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

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

OMB No. 1545-0047

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning **JUL 1, 2003** and ending **JUN 30, 2004****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**BRON****D** Employer identification number**13-3254484****CITIZENS ADVICE BUREAU, INC.**

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

Room/suite

2054 MORRIS AVENUE**E** Telephone number**718-590-4050**

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

BRONX, NY 10453**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).

Hand 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** Group Exemption Number ▶**M** Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **19,141,028.****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** **2,175,767.****b** Indirect public support**1b** **50,048.****c** Government contributions (grants)**1c** **15,838,038.****d** Total (add lines 1a through 1c) **18,063,853.** noncash \$**1d** **18,063,853.**

Program service revenue including government fees and contracts (from Part VII, line 93)

2 **1,070,495.**

Membership dues and assessments

3

Interest on savings and temporary cash investments

4

Dividends and interest from securities

5**6 a** Gross rents**See Statement 1****6a** **6,680.****b** Less: rental expenses**6b****c** Net rental income or (loss) (subtract line 6b from line 6a)**6c** **6,680.****7** Other investment income (describe ▶)**7****8 a** Gross amount from sales of assets other than inventory**(A) Securities****(B) Other****8a****b** Less: cost or other basis and sales expenses**8b****c** Gain or (loss) (attach schedule)**8c****d** Net gain or (loss) (combine line 8c, columns (A) and (B))**8d****9** Special events and activities (attach schedule). If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ of contributions reported on line 1a)**9a****b** Less: direct expenses other than fundraising expenses**9b****c** Net income or (loss) from special events (subtract line 9b from line 9a)**9c****10 a** 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** **19,141,028.****13** Program services (from line 44, column (B))**13** **16,376,996.****14** Management and general (from line 44, column (C))**14** **2,032,258.****15** Fundraising (from line 44, column (D))**15** **111,218.****16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 16 and 44, column (A))**17** **18,520,472.****18** Excess or (deficit) for the year (subtract line 17 from line 12)**18** **620,556.****19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** **5,421,221.****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** **6,041,777.**323001
12-17-03**LHA** For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

09270404 733030 0474

2003.09000 CITIZENS ADVICE BUREAU, INC 0474__1

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. Page 2

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 \$ noncash \$	22			
23 Specific assistance to individuals (attach schedule)	23	110,166.	110,166.	Statement 3
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25	201,159.	176,356.	23,503.
26 Other salaries and wages	26	11,287,711.	9,895,896.	1,318,852.
27 Pension plan contributions	27	722,443.	642,721.	75,311.
28 Other employee benefits	28	1,438,737.	1,279,972.	149,982.
29 Payroll taxes	29	867,845.	772,078.	90,469.
30 Professional fundraising fees	30			
31 Accounting fees	31	47,600.	44,174.	3,426.
32 Legal fees	32			
33 Supplies	33	168,568.	154,710.	6,929.
34 Telephone	34	209,704.	200,130.	8,617.
35 Postage and shipping	35	30,486.	23,095.	7,091.
36 Occupancy	36	753,123.	737,307.	14,234.
37 Equipment rental and maintenance	37	337,590.	337,590.	
38 Printing and publications	38	28,349.	19,052.	4,649.
39 Travel	39	177,960.	173,560.	4,000.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	245,482.	67,274.	178,208.
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e See Statement 2	43e	1,893,549.	1,742,915.	146,987.
44 Total functional expenses (add lines 22 through 43)	44	18,520,472.	16,376,996.	2,032,258.
Organizations completing columns (B)-(D), carry these totals to lines 13-15				111,218.

 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 MISSION STATEMENT ATTACHED

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 Workforce Development- Array of employment services, including job placement, training, counseling, career ladder support, and English as a Second Language instruction	(Grants and allocations \$)	1,352,913.
b Services to prevent families and individuals from becoming homeless; services to families relocated to apartments in the Bronx; assistance for homeless populations; operation of two family shelters	(Grants and allocations \$)	6,829,651.
c HIV/AIDS Care- Case management, housing relocation assistance, nutrition, outreach and preventive services for people with the HIV virus or at risk of getting HIV and their families	(Grants and allocations \$)	2,310,435.
d After-school and summer camp programs; Family Childcare Network; Home Instruction Program for Pre-School Youngsters; adolescent career development; dropout prevention; pregnancy prevention	(Grants and allocations \$ 500.)	2,563,316.
e Other program services (attach schedule) Statement 4	(Grants and allocations \$ 109,666.)	3,320,681.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		16,376,996.

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
Assets	45 Cash - non-interest-bearing	117,209.	674,562.
	46 Savings and temporary cash investments	2,556,486.	2,298,335.
	47 a Accounts receivable	1,851,268.	
	b Less: allowance for doubtful accounts	81,444.	
		2,089,061.	1,769,824.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	217,198.	236,301.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55 a Investments - land, buildings, and equipment: basis		
b Less: accumulated depreciation			
56 Investments - other			
57 a Land, buildings, and equipment: basis	3,648,770.		
b Less: accumulated depreciation Stmt 5	1,582,923.		
	1,614,727.	2,065,847.	
58 Other assets (describe <input type="checkbox"/>)			
59 Total assets (add lines 45 through 58) (must equal line 74)	6,594,681.	7,044,869.	
Liabilities	60 Accounts payable and accrued expenses	1,089,642.	723,477.
	61 Grants payable		
	62 Deferred revenue	58,293.	190,893.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe <input type="checkbox"/> DUE TO GOVERNMENT AGENCIES)	25,525.	88,722.
66 Total liabilities (add lines 60 through 65)	1,173,460.	1,003,092.	
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	5,421,221.	6,041,777.
	68 Temporarily restricted		
	69 Permanently restricted		
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	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)	5,421,221.	6,041,777.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	6,594,681.	7,044,869.

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
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a	Total revenue, gains, and other support per audited financial statements	a	19,141,028.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ _____		
(2)	Donated services and use of facilities \$ _____		
(3)	Recoveries of prior year grants \$ _____		
(4)	Other (specify): \$ _____		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	19,141,028.
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify): \$ _____		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	19,141,028.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total expenses and losses per audited financial statements	a	18,520,472.
b	Amounts included on line a 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	0.
c	Line a minus line b	c	18,520,472.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify): \$ _____		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	18,520,472.

Part V	List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)
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[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?	84b	N/A
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 on line 85f?	85g	N/A
h	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?	85h	N/A
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	90b	446
b	Number of employees employed in the pay period that includes March 12, 2003		
91	The books are in care of Carmen Hernandez 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

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

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	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					1,070,495.
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	6,680.	
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					
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.		6,680.	1,070,495.
105 Total (add line 104, columns (B), (D), and (E))					1,077,175.

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 page 34 of the instructions.)

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 GOVERNMENT FEES FOR SOCIAL SUPPORT PROGRAMS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(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 page 34 of 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).

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. _____

Paid Preparer's Use Only: Preparer's signature _____ Date _____ Check if self-employed ☐ Preparer's SSN or PTIN _____

Firm's name (or yours if self-employed), address, and ZIP + 4: LOEB & TROPER
655 THIRD AVENUE
NEW YORK, NY 10017

EIN: _____ Phone no.: _____

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

2003

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
<u>Autwarter, Scott</u>	Asst Exec Dir			
2054 MORRIS AVENUE , BRONX NY 10453	40	83,500.	22,011.	
<u>Small, Ken</u>	Dir of Devel.			
2054 MORRIS AVENUE, BRONX NY 10453	40	74,263.	19,576.	
<u>Torres, Eileen</u>	Genrl Counsel			
2054 MORRIS AVENUE, BRONX NY	40	83,500.	22,011.	
<u>Weed, John</u>	Asst Exec Dir			
2054 MORRIS AVENUE, BRONX NY	40	75,000.	19,770.	
<u>Courtney, Karen</u>	Asst to Exec			
2054 MORRIS AVENUE, BRONX NY	40	68,989.	18,178.	
Total number of other employees paid over \$50,000	0			

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
<u>None</u>		
Total number of others receiving over \$50,000 for professional services	0	

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 ► \$ _____ \$ _____ (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 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) See Statement 7	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X	
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4		X

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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	17,026,867.	15,666,697.	14,788,427.	13,844,096.	61,326,087.
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	974,938.	929,769.	1,209,246.	827,313.	3,941,266.
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	27,869.	110,244.	103,070.	253,762.	494,945.
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					
23 Total of lines 15 through 22	18,029,674.	16,706,710.	16,100,743.	14,925,171.	65,762,298.
24 Line 23 minus line 17	17,054,736.	15,776,941.	14,891,497.	14,097,858.	61,821,032.
25 Enter 1% of line 23	180,297.	167,067.	161,007.	149,252.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 1,236,421.
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 1999 through 2002 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 61,821,032.
d Add: Amounts from column (e) for lines: 18 494,945. 19 22 26b					26d 494,945.
e Public support (line 26c minus line 26d total)					26e 61,326,087.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.1994%
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	(2002)	(2001)	(2000)	(1999)	
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	(2002)	(2001)	(2000)	(1999)	
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 1999 through 2002, 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.)

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? 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:		
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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
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? 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	

Schedule A (Form 990 or 990-EZ) 2003

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) 2003	(b) 2002	(c) 2001	(d) 2000	(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:

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

Yes	No	Amount
		0.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	LAND	91		.000	16	190,000.			190,000.			0.
2	BUILDINGS AND IMPROVEMENTS	91		20.00	16	2605114.			2605114.	803,821.		115,786.
3	FURNITURE, EQUIPMENT and vehicle	97		5.00	16	794,246.			794,246.	495,001.		123,755.
4	LAND IMPROVEMENTS	97		10.00	16	59,410.			59,410.	38,619.		5,941.
	* Total 990 Page 2 Depr					3648770.		0.	3648770.	1337441.	0.	245,482.

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	6,680.
Total to Form 990, Part I, line 6a		6,680.

Form 990	Other Expenses	Statement	2
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Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Professional Fees	115,717.	106,185.	8,236.	1,296.
Insurance	257,317.	253,805.	3,161.	351.
Program Supplies	257,353.	257,353.		
Food	641,485.	638,885.	2,600.	
Equipment	297,290.	256,620.	39,670.	1,000.
Payroll Service and Bank Charges	39,503.	305.	39,198.	
Stipends	117,613.	117,613.		
Miscellaneous	167,271.	112,149.	54,122.	1,000.
Total to Fm 990, ln 43	1,893,549.	1,742,915.	146,987.	3,647.

Form 990	Specific Assistance to Individuals	Statement	3
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Description	Amount
Food, shelter and clothing for indigents, etc.	110,166.
Total to Form 990, Part II, line 23	110,166.

Form 990	Other Program Services	Statement	4
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Description	Grants and Allocations	Expenses
Citizens Advice Program and services for the elderly including walk-in assistance centers; health insurance and food stamp outreach; immigration/citizenship assistance programs.	109,666.	3,320,681.
Total to Form 990, Part III, line e	109,666.	3,320,681.

Form 990	Depreciation of Assets Not Held for Investment	Statement	5
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Description	Cost or Other Basis	Accumulated Depreciation	Book Value
LAND	190,000.	0.	190,000.
BUILDINGS AND IMPROVEMENTS	2,605,114.	919,607.	1,685,507.
FURNITURE, EQUIPMENT and vehicle	794,246.	618,756.	175,490.
LAND IMPROVEMENTS	59,410.	44,560.	14,850.
Total to Form 990, Part IV, ln 57	3,648,770.	1,582,923.	2,065,847.

Form 990

Part V - List of Officers, Directors,
Trustees and Key Employees

Statement 6

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Expense Contrib Account
Carolyn McLaughlin 2054 MORRIS AVENUE BRONX, N.Y. 10453	EXECUTIVE DIRECTOR 37.5	120,000.	31,632. 0.
Carmen Hernandez 2054 MORRIS AVENUE BRONX, N.Y. 10453	CONTROLLER 37.5	81,159.	21,394. 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 Hart 2054 MORRIS AVENUE BRONX, N.Y. 10453	SECRETARY 1	0.	0. 0.
William Aguado 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER 1	0.	0. 0.
Carmen Allende 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER 1	0.	0. 0.
Caryn Bailey 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER 1	0.	0. 0.
Gordon Campbell 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER 1	0.	0. 0.
John Chalsty 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER .25	0.	0. 0.

CITIZENS ADVICE BUREAU, INC.

13-3254484

Vito DeSantis 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER 1	0.	0.	0.
Marshall Green 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER 2	0.	0.	0.
Dorothy Henderson 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.
Judith Leonard 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER 1	0.	0.	0.
Patricia McDonald 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER 1	0.	0.	0.
Bruce Phillips 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER 1	0.	0.	0.
Norberto Rivera 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER 1	0.	0.	0.
Ilda Rosario 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.
Lena Townsend 2054 MORRIS AVENUE BRONX, N.Y. 10453	MEMBER 1	0.	0.	0.

Totals Included on Form 990, Part V

201,159.

53,026.

0.

Schedule A	Explanation of Qualifications to Receive Payments	Statement	7
	Part III, Line 3		

INTERMEDIARY WITH RESPECT TO SUBGRANTEES SUBJECT TO FEDERAL GUIDELINES

CHAR010

Certification to Accompany Reports Submitted
on Forms Other than Official Department of
Law (Attorney General) Forms

STATE OF NEW YORK
DEPARTMENT OF LAW
CHARITIES BUREAU - REGISTRATION SECTION
120 BROADWAY
NEW YORK, NY 10271
www.oag.state.ny.us/charities/charities.html

Attorney General's registration number: 03-6176

Name of Registrant: CITIZENS ADVICE BUREAU, INC.

Mailing Address: 2054 MORRIS AVENUE

BRONX, NY 10453

Tel. No.: 718-590-4050 Fax. No.: _____

Email Address _____

I (We) certify, under penalty for perjury, that the following documents (list submitted documents) attached hereto:

Form 990 and Schedule A

all of which comprise the 2003 (insert year of report) periodic report of
CITIZENS ADVICE BUREAU, INC. (insert legal name of organization)

have been examined by me (us) and to the best of my (our) knowledge and belief the contents thereof are true,
correct and complete.

NAME and TITLE (printed) _____

Signature _____

Tel. No.: _____ Fax. No.: _____

Email Address _____

Dated the _____ day of _____, 20 _____

NAME and TITLE (printed) _____

Signature _____

Tel. No.: _____ Fax. No.: _____

Email Address _____

Dated the _____ day of _____, 20 _____

CHAR010 (Rev. 10/02)