortization of prior service cost	\$ 1,338 1,673 (2,245) 1,485 2	\$ 27 (9) 10	\$ 1,338 1,700 (2,245) 1,476 12		

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

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

\$

2,253

\$

28

\$

2,281

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (in thousands)

June 30, 2018 and 2017

10. Employee benefit plans (continued)

403(b) Plan

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

11. Government grants and contracts

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

12. Significant source of support

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

13. Collective bargaining agreement

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

14. Subsequent events

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