

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

2013
Open to Public Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2013 and Ending (mm/dd/yyyy) 06/30/2014		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: COMMUNITY SERVICE SOCIETY OF NEW YORK	Employer Identification Number (EIN): 13-5562202
	Mailing Address: 105 EAST 22ND STREET 301	NY Registration Number: 00-40-48
	City / State / ZIP: NEW YORK, NY 10010-5413	Telephone: 212 614-5334 334
	Website: WWW.CSSNY.ORG	Email: CVARUGHESE@CSSNY.ORG
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT		Find your registration category in the Charities Registry at www.CharitiesNYS.com

2. Certification

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

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

President or Authorized Officer:	<u>DAVID R. JONES</u>	<u>PRESIDENT</u>	<u>3/20/15</u>
	Signature	Title	Date
Chief Financial Officer or Treasurer:	<u>JEFFREY R. RIZZO</u>	<u>CFO</u>	<u>3/20/15</u>
	Signature	Title	Date

3. Annual Reporting Exemption

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

3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).

3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

Yes No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

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

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

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

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

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules including Schedule B (Schedule of Contributors).
- IRS Form 990-T if applicable

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

- Review Report if you received total revenue and support greater than \$250,000 and up to \$500,000.
- Audit Report if you received total revenue and support greater than \$500,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000

Note: The Audit and Review requirements are set to change in 2017 and 2021 in accordance with the Non Profit Revitalization Act of 2013.

For more details, visit www.CharitiesNYS.com.**Calculate Your Fee**

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

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

For EPTL and DUAL filers, calculate the EPTL fee:

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

Is my organization a 7A, EPTL or DUAL filer?

- 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
- EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
- DUAL filers are registered under both 7A and EPTL.

Check your registration category and learn more about NY law at www.CharitiesNYS.comWhere do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

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

Send Your Filing

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

NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers
www.CharitiesNYS.com

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If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

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

2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

Fund Raising Professional type:	Name of FRP:	NY Registration Number:
<input checked="" type="checkbox"/> Professional Fund Raiser	FAIRCOM NEW YORK, ALANNA METZ	NY-42-21-35
<input type="checkbox"/> Fund Raising Counsel	Mailing Address:	Telephone:
<input type="checkbox"/> Commercial Co-Venturer	12 WEST 27TH STREET, 13TH FLOOR	212-727-3876
	City / State / ZIP:	
	NEW YORK, NY 10001	

3. Contract Information

Contract Start Date:	Contract End Date:
07/01/2013	06/30/2014

4. Description of Services

Services provided by FRP:
DESIGNS AND SUPERVISES DIRECT MAIL PROGRAM.

5. Description of Compensation

Compensation arrangement with FRP:	Amount Paid to FRP:
PRE-AGREED UPON MONTHLY FEE AS STATED IN CONTRACT BETWEEN THE AGENCY AND FUNDRAISER.	54,000.

6. Commercial Co-Venturer (CCV) Report

Yes No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?

Definitions

A Professional Fund Raiser (PFR), in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4).
A Fund Raising Counsel (FRC) does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).
A Commercial Co-Venturer (CCV) is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

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Schedule 4b: Government Grants
www.CharitiesNYS.com

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If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

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

2. Government Grants

Name of Government Agency		Amount of Grant
1.CORPORATION FOR NATIONAL AND COMMUNITY SERVICE	1.	756,181.
2.U.S. DEPARTMENT OF JUSTICE	2.	58,005.
3.U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	3.	6,902,970.
4.NEW YORK STATE OFFICE FOR THE AGING (SOFA)	4.	139,309.
5.NEW YORK STATE DEPARTMENT OF CRIMINAL JUSTICE SERVICE	5.	249,957.
6.NEW YORK CITY DEPARTMENT FOR THE AGING (DFTA)	6.	15,500.
7.NEW YORK CITY BOARD OF EDUCATION	7.	200,000.
8.NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES	8.	47,893.
9.NEW YORK CITY TAXI WORKERS ALLIANCE	9.	91,624.
10.	10.	
11.	11.	
12.	12.	
13.	13.	
14.	14.	
15.	15.	
Total Government Grants:	Total:	8,461,439.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

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Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

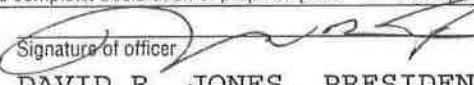
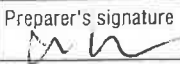
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY SERVICE SOCIETY OF NEW YORK	D Employer identification number 13-5562202
	Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 105 EAST 22ND STREET 301	E Telephone number 212-254-8900
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10010-5413	G Gross receipts \$ 205,453,071.	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: DAVID R. JONES SAME AS C ABOVE	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶	
J Website: ▶ WWW.CSSNY.ORG	L Year of formation: 1939 M State of legal domicile: NY	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	34
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	34
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	132
	6 Total number of volunteers (estimate if necessary)	6	3035
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	84,401.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-250.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	13,817,729.	12,592,645.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	157,705.	188,169.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,060,797.	33,076,391.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	369,844.	94,109.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,406,075.	45,951,314.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	422,499.	372,872.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	13,378,590.	13,319,915.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 960,965.	84,366.	54,000.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,655,224.	10,933,508.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24,540,679.	24,680,295.
19 Revenue less expenses. Subtract line 18 from line 12	-3,134,604.	21,271,019.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	164,364,997.	176,469,028.
	22 Net assets or fund balances. Subtract line 21 from line 20	11,444,451.	14,436,743.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 3/20/2015			
	DAVID R. JONES, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name ISRAEL TANNENBAUM	Preparer's signature 	Date 3/23/15	Check if self-employed <input type="checkbox"/>	PTIN P01589203
	Firm's name ▶ LOEB & TROPER LLP	Firm's EIN ▶ 13-1517563	Phone no. 212-867-4000		
Firm's address ▶ 655 THIRD AVENUE, 12TH FLOOR NEW YORK, NY 10017					

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

[] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

[] Yes [X] No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 7,108,581. including grants of \$ 86,636.) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 2,286,283. including grants of \$ 179,364.) (Revenue \$)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 1,025,901. including grants of \$ 0.) (Revenue \$)

SEE SCHEDULE O

4d Other program services (Describe in Schedule O.) (Expenses \$ 8,346,682. including grants of \$ 106,872.) (Revenue \$ 197,877.)

4e Total program service expenses 18,767,447.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 20 main questions and sub-questions (a-f) regarding organizational reporting requirements.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a	231		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	132		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		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).		
a	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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
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:		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
13a			
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		
13b			
c	Enter the amount of reserves on hand		
13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14a			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
14b			

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a		34
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b		34
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NY, NJ, CT, FL**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JEFFREY F. RIZZO, CFO - 212-254-8900**
105 EAST 22ND STREET, NEW YORK, NY 10010

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSEPH R. HARBERT, PH.D. CHAIRPERSON	1.00	X		X				0.	0.	0.
(2) DEBORAH M. SALE VICE CHAIRPERSON	1.00	X		X				0.	0.	0.
(3) RALPH DACOSTA-NUNEZ TREASURER	1.00	X		X				0.	0.	0.
(4) DONALD W. SAVELSON, ESQ. SECRETARY	1.00	X		X				0.	0.	0.
(5) TERRY AGRISS TRUSTEE	1.00	X						0.	0.	0.
(6) SYLVIA E. DI PIETRO, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(7) JOSEPH J. HASLIP TRUSTEE	1.00	X						0.	0.	0.
(8) NICHOLAS A. GRAVANTE JR., ESQ. TRUSTEE	1.00	X						0.	0.	0.
(9) REGAN KELLEY ORILLAC TRUSTEE	1.00	X						0.	0.	0.
(10) KEN SUNSHINE TRUSTEE	1.00	X						0.	0.	0.
(11) JUDY CHAMBERS TRUSTEE	1.00	X						0.	0.	0.
(12) LEISLE LIN TRUSTEE	1.00	X						0.	0.	0.
(13) MICHAEL HORODNICEANU, PH.D. TRUSTEE	1.00	X						0.	0.	0.
(14) JOYCE L. MILLER TRUSTEE	1.00	X						0.	0.	0.
(15) KELLY O'NEILL LEVY, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(16) FLORENCE H. FRUCHER TRUSTEE	1.00	X						0.	0.	0.
(17) MELISSA CURTIN, ESQ. TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARGARITA ROSA, ESQ. TRUSTEE	1.00	X					0.	0.	0.	
(19) MARLENE SANDERS TRUSTEE	1.00	X					0.	0.	0.	
(20) HON. CAROL SHERMAN, ESQ. TRUSTEE	1.00	X					0.	0.	0.	
(21) BARBARA NEVINS TAYLOR TRUSTEE	1.00	X					0.	0.	0.	
(22) DAVID J. POLLAK TRUSTEE	1.00	X					0.	0.	0.	
(23) MARLA EISLAND SPRIE, ESQ TRUSTEE	1.00	X					0.	0.	0.	
(24) STEVEN BROWN TRUSTEE	1.00	X					0.	0.	0.	
(25) MAGDA JIMENEZ TRAIN, ESQ. TRUSTEE	1.00	X					0.	0.	0.	
(26) MARK E. LIEBERMAN TRUSTEE	1.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							2,196,613.	0.	286,553.	
d Total (add lines 1b and 1c)							2,196,613.	0.	286,553.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **16**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
COLAZO FLORENTINO & KELL, LP 747 3RD AVENUE, NEW YORK, NY 10017	LEGAL ADVISOR	352,181.
BANK OF NEW YORK MELLON ASSET SERVICING P.O. BOX 371791, PITTSBURGH, NY 15251	INVESTMENT ADVISOR	218,699.
LAKE RESEARCH, 1726 M STREET, NW SUITE 1100, WASHINGTON, DC 20036	SURVEY	178,521.
METIS ASSOCIATES, INC. 677 BROADWAY-9TH FL, ALBANY, NY 12207-2996	CHA WEBSITE CONSULTANT AND MAINT	167,207.
LOEB & TROPER LLP 655 THIRD AVENUE, NEW YORK, NY 10017	AUDITING	146,225.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **6**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CAROL L. O'NEALE TRUSTEE	1.00	X						0.	0.	0.
(28) RICHE T. MCKNIGHT, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(29) MICHELE WEBB TRUSTEE	1.00	X						0.	0.	0.
(30) MICAH C. LASHER TRUSTEE	1.00	X						0.	0.	0.
(31) ABBY WENZEL, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(32) JEFFREY J. WEAVER TRUSTEE	1.00	X						0.	0.	0.
(33) HON. BETSY GOTBAUM TRUSTEE	1.00	X						0.	0.	0.
(34) MARK A. WILLIS TRUSTEE	1.00	X						0.	0.	0.
(35) DAVID R. JONES, ESQ. PRESIDENT/CEO	35.00			X				640,001.	0.	81,436.
(36) STEVEN L. KRAUSE EXECUTIVE V.P./COO	35.00			X				542,396.	0.	77,827.
(37) JEFFREY F. RIZZO CHIEF FINANCIAL OFFICER	35.00			X				185,323.	0.	40,977.
(38) ELISABETH BENJAMIN VP HEALTH INITIATIVES	35.00					X		197,645.	0.	19,552.
(39) ALINA MOLINA DIR VOL INITIATIVES	35.00					X		162,039.	0.	40,850.
(40) NANCY RANKIN VP POLICY	35.00					X		176,792.	0.	4,858.
(41) JUDITH WHITING GENERAL COUNSEL	35.00					X		160,840.	0.	5,608.
(42) MELISSA KOSTOVSKI DIR DEVELOPMENT	35.00					X		131,577.	0.	15,445.
Total to Part VII, Section A, line 1c								2,196,613.		286,553.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 1,100,763.					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e 8,461,439.					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 3,030,443.					
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		12,592,645.				
Program Service Revenue			Business Code					
	2 a	PROGRAM SERVICE FEES CBS	561000	107,758.	107,758.			
	b	PROGRAM SERVICE FEES OTHER	611420	80,411.	80,411.			
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f		188,169.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,600,914.		3,600,914.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less: cost or other basis and sales expenses	159,501,757.			
			c	Gain or (loss)	29,475,477.			
	d	Net gain or (loss)		29,475,477.		29,475,477.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b			Less: direct expenses					
c			Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19	a						
		b	Less: direct expenses					
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code					
11 a	ADVERTISEMENT INCOME	541800	84,401.		84,401.			
b	SUBSCRIPTION INCOME	541800	9,708.	9,708.				
c								
d	All other revenue							
e	Total. Add lines 11a-11d		94,109.					
12	Total revenue. See instructions.		45,951,314.	197,877.	84,401.	33,076,391.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	105,233.	105,233.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	267,639.	267,639.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,546,392.	464,403.	1,012,212.	69,777.
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	8,065,814.	6,319,827.	1,318,413.	427,574.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	99,174.	66,908.	30,567.	1,699.
9 Other employee benefits	3,034,977.	1,952,892.	941,422.	140,663.
10 Payroll taxes	573,558.	511,585.	25,039.	36,934.
11 Fees for services (non-employees):				
a Management			86,724.	
b Legal	86,724.		86,724.	
c Accounting	150,000.		150,000.	
d Lobbying	130,663.	130,663.		
e Professional fundraising services. See Part IV, line 17	54,000.			54,000.
f Investment management fees	372,778.		372,778.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	7,119,565.	6,934,346.	170,459.	14,760.
12 Advertising and promotion	97,496.	95,856.	1,560.	80.
13 Office expenses	698,554.	311,145.	266,542.	120,867.
14 Information technology	27,580.	20,960.	5,516.	1,104.
15 Royalties				
16 Occupancy	1,074,837.	814,744.	201,587.	58,506.
17 Travel	331,575.	213,502.	112,899.	5,174.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	409,088.	313,771.	88,509.	6,808.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	283,426.	215,625.	56,782.	11,019.
23 Insurance	137,351.	26,477.	110,874.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT	13,871.	1,871.		12,000.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	24,680,295.	18,767,447.	4,951,883.	960,965.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	788,790.	1	19,900.
	2	Savings and temporary cash investments	2,610,972.	2	2,923,481.
	3	Pledges and grants receivable, net	3,063,253.	3	4,621,344.
	4	Accounts receivable, net	178,476.	4	362,972.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net	30,305.	7	26,828.
	8	Inventories for sale or use	3,956.	8	4,049.
	9	Prepaid expenses and deferred charges	61,878.	9	78,596.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,781,132.		
	b	Less: accumulated depreciation	10b 1,977,345.		
			2,031,422.	10c	1,803,787.
	11	Investments - publicly traded securities	113,553,102.	11	123,918,744.
	12	Investments - other securities. See Part IV, line 11	7,216,820.	12	5,634,725.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	34,826,023.	15	37,074,602.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	164,364,997.	16	176,469,028.	
Liabilities	17	Accounts payable and accrued expenses	3,724,433.	17	5,263,432.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,720,018.	25	9,173,311.
	26	Total liabilities. Add lines 17 through 25	11,444,451.	26	14,436,743.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27		Unrestricted net assets	66,689,128.	27	71,634,251.
28		Temporarily restricted net assets	25,800,917.	28	26,664,404.
29		Permanently restricted net assets	60,430,501.	29	63,733,630.
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
30		Capital stock or trust principal, or current funds		30	
31		Paid-in or capital surplus, or land, building, or equipment fund		31	
32		Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	152,920,546.	33	162,032,285.	
34	Total liabilities and net assets/fund balances	164,364,997.	34	176,469,028.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,951,314.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,680,295.
3	Revenue less expenses. Subtract line 2 from line 1	3	21,271,019.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	152,920,546.
5	Net unrealized gains (losses) on investments	5	-14,152,161.
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	1,992,881.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	162,032,285.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,806,560.	7,797,096.	11,244,184.	13,817,729.	12,592,645.	56,258,214.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10,806,560.	7,797,096.	11,244,184.	13,817,729.	12,592,645.	56,258,214.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						532,501.
6 Public support. Subtract line 5 from line 4.						55,725,713.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	10,806,560.	7,797,096.	11,244,184.	13,817,729.	12,592,645.	56,258,214.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,773,077.	3,996,930.	3,790,383.	3,710,007.	3,600,914.	19,871,311.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				263,931.	84,401.	348,332.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		18,643.	165,615.	105,913.	94,109.	384,280.
11 Total support. Add lines 7 through 10						76,862,137.
12 Gross receipts from related activities, etc. (see instructions)					12	777,329.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	72.50 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	70.44 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

SUBSCRIPTION INCOME

2010 AMOUNT: \$ 18,643.

2011 AMOUNT: \$ 12,586.

2012 AMOUNT: \$ 964.

2013 AMOUNT: \$ 9,708.

ADVERTISEMENT INCOME

2011 AMOUNT: \$ 153,029.

2012 AMOUNT: \$ 104,949.

2013 AMOUNT: \$ 84,401.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

Employer identification number

COMMUNITY SERVICE SOCIETY OF NEW YORK

13-5562202

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

COMMUNITY SERVICE SOCIETY OF NEW YORK

13-5562202

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVENUE, S.W. WASHINGTON, DC 20201	\$ 6,902,970.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NEW YORK TIMES NEEDIEST CASES FUND 229 WEST 43RD STREET NEW YORK, NY 10022	\$ 1,070,454.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE NEW YORK STATE HEALTH FOUNDATION 1385 BROADWAY, 23RD FLOOR NEW YORK, NY 10018	\$ 486,427.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CORPORATION FOR NATIONAL AND COMMUNITY SERVICE LEO O'BRIEN FEDERAL BUILDING, SUITE 900, 1 CLINTON SQUARE ALBANY, NY 12207	\$ 756,181.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE LEONA M. & HARRY B. HELMSLEY CHARITABLE TRUST 230 PARK AVENUE NEW YORK, NY 10169	\$ 298,787.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	WILLIAM P. HAMILTON TRUST C/O JPMORGAN CHASE, 270 PARK AVENUE NEW YORK, NY 10017	\$ 413,860.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

COMMUNITY SERVICE SOCIETY OF NEW YORK

13-5562202

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DEKAY TRUST C/O JPMORGAN CHASE, 270 PARK AVENUE NEW YORK, NY 10017	\$ 484,473.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ROBERTWOOD JOHNSON FOUNDATION PO BOX 2316, ROUTE 1 AND COLLEGE ROAD EAST PRINCETON, NY 08543	\$ 492,118.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	THE ATLANTIC PHILANTHROPIES (USA), INC. 75 VARICK STREET, 17TH FLOOR NEW YORK, NY 10013-1950	\$ 355,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

COMMUNITY SERVICE SOCIETY OF NEW YORK

13-5562202

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization

Employer identification number

COMMUNITY SERVICE SOCIETY OF NEW YORK

13-5562202

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Political Campaign and Lobbying Activities

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
 ▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	130,663.													
c	Total lobbying expenditures (add lines 1a and 1b)	130,663.													
d	Other exempt purpose expenditures	24,549,632.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	24,680,295.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total	
2a	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c	Total lobbying expenditures	311,794.	218,386.	237,177.	130,663.	898,020.
d	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f	Grassroots lobbying expenditures					

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

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013 Open to Public Inspection

Name of the organization

COMMUNITY SERVICE SOCIETY OF NEW YORK

Employer identification number 13-5562202

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	32,127,824.	31,876,515.	31,993,326.	29,094,535.	29,094,535.
b Contributions					
c Net investment earnings, gains, and losses	3,942,582.	2,950,103.	980,726.	5,126,291.	3,502,136.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,454,350.	2,698,794.	1,097,537.	2,227,500.	3,502,136.
f Administrative expenses					
g End of year balance	31,616,056.	32,127,824.	31,876,515.	31,993,326.	29,094,535.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 1.44 %
 - b Permanent endowment 75.59 %
 - c Temporarily restricted endowment 22.97 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,926,172.	1,406,022.	1,520,150.
d Equipment		854,960.	571,323.	283,637.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 1,803,787.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	34,639,095.
(2) INVESTMENT IN THE UNITED CHARITIES	2,122,144.
(3) SECURITIES SOLD RECEIVABLES	167,885.
(4) ACCRUED INTEREST & DIVIDEND RECEIVABLES	145,478.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POST-EMPLOYMENT BENEFITS	9,173,311.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	34,761,737.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	3,335,362.	
e	Add lines 2a through 2d	2e		3,335,362.
3	Subtract line 2e from line 1	3		31,426,375.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	372,778.	
b	Other (Describe in Part XIII.)	4b	14,152,161.	
c	Add lines 4a and 4b	4c		14,524,939.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		45,951,314.

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

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

1	Total expenses and losses per audited financial statements		1	24,307,517.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3		24,307,517.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	372,778.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		372,778.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		24,680,295.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

EXPLANATION: THE SOCIETY HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. PERIODS ENDING JUNE 30, 2011 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

FRIENDS OF RSVP, INC - INTEREST INCOME	146.
CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS	3,303,129.
CHANGE IN INVESTMENT IN THE UNITED CHARITIES	32,087.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	3,335,362.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

UNREALIZED LOSS	14,152,161.
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SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2013

Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

COMMUNITY SERVICE SOCIETY OF NEW YORK

Employer identification number

13-5562202

Part I

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
FAIRCUM NEW YORK - 12 WEST 27TH STREET 13TH FLOOR, NEW	DESIGNS AND SUPERVISES DIRECT MAIL PROGRAM		X	138,341.	54,000.	84,341.
Total				138,341.	54,000.	84,341.

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

NY, CT, FL, NJ

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
	11	Net income summary. Subtract line 10 from line 3, column (d)			

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:
- | | |
|-----|---|
| 13a | % |
| 13b | % |
- a The organization's facility
- b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: FAIRCOM NEW YORK

(I) ADDRESS OF FUNDRAISER:

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

PART I, LINE 2B, COLUMN (V):

EXPLANATION: PRE-AGREED UPON MONTHLY FEE AS STATED IN CONTRACT BETWEEN THE AGENCY AND FUNDRAISER.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

COMMUNITY SERVICE SOCIETY OF NEW YORK

Employer identification number

13-5562202

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARTLEY HOUSE 413 WEST 46TH ST NEW YORK, NY 10036	13-1656652	501(C)(3)	13,474.	0.			ALLOCATION OF INVESTMENT INCOME EARNED BY EMMA HARTLEY STOKES AND THE EMMA HARTLEY DODGE FUNDS.
HOME FOR THE HOMELESS 50 COOPER SQUARE, 4TH FLCOR NEW YORK, NY 10003	13-3577794	501(C)(3)	25,738.	0.			SANDY RELIEF FUNDS - OFFICE REPAIRS

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

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

Schedule I (Form 990) (2013)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance
INDIVIDUAL SUPPORT	102	10,454.	0.		
TRANSPORTATION	294	27,650.	0.		
EDUCATION - TRAINING	25	7,431.	0.		
VACATION - CAMPING	19	18,075.	0.		
DENTAL & MEDICAL FEES	83	66,349.	0.		

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

PART I, LINE 2:

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FOOD - INDIVIDUAL	15.	3,851.	0.		
RENT SUBSIDY - OTHER	3.	1,700.	0.		
UTILITIES/UTILITIES IN ARREARS	23.	7,120.	0.		
RENT OR RENT IN ARREARS OR SECURITY DEPOSIT	125.	109,673.	0.		
RENT	1.	1,298.	0.		
EMPLOYMENT - RELATED EXPENSES	68.	14,038.	0.		

Part IV Supplemental Information

SUBSTANTIAL AND ADHERE TO THE FINANCIAL GUIDELINES.

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

Name of the organization

COMMUNITY SERVICE SOCIETY OF NEW YORK

Employer identification number

13-5562202

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2013

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 in 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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID R. JONES, ESQ. PRESIDENT/CEO	(i)	519,630.	105,677.	14,694.	38,500.	42,936.	721,437.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVEN L. KRAUSE EXECUTIVE V.P./COO	(i)	432,891.	94,885.	14,620.	35,000.	42,827.	620,223.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEFFREY F. RIZZO CHIEF FINANCIAL OFFICER	(i)	160,727.	24,080.	516.	5,000.	35,977.	226,300.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELISABETH BENJAMIN VP HEALTH INITIATIVES	(i)	171,569.	25,800.	276.	5,000.	14,552.	217,197.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ALINA MOLINA DIR VOL INITIATIVES	(i)	142,673.	18,850.	516.	4,425.	36,425.	202,889.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) NANCY RANKIN VP POLICY	(i)	155,000.	21,000.	792.	3,600.	1,258.	181,650.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JUDITH WHITING GENERAL COUNSEL	(i)	142,364.	18,200.	276.	4,350.	1,258.	166,448.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

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

BENEFITS DURING THE CALENDAR YEAR 2013:

MEMBERSHIP FEES TO VARIOUS ORGANIZATIONS

LONGTERM DISABILITY AND LIFE INSURANCE PREMIUMS

PERSONAL USE OF VEHICLE

THESE BENEFITS WERE TREATED AS TAXABLE COMPENSATION.

PART I, LINE 4B:

EXPLANATION: SECTION 457F PLAN:

DAVID R. JONES: \$56,100

STEVEN L. KRAUSE: \$12,935

PART I, LINE 7:

EXPLANATION: THE CURRENT BONUS STRUCTURE FOR CSS NON-BARGAINING UNIT

STAFF IS BASED UPON A COMPENSATION PROGRAM DEVELOPED IN CONJUNCTION WITH

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

STAFF BASED UPON TOTAL PERFORMANCE AND THE MEETING OF INDIVIDUAL AND

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

Part III Supplemental Information

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

COMMUNITY SERVICE SOCIETY OF NEW YORK

Employer identification number
13-5562202

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

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 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:

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

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

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. SINCE NOVEMBER 2010, THE COMMUNITY HEALTH ADVOCATES (CHA)

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization

COMMUNITY SERVICE SOCIETY OF NEW YORK

Employer identification number

13-5562202

PROGRAM HAS SERVED AS THE NEW YORK STATE DEPARTMENT OF HEALTH'S DESIGNATED CONSUMER ASSISTANCE PROGRAM. CHA'S ACCOMPLISHMENTS DURING FY 2014 INCLUDE: HELPED INDIVIDUALS THROUGH ONE-ON-ONE ASSISTANCE AND EDUCATION SESSIONS IN 16,118 CASES. CHA PARTNERED WITH COMMUNITY-BASED ORGANIZATIONS. CHA'S SMALL BUSINESS ASSISTANCE PROGRAM (SBAP) PROVIDED EDUCATION AND ONE-ON-ONE ASSISTANCE TO SMALL EMPLOYERS AND THEIR EMPLOYEES IN 12,799 CASES. CSS PARTNERED WITH SMALL BUSINESS SERVING ORGANIZATIONS TO PROVIDE SBAP SERVICES. IN 2013, CSS WAS AWARDED A GRANT TO LEAD NEW YORK'S LARGEST NAVIGATOR NETWORK, CSS'S NAVIGATOR NETWORK (CNN), WITH 38 COMMUNITY-BASED ORGANIZATION PARTNERS. NAVIGATORS HELP CONSUMERS ENROLL IN COVERAGE THROUGH THE NY STATE OF HEALTH MARKETPLACE. CNN HELPED CONSUMERS IN 46,128 CASES DURING FY 2014. THE HEALTH INITIATIVES DEPARTMENT HAS 25 TRAINED AND ACTIVE VOLUNTEERS.

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

RETIRED & SENIOR VOLUNTEER PROGRAM (RSVP)

THE RSVP PROGRAM RECRUITS, TRAINS, PLACES, AND RECOGNIZES ABOUT 3,000 OLDER ADULT VOLUNTEERS THROUGHOUT THE FIVE BOROUGHES WHO SERVE AT OVER 300 NONPROFIT AGENCIES AND PROPRIETARY HEALTH CARE FACILITIES. RSVP CONDUCTS ITS OWN PROGRAMS IN THE AREAS OF FINANCIAL COUNSELING AND COACHING, MENTORING TROUBLED YOUTH AND CHILDREN OF INCARCERATED PARENTS, BENEFIT COUNSELING, AND DISASTER PREPAREDNESS. RSVP ALSO RECRUITS AND PLACES VOLUNTEERS AT PARTNERING AGENCIES. AMONG THE SERVICES THEY PROVIDE ARE SERVING AS DOCENTS AT MUSEUMS, PARKS, BOTANICAL GARDENS AND ZOOS, PREPARING AND SERVING MEALS AT SOUP KITCHENS, FOOD PANTRIES AND SENIOR CENTERS, SERVING AS CONVERSATION PARTNERS IN ENGLISH AS A SECOND LANGUAGE PROGRAMS, TUTORING IN ADULT

Name of the organization

COMMUNITY SERVICE SOCIETY OF NEW YORK

Employer identification number

13-5562202

LITERACY PROGRAMS, SERVING AS OMBUDSMEN TO ENSURE THE RIGHTS OF NURSING HOME AND LONG TERM CARE FACILITY RESIDENTS AND SERVING AS FRIENDLY VISITORS TO NURSING HOME RESIDENTS, HOSPITAL PATIENTS AND HOMEBOUND OLDER ADULTS. RSVP HOLDS SEVERAL RECOGNITION EVENTS HONORING VOLUNTEER ACHIEVEMENTS EACH YEAR.

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

EXPERIENCE CORPS MOBILIZES OLDER ADULTS WITHIN THE COMMUNITY TO PROVIDE TUTORIAL SERVICES TO CHILDREN WHO ARE IN DANGER OF ACADEMIC FAILURE.

DURING THE 2013-2014 SCHOOL THE OBJECTIVE AND GOALS OF THE PROGRAM WAS TO CREATE TEN TEAMS OF OLDER ADULT VOLUNTEERS AND PLACE THEM IN TEN SCHOOLS TO PROVIDE A MINIMUM OF 35 TUTORIAL SESSIONS TO OUR ONE-ON-ONE STUDENTS AND PROVIDE ASSISTANCE TO TEACHERS IN SELECTED CLASSROOMS ACROSS THE TEN SCHOOLS.

EXPERIENCE CORPS RECRUITED, TRAINED, PLACED, AND RECOGNIZED 104 OLDER ADULT VOLUNTEERS THROUGHOUT THREE BOROUGHES. IN FISCAL 2014 VOLUNTEERS SCHOOL YEAR PROVIDED 29,843 HOURS OF TUTORING TO 941 CHILDREN IN TEN SCHOOLS IN THE BRONX, QUEENS, AND MANHATTAN. EC VOLUNTEERS WORK 16 HOURS A WEEK FOR 4 DAYS A WEEK FROM OCTOBER-JUNE. VOLUNTEERS RECEIVED 32 HOURS OF PRE-SERVICE AND ONGOING TRAINING FOR THE YEAR VOLUNTEERS WERE TRAINED USING THE TUTORING CURRICULUM BOOK BUDDIES. STUDENTS RECEIVED INDIVIDUALIZED LESSON PLANS AND THIS YEAR THEY RECEIVED 12,085 LESSONS/SESSIONS OF TUTORING FOR FISCAL YEAR 2014 AND THEY READ A TOTAL OF 12,628 BOOKS. STUDENT ASSESSMENTS REVEALED THAT CHILDREN AT EACH SCHOOL MADE SIGNIFICANT ACADEMIC STRIDES AND 100% PERCENT OF THOSE SERVED THROUGH ONE-ON-ONE TUTORING IMPROVED THEIR PALS SCORES-THE MAJORITY OF WHOM JUMPED AT LEAST ONE READING LEVEL. OVERALL PERCENTAGE CHANGE IN PRE- AND POST-SCORES BY BOROUGH WAS AS FOLLOWS: 300% FOR

Name of the organization

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13-5562202

KINDERGARTEN STUDENTS - 64% FOR 1ST-2ND GRADERS IN THE BRONX; 143.71%

FOR KINDERGARTEN STUDENTS - 44% FOR 1ST-2ND GRADERS IN MANHATTAN; AND

146.31% FOR KINDERGARTEN STUDENTS - 39% FOR 1ST AND 2ND GRADERS IN

QUEENS. TEACHER SURVEY OUTCOMES WERE ALSO INCREDIBLY POSITIVE.

TEACHERS REPORTED THAT 69% OF STUDENTS DEMONSTRATED IMPROVED CLASSROOM

BEHAVIOR AND 97% OF TEACHERS REPORTED THAT VOLUNTEERS HAD A SIGNIFICANT

IMPACT ON IMPROVING STUDENT PERFORMANCE.

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

LEGAL COUNSEL

EXPENSES \$ 601,607. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PUBLIC POLICY & ADVOCACY

EXPENSES \$ 197,710. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

LABOR MARKET STUDIES

EXPENSES \$ 132,133. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

HOUSING RESEARCH

EXPENSES \$ 242,172. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

YOUTH POLICY

EXPENSES \$ 226,047. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

UNHEARD THIRD

EXPENSES \$ 121,121. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CITYLIMITS - PUBLIC INTEREST

332212
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

45

13330319 733030 2583

2013.05020 COMMUNITY SERVICE SOCIETY O 2583__2

Name of the organization

COMMUNITY SERVICE SOCIETY OF NEW YORK

Employer identification number

13-5562202

EXPENSES \$ 439,079. INCLUDING GRANTS OF \$ 0. REVENUE \$ 9,708.

GOVERNMENT RELATIONS - POLITICAL DEVELOPMENT

EXPENSES \$ 614,824. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

BENEFITS PLUS (FORMERLY CBS)

EXPENSES \$ 427,531. INCLUDING GRANTS OF \$ 0. REVENUE \$ 80,411.

DEPRECIATION EXPENSE FOR PROGRAM SERVICES

EXPENSES \$ 215,625. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SUPPORT TO OTHERS

EXPENSES \$ 76,570. INCLUDING GRANTS OF \$ 76,570. REVENUE \$ 0.

CEO, EX. V.P., FINANCE & MANAGEMENT, AND LEGAL

EXPENSES \$ 1,168,791. INCLUDING GRANTS OF \$ 0. REVENUE \$ 107,758.

PUBLIC RELATION

EXPENSES \$ 562,657. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

HEALTH INITIATIVES-POLICY

EXPENSES \$ 2,184,011. INCLUDING GRANTS OF \$ 3,319. REVENUE \$ 0.

SANDY RELIEF

EXPENSES \$ 25,758. INCLUDING GRANTS OF \$ 25,758. REVENUE \$ 0.

PUBLIC AFFAIRS

EXPENSES \$ 415,799. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization

COMMUNITY SERVICE SOCIETY OF NEW YORK

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RECORD REPAIR

EXPENSES \$ 272,310. INCLUDING GRANTS OF \$ 1,225. REVENUE \$ 0.

PAID SICKDAY

EXPENSES \$ 150,758. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CHIPRA

EXPENSES \$ 140,179. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

HIICAP

EXPENSES \$ 132,000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

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

EXPLANATION: 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 THROUGHTOUT 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:

332212 09-04-13

Name of the organization

COMMUNITY SERVICE SOCIETY OF NEW YORK

Employer identification number

13-5562202

EXPLANATION: 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 LAST TIME A COMPENSATION STUDY WAS DONE WAS MARCH 2013.

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

EXPLANATION: THE AGENCY'S FINANCIAL STATEMENTS AND INFORMATIONAL RETURNS ARE AVAILABLE TO THE PUBLIC VIA THE AGENCY'S WEBSITE. THE AGENCY'S FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, GOVERNING DOCUMENTS AND INFORMATIONAL RETURNS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AT ITS HEADQUARTERS; 105 EAST 22ND STREET, NEW YORK NY 10010.

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

PHOTOGRAPHER:

PROGRAM SERVICE EXPENSES	8,950.
MANAGEMENT AND GENERAL EXPENSES	191.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,141.

BANK CHARGES (SERVICE FEES):

PROGRAM SERVICE EXPENSES	4,806.
MANAGEMENT AND GENERAL EXPENSES	11,778.
FUNDRAISING EXPENSES	5,465.
TOTAL EXPENSES	22,049.

Name of the organization

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ACQUISITIONS - DONOR LIST EXCHANGE FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	9,295.
TOTAL EXPENSES	9,295.

PAYROLL PROCESSING FEE:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	30,928.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	30,928.

PROGRAM CONSULTANT FEES (CBO'S PAYMENTS & OTHER PROGRAM CONSULTANT):

PROGRAM SERVICE EXPENSES	6,846,580.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,846,580.

OTHER CONSULTANT FEES:

PROGRAM SERVICE EXPENSES	74,010.
MANAGEMENT AND GENERAL EXPENSES	127,562.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	201,572.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	7,119,565.

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

CHANGE IN UNITED CHARITIES FY 2013	32,087.
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Name of the organization

COMMUNITY SERVICE SOCIETY OF NEW YORK

Employer identification number

13-5562202

CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN PERPETUAL

TRUSTS	3,303,129.
PENSION ADJUSTMENT	-1,342,335.
TOTAL TO FORM 990, PART XI, LINE 9	1,992,881.

FORM 990. PART XII, LINE 2C

EXPLANATION: ANNUALLY THE AUDIT COMMITTEE MEETS WITH AUDITORS TO REVIEW
 DRAFT FINANCIAL STATEMENTS. THIS PROCESS HAS NOT CHANGED SINCE PRIOR
 YEARS.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

COMMUNITY SERVICE SOCIETY OF NEW YORK

Employer identification number
13-5562202

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FRIENDS OF RSVP, INC. - 13-3335293 C/O CSS NY 105 E 22ND STREET NEW YORK, NY 10010	FUNDRAISING FOR RSVP PROGRAM	NEW YORK	501 (C)(3)	PF	CSS	X	
INSTITUTE FOR COMMUNITY EMPOWERMENT - 13-3473143, C/O CSS NY 105 E 22ND STREET, NEW YORK, NY 10010	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) 2013

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT											
1	EQUIPMENT	12/31/12	SL	.000	16	854,960.			854,960.	479,251.		92,072.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					854,960.		0.	854,960.	479,251.	0.	92,072.
	OTHER LEASEHOLD IMPROVEMENTS											
2	OTHER LEASEHOLD IMPROVEMENTS	12/31/12	SL	.000	16	2,926,172.			2,926,172.	1,214,668.		191,354.
	* 990 PAGE 10 TOTAL OTHER					2,926,172.		0.	2,926,172.	1,214,668.	0.	191,354.
	* GRAND TOTAL 990 PAGE 10 DEPR					3,781,132.		0.	3,781,132.	1,693,919.	0.	283,426.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning JUL 1, 2013, and ending JUN 30, 2014

2013

Department of the Treasury
Internal Revenue Service

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

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879e

Name of exempt organization COMMUNITY SERVICE SOCIETY OF NEW YORK	Employer identification number 13-5562202
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Name and title of officer
DAVID R. JONES
PRESIDENT

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>45,951,314.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize LOEB & TROPER LLP to enter my PIN 62202

ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Date ▶ 3/18/15

Part III Certification and Authentication

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

13537817563

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

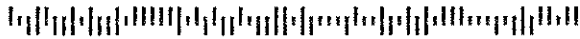
ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So



Department of Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	June 30, 2014
Notice date	October 27, 2014
Employer ID number	13-5562202
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

055783.498851.254045.13201 1 AT 0.406 370



COMMUNITY SERVICE SOCIETY OF NEW
YORK
105 EAST 22ND STREET
NEW YORK NY 10010-5413



Page 1 of 1

055783

Important information about your June 30, 2014 Form 990

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

We approved the Form 8868 for your
June 30, 2014 Form 990.

Your new due date is February 15, 2015.

What you need to do

File your June 30, 2014 Form 990 by February 15, 2015. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

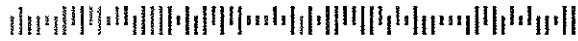


Department of Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	June 30, 2014
Notice date	January 5, 2015
Employer ID number	13-5562202
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

Page 1 of 1

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COMMUNITY SERVICE SOCIETY OF NEW
YORK
105 EAST 22ND STREET
NEW YORK NY 10010-5413



030390

Important information about your June 30, 2014 Form 990T

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

We approved the Form 8868 for your
June 30, 2014 Form 990T.

Your new due date is May 15, 2015.

What you need to do

File your June 30, 2014 Form 990T by May 15, 2015.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

For calendar year 2013 or other tax year beginning JUL 1, 2013, and ending JUN 30, 2014

2013

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year <u>176,469,028.</u></p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) COMMUNITY SERVICE SOCIETY OF NEW YORK</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 105 EAST 22ND STREET, NO. 301</p> <p>City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10010-5413</p>	<p>D Employer identification number (Employees' trust, see instructions.) 13-5562202</p> <p>E Unrelated business activity codes (See instructions.) 541800</p>
<p>F Group exemption number (See instructions.)</p>		<p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	

H Describe the organization's primary unrelated business activity. ▶ **ADVERTISEMENT INCOME**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **JEFFREY F. RIZZO, CFO** Telephone number ▶ **212-254-8900**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance			
2 Cost of goods sold (Schedule A, line 7)			
3 Gross profit. Subtract line 2 from line 1c			
4 a Capital gain net income (attach Form 8949 and Schedule D)			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c Capital loss deduction for trusts			
5 Income (loss) from partnerships and S corporations (attach statement)			
6 Rent income (Schedule C)			
7 Unrelated debt-financed income (Schedule E)			
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10 Exploited exempt activity income (Schedule I)			
11 Advertising income (Schedule J)	84,401.	57,622.	26,779.
12 Other income (See instructions; attach schedule.)			
13 Total. Combine lines 3 through 12	84,401.	57,622.	26,779.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)			
15 Salaries and wages			
16 Repairs and maintenance			
17 Bad debts			
18 Interest (attach schedule)			
19 Taxes and licenses			250.
20 Charitable contributions (See instructions for limitation rules.)			
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		
23 Depletion			
24 Contributions to deferred compensation plans			
25 Employee benefit programs			
26 Excess exempt expenses (Schedule I)			
27 Excess readership costs (Schedule J)			26,779.
28 Other deductions (attach schedule)			
29 Total deductions. Add lines 14 through 28			27,029.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			-250.
31 Net operating loss deduction (limited to the amount on line 30)		SEE STATEMENT 1	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			-250.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)			1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			-250.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
Controlled group members (sections 1561 and 1563) check here See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ _____ (2) \$ _____ (3) \$ _____
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
(2) Additional 3% tax (not more than \$100,000) \$ _____
c Income tax on the amount on line 34 **35c** 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) **36**

37 Proxy tax. See instructions **37**

38 Alternative minimum tax **38**

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**

b Other credits (see instructions) **40b**

c General business credit. Attach Form 3800 **40c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**

e Total credits. Add lines 40a through 40d **40e**

41 Subtract line 40e from line 39 **41** 0.

42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) **42**

43 Total tax. Add lines 41 and 42 **43** 0.

44a Payments: A 2012 overpayment credited to 2013 **44a**

b 2013 estimated tax payments **44b**

c Tax deposited with Form 8868 **44c**

d Foreign organizations: Tax paid or withheld at source (see instructions) **44d**

e Backup withholding (see instructions) **44e**

f Credit for small employer health insurance premiums (Attach Form 8941) **44f**

g Other credits and payments: Form 2439 Form 4136 Other _____ Total **44g**

45 Total payments. Add lines 44a through 44g **45**

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached **46**

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47** 0.

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 0.

49 Enter the amount of line 48 you want: Credited to 2014 estimated tax Refunded **49**

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here _____ **Yes** **No**

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. _____ **Yes** **No**

3 Enter the amount of tax-exempt interest received or accrued during the tax year **\$**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1	6 Inventory at end of year	6
2 Purchases	2	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7
3 Cost of labor	3	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No
4a Additional section 263A costs (att. schedule)	4a		
b Other costs (attach schedule)	4b		
5 Total. Add lines 1 through 4b	5		

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

Sign Here
Signature of officer: _____ Date: _____ Title: **PRESIDENT**
May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only
Print/Type preparer's name: **ISRAEL TANNENBAUM** Preparer's signature: _____ Date: **3/19/15** Check if self-employed PTIN: **P01589203**
Firm's name: **LOEB & TROPER LLP** Firm's EIN: **13-1517563**
Firm's address: **655 THIRD AVENUE, 12TH FLOOR NEW YORK, NY 10017** Phone no.: **212-867-4000**

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 8 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations				
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
Totals				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) 0.	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) CITY LIMITS	84,401.	57,622.	26,779.	9,708.	118,250.	26,779.
(2)						
(3)						
(4)						
Totals from Part I		0.	0.			0.
Totals, Part II (lines 1-5)		84,401.	57,622.			26,779.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/13	250.	0.	250.	250.
NOL CARRYOVER AVAILABLE THIS YEAR			250.	250.

**COMMUNITY SERVICE SOCIETY OF NEW
YORK AND AFFILIATES**

**CONSOLIDATED FINANCIAL STATEMENTS
AND AUDITOR'S REPORT**

JUNE 30, 2014

**COMMUNITY SERVICE SOCIETY OF NEW YORK
AND AFFILIATES**

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Independent Auditor's Report

Exhibit

A - Consolidated Statement of Financial Position

B - Consolidated Statement of Activities

C - Consolidated Statement of Cash Flows

Notes to Consolidated Financial Statements

Schedule

1 - Consolidated Schedule of Functional Expenses



Independent Auditor's Report

**Board of Trustees
Community Service Society of New York
and Affiliates**

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Community Service Society of New York and Affiliates (the "Society"), which comprise the consolidated statement of financial position as of June 30, 2014 and the related consolidated statements of activities and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit 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 auditor's 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 financial position of Community Service Society of New York and Affiliates as of June 30, 2014 and the changes in their net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Opinion on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The information for the year ended June 30, 2014 included in Schedule 1 - consolidated schedule of functional expenses is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information for the year ended June 30, 2014 is fairly stated in all material respects in relation to the consolidated financial statements taken as a whole.

Report on Summarized Comparative Information

We have previously audited Community Service Society of New York and Affiliates' June 30, 2013 consolidated financial statements, and we expressed an unmodified audit opinion on those audited consolidated financial statements in our report dated October 24, 2013. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2013 is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.

We had also expressed an unmodified opinion on the supplementary information included in Schedule 1 for the year ended June 30, 2013 in relation to those financial statements as a whole. In our opinion, the supplementary information for the year ended June 30, 2013 in Schedule 1 is consistent, in all material respects, with the audited supplementary information from which it has been derived.

Loeb & Troper LLP

October 29, 2014

**COMMUNITY SERVICE SOCIETY OF NEW YORK
AND AFFILIATES**

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

JUNE 30, 2014

(With Summarized Financial Information for June 30, 2013)

	<u>2014</u>	<u>2013</u>
ASSETS		
Cash and cash equivalents	\$ 2,083,900	\$ 3,472,981
Investments (Note 2)	130,486,315	120,769,922
Accounts receivable		
Government agencies (Note 4)	4,621,344	3,063,253
Other - net (Note 4)	392,135	211,116
Securities sold receivable	167,885	1,400,000
Accrued interest and dividend receivable	145,478	
Prepaid expenses and other assets	82,645	65,834
Beneficial interest in perpetual trusts (Note 2)	34,639,095	31,335,966
Investment in The United Charities (Note 5)	2,122,144	2,090,057
Fixed assets - net (Note 6)	<u>1,803,787</u>	<u>2,031,422</u>
Total assets	<u>\$ 176,544,728</u>	<u>\$ 164,440,551</u>
LIABILITIES AND NET ASSETS		
Liabilities		
Accounts payable and accrued expenses	\$ 4,351,727	\$ 1,538,624
Accrued vacations payable	841,680	785,809
Securities purchased payable	70,025	1,400,000
Liability for postemployment and postretirement benefits (Note 9)	<u>9,173,311</u>	<u>7,720,018</u>
Total liabilities	<u>14,436,743</u>	<u>11,444,451</u>
Net assets (Exhibit B)		
Unrestricted	71,636,586	66,691,463
Temporarily restricted (Note 7)	26,737,769	25,874,136
Permanently restricted (Note 8)	<u>63,733,630</u>	<u>60,430,501</u>
Total net assets	<u>162,107,985</u>	<u>152,996,100</u>
Total liabilities and net assets	<u>\$ 176,544,728</u>	<u>\$ 164,440,551</u>

See independent auditor's report.

The accompanying notes are an integral part of these statements.

COMMUNITY SERVICE SOCIETY OF NEW YORK
AND AFFILIATES

EXHIBIT B

CONSOLIDATED STATEMENT OF ACTIVITIES

YEAR ENDED JUNE 30, 2014
(With Summarized Financial Information
for the Year Ended June 30, 2013)

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	
				2014	2013
Public support and revenues					
Public support					
Contributions	\$ 355,024	\$ 90,885		\$ 445,909	\$ 618,885
Foundations	253,802	2,283,423		2,537,225	3,663,598
Bequests	47,309			47,309	70,921
Greater New York Fund/United Way	294	30,015		30,309	30,332
New York Times Neediest Cases Fund		1,070,454		1,070,454	1,246,951
Government grants		8,461,439		8,461,439	8,187,042
Subscription and advertisement income	94,109			94,109	105,913
Total public support	750,538	11,936,216		12,686,754	13,923,642
Revenues					
Investment income - net (Note 3)	14,087,516	4,464,082		18,551,598	12,983,933
Change in fair value of beneficial interest in perpetual trusts			\$ 3,303,129	3,303,129	1,665,149
Change in investment in The United Charities (Note 5)	32,087			32,087	184,029
Net revenue from special events					263,931
Program service fees	188,169			188,169	157,705
Total revenues	14,307,772	4,464,082	3,303,129	22,074,983	15,254,747
Net assets released from restrictions (Note 7)	15,536,665	(15,536,665)			
Total public support and revenues	30,594,975	863,633	3,303,129	34,761,737	29,178,389

-continued-

COMMUNITY SERVICE SOCIETY OF NEW YORK
AND AFFILIATES

EXHIBIT B

-2-

CONSOLIDATED STATEMENT OF ACTIVITIES

YEAR ENDED JUNE 30, 2014
(With Summarized Financial Information
for the Year Ended June 30, 2013)

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	
				2014	2013
Expenses					
Program services					
Direct service program	\$ 13,324,616			\$ 13,324,616	\$ 13,188,297
Policy research and advocacy	4,429,475			4,429,475	4,084,754
Public interest	1,013,356			1,013,356	1,087,142
Total program services	<u>18,767,447</u>			<u>18,767,447</u>	<u>18,360,193</u>
Supporting services					
Management and general	4,579,105			4,579,105	4,913,726
Fund raising	960,965			960,965	950,208
Total supporting services	<u>5,540,070</u>			<u>5,540,070</u>	<u>5,863,934</u>
Total expenses	<u>24,307,517</u>			<u>24,307,517</u>	<u>24,224,127</u>
Change in net assets before other changes	6,287,458	\$ 863,633	\$ 3,303,129	10,454,220	4,954,262
Pension and other postretirement benefits adjustment (Note 9)	(1,342,335)			(1,342,335)	5,434,954
Impairment loss - City Limits					(220,000)
Change in net assets (Exhibit C)	4,945,123	863,633	3,303,129	9,111,885	10,169,216
Net assets - beginning of year	66,691,463	25,874,136	60,430,501	152,996,100	142,826,884
Net assets - end of year (Exhibit A)	<u>\$ 71,636,586</u>	<u>\$ 26,737,769</u>	<u>\$ 63,733,630</u>	<u>\$ 162,107,985</u>	<u>\$ 152,996,100</u>

See independent auditor's report.

The accompanying notes are an integral part of these statements.

**COMMUNITY SERVICE SOCIETY OF NEW YORK
AND AFFILIATES**

CONSOLIDATED STATEMENT OF CASH FLOWS

YEARS ENDED JUNE 30, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
Cash flows from operating activities		
Change in net assets (Exhibit B)	\$ 9,111,885	\$ 10,169,216
Adjustments to reconcile change in net assets to net cash used by operating activities		
Net unrealized and realized gain on investments	(15,323,316)	(9,590,315)
Depreciation and amortization	283,426	256,026
Increase in beneficial interest in perpetual trusts	(3,303,129)	(1,665,149)
Change in investment in The United Charities	(32,087)	(184,029)
Impairment loss		220,000
Decrease (increase) in assets		
Accounts receivable - government agencies	(1,558,091)	(861,974)
Accounts receivable - other	(181,019)	(24,780)
Accrued interest and dividend receivable	(145,478)	
Prepaid expenses and other assets	(16,811)	18,442
Increase (decrease) in liabilities		
Accounts payable and accrued expenses	2,813,103	(1,277,453)
Accrued vacation payable	55,871	(58,006)
Liability for postretirement and postemployment benefits	1,453,293	(4,621,624)
Net cash used by operating activities	<u>(6,842,353)</u>	<u>(7,619,646)</u>
Cash flows from investing activities		
Purchase of investments	(183,468,171)	(21,483,155)
Proceeds from maturity and sales of investments	188,977,234	28,016,147
Fixed asset acquisitions	<u>(55,791)</u>	<u>(178,609)</u>
Net cash provided by investing activities	<u>5,453,272</u>	<u>6,354,383</u>
Net change in cash and cash equivalents	(1,389,081)	(1,265,263)
Cash and cash equivalents - beginning of year	<u>3,472,981</u>	<u>4,738,244</u>
Cash and cash equivalents - end of year	<u>\$ 2,083,900</u>	<u>\$ 3,472,981</u>

See independent auditor's report.

The accompanying notes are an integral part of these statements.

**COMMUNITY SERVICE SOCIETY OF NEW YORK
AND AFFILIATES**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

NOTE 1 - ORGANIZATION SUMMARY

The consolidated financial statements include Community Service Society of New York ("CSS") and its affiliated organizations: City Limits Magazine and CityLimits.Org (collectively referred to as City Limits); Institute for Community Empowerment ("Institute"); and Friends of R.S.V.P., Inc. (CSS and its affiliates are collectively referred to as the "Society"). 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 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. City Limits is a high-quality publication covering urban issues in New York City. City Limits was acquired by CSS with the authorization of the Board with the goal of transitioning City Limits to an independent 501(c)(3) entity which occurred on July 1, 2014 and is no longer affiliated with the Society. 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. Friends of R.S.V.P., Inc. is a 501(c)(3) not-for-profit corporation created in 1986 as a fund-raising vehicle for the Retired and Senior Volunteer Program administered by CSS.

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

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting - The financial statements are prepared on the accrual basis of accounting.

Basis of consolidation - All material intercompany balances and transactions have been eliminated in the consolidation.

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

-continued-

**COMMUNITY SERVICE SOCIETY OF NEW YORK
AND AFFILIATES**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (continued)

Cash and cash equivalents - The Society considers all highly liquid financial instruments with maturities of three months or less when acquired to be cash equivalents.

Investments - Investments are recorded at fair value. 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 financial statements.

Accounts receivable - Accounts receivable are recorded when billed.

Allowance for doubtful accounts - Receivables are charged to bad debt expense when they are determined to be uncollectible based upon a periodic review of client balances by management. Factors used to determine whether an allowance should be recorded include the age of the receivable and a review of payments subsequent to year end. Interest is not accrued or recorded on outstanding accounts receivable. As of June 30, 2014, there was no allowance for doubtful accounts recorded.

Investment in The United Charities - Investment in The United Charities is recorded on the equity method.

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 recorded as revenue adjusting permanently restricted net assets.

Fixed assets - Fixed assets are stated at cost. Items costing in excess of \$2,500 and having an estimated useful life of at least one year are subject to capitalization. Expenditures for equipment and leasehold improvements are capitalized in the property fund as part of unrestricted net assets. Depreciation and amortization are provided on equipment and improvements using the straight-line method over the shorter of their estimated useful lives or the terms of the leases:

Computer equipment	3 years
Office equipment	7 years
Leasehold improvements	15 years

-continued-

COMMUNITY SERVICE SOCIETY OF NEW YORK
AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (continued)

Net assets - Unrestricted net assets are those whose use by the Society has not been restricted by donors. Included in unrestricted net assets are board-designated funds of \$2,399,392 as of June 30, 2014. Temporarily restricted net assets are those whose use by the Society has been limited by donors or grantors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Society in perpetuity.

Contributions - Unconditional contributions, including promises to give cash and other assets, are reported at fair value at the date the contribution is received. The gifts are reported as temporarily restricted or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Government grants - Government grants are recorded as revenues to the extent that expenses have been incurred for the purposes specified by the grantors. Revenues from government contracts are subject to audit and negotiations between the Society and the government agencies. All government grants received are restricted for specific purposes.

Donated services - The Society does not record as contributions 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 fund-raising activities.

Functional expenses - The costs of providing the Society's programs and other activities have been summarized on a functional basis. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Operating leases - Rent expense is recognized on the first day of each month for the current month. Operating leases have been recorded on the straight-line basis over the life of each lease.

Summarized financial information - The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the organization's financial statements for the year ended June 30, 2013, from which the summarized information was derived.

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COMMUNITY SERVICE SOCIETY OF NEW YORK
AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (continued)

Fair Value Measurements

Fair Value Measurements establishes a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below. Level 1 inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Society has the ability to access. Level 2 inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability. Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement. The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2014, as compared to those used at June 30, 2013.

Money market funds, fixed-income, equity, and future contracts - Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds - Valued at the net asset value ("NAV") of shares held at year end.

Commingled funds, structured debt fund, and real estate fund - Valued at the NAV of shares held at year end as determined by the managers of the underlying funds.

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COMMUNITY SERVICE SOCIETY OF NEW YORK
AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (continued)

Fair Value Measurements (continued)

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

Unallocated insurance contract - The Community Service Society of New York Retirement Plan's investment contract with Metropolitan Life Insurance Company is valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations, considering the creditworthiness of the issuer. Funds under the investment contract that have been allocated and applied to purchase annuities (that is, Metropolitan is obligated to pay the related pension benefits) are excluded from the Society's assets.

Pooled separate accounts - The pooled separate accounts are valued at the NAV of shares held by The Community Service Society of New York Retirement Plan at year end.

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.

-continued-

COMMUNITY SERVICE SOCIETY OF NEW YORK
AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (continued)

Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the assets at fair value as of June 30, 2014 and 2013:

	2014			2013
	Level 1	Level 3	Total	Level 3
Cash equivalents	\$ 350,786		\$ 350,786	
Money market funds	582,060		582,060	
Fixed income				
U.S. Government and agency	13,388,852		13,388,852	
Corporate bonds	7,910,225		7,910,225	
Mutual funds				
Equity	36,269,537		36,269,537	
Fixed income	11,658,517		11,658,517	
Equity - U.S.	30,877,303		30,877,303	
Equity - Non U.S.	23,814,310		23,814,310	
Alternative investment		\$ 5,060,528	5,060,528	
Structured Debt Fund		574,197	574,197	\$ 1,371,391
Commingled funds				113,553,102
Real estate fund				5,845,429
	124,851,590	5,634,725	130,486,315	120,769,922
Beneficial interest in perpetual trusts		34,639,095	34,639,095	31,335,966
	<u>\$ 124,851,590</u>	<u>\$ 40,273,820</u>	<u>\$ 165,125,410</u>	<u>\$ 152,105,888</u>

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COMMUNITY SERVICE SOCIETY OF NEW YORK
AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (continued)

Fair Value Measurements (continued)

Gains and Losses

The table below sets forth a summary of changes in the fair value of the Level 3 assets for the year ended June 30, 2014:

	Commingled Funds	Structured Debt Fund	Real Estate Fund	Alternative Investment	Beneficial Interest in Perpetual Trusts	Total
Balance, beginning of year	\$ 113,553,102	\$ 1,371,391	\$ 5,845,429		\$ 31,335,966	\$ 152,105,888
Purchases				\$ 5,000,000		5,000,000
Sales	(141,907,599)	(1,557,488)	(7,494,639)			(150,959,726)
Fees	(218,699)					(218,699)
Interest income	1,428,892	156,806	128,220			1,713,918
Unrealized gains*		275,062		60,528	3,303,129	3,638,719
Realized gain	<u>27,144,304</u>	<u>328,426</u>	<u>1,520,990</u>			<u>28,993,720</u>
Balance, end of year	<u>\$ -</u>	<u>\$ 574,197</u>	<u>\$ -</u>	<u>\$ 5,060,528</u>	<u>\$ 34,639,095</u>	<u>\$ 40,273,820</u>

* The amount of net gain for the period attributable to the change in unrealized gain relating to assets still held at the report date.

\$ 3,638,719

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COMMUNITY SERVICE SOCIETY OF NEW YORK
AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (continued)

Fair Value Measurements (continued)

Level 3 Investments

Fund Name	Redemption Period	Notice Period	Description of Fund	Amount
JPM Structured Debt Fund	Fund is winding down and distributing remaining assets as they are liquidated	None	The Fund consists of various co-op and commercial mortgages.	\$ 574,197
Goldman Sachs Tactical TILT Portfolio	Bimonthly	One week	The Portfolio seeks to provide capital growth over the longer term. The Portfolio may invest in shares, fixed-income securities of any type of issuer, structured financial instruments (a security that provides a return that is either backed by assets or linked to the performance of underlying assets through a derivative instrument), derivatives (contracts between two or more parties whose value depends on the rise and fall of the underlying asset) and other funds.	5,060,528

Uncertainty in income taxes - The Society has determined that there are no material uncertain tax positions that require recognition or disclosure in the financial statements. Periods ending June 30, 2011 and subsequent remain subject to examination by applicable taxing authorities.

Subsequent events - Subsequent events have been evaluated through October 29, 2014, which is the date the financial statements were available to be issued.

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**COMMUNITY SERVICE SOCIETY OF NEW YORK
AND AFFILIATES**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

NOTE 3 - INVESTMENT INCOME

Investment income for the years ended June 30, 2014 and 2013 consists of the following:

	<u>2014</u>	<u>2013</u>
Interest and dividends	\$ 2,306,900	\$ 2,350,923
Net unrealized and realized gain	15,323,316	9,590,315
Perpetual trust investment income	1,294,160	1,359,250
Less investment management fees	<u>(372,778)</u>	<u>(316,555)</u>
	<u>\$ 18,551,598</u>	<u>\$ 12,983,933</u>

Consistent with the Society's spending policy for the year ended June 30, 2014, \$7,383,000 was appropriated, of which \$7,383,000 was spent. For the year ended June 30, 2013, \$7,714,000 was appropriated, of which \$7,714,000 was spent.

NOTE 4 - ACCOUNTS RECEIVABLE

Receivables from government agencies primarily represent amounts owed by the U.S. Department of Health and Human Services for the New York State Establishment Exchange Grant, Consumer Assistance Program and Children's Health Insurance Program Reauthorization Act, from Corporation for National and Community Service for the RSVP Program, and from the NYC Department of Education for the Experience Corps Program.

Other receivables primarily represents amounts owed by private foundations for Healthcare Campaign Programs.

NOTE 5 - RELATED PARTY TRANSACTIONS

The United Charities, a charitable corporation which was organized to provide a center in which certain benevolent organizations would maintain their headquarters, leases office space to the Society, which has a 50% undivided interest in the ownership of the building located at 105 East 22nd Street, New York City. At December 31, 2013 and 2012, the assets of The United Charities aggregated \$4,244,288 and \$4,180,114, respectively. The Society's investment in The United Charities is carried at \$2,122,144 and \$2,090,057 at June 30, 2014 and 2013, respectively.

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**COMMUNITY SERVICE SOCIETY OF NEW YORK
AND AFFILIATES**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

NOTE 5 - RELATED PARTY TRANSACTIONS (continued)

The United Charities is obligated under various lease agreements to provide office space for the Society and other tenants. Rent expenses paid by the Society for the fiscal year ended June 30, 2014 totaled \$1,018,410. Management fees received from The United Charities were \$90,000 and \$84,000 in 2014 and 2013, respectively. The lease expired June 30, 2014 and, thereafter, an agreement was entered into to renew the lease on a month to month basis commencing July 1, 2014.

By resolution at its June 10, 2014 meeting, the Board of Trustees of the Society authorized the representatives of CSS to the Board of The United Charities to vote in favor of the sale of 105 East 22nd Street at a sale price at or above \$120,000,000. The sale was consummated on August 26, 2014 with CSS receiving an initial distribution of \$54,800,000 as its portion of the proceeds of the sale with additional distributions to be made when all outstanding obligations have been met.

NOTE 6 - FIXED ASSETS

Fixed assets at June 30, 2014 and 2013 consisted of the following:

	<u>2014</u>	<u>2013</u>
Computer and office equipment	\$ 854,960	\$ 808,764
Leasehold improvements	<u>2,926,172</u>	<u>2,916,577</u>
	3,781,132	3,725,341
Less accumulated depreciation and amortization	<u>(1,977,345)</u>	<u>(1,693,919)</u>
	<u>\$ 1,803,787</u>	<u>\$ 2,031,422</u>

The accumulated amortization was \$1,406,022 and \$1,214,668 as of June 30, 2014 and 2013, respectively.

-continued-

**COMMUNITY SERVICE SOCIETY OF NEW YORK
AND AFFILIATES**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

NOTE 7 - TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets as of June 30, 2014 and 2013 include the following amounts that are restricted for the following program or activities by donor specifications:

	<u>2014</u>	<u>2013</u>
Direct service program	\$ 23,910,029	\$ 21,815,219
Policy research and advocacy	355,533	1,393,102
Program administration	414,763	357,062
Unappropriated investment income from endowments	<u>2,057,444</u>	<u>2,308,753</u>
	<u>\$ 26,737,769</u>	<u>\$ 25,874,136</u>

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes specified by donors as follows:

Direct service program	\$ 12,354,746
Policy research and advocacy	2,350,324
Public interest	101,724
Program administration	<u>729,871</u>
	<u>\$ 15,536,665</u>

-continued-

**COMMUNITY SERVICE SOCIETY OF NEW YORK
AND AFFILIATES**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

NOTE 8 - 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.

Permanently restricted net assets consist of the following:

	<u>2014</u>	<u>2013</u>
Endowment		
Income restricted for specific purposes	\$ 4,741,097	\$ 4,741,097
Income restricted for program administration	454,414	454,414
Income available for general purposes	<u>23,899,024</u>	<u>23,899,024</u>
Total endowment	<u>29,094,535</u>	<u>29,094,535</u>
Beneficial interest in perpetual trusts - income restricted	12,257,177	11,509,999
Beneficial interest in perpetual trusts - income unrestricted	<u>22,381,918</u>	<u>19,825,967</u>
Total beneficial interest in perpetual trusts	<u>34,639,095</u>	<u>31,335,966</u>
	<u>\$ 63,733,630</u>	<u>\$ 60,430,501</u>

Interpretation of Relevant Law

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

-continued-

COMMUNITY SERVICE SOCIETY OF NEW YORK
AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

NOTE 8 - PERMANENTLY RESTRICTED NET ASSETS (continued)

Return Objectives, Strategies Employed and Spending Policy

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

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

Funds with Deficiencies

The Society does not have any funds with deficiencies.

Changes in Endowment Net Assets for the Year Ended June 30, 2014

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Endowment net assets, beginning of year	\$ -	\$ 3,033,289	\$ 29,094,535	\$ 32,127,824
Interest and dividend income	429,315	83,579		512,894
Realized gain	5,499,584	1,070,652		6,570,236
Unrealized loss	(2,628,780)	(511,768)		(3,140,548)
Appropriation for expenditures	<u>(3,300,119)</u>	<u>(1,154,231)</u>	<u> </u>	<u>(4,454,350)</u>
Endowment net assets, end of year	\$ <u> </u>	\$ <u>2,521,521</u>	\$ <u>29,094,535</u>	\$ <u>31,616,056</u>

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**COMMUNITY SERVICE SOCIETY OF NEW YORK
AND AFFILIATES**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

NOTE 9 - PENSION PLAN AND OTHER POSTRETIREMENT BENEFITS

The Society has a noncontributory defined benefit pension 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 postretirement benefits as incurred.

The tables below set forth each plan's funded status and amounts recognized in the Society's financial statements at June 30, 2014 and 2013 as follows:

	<u>Pension Benefits</u>		<u>Other Benefits</u>	
	<u>2014</u>	<u>2013</u>	<u>2014</u>	<u>2013</u>
Projected benefit obligation	\$ (39,498,090)	\$ (34,019,053)	\$ (1,132,510)	\$ (1,179,717)
Fair value of plan assets	<u>31,457,289</u>	<u>27,478,752</u>	<u> </u>	<u> </u>
Funded status	<u>\$ (8,040,801)</u>	<u>\$ (6,540,301)</u>	<u>\$ (1,132,510)</u>	<u>\$ (1,179,717)</u>
Society's contributions	\$ 900,000	\$ 900,000	\$ 157,297	\$ 181,056
Employees' contributions			2,024	2,789
Benefits paid	782,873	828,090	159,321	183,845
Accrued benefit cost recognized in the statement of financial position	(8,040,801)	(6,540,301)	(1,132,510)	(1,179,717)
Net periodic pension cost	1,123,469	1,852,903		
Other postemployment benefit cost			44,786	41,483

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**COMMUNITY SERVICE SOCIETY OF NEW YORK
AND AFFILIATES**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

NOTE 9 - PENSION PLAN AND OTHER POSTRETIREMENT BENEFITS (continued)

The future expected benefits to be paid for the postretirement plans are as follows:

<u>Years Beginning July 1</u>	
2015	\$ 1,375,216
2016	1,611,261
2017	1,768,108
2018	1,818,227
2019	1,993,339
2020-2024	11,333,710

The accumulated benefit obligation for the defined benefit pension plan was \$35,409,798 and \$30,809,004 at June 30, 2014 and 2013, respectively.

	<u>Pension Benefits</u>		<u>Other Benefits</u>	
	<u>2014</u>	<u>2013</u>	<u>2014</u>	<u>2013</u>
Weighted-average assumptions as of June 30:				
Discount rate	4.25%	4.75%	4.25%	4.75%
Expected return on plan assets	8.00%	8.00%	N/A	N/A
Rate of compensation increase	4.50	4.50	N/A	4.50

Mortality table: Combined RP2000 Annuitant and Non-Annuitant table updated for 2013 used for pension benefits. 1994 Group Annuity Mortality Table for 2012 used for other benefits.

For 2014 and 2013, an assumed long-term rate of return of 8.0% 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, a 7.6% health care cost trend rate was assumed for 2014 and 2013. The rate is expected to decrease to 5.9% after 2024-2034.

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**COMMUNITY SERVICE SOCIETY OF NEW YORK
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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

NOTE 9 - PENSION PLAN AND OTHER POSTRETIREMENT BENEFITS (continued)

The components of net pension cost and net postretirement benefit cost for the years ended June 30, 2014 and 2013 are as follows:

	<u>Pension Benefits</u>		<u>Other Benefits</u>	
	<u>2014</u>	<u>2013</u>	<u>2014</u>	<u>2013</u>
Service costs	\$ 1,089,863	\$ 1,228,695		
Interest cost	1,629,284	1,445,525	\$ 54,149	\$ 53,531
Expected return on assets	(2,171,350)	(1,894,054)		
Net amortization and deferral	572,049	1,000,784	22,617	19,932
Amortization of prior service cost	<u>3,623</u>	<u>71,953</u>	<u>(31,980)</u>	<u>(31,980)</u>
Net cost	<u>\$ 1,123,469</u>	<u>\$ 1,852,903</u>	<u>\$ 44,786</u>	<u>\$ 41,483</u>

The following table sets forth components of the investments of the pension plan for the years ended June 30, 2014 and 2013.

	<u>2014</u>			<u>2013</u>		
	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Unallocated insurance contract	\$ -	\$ 12,336,456	\$ 12,336,456	\$ -	\$ 11,133,007	\$ 11,133,007
Pooled separate accounts						
Metropolitan Life Insurance Company Index Fund II	14,750,783	-	14,750,783	13,398,500	-	13,398,500
Metropolitan Life Insurance Company Small Cap Fund	3,462,268	-	3,462,268	2,947,245	-	2,947,245
Future contracts	<u>907,782</u>	<u>-</u>	<u>907,782</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>\$ 19,120,833</u>	<u>\$ 12,336,456</u>	<u>\$ 31,457,289</u>	<u>\$ 16,345,745</u>	<u>\$ 11,133,007</u>	<u>\$ 27,478,752</u>

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**COMMUNITY SERVICE SOCIETY OF NEW YORK
AND AFFILIATES**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

NOTE 9 - PENSION PLAN AND OTHER POSTRETIREMENT BENEFITS (continued)

The Society's pension investment policy recognizes the long-term nature of pension liabilities, the benefits of diversification across asset classes and the effects of inflation. The diversified portfolio is designed to maximize returns consistent with levels of liquidity and investment risk that are prudent and reasonable. All assets are managed externally according to guidelines established individually with investment managers. Portfolio risk is controlled by having managers comply with guidelines, establishing the maximum size of any single holding in their portfolios and by using managers with different investment styles. The target asset allocation of the pension fund is approximately 50% S&P 500 equities, 10% small-cap managers, and 40% fixed income.

The Society expects to contribute at least \$900,000 to its pension plan during fiscal year 2015.

NOTE 10 - LEASES

Community Service Society leases office space under operating leases which expire at various dates through December 31, 2014, and is obligated to pay monthly rentals plus an additional amount based upon increases in real estate taxes, maintenance, and utility costs. Rental expense was \$1,047,216 in 2014 and \$1,034,340 in 2013.

NOTE 11 - CONCENTRATIONS

Financial instruments which potentially subject the Society to a concentration of credit risk are cash accounts with financial institutions in excess of FDIC insurance limits.

NOTE 12 - FAIR VALUE OF FINANCIAL INSTRUMENTS

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

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**COMMUNITY SERVICE SOCIETY OF NEW YORK
AND AFFILIATES**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

NOTE 13 - EXPENSES

	<u>2014</u>	<u>2013</u>
Program services	\$ 18,767,447	\$ 18,360,193
Management and general	4,951,883	5,230,281
Fund raising	960,965	950,208
Direct cost of special event	<u> </u>	<u>214,419</u>
Total	<u>\$ 24,680,295</u>	<u>\$ 24,755,101</u>

NOTE 14 - SUBSEQUENT EVENT

By resolution the Board of Trustees at its September 23, 2014 meeting authorized the purchase of space for operations in the commercial condominium located at 633 Third Avenue, New York City at a purchase price not to exceed \$30,000,000. The Board further authorized that \$15,000,000 of the proceeds of the sale of 105 East 22nd Street be expended for the purchase with additional funding to be obtained through a security based loan from Bank of America which would provide a revolving line of credit of up to \$26,000,000 at an interest rate of LIBOR plus 0.70%. The price of the space purchased on October 14, 2014 from MSMC Realty Corporation was \$27,415,479. As of October 29, 2014, CSS drew down \$15,000,000 on the loan.

COMMUNITY SERVICE SOCIETY OF NEW YORK
AND AFFILIATES

SCHEDULE 1

CONSOLIDATED SCHEDULE OF FUNCTIONAL EXPENSES

YEAR ENDED JUNE 30, 2014
(With Summarized Financial Information
for the Year Ended June 30, 2013)

	Program Services				Supporting Services			Total	
	Direct Service Program	Policy Research and Advocacy	Public Interest	Total	Management and General	Fund Raising	Total	2014	2013
Salaries	\$ 4,346,763	\$ 1,786,954	\$ 553,663	\$ 6,687,380	\$ 2,057,402	\$ 482,799	\$ 2,540,201	\$ 9,227,581	\$ 8,585,286
Fringe benefits and payroll taxes	1,713,915	705,615	208,705	2,628,235	1,270,251	193,848	1,464,099	4,092,334	4,793,307
Total salaries and related expenses	6,060,678	2,492,569	762,368	9,315,615	3,327,653	676,647	4,004,300	13,319,915	13,378,593
Professional fees	5,535,512	1,532,008	114,305	7,181,825	414,259	69,944	484,203	7,666,028	7,338,984
Supplies	82,868	19,274	4,597	106,739	37,427	2,880	40,307	147,046	272,866
Telephone	78,696	22,303	8,565	109,564	78,725	2,879	81,604	191,168	176,249
Postage and shipping	18,809	2,576	735	22,120	8,354	75,135	83,489	105,609	45,045
Occupancy	535,866	203,667	75,211	814,744	201,587	58,506	260,093	1,074,837	1,058,817
Insurance	6,934	13,672	5,871	26,477	110,874		110,874	137,351	141,874
Printing	4,112	332	386	4,830	195	29,432	29,627	34,457	48,973
Transportation	183,024	29,423	1,055	213,502	112,899	5,174	118,073	331,575	321,025
Conferences, conventions and meetings	258,418	34,165	21,188	313,771	88,509	6,808	95,317	409,088	480,093
Subscriptions and reference publications	7,855	10,883	6,923	25,661	8,556	1,904	10,460	36,121	50,244
Catering and entertainment									214,419
Direct assistance	292,963	414		293,377				293,377	361,226
Support payments	76,570	2,920	5	79,495				79,495	61,273
Equipment rentals and expenses	27,226	14,478	527	42,231	133,285	8,637	141,922	184,153	226,262
Bad debt	1,871			1,871		12,000	12,000	13,871	6,577
Investment management fees					372,778		372,778	372,778	316,555
Total other than personnel costs	7,110,724	1,886,115	239,368	9,236,207	1,567,448	273,299	1,840,747	11,076,954	11,120,482
Total expenses before depreciation and amortization	13,171,402	4,378,684	1,001,736	18,551,822	4,895,101	949,946	5,845,047	24,396,869	24,499,075
Depreciation and amortization	153,214	50,791	11,620	215,625	56,782	11,019	67,801	283,426	256,026
Total expenses	13,324,616	4,429,475	1,013,356	18,767,447	4,951,883	960,965	5,912,848	24,680,295	24,755,101
Less direct cost of special event									(214,419)
Less investment management fees deducted from investment income on the statement of activities					(372,778)		(372,778)	(372,778)	(316,555)
Total expenses reported by function on the statement of activities (Exhibit B)	\$ 13,324,616	\$ 4,429,475	\$ 1,013,356	\$ 18,767,447	\$ 4,579,105	\$ 960,965	\$ 5,540,070	\$ 24,307,517	\$ 24,224,127

See independent auditor's report.