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Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2001**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

A For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002**

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

**CITIZENS ADVICE BUREAU, INC.**

Number and street (or P.O. box if mail is not delivered to street address)

**2054 MORRIS AVENUE**

Room/suite

City or town, state or country, and ZIP + 4

**BRONX, NY 10453**

D Employer identification number

**13-3254484**

E Telephone number

**718-590-4050**F Accounting method: ☐ Cash ☒ Accrual  
Other (specify) \_\_\_\_\_

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? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates \_\_\_\_\_

H(c) Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit GEN \_\_\_\_\_

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).G Web site: **WWW.CABNY.ORG**J Organization type (check only one) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **16,518,149.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1	Contributions, gifts, grants, and similar amounts received:		
a	Direct public support	1a	1,537,622.
b	Indirect public support	1b	200,444.
c	Government contributions (grants)	1c	13,705,970.
d	Total (add lines 1a through 1c) (cash \$ <b>15,444,036.</b> noncash \$ <b>PR BRANCH</b> )	1d	15,444,036.
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	929,769.
3	Membership dues and assessments	3	
4	Interest on savings and temporary cash investments	4	
5	Dividends and interest from securities	5	
6a	Net rental income or (loss) (subtract line 6b from line 6a)	6a	110,244.
6b	Other investment income (describe _____)	6b	
6c	Total (add lines 6a and 6b)	6c	110,244.
7		7	
8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other
8b	Less: cost or other basis and sales expenses	8a	
8c	Gain or (loss) (attach schedule)	8b	
8d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	
9	Special events and activities (attach schedule)	8d	
a	Gross revenue (not including \$ <b>17,770.</b> of contributions reported on line 1a)	9a	34,100.
b	Less: direct expenses other than fundraising expenses	9b	24,163.
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	9,937.
10a	Gross sales of inventory, less returns and allowances	10a	
b	Less: cost of goods sold	10b	
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
11	Other revenue (from Part VII, line 103)	11	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	16,493,986.
13	Program services (from line 44, column (B))	13	14,339,278.
14	Management and general (from line 44, column (C))	14	1,890,529.
15	Fundraising (from line 44, column (D))	15	86,672.
16	Payments to affiliates (attach schedule)	16	
17	Total expenses (add lines 16 and 44, column (A))	17	16,316,479.
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	177,507.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	4,899,877.
20	Other changes in net assets or fund balances (attach explanation)	20	0.
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	5,077,384.

123001  
01-04-02

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2001)

18310320 733030 0474

2001.09000 CITIZENS ADVICE BUREAU, INC 0474

1

SEP 0 22015 STATUTE CLEARED 0436522542

SCANNED SEP 22 2015

**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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) .....				
cash \$ 57,883. noncash \$ .....	22 57,883.	57,883.	STATEMENT 5	
23 Specific assistance to individuals (attach schedule) .....	23 71,342.	71,342.	STATEMENT 6	
24 Benefits paid to or for members (attach schedule) .....	24			
25 Compensation of officers, directors, etc. ....	25 197,038.	0.	197,038.	0.
26 Other salaries and wages .....	26 10,068,889.	8,998,121.	1,006,566.	64,202.
27 Pension plan contributions .....	27 616,180.	544,786.	71,394.	
28 Other employee benefits .....	28 940,076.	784,737.	142,995.	12,344.
29 Payroll taxes .....	29 995,639.	892,179.	98,469.	4,991.
30 Professional fundraising fees .....	30			
31 Accounting fees .....	31			
32 Legal fees .....	32			
33 Supplies .....	33 126,818.	119,740.	7,078.	
34 Telephone .....	34 200,514.	181,795.	17,783.	936.
35 Postage and shipping .....	35 29,003.	20,387.	8,185.	431.
36 Occupancy .....	36 718,229.	682,262.	34,169.	1,798.
37 Equipment rental and maintenance .....	37 277,310.	257,620.	19,690.	
38 Printing and publications .....	38 119,280.	79,888.	37,422.	1,970.
39 Travel .....	39 167,744.	161,302.	6,442.	
40 Conferences, conventions, and meetings .....	40			
41 Interest .....	41			
42 Depreciation, depletion, etc (attach schedule) ...	42 167,332.	50,000.	117,332.	
43 Other expenses not covered above (itemize):				
a .....	43a			
b .....	43b			
c .....	43c			
d .....	43d			
e SEE STATEMENT 3	43e 1,563,202.	1,437,236.	125,966.	
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 .....	44 16,316,479.	14,339,278.	1,890,529.	86,672.

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**

What is the organization's primary exempt purpose? ☐ SEE STATEMENT 3

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)
a SEE STATEMENT 4	
(Grants and allocations \$ 57,883.)	1,159,790.
b FAMILY SHELTER FOR THE HOMELESS- PROVIDES TEMPORARY RESIDENCES TO HOMELESS FAMILIES	
(Grants and allocations \$ )	3,695,456.
c AIDS PROGRAM- PROVIDES CASE MANAGEMENT, HOUSING RELOCATION ASSISTANCE AND PREVENTIVE SERVICES FOR PEOPLE WITH THE HIV VIRUS OR AT RISK OF GETTING HIV	
(Grants and allocations \$ )	1,812,154.
d HOMELESS/PREVENTION/RELOCATION-SERVICES TO PREVENT FAMILIES AND INDIVIDUALS FROM BECOMING HOMELESS AND TO PROVIDE SERVICES TO FAMILIES RELOCATED TO APTS IN THE BRONX AND ASSIST PEOPLE WHO ARE HOMELESS	
(Grants and allocations \$ )	3,099,023.
e Other program services (attach schedule) STATEMENT 7	(Grants and allocations \$ ) 4,572,855.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	14,339,278.

**Part IV** Balance Sheets

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....	227,357.	45	725,157.
	46 Savings and temporary cash investments .....	2,556,900.	46	2,157,393.
	47 a Accounts receivable .....	47a 2,073,370.		
	b Less: allowance for doubtful accounts .....	47b 139,179.	47c	1,934,191.
	48 a Pledges receivable .....	48a		
	b Less: allowance for doubtful accounts .....	48b	48c	
	49 Grants receivable .....		49	
	50 Receivables from officers, directors, trustees, and key employees .....		50	
	51 a Other notes and loans receivable .....	51a		
	b Less: allowance for doubtful accounts .....	51b	51c	
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....	127,862.	53	183,580.
	54 Investments - securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment, basis .....	55a		
	b Less: accumulated depreciation .....	55b	55c	
56 Investments - other .....		56		
57 a Land, buildings, and equipment, basis .....	57a 2,294,067.			
b Less: accumulated depreciation STMT 8 .....	57b 1,124,301.	57c	1,169,766.	
58 Other assets (describe ▶ .....		58		
59 Total assets (add lines 45 through 58) (must equal line 74) .....	6,238,604.	59	6,170,087.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	986,247.	60	993,326.
	61 Grants payable .....		61	
	62 Deferred revenue .....	344,547.	62	75,945.
	63 Loans from officers, directors, trustees, and key employees .....		63	
	64 a Tax-exempt bond liabilities .....		64a	
	b Mortgages and other notes payable .....		64b	
	65 Other liabilities (describe ▶ DUE TO GOVERNMENT AGENCIES) .....	7,933.	65	23,432.
66 Total liabilities (add lines 60 through 65) .....	1,338,727.	66	1,092,703.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....	4,742,988.	67	4,920,495.
	68 Temporarily restricted .....	156,889.	68	156,889.
	69 Permanently restricted .....		69	
	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; column (B) must equal line 21) .....	4,899,877.	73	5,077,384.
74 Total liabilities and net assets / fund balances (add lines 66 and 73) .....	6,238,604.	74	6,170,087.	

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.

**Part IV-A** Reconciliation of Revenue per Audited  
Financial Statements with Revenue per  
Return

<b>a</b> Total revenue, gains, and other support per audited financial statements ..... ▶	<b>a</b> 16,493,986.
<b>b</b> Amounts included on line <b>a</b> but not on line 12, Form 990:	
<b>(1)</b> Net unrealized gains on investments ..... \$ .....	
<b>(2)</b> Donated services and use of facilities ... \$ .....	
<b>(3)</b> Recoveries of prior year grants .. ..... \$ .....	
<b>(4)</b> Other (specify): ..... \$ .....	
Add amounts on lines (1) through (4) ..... ▶	<b>b</b> 0.
<b>c</b> Line <b>a</b> minus line <b>b</b> ..... ▶	<b>c</b> 16,493,986.
<b>d</b> Amounts included on line 12, Form 990 but not on line <b>a</b> :	
<b>(1)</b> Investment expenses not included on line 6b, Form 990 .. \$ .....	
<b>(2)</b> Other (specify): ..... \$ .....	
Add amounts on lines (1) and (2) ..... ▶	<b>d</b> 0.
<b>e</b> Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> ) ..... ▶	<b>e</b> 16,493,986.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
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<b>a</b>	Total expenses and losses per audited financial statements .....	<b>a</b>	16,316,479.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990:		
(1)	Donated services and use of facilities ... \$ .....		
(2)	Prior year adjustments reported on line 20, Form 990 ..... \$ .....		
(3)	Losses reported on line 20, Form 990 .. \$ .....		
(4)	Other (specify): ..... \$ .....		
	Add amounts on lines (1) through (4) ..... ▶	<b>b</b>	0.
<b>c</b>	Line <b>a</b> minus line <b>b</b> ..... ▶	<b>c</b>	16,316,479.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 ... \$ .....		
(2)	Other (specify): ..... \$ .....		
	Add amounts on lines (1) and (2) ..... ▶	<b>d</b>	0.
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ) ..... ▶	<b>e</b>	16,316,479.

<b>Part V</b>	<b>List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated.)
---------------	--

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. ☐ Yes ☒ No

**Part VI Other Information**

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
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	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a 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	X
b If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81 a Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b Did the organization file Form 1120-POL for this year?	81b	X
82 a 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?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members 85c N/A		
d Section 162(e) lobbying and political expenditures 85d N/A		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A	85g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88 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? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b 501(c)(3) and 501(c)(4) organizations. 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? If "Yes," attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a List the states with which a copy of this return is filed NEW YORK		
b Number of employees employed in the pay period that includes March 12, 2001 90b 390		

91 The books are in care of CITIZENS ADVICE BUREAU, INC. Telephone no. (718) 365-0910

Located at 2054 MORRIS AVENUE BRONX, NY

ZIP + 4 10453

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 N/A

Form 990 (2001)

CITIZENS ADVICE BUREAU, INC.

13-3254484

Page 6

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
83 Program service revenue:					
a OTHER PROGRAM FEES					327,667.
b					
c					
d					
e					
f Medicare/Medicaid payments					602,102.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	110,244.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			05	9,937.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		120,181.	929,769.
105 Total (add line 104, columns (B), (D), and (E))					1,049,950.

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32.)

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 (other than by providing funds for such purposes).
93F	TO PROVIDE SUMMER AND AFTERSCHOOL ACTIVITIES TO THE YOUTH
93A	CHILDREN AND YOUTH, SUMMER CAMP AND AFTER SCHOOL PROG

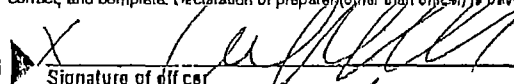
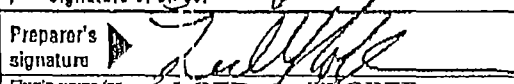
**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33.)

(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
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33.)

- (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).

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.

Please Sign Here	Signature of officer	Date	Type or print name and title	
		4/9/03	Executive Director	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
		4/8/03		
123151 01-02-02	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		
	LOEB & TROPER 655 THIRD AVENUE NEW YORK, NY 10017	Phone no.		

Received Time Apr. 7. 3:29PM

Form 990 (2001)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 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

**2001**

Name of the organization

CITIZENS ADVICE BUREAU, INC.

Employer identification number

13 3254484

**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.")

(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
TORRES, EILEEN 2054 MORRIS AVENUE , BRONX NY 10453	DEPT. DIR 40	68,000.	17,680.	
AUWATER, SCOTT 2054 MORRIS AVENUE, BRONX NY 10453	DEPT. DIR 40	75,000.	19,500.	
VAZQUEZ, VIVIAN 2054 MORRIS AVENUE, BRONX NY	DEPT. DIR. 40	68,000.	17,680.	
WEED, JOHN 2054 MORRIS AVENUE, BRONX NY	DEPT. DIR. 40	65,000.	16,900.	
SMALL, KEN 2054 MORRIS AVENUE, BRONX NY	DEPT DIR. 40	70,000.	18,200.	
Total number of other employees paid over \$50,000	4			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

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

Schedule A (Form 990 or 990-EZ) 2001



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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including 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 <b>\$</b> _____ <b>\$</b> _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)	1	X
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.		
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)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments. SEE STATEMENT 10		

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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 supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28) .....	14,788,427.	13,844,096.	13,151,177.	11,213,548.	52,997,248.
16 Membership fees received .....					
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 .....	1,209,246.	827,313.	762,781.	632,695.	3,432,035.
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 .....	103,070.	253,762.	193,663.	138,393.	688,888.
19 Net income from unrelated business activities not included in line 18 .....					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf .....					
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. ....					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets .....			SEE STATEMENT 11 14,414.	37,310.	51,724.
23 Total of lines 15 through 22 .....	16,100,743.	14,925,171.	14,122,035.	12,021,946.	57,169,895.
24 Line 23 minus line 17 .....	14,891,497.	14,097,858.	13,359,254.	11,389,251.	53,737,860.
25 Enter 1% of line 23 .....	161,007.	149,252.	141,220.	120,219.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 .....					26a 1,074,757.
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 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts .....					26b 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e) .....					26c 53,737,860.
d Add: Amounts from column (e) for lines: 18 688,888. 19 ..... 22 51,724. 26b ..... .....					26d 740,612.
e Public support (line 26c minus line 26d total) .....					26e 52,997,248.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) .....					26f 98.6218%
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. N/A (2000) ..... (1999) ..... (1998) ..... (1997) .....					
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 11, 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: N/A (2000) ..... (1999) ..... (1998) ..... (1997) .....					
c Add: Amounts from column (e) for lines: 15 ..... 16 ..... 17 ..... 20 ..... 21 ..... .....					27c N/A
d Add. Line 27a total ..... and line 27b total .....					27d N/A
e Public support (line 27c total minus line 27d total) .....					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) .....					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) .....					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) .....					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, 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.

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions )

N/A

(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? .....	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
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 a 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.)		
34 a 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? .....	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
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	

Schedule A (Form 990 or 990-EZ) 2001

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

N/A

(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
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37		
38 Total lobbying expenditures (add lines 36 and 37) .....	38		
39 Other exempt purpose expenditures .....	39		
40 Total exempt purpose expenditures (add lines 38 and 39) .....	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -                      The lobbying nontaxable amount is -			
Not over \$500,000 .....	20% of the amount on line 40 .....		
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 .....		
42 Grassroots nontaxable amount (enter 25% of line 41) .....	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44		

**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				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount .....					0.
46 Lobbying ceiling amount (150% of line 45(e)) .....					0.
47 Total lobbying expenditures .....					0.
48 Grassroots nontaxable amount .....					0.
49 Grassroots ceiling amount (150% of line 48(e)) .....					0.
50 Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

N/A

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:

	Yes	No	Amount
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.) .....			0.

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



Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	LAND BUILDINGS AND IMPROVEMENTS	91		.000	16	190,000.			190,000.			0.
2	FURNITURE, EQUIPMENT AND VEHICLE	91		20.00	16	1405763.			1405763.	663,581.		55,818.
3	LAND IMPROVEMENTS	97		5.00	16	638,893.			638,893.	266,651.		105,573.
4		97		10.00	16	59,411.			59,411.	26,737.		5,941.
	* TOTAL 990 PAGE 2 DEPR					2294067.		0.	2294067.	956,969.	0.	167,332.

FORM 990	RENTAL INCOME	STATEMENT	1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
RENTAL OF SPACE IN OWNED FACILITY FOR SOCIAL SERVICE PROGRAMS	1	110,244.
TOTAL TO FORM 990, PART I, LINE 6A		110,244.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ART AUCTION	51,870.	17,770.	34,100.	24,163.	9,937.
TO FM 990, PART I, LINE 9	51,870.	17,770.	34,100.	24,163.	9,937.

FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL FEES	216,957.	154,668.	62,289.	
INSURANCE	163,818.	159,237.	4,581.	
PROGRAM SUPPLIES	344,864.	344,864.		
FOOD	469,397.	469,397.		
EQUIPMENT	143,043.	136,157.	6,886.	
PAYROLL SERVICE AND BANK CHARGES	39,527.		39,527.	
STIPENDS	66,490.	66,490.		
MISCELLANEOUS	119,106.	106,423.	12,683.	
TOTAL TO FM 990, LN 43	1,563,202.	1,437,236.	125,966.	

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	4
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## DESCRIPTION OF PROGRAM SERVICE ONE

SERVICES FOR THE ELDERLY-EMERGENCY HOME REPAIR, PREVENTIVE ASSISTANCE, FINANCIAL HELP TO CRIME VICTIMS, SENIOR CENTERS AND WALK-IN NEIGHBORHOOD ASSISTANCE OFFICES PROVIDING RELATED ENTITLEMENT PUBLICATION AND COUNSELING

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	57,883.	1,159,790.

FORM 990	CASH GRANTS AND ALLOCATIONS	STATEMENT	5
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CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
CITIZENS ADVICE PROGRAM	POMOC INC	60- 17 56 DRIVE MASPETH N.Y. 11378	NONE	57,883.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22	57,883.
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FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	6
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DESCRIPTION	AMOUNT
FOOD, SHELTER AND CLOTHING FOR INDIGENTS, ETC.	71,342.
TOTAL TO FORM 990, PART II, LINE 23	71,342.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	7
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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
SHELTER FOR THE HOMELESS- PROVIDES TEMPORARY RESIDENCES TO HOMELESS FAMILIES		2,382,198.
CITIZENS ADVICE PROGRAM		1,084,299.
WORKFORCE DEVELOPMENT		1,106,358.
TOTAL TO FORM 990, PART III, LINE E		4,572,855.



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FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	8
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	190,000.	0.	190,000.
BUILDINGS AND IMPROVEMENTS	1,405,763.	719,399.	686,364.
FURNITURE, EQUIPMENT AND VEHICLE	638,893.	372,224.	266,669.
LAND IMPROVEMENTS	59,411.	32,678.	26,733.
TOTAL TO FORM 990, PART IV, LN 57	2,294,067.	1,124,301.	1,169,766.

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FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	9
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CAROLYN MCLAUGHLIN 2054 MORRIS AVENUE BRONX, N.Y. 10453	EXECUTIVE DIRECTOR 37.5	120,538.	31,340.	0.
CARMEN HERNANDEZ 2054 MORRIS AVENUE BRONX, N.Y. 10453	CONTROLLER 37.5	76,500.	19,890.	0.
SEAN DELANY 2054 MORRIS AVENUE BRONX, N.Y. 10453	CHAIRMAN 5	0.	0.	0.
JEAN SMITH 2054 MORRIS AVENUE BRONX, N.Y. 10453	VICE-CHAIR 4	0.	0.	0.
JOHN FOUHEY 2054 MORRIS AVENUE BRONX, N.Y. 10453	TREASURER 3	0.	0.	0.
JANICE A. HART 2054 MORRIS AVENUE BRONX, N.Y. 10453	SECRETARY 3	0.	0.	0.
CARMEN ALLENDE 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER 1	0.	0.	0.

DOROTHY HENDERSON 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER 2	0.	0.	0.
VITO DESANTIS 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER 1	0.	0.	0.
JOHN CHALSTY 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER .5	0.	0.	0.
MARSHALL GREEN 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER 2	0.	0.	0.
MARC KEMENY 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER 3	0.	0.	0.
PATRICIA MCDONALD 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER 1	0.	0.	0.
JEFF PLAUT 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER 1	0.	0.	0.
PATRICIA SPARKS 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER 3	0.	0.	0.
JUDITH LEONARD 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER 1	0.	0.	0.
ILDA ROSADO 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER 1	0.	0.	0.
LENA TOWNSEND 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER 1	0.	0.	0.
CARYN BAILY 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER 1	0.	0.	0.
WILLIAM AGUADO 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER 1	0.	0.	0.

GRODON CAMPBELL 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER 1	0.	0.	0.
PATRICIA SPARKS 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER 1	0.	0.	0.
LEO CARBIE 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER .5	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		197,038.	51,230.	0.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 10  
PART III, LINE 3

INTERMEDIARY WITH RESPECT TO SUBGRANTEES SUBJECT TO FEDERAL GUIDELINES

SCHEDULE A	OTHER INCOME			STATEMENT 11
DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
REIMBURSEMENT OF EXPENSES	0.	0.	14,414.	37,310.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	14,414.	37,310.

CHAR 497	PROGRAM SERVICES	STATEMENT	1
DESCRIPTION OF PROGRAM SERVICE ONE		EXPENSE AMOUNT	
SERVICES FOR THE ELDERLY-EMERGENCY HOME REPAIR, PREVENTIVE ASSISTANCE, FINANCIAL HELP TO CRIME VICTIMS, SENIOR CENTERS AND WALK-IN NEIGHBORHOOD ASSISTANCE OFFICES PROVIDING RELATED ENTITLEMENT PUBLICATION AND COUNSELING		1,159,790.	
TOTAL TO FORM CHAR 497, PAGE 1, LINE 7		1,159,790.	

CHAR 497	PROGRAM SERVICES	STATEMENT	2
DESCRIPTION OF PROGRAM SERVICE TWO		EXPENSE AMOUNT	
FAMILY SHELTER FOR THE HOMELESS- PROVIDES TEMPORARY RESIDENCES TO HOMELESS FAMILIES		3,695,456.	
TOTAL TO FORM CHAR 497, PAGE 1, LINE 8		3,695,456.	

CHAR 497	PROGRAM SERVICES	STATEMENT	3
DESCRIPTION OF PROGRAM SERVICE THREE		EXPENSE AMOUNT	
AIDS PROGRAM- PROVIDES CASE MANAGEMENT, HOUSING RELOCATION ASSISTANCE AND PREVENTIVE SERVICES FOR PEOPLE WITH THE HIV VIRUS OR AT RISK OF GETTING HIV		1,812,154.	
TOTAL TO FORM CHAR 497, PAGE 1, LINE 9		1,812,154.	

CHAR 497	PROGRAM SERVICES	STATEMENT	4
DESCRIPTION OF OTHER PROGRAM SERVICES		EXPENSE AMOUNT	
HOMELESS/PREVENTION/RELOCATION-SERVICES TO PREVENT FAMILIES AND INDIVIDUALS FROM BECOMING HOMELESS AND TO PROVIDE SERVICES TO FAMILIES RELOCATED TO APTS IN THE BRONX AND ASSIST PEOPLE WHO ARE HOMELESS		3,099,023.	
SHELTER FOR THE HOMELESS- PROVIDES TEMPORARY RESIDENCES TO HOMELESS FAMILIES		2,382,198.	

CITIZENS ADVICE BUREAU, INC.	13-3254484
CITIZENS ADVICE PROGRAM	1,084,299.
WORKFORCE DEVELOPMENT	1,106,358.
TOTAL INCLUDED ON FORM CHAR 497, PAGE 1, LINE 10	7,671,878.

CHAR 497	OTHER GOVERNMENT GRANTS	STATEMENT	5
DESCRIPTION	TOTAL AMOUNT	NONCASH AMOUNT	
OFFICE OF TEMP & DISABILITY AGENCY	4,180,246.	0.	
OFFICE OF TEMP & DISABILITY AGENCY	873,776.	0.	
TOTALS TO FORM CHAR 497, PAGE 2, LINE 19E	5,054,022.	0.	

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II** ☒ **CITIZENS ADVICE BUREAU**  
 2054 MORRIS AVENUE  
 BRONX NY 10453

Type or print  
 File by the extended due date for filing the return See instructions

EIN: 13-3254484 YEAR END: 6/30/02 EXT1: 2/15/03  
 FORMS: 990 497 EXT2: 5/15/03

File Original and One Copy.

Employer identification number  
 13-3254484  
 For IRS use only

Check type of

- ☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870  
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

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

- 4 I request an additional 3-month extension of time until May 15, 20 03.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning July 1, 20 01 and ending June 30, 20 02.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension Certain information necessary to file a complete and accurate return is not yet available. It is anticipated that all data will be available prior to the extended due date.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ..... \$
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 ..... \$
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions ..... \$

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶

Title ▶ CPA

Date ▶ Feb. 7, 2003

### Notice to Applicant — To Be Completed by the IRS

- ☒ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other \_\_\_\_\_

RECEIVED

EXTENSION APPROVED

FEB 14 2003

OGDEN, UT

FEB 21 2003  
 LINDA WEISKOPF, FIELD DIRECTOR,  
 SUBMISSION PROCESSING, OGDEN

Director

By

Date

**Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name  
 Loeb & Troper --- Frederick H. Rothman

Type or print  
 Number and street (include suite, room, or apt. no.) Or a P.O. box number  
 655 Third Avenue

City or town, province or state, and country (including postal or ZIP code)  
 New York, New York 10017