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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2007

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Community Service Society of New York. Number and street: 105 East 22nd Street No 301. City or town, state or country, and ZIP + 4: New York, NY 100105413

D Employer identification number: 13-5562202. E Telephone number: (212) 254-8900. F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B

G Web site: WWW.CSSNY.ORG

J Organization type (check only one): 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 148,552,466

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets at beginning of year, Other changes in net assets, Net assets at end of year.

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23	618,818	618,818	
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	1,198,852	381,806	788,640
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b			
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b and c	26	7,421,961	6,361,048	809,775
27	Pension plan contributions not included on lines 25a, b and c	27	66,783	34,977	31,646
28	Employee benefits not included on lines 25a - 27	28	1,873,074	1,528,716	280,505
29	Payroll taxes	29	526,038	416,238	92,624
30	Professional fundraising fees	30	82,860		82,860
31	Accounting fees	31	124,000	6,500	117,500
32	Legal fees	32	134,413	5,293	129,120
33	Supplies	33	254,060	213,893	40,167
34	Telephone	34	193,659	135,161	56,903
35	Postage and shipping	35	107,933	46,548	10,824
36	Occupancy	36	1,144,121	973,687	139,798
37	Equipment rental and maintenance	37	294,555	95,457	198,428
38	Printing and publications	38	224,731	161,897	19,228
39	Travel	39	471,517	348,898	122,619
40	Conferences, conventions, and meetings	40	451,958	333,083	118,678
41	Interest	41	53,226	53,226	
42	Depreciation, depletion, etc (attach schedule) <input type="checkbox"/>	42	194,947	154,990	33,208
43	Other expenses not covered above (itemize)				
a	insurance	43a	141,900	23,464	118,436
b	support payments	43b	188,657	177,287	11,370
c	professional fees	43c	4,343,216	4,010,702	253,151
d	investment management fees	43d	476,546		476,546
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	20,587,825	16,081,689	3,849,166

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? ► <u>SOCIAL SERVICES</u></p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a See Additional Data Table</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>b</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>c</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>d</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p>	<p>16,081,689</p>

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		111,924	45	131,446	
	46 Savings and temporary cash investments		3,807,216	46	3,327,704	
	47a Accounts receivable	47a	300,349			
	b Less allowance for doubtful accounts	47b		1,499,462	47c	300,349
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable		4,513,222	49	4,814,335	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a		
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b		
	51a Other notes and loans receivable (attach schedule)	51a	9,521			
	b Less allowance for doubtful accounts	51b	2,380	28,881	51c	7,141
	52 Inventories for sale or use		16,403	52	15,040	
	53 Prepaid expenses and deferred charges		2,349,728	53	1,115,590	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		134,997,797	54a	121,467,893	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		22,330,653	54b	17,768,486	
	55a Investments—land, buildings, and equipment basis	55a				
	b Less accumulated depreciation (attach schedule)	55b			55c	
	56 Investments—other (attach schedule)			56		
	57a Land, buildings, and equipment basis	57a	3,093,953			
	b Less accumulated depreciation (attach schedule)	57b	528,158	623,331	57c	2,565,795
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		35,316,689	58	33,335,319		
59 Total assets (must equal line 74) Add lines 45 through 58		205,595,306	59	184,849,098		
Liabilities	60 Accounts payable and accrued expenses		3,897,590	60	3,195,168	
	61 Grants payable			61		
	62 Deferred revenue			62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a Tax-exempt bond liabilities (attach schedule)			64a		
	b Mortgages and other notes payable (attach schedule)			64b	1,940,945	
	65 Other liabilities (describe <input type="checkbox"/> _____)		854,307	65	740,747	
66 Total liabilities Add lines 60 through 65		4,751,897	66	5,876,860		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		108,297,849	67	92,720,559	
	68 Temporarily restricted		29,744,640	68	25,029,935	
	69 Permanently restricted		62,800,920	69	61,221,744	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds			70		
	71 Paid-in or capital surplus, or land, building, and equipment fund			71		
	72 Retained earnings, endowment, accumulated income, or other funds			72		
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		200,843,409	73	178,972,238	
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		205,595,306	74	184,849,098	

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	<u>36</u>		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		No
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c		No
d Does the organization have a written conflict of interest policy?	75d	Yes	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		No
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		No
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		No
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	Yes	
b If "Yes," enter the name of the organization <input type="checkbox"/> See Additional Data Table _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a Enter direct or indirect political expenditures (See line 81 instructions)	81a		
b Did the organization file Form 1120-POL for this year?	81b		No

Part VI Other Information (continued)

Yes No

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, and section 4955
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

90a List the states with which a copy of this return is filed NY,NJ,CT,FL
90b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) 225

91a The books are in care of Jeffrey F Rizzo CFO Telephone no (212) 254-8900
105 East 22nd Street
Located at New York, NY ZIP + 4 10010

91b 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)?
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, interest, Medicare/Medicaid payments, etc.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?

	Yes	No

Please Sign Here

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

***** Signature of officer	2009-03-18 Date
david r jones PRESIDENT Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
	LOEB & TROPER LLP 655 THIRD AVENUE 12TH FLOOR NEW YORK, NY 10017			Phone no (212) 867-4000

SCHEDULE A (Form 990 or 990EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Department of the Treasury Internal Revenue Service

Name of the organization Community Service Society of New York

Employer identification number

13-5562202

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.")

Table with 5 columns: (a) Name and address of each employee paid more than \$50,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. Includes entries for Walter Fields, Christine Molnar, Robin Willig, Juan Cartagena, and Alina Molina.

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000, (b) Type of service, (c) Compensation. Includes entries for JPMorgan Investment Management, Lake Research Partners Inc, Manatt Phelps Phillips LLP, Sanky Perlowin Associates Inc, and Patton Boggs LLP.

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000, (b) Type of service, (c) Compensation. The first row contains 'None'.

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>318,907</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1	Yes	
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	Yes	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u></p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state**
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					<input type="checkbox"/>

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	13,106,094	13,571,917	14,649,057	16,122,349	57,449,417
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	146,496	397,692	278,085	261,612	1,083,885
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,939,307	4,476,857	3,604,685	2,372,574	15,393,423
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	18,191,897	18,446,466	18,531,827	18,756,535	73,926,725
24 Line 23 minus line 17	18,045,401	18,048,774	18,253,742	18,494,923	72,842,840
25 Enter 1% of line 23	181,919	184,465	185,318	187,565	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 1,456,857
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 4,429,654
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 72,842,840
d Add Amounts from column (e) for lines 18 15,393,423 19 0					26d 19,823,077
22 26 b 4,429,654					
e Public support (line 26c minus line 26d total)					26e 53,019,763
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 7278 65 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					27c _____
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2) , enter the sum of these differences (the excess amounts) for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add Amounts from column (e) for lines 15 16 _____ 17 _____ 20 _____ 21 _____					27d _____
d Add Line 27a total _____ and line 27b total _____					27e _____
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	

32 Does the organization maintain the following	32a	
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		

33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	318,907
38	Total lobbying expenditures (add lines 36 and 37)	38	318,907
39	Other exempt purpose expenditures	39	20,268,918
40	Total exempt purpose expenditures (add lines 38 and 39)	40	20,587,825
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is— 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	41	1,000,000
42	Grassroots nontaxable amount (enter 25% of line 41)	42	250,000
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**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 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
46 Lobbying ceiling amount (150% of line 45(e))					6,000,000
47 Total lobbying expenditures	318,907	214,396	122,853	107,839	763,995
48 Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
49 Grassroots ceiling amount (150% of line 48(e))					1,500,000
50 Grassroots lobbying expenditures	0	0	0	0	0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence 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 **c** through **h**.)
- 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 other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Additional Data

Software ID:
Software Version:
EIN: 13-5562202
Name: Community Service Society of New York

Form 990, Part III - Program Service Accomplishments:

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501 (c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<p>MANAGED CARE CONSUMER ASSISTANCE PROGRAM (MCCAP) - MCCAP provides information, education and advice to consumers on all aspects of managed care. The program serves managed care consumers in all payer groups: Medicaid, Medicare, Child Health Plus (CHP) and the commercially insured. The program is designed as a decentralized network of service providers throughout New York City targeting the most vulnerable consumers. Towards these ends, the program has established, trained and provided technical assistance to 26 community-based organizations (CBOs). These organizations serve multi-ethnic, multi-lingual communities in all five boroughs of New York City.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	3,745,426
<p>RSVP (Retired Senior Volunteer Program) - This program recruits, trains, places, monitors and recognizes about 9,000 older volunteers throughout the five boroughs who serve some 600 non-profit and government agencies. Accomplishments this year include expanded entitlement counseling, Experience Corps program, tax counseling, the development of intergenerational programs, and placement of volunteers in the area of prejudice reduction for children in grade schools. RSVP also sponsored several recognition events honoring volunteer achievements.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	2,367,510
<p>CENTER FOR BENEFITS AND SERVICES - This department provides direct services and emergency financial assistance to poor families and individuals and those facing a temporary crisis. Ongoing support services are provided where needed, to resolve the underlying problems faced by our clients. The department provides assistance through six programs: 1) Service Program for Individuals 2) Eviction Prevention Program 3) Family Service Program 4) Information and Referral Service 5) Camping Service, and 6) Holiday Project.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	1,589,973
<p>EXPERIENCE CORPS PROGRAM - Experience Corp enables older Americans to serve their communities and help children succeed in school. This successful program has three goals: to give older adults a meaningful place to expend their energy, to help older adults make an enduring contribution to their communities, to share the benefits of the experience with the next generation of school children in need of role models and academic support. Experience Corp is hosted in New York City by the Community Service Society of New York and 150 volunteers (age 55 and over) assist in classrooms by tutoring students at risk of developing reading difficulties one-on-one.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	1,522,540
<p>LEGAL COUNSEL/NVRA/RIGHT TO VOTE</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	578,257
<p>PUBLIC POLICY V P Strategic Planning 301,981 CEO's Office 196,164</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	498,145
<p>RESEARCH</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	227,712
<p>HEALTH CAMPAIGN</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	696,423
<p>DISCONNECTED YOUTH</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	246,575
<p>HOUSING RESEARCH</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	245,126
<p>WORKFORCE MOBILITY</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	349,120
<p>PUBLIC INTEREST Communications 200,344 CEO's Office 78,466 V P External Affairs 262,605</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	541,415
<p>WORKFORCE ADVOCACY & SUPPORT INITIATIVE</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	252,229
<p>MAXIMUS PROGRAM</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	791,751
<p>MAPPING POVERTY INDICATORS</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	18,053
<p>POLITICAL DEVELOPMENT OFFICE</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	958,156
<p>AMERICORPS PROGRAM</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	121,360
<p>PROGRAM STRATEGIC PLANNING</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	700,000
<p>DEPRECIATION EXPENSE FOR PROGRAM SERVICES</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	154,990
<p>PROGRAM STAFF RELOCATION EXPENSES</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	314,162
<p>SUPPORT TO OTHERS & OUTSIDE PRINTING</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	70,168
<p>EXECUTIVE VICE PRESIDENT, FINANCE & MANAGEMENT</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	14,132
<p>CHIEF EXECUTIVE OFFICER - OTHER</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	78,466

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
david r jones 105 e 22nd street new york, NY 10010	presidentceo 35 00	501,708	66,433	0
steven l krause 105 e 22nd street new york, NY 10010	executive vice president & 35 00	390,377	62,933	0
jeffrey f rizzo 105 e 22nd street new york, NY 10010	chief financial officer 35 00	145,822	31,579	0
MARK M EDMISTON 105 e 22nd street New york, NY 10010	CHAIRPERSON 1 00	0	0	0
KOFI APPENTENG 105 e 22nd street New york, NY 10010	VICE CHAIRPERSON 1 00	0	0	0
Dall W Forsythe 105 e 22nd street New york, NY 10010	TREASURER 1 00	0	0	0
DEBORAH M SALE 105 e 22nd street New york, NY 10010	SECRETARY 1 00	0	0	0
Lilliam Barrios-Paoli 105 e 22nd street New york, NY 10010	TRUSTEE 1 00	0	0	0
John F Beatty Esq 105 e 22nd street New york, NY 10010	TRUSTEE 1 00	0	0	0
Adam Friedman 105 e 22nd street New york, NY 10010	TRUSTEE 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Nicholas A Gravante Jr 105 e 22nd street New york, NY 10010	TRUSTEE 1 00	0	0	0
Jonathan D Greenberg 105 e 22nd street New york, NY 10010	TRUSTEE 1 00	0	0	0
Bill Chong 105 e 22nd street New york, NY 10010	TRUSTEE 1 00	0	0	0
Judy Chambers 105 e 22nd street New york, NY 10010	TRUSTEE 1 00	0	0	0
Sydney W De Jongh 105 e 22nd street New york, NY 10010	TRUSTEE 1 00	0	0	0
Anne Diedrick 105 e 22nd street New york, NY 10010	TRUSTEE 1 00	0	0	0
Ralph daCosta-Nunez 105 e 22nd street New york, NY 10010	TRUSTEE 1 00	0	0	0
Kelly O'Neill Levy 105 e 22nd street New york, NY 10010	TRUSTEE 1 00	0	0	0
Florence H Frucher 105 e 22nd street New york, NY 10010	TRUSTEE 1 00	0	0	0
Joseph R Harbert PhD 105 e 22nd street New york, NY 10010	TRUSTEE 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
G Penn Holsenbeck Esq 105 e 22nd street New york, NY 10010	TRUSTEE 1 00	0	0	0
Michael Horodniceanu PhD PE 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Sandra Silverman 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Barbara Nevins Taylor 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Nancy J Lasher 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Terri L Ludwig 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Steven Brown 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Adam Blumenthal 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Linda Hassan 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Carol L O'Neale 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Donald W Savelson Esq 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Michele Webb 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Micah C Lasher 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Abby M Wenzel 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Jeffery J Weaver 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Mark Lieberman 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Rossana Rosado 105 e 22nd street New york, NY 10010	truSTEE 1 00	0	0	0
Stephen R Aiello PhD 105 e 22nd street New york, NY 10010	honorary life trustee 1 00	0	0	0
David N Dinkins 105 e 22nd street New york, NY 10010	honorary life trustee 1 00	0	0	0
Elinor C Guggenheimer 105 e 22nd street New york, NY 10010	honorary life trustee 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Marian S Heiskell 105 e 22nd street New york, NY 10010	honorary life trustee 1 00	0	0	0
Douglas Williams 105 e 22nd street New york, NY 10010	honorary life trustee 1 00	0	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
Friends of RSVP Inc	X	
Institute for Community Empowerment	X	

TY 2007 Depreciation and Depletion Schedule**Name:** Community Service Society of New York**EIN:** 13-5562202

Asset	Amount
EQUIPMENT	37,345
LEASEHOLD IMPROVEMENTS	157,602

TY 2007 Gain/Loss from Sale of Public Securities Schedule

Name: Community Service Society of New York

EIN: 13-5562202

Gross Sales Price: 129,981,184

Basis: 127,244,960

Sales Expenses: 0

Total (net): 2,736,224

TY 2007 Individual Assistance Schedule

Name: Community Service Society of New York

EIN: 13-5562202

Class of Activity	Amount
Transportation	898
Education - training	232,165
vacation - camping	18,000
MOVING & STORAGE EXPENSES	6,850
UTILITIES UTILITIES IN ARREARS	2,354
SECURITY DEPOSIT	15,465
rent rent in arrears	313,141
rent subsidy	1,444
rent in advance	4,323
Employment - related expenses	350
Individual Support	18,368
DENTAL MEDICAL FEES	4,744
FOOD - INDIVIDUALS	716

TY 2007 Investments - Securities Schedule

Name: Community Service Society of New York

EIN: 13-5562202

Description	Book Value	Cost/FMV
limited partnerships and limited liability companies	9,334,223	F
real estate fund	8,434,263	F

TY 2007 Land etc. Schedule

Name: Community Service Society of New York

EIN: 13-5562202

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
EQUIPMENT	365,122	220,314	144,808
LEASEHOLD IMPROVEMENTS	2,728,831	307,844	2,420,987

TY 2007 Mortgages and Notes Payable Schedule

Name: Community Service Society of New York

EIN: 13-5562202

Total Mortgage Amount: 0

Item No.	1
Lender's Name	NONPROFIT FINANCE FUND
Lender's Title	NA
Relationship to Insider	NON RELATED
Original Amount of Loan	2000000
Balance Due	1940945
Date of Note	2007-12
Maturity Date	2012-01
Repayment Terms	monthly payments
Interest Rate	6.2500
Security Provided by Borrower	UNSECURED
Purpose of Loan	TO FINANCE 8TH FLOOR RENOVATIONS OF CSS HEADQUARTERS AND STAFF RELOCATIONS
Description of Lender Consideration	NA
Consideration FMV	

TY 2007 Other Assets Schedule**Name:** Community Service Society of New York**EIN:** 13-5562202

Description	Beginning of Year Amount	End of Year Amount
BENEFICIAL INterest in Perpetual Trusts	33,706,385	32,127,209
INVESTMENT IN THE UNITED CHARITIES	949,058	922,494
ACCRUED INTEREST RECEIVABLE	661,246	285,616

TY 2007 Other Changes in Net Assets Schedule

Name: Community Service Society of New York

EIN: 13-5562202

Description	Amount
UNREALIZED LOSS ON INVESTMENT	-19,543,005
CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS	-1,579,176
CHANGE IN UNITED CHARITIES FY 2008	-26,564
pension and postretirement benefit adjustment	-1,442,107

**TY 2007 Other Expenses
Not Included Schedule**

Name: Community Service Society of New York

EIN: 13-5562202

Description	Amount
investment expenses	476,546

TY 2007 Other Investment Income Schedule

Name: Community Service Society of New York

EIN: 13-5562202

Description	Amount
partnership	1,624,795

TY 2007 Other Liabilities Schedule

Name: Community Service Society of New York

EIN: 13-5562202

Description	Beginning of Year Amount	End of Year Amount
Post-Employment Benefits	854,307	740,747

**TY 2007 Other Notes/Loans
Receivable Short Schedule**

Name: Community Service Society of New York

EIN: 13-5562202

Category/Name	Amount
216 EAST TREMONT AVENUE HDFC	9,521

TY 2007 Other Revenues Included Schedule

Name: Community Service Society of New York

EIN: 13-5562202

Description	Amount
Friends of RSVP Inc	1,052

**TY 2007 Other Revenues
Not Included Schedule**

Name: Community Service Society of New York

EIN: 13-5562202

Description	Amount
CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS	1,579,176
CHANGE IN INVESTMENT IN THE UNITED CHARITIES	26,564
NET UNREALIZED LOSS ON INVESTMENTS	19,543,005