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DLN: 93493132039020

Form **990**

Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047 2008

Open to Public Inspection

Name change Interest chang			applicable	Please	C Name of organization	and ending 00-30-200	, ,	D Employer id	entification number					
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Sepecific Septimization Sept	┌ Nar	ne cha		print or	Doing Business As			E Telephone n	umber					
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F Name and address of Principal Officer MARIANNE MCLAUGHLIN 2800 VICTORY BLUD ROON 1C-204 STATEN ISLAND, NY 10314 HID STATEN ISLAND HID	┌ Am	ended	return			4								
### MARKHANE MCLAUGHEN 2800 N 10-204 Saffiliates 20 TATEMISLAND.NY 100314 Tak-exempt status Solic(13) 4 (meet to b) 4947(a)(1) or 527 High are all affiliates included? Text No. 17 Take No. 17 Take No. 18 Take N	☐ App	olicatio	n pending		STATEN ISLAND, NT 10314									
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TO DEVELOP AND CULTIVATE EDUCATIONAL AND SOCIAL RELATIONS AMONG STUDENTS, FACULTY, AND THE STAF OF THE COLLEGE OF STATEN ISLAND 2 Check this box [if the organization discontinued its operations or disposed of more than 25% of its assets 3 Number of voting members of the governing body (Part VI, line 1a)					e organization's mission or most sigi	nıfıcant actıvıtıes								
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Net unrelated business taxable income from Form 990-T, line 34	景	6	Total nu	mber of vo	lunteers (estimate if necessary) .			6	40					
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art IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V	Statements Regarding Other IRS Filings and Tax Complianc	е				
						Yes	No
1a	Enter	r the number reported in Box 3 of Form 1096, Annual Summary and Transmittal		[
		S. Information Returns . Enter -0- if not applicable					
			1a	38			
b	Enter	r the number of Forms W-2G included in line 1a Enter -0- if not applicable	14	0			
		<u> </u>	1b				
С		he organization comply with backup withholding rules for reportable payments t ng (gambling) winnings to prize winners?	oveno	dors and reportable	1c	Yes	
2a	_	r the number of employees reported on Form W-3, Transmittal of Wage and Tax					
		ments filed for the calendar year ending with or within the year covered by this					
	retur		2a	88			
D		least one is reported in 2a, did the organization file all required federal employn :If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a		he organization have unrelated business gross income of \$1,000 or more during		ľ			
		n?			3a		No
b		es," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sch</i>		ľ	3b		
4a		ny time during the calendar year, did the organization have an interest in, or a si . a financial account in a foreign country (such as a bank account, securities ac					
		unt)?		, o. ocher illianetar	4a		No
b	If "Ye	es," enter the name of the foreign country					
	See t	the instructions for exceptions and filing requirements for Form TD F 90-22.1, Re	port o	f Foreign Bank and			
		cial Accounts.					
5a		the organization a party to a prohibited tax shelter transaction at any time durir		·	5a		No
b	Dıd a	iny taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		No
c		es," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i>	t Entit	ty Regarding Prohibited			
c -		thelter Transaction?	•		5c		N
6a 		he organization solicit any contributions that were not tax deductible?			6a		No
b		es," did the organization include with every solicitation an express statement th not tax deductible?	iat sud	cii contributions or gifts	6b		
7	Orgar	nizations that may receive deductible contributions under section 170(c).					
а		he organization provide goods or services in exchange for any quid pro quo con	trıbutı	on of \$75 or	7a		No
_		7					
		es," did the organization notify the donor of the value of the goods or services pi			7b		
С		he organization sell, exchange, or otherwise dispose of tangible personal propei orm 8282?		-	7c		No
d		es," indicate the number of Forms 8282 filed during the year	7d		-		
			i				
e		he organization, during the year, receive any funds, directly or indirectly, to pay			7e		No
f		fit contract?			7e 7f		No
ı a		ll contributions of qualified intellectual property, did the organization file Form 8			71 7g		"
_		ontributions of cars, boats, airplanes, and other vehicles, did the organization fie		ľ	<i>,</i> A		
•		red?			7h		
8		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds a					
		<i>orting organizations.</i> Did the supporting organization, or a fund maintained by a s ss business holdings at any time during the	pons	oring organization, have 	_		
					8		
9	Section	on $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did t	he organization make any taxable distributions under section 4966?			9a		
b	Did t	he organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section	on 501(c)(7) organizations. Enter	ı				
		ation fees and capital contributions included on Part VIII, line 12	10a				
b		s receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facılı	ues					
11	Secti	ion 501(c)(12) organizations Enter					
а	Gros	s income from members or shareholders	4.4				
L	Gras	s uncome from other courses (De not not amounts due as and to other sources	11a				
D		s income from other sources (Do not net amounts due or paid to other sources ast amounts due or received from them)	11b				
4-	-	, , , , , , , , , , , , , , , , , , ,	1.		4-		
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	illeu d	or Form 10417 	12a		
b	If "Ye year	es," enter the amount of tax-exempt interest received or accrued during the	12b				

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

7Ь

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances,
processes, or changes in Schedule O. See instructions.
1 1

а	Enter the number of voting members of the governing body	1a					12	2
b	Enter the number of voting members that are independent	1b					Ę	;
	Did any officer, director, trustee, or key employee have a family relationship or a but other officer, director, trustee, or key employee?		rela	tions •	hip w	/ith	any •	

other officer, director, trustee, or key employeer	-	•	•		•	•	•	•	•	•	•	-	•	•	•	
Did the organization delegate control over manag	eme	nt d	uties	cus	stom	arıly	per	forn	ned	by (or u	nde	rthe	e di	rect	t
supervision of officers, directors or trustees, or ke	ey e	mpl	oyee	s to	a ma	anag	eme	nt c	om	pan	y or	oth	erp	ers	on?	,

a approximation of a management of a managemen
Did the organization make any significant changes to its organizational documents since the prior Form 990 was
filed?

Did the organization become aware during the year of a material diversion of the organization's assets?		L
Does the organization have members or stockholders?		l

•																										
Does the organiz	atıo	n ha	ave	mei	nbe	rs, s	stoc	kho	lde	rs, c	or ot	her	per	son	s wh	no n	пау	eled	ct o	ne c	r m	ore	me	mbe	rs of	the
governing body?													•			•										

b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .
	Did the organization contemporaneously document the meetings held or written actions undertaken during the

Did the organization contemporaneously document the meetings held or written actions undertaken during the
year by the following
Alice and the second se

3	the governing body?	•			•	•	•		•	•	•		•	•	•	•	٠	٠	٠	•	•	•	•	•	
Ь	each committee with	aut	horıt	ty to	o ac	tor	ı be	half	of t	he g	jove	ernii	ng b	ody	7										

	Does the organization have local chapters, branches, or affiliates? .										
Ь	If "Yes," does the organization have written policies and procedures go) V (erning	the	act	ivitie	s of	fsuch	ch	apte	rs,
	affiliates, and branches to ensure their energtions are consistent with t	th.	000	F+ha	ora	20175	+10	. 2			

Was a copy of the Form 990 provide	d to the organization's g	overning body before it	was filed? All c	rganız	zatio	ns
must describe in Schedule O the pro	cess, if any, the organiz	zation uses to review the	Form 990 .			

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot	t be	e rea	ache	d at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				

8a	Yes	
8b	Yes	
9a		No
9b		
10	Yes	
11		No

Yes

Yes

Section B. Policies

9a

10

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website.

 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization MARIANNE MCLAUGHLIN
 2800 VICTORY BLVD ROOM 1C-204
 STATEN ISLAND NY 10314

STATEN ISLAND, NY 10314 (718) 982-3084

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did n	ot compens	ate any	offic	er, d	ırec	tor, tru	ustee	or key employee			
		Posit t	(C tion (hat a	chec		I			(5)	(F)	
(A) Name and Title	(B) A verage hours per week	Institutional Trustee Inclindual Trustee or Director		Office	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
THOMAS BRENNAN , DIRECTOR	1 0	Х						0	83,314	14,997	
CAROL WATKINS , DIRECTOR	1 0	Х						0	110,693	19,925	
ROBERTA VOGEL , DIRECTOR	1 0	Х						0	106,993	19,259	
ARLENE FARREN, DIRECTOR	1 0	Х						0	83,465	15,024	
MICHAEL PARIS, DIRECTOR	1 0	Х						0	72,813	13,106	
WASHEIKA TORRES , DIRECTOR	1 0	Χ						0	0	0	
IONE GORE , DIRECTOR	1 0	Х						0	0	0	
JIMMY DOMDETH , DIRECTOR	1 0	Χ						0	0	0	
MICHAEL DANIELS , PRESIDENT	3 0	Х						0	123,985	22,317	
PETER DECRESCENZO , VICE PRESIDENT	1 0	Х						0	0	0	
EDUARDO RIOS , TREASURER	1 0	Х						0	131,905	23,743	
JACKIE BIERMAN , SECRETARY	1 0	Χ						0	0	0	
MARIANNE MCLAUGHLIN , EXECUTIVE DIRECTOR	35 0			Х				98,807	0	17,482	

Continued

		Posi t		•		all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
1b Total							>	98,807	713,168	145,853

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
Total number of independent contractors (including those in 1) who received more than \$	ı 100,000 ın compensation	

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	1a	Federated campaigns	1a		Revenue		512, 513, or 514
\$ \$	ь	Membership dues					
죨픚			rp				
S,≝	С	Fundraising events	4_				
£ ±	d	Related organizations	1c ld 117,632				
% <u>E</u>	e		Le 552,203				
<u>8,9</u>	f	All other contributions, gifts, grants, and					
Contributions, gifts, grants and other similar amounts	•	sımılar amounts not ıncluded above	 1f				
필급	g	Noncash contributions included					
S E		lines 1a-1f \$	_				
Ų	h	Total (Add lines 1a-1f)		669,835			
			Business Code				
TILE .	2a	STUDENT ACTIVITY FEES	611,710	1,628,675	1,628,675		
e Ke	b	CHILDCARE PARENT FEES	611,710	102,509	102,509		
or GE	с	STUDENT ORGANIZATIONS	611,710	14,399	14,399		
'n,	d						
33	e						
Tan L	f	All other program service reven	ıe				
Program Service Revenue	g	Total. Add lines 2a-2f					
	3	► \$ 1,745,583 Investment income (including di	vidends, interest				
		other similar amounts)	· · · · · · · · · · · · · · · · · · ·	57,048			57,048
		Income from investment of tax-exemp	▶	0			
	4	income nom investment or tax-exemp	bond proceeds	· ·			
	5	Royalties		0			
		(ı) Real	(II) Personal				
	6a	Gross Rents Less rental					
	ь	expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss) .					
		(ı) Securities	(II) O ther				
	7a	Gross amount					
		from sales of assets other					
	ь	than inventory Less cost or 134,37	2				
		other basis and sales expenses					
	с	Gain or (loss) -134,37	2				
	d	Net gain or (loss)		-134,372			-134,372
	8a	Gross income from fundraising	<u> </u>				
	oa	events (not including					
Φ		\$					
듔		of contributions reported on line 1c) See Part IV, line 18					
ě		Attach Schedule G if total exceeds					
Ϋ́		\$15,000					
Other Revenue	Ь	Less direct expenses	.b	0			
δ	С		ising events	Ů			
	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G ıf total					
		exceeds \$15,000	a				
	ь	Less direct expenses	b				
	c	Net income or (loss) from gamin		0			
			· •				
	10a	Gross sales of inventory, less returns and allowances .	a				
	ь	Less cost of goods sold					
	с	Net income or (loss) from sales		0			
		Miscellaneous Revenue	Business Code				
	11a	SPORTS INCOME	611,710	7,605			7,605
	ь	OTHER	611,710	10,964			10,964
	с						
	d	All other revenue	_				
	e	Total. Add lines 11a-11d					
		Tatalnama	\$ 18,569	2,356,663	1,745,583	0	-58,755
	12	Total Revenue. Add lines 1h, 2g 8c,		2,330,003	1,743,383	U	-30,/35
		9c, 10c, and 11e	▶				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re		plete columns		
Do	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	60,636	60,636		·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,052	2,052		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0	2,032		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	105,909		105,909	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	1,093,894	1,026,820		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	94,246	66,010	28,236	
9	Other employee benefits	110,563	91,390	19,173	
10	Payroll taxes	107,924	85,299	22,625	
11	Fees for services (non-employees)				
а	Management	181,540	181,540		
b	Legal	7,833	3,697	4,136	
С	Accounting	12,380		12,380	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	34,747	34,747		
13	Office expenses	91,314	87,968	3,346	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	205,483	204,986	497	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	9,583	9,583		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	7,773	4,896	2,877	
23	Insurance	51,426	49,151	2,275	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	REFRESHMENTS	78,900	78,787	113	
b	PRINTING/PUBLISHING	72,886	67,690	5,196	
c	FURNITURE AND EQUIPMENT	48,560	48,560		
d	BAD DEBTS	39,650	34,018	5,632	
е	ATHLETIC UNIFORMS/CLOTHING	30,868	30,868		
f	All other expenses	124,452	115,371	9,081	0
25	Total functional expenses. Add lines 1 through 24f	2,572,619	2,284,069	288,550	0
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet

					(A) Beginning of year		(E	B) fyear
	1	Cash—non-interest-bearing			Beginning of year	1	Elia o	i yeai
	2	Savings and temporary cash investments	•		1,575,771	2		1,069,559
	3	Pledges and grants receivable, net			3,636	-		5,414
	4	Accounts receivable, net			56,480	- 		343,649
	5	Receivables from current and former officers, directors, trustees,			30,400	7		040,040
		other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				5		
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of S				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
ş	9	Prepaid expenses and deferred charges			25,742	9		33,075
Assets	10a	Land, buildings, and equipment cost basis	10a	135,776				
•	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b	116,696	1	100		19,080
	11	Investments—publicly traded securities		·	1,009,740			837,124
	12	Investments—other securities See Part IV, line 11 Complete Par	•					
		Schedule D				12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Set Part IV$, line 11 $\it Complete Part Set Part IV$, line 11 $\it Complete Part IV$, line 1		13				
	14	Intangible assets		14				
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	9,822	15		15,998		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,688,155	16		2,323,899
	17	Accounts payable and accrued expenses .			345,615	17		236,170
	18	Grants payable		18				
	19	Deferred revenue	124,297	19		131,314		
	20	Tax-exempt bond liabilities		20				
eS	21	Escrow account liability Complete Part IV of Schedule D	1,691	21		1,355		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
<u>.e</u>		persons Complete Part II of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third parties		23				
	24	Unsecured notes and loans payable		24				
	25	Other liabilities Complete Part X of Schedule D		25				
	26	Total liabilities. Add lines 17 through 25			471,603	26		368,839
		Organizations that follow SFAS 117, check here ► and comple	ete lin	es 27				
		through 29, and lines 33 and 34.						
Balance	27	Unrestricted net assets				27		
8	28	Temporarily restricted net assets				28		
Fund	29	Permanently restricted net assets				29		
		Organizations that do not follow SFAS 117, check here ► ✓ and lines 30 through 34.	comp	let e				
9	30	Capital stock or trust principal, or current funds			2,209,588	30		1,935,980
£	31	Paid-in or capital surplus, or land, building or equipment fund .			6,964	31		19,080
Assets or	32	Retained earnings, endowment, accumulated income, or other fun		· •	2,301	32		,
Net 4	33	Total net assets or fund balances			2,216,552	-		1,955,060
ž	34	Total liabilities and net assets/fund balances			2,688,155			2,323,899
	! 					· · · · ·		
Pa	rt XI	Financial Statements and Reporting						
				<u> </u>	<u> </u>		Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		Νο
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
ь	If "Yes," did the organization undergo the required audit or audits?	3b		

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Public Charity Status and Public Support

DLN: 93493132039020

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)Department of the Treasury nonexempt charitable trusts. Attach to Form 990 or Form 990-F7. See separate instructions. Internal Revenue Service

Open to Public Inspection

Employer identification number Name of the organization THE COLLEGE OF STATEN ISLAND Assn 13-2933777 Reason for Public Charity Status (to be completed by all organizations) (See Instructions) The organization is not a private foundation because it is (Please check only **one** organization) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E) A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally Integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) No and (III) below, the governing body of the the supported organization? 11g(i) Nο (ii) a family member of a person described in (i) above? 11q(ii) Νo (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11q(iii) Nο Provide the following information about the organizations the organization supports h (i) Name of (ii) EIN (v) Did you notify (vi) Is the (vii) A mount of (iii) Type of organization (iv) Is the Supported (described on lines 1-9 organization in the organization organization in support? Organization above or IRC section col (i) listed in in col (i) of your col (i) organized support? in the US? (See Instructions)) your governing document? Yes Yes Yes No

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		·					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

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

	(Complete only if you check	ed the box on	line 9 of Part	: I.)			
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	406,200	365,789	611,503	633,028	669,835	2,686,355
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax- exempt purpose	1,844,937	1,776,321	1,660,307	1,700,737	1,764,152	8,746,454
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	o	o	0
6	Total Add lines 1-5	2,251,137	2,142,110	2,271,810	2,333,765	2,433,987	11,432,809
7a	A mounts included on lines 1, 2, and 3	0	0	0	0	0	0
b	received from disqualified persons A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0	0	0	0	0	0
c	Total of lines 7a and 7b	0	0	0	0	0	0
8	Public Support (Substract line 7c from line 6)						11,432,809
<u>To</u>	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6	2,251,137	2,142,110	2,271,810	2,333,765	2,433,987	11,432,809
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	95,814	158,419	229,773	100,043	57,047	641,096
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
С	Add lines 10a and 10b	95,814	158,419	229,773	100,043	57,047	641,096
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	6,884	689	2,261	2,089	0	11,923
13	Total Support (Add lines 9, 10c, 11 and 12)						12,085,828
14	First Five Years If the Form 990 is for the or check this box and stop here	rganızatıon's firs	st, second, third	l, fourth, or fifth	tax year as a 50)1(c)(3) organiz	ation,

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))

Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g

15	94 597	%
16	94 178	%

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))

Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h

17	5 305	%
18	5 664	%

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

►V

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

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)		
Facts and Circumstances Test			

Schedule A (Form 990 or 990-EZ) 2008

Additional Data

Software ID: Software Version:

EIN: 13-2933777

Name: THE COLLEGE OF STATEN ISLAND Assn

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

THE COLLEGE OF STATEN ISLAND ASSOCIATION, INC. OF THE CITY UNIVERSITY OF NEW YORK IS A NONPROFIT ORGANIZATION CREATED FOR THE PRINCIPAL PURPOSE OF DEVELOPING AND CULTIVATING EDUCATIONAL AND SOCIAL RELATIONS AMONG STUDENTS, FACULTY AND THE STAFF OF THE COLLEGE. IT ASSISTS STUDENTS WITH THEIR STUDY, WORK, LIVING, CURRICULAR AND CO-CURRICULAR ACTIVITIES, AND ASSISTS THE COLLEGE IN ITS STUDENT-RELATED OPERATIONS.

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization THE COLLEGE OF STATEN ISLAND Assn 13-2933777 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- **b** If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

- \$

(ii) Assets included in Form 990, Part X

- \$

► \$

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1

. .

b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D

3	t IIII Organizations Maintaining Collections of Ar	t, HIS	tori	<u>cal Treasui</u>	res, or Oth	er Similar Asse	ts (continued)
	Using the organization's accession and other records, check aritems (check all that apply)	ny of th	ne foll	owing that are	a sıgnıfıcant	use of its collectior	1
а	Public exhibition	d	Г	Loan or exch	ange program	5	
Ь	Scholarly research	e	Γ	Other			
с	Preservation for future generations						
4	Provide a description of the organization's collections and expl Part XIV	aın hov	w the	y further the or	rganızatıon's e	xempt purpose in	
5	During the year, did the organization solicit or receive donation assets to be sold to raise funds rather than to be maintained as						Yes
Par	Trust, Escrow and Custodial Arrangements. Part IV, line 9, or reported an amount on Form 9	Com	plete	e if the organ		vered "Yes" to Fo	orm 990,
1a	Is the organization an agent, trustee, custodian or other intermincluded on Form 990, Part X?	ediary	for c	ontributions o	r other assets		Yes
b	If "Yes," explain why in Part XIV and complete the following tal	ole				_	
						A mou	int
c	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on Form 990, Part X, lir	ne 21?				∀	Yes
	If "Yes," explain the arrangement in Part XIV						
Pa	rt V Endowment Funds. Complete if the organization						
4_	(a)Current Year	(b	Prior `	rear (c) I wo	Years Back (d	Three Years Back (e) Four Years Back
1a L	Beginning of year balance						
b	Investment earnings or losses	•					
c d	Grants or scholarships						
e	Other expenditures for facilities	-					
	and programs						
f	Administrative expenses						
f g	Administrative expenses End of year balance	•					
		as					
g	End of year balance	as					
g 2	End of year balance Provide the estimated percentage of the year end balance held Board designated or quasi-endowment	as					
g 2 a b	End of year balance Provide the estimated percentage of the year end balance held Board designated or quasi-endowment Permanent endowment	as					
g 2 a	Provide the estimated percentage of the year end balance held Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization.		that a	are held and ac	iministered fo	r the	
g 2 a b	End of year balance		that a	are held and ac	dministered fo		Yes No
g 2 a b	Provide the estimated percentage of the year end balance held Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations	zation • .	that a	are held and ac	dministered fo	3a(i)	Yes No
g 2 a b c 3a	Provide the estimated percentage of the year end balance held Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations (ii) related organizations	zation 			dministered fo	3a(i) 3a(ii)	Yes No
g 2 a b c 3a	Provide the estimated percentage of the year end balance held Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations	zation ed on S	iched	 ule R?	dministered fo	3a(i)	Yes No
g 2 a b c 3a	Provide the estimated percentage of the year end balance held Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organizations listed as require	zation ed on S	ched	· · · · · ule R? · · ·		3a(i) 3b	Yes No
g 2 a b c 3a	Provide the estimated percentage of the year end balance held Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organizations listed as require Describe in Part XIV the intended uses of the organization's entry VI Investments—Land, Buildings, and Equipment	zation ed on S	ched ent fu	· · · · · ule R? · · ·		3a(i) 3b	
g 2 a b c 3a	Provide the estimated percentage of the year end balance held. Board designated or quasi-endowment. Permanent endowment. Term endowment. Are there endowment funds not in the possession of the organization by. (i) unrelated organizations	zation ed on S	ent fu	 ule R? nds orm 990, Pa	rt X, line 10	3a(i) 3a(ii) 3b	Yes No
g 2 a b c 3a b 4	Provide the estimated percentage of the year end balance held Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organizations listed as require Describe in Part XIV the intended uses of the organization's entry VI Investments—Land, Buildings, and Equipment	zation ed on S	ent fu	ule R? nds orm 990, Pa	rt X, line 10	3a(i) 3b	
g 2 a b c 3a b 4 Par	Provide the estimated percentage of the year end balance held Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organizations listed as required Describe in Part XIV the intended uses of the organization's endowned by the second of the organization of the o	zation ed on S	ent fu	ule R? nds orm 990, Pa	rt X, line 10	3a(i) 3b	
g 2 a b c 3a b 4 Par	Provide the estimated percentage of the year end balance held Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organizations listed as required Describe in Part XIV the intended uses of the organization's endowned by the possession of the organization of investment Description of investment	zation ed on S	ent fu	ule R? nds orm 990, Pa	rt X, line 10	3a(i) 3b	
g 2 a b c 3a b 4 Par	Provide the estimated percentage of the year end balance held Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organizations listed as require Describe in Part XIV the intended uses of the organization's endowned by the intended in the possession of the organization of the or	zation ed on S	ent fu	ule R? nds orm 990, Pa	rt X, line 10	3a(i) 3a(ii) 3b (c) Depreciation	
g 2 a b c 3a b 4 Pat	Provide the estimated percentage of the year end balance held Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organizations listed as require Describe in Part XIV the intended uses of the organization's entered to the possession of the organization of investment Description of investment Land Land Land Land Leasehold improvements	zation ed on S	ent fu	ule R? nds orm 990, Pa	rt X, line 10 (b)Cost or other basis (other)	3a(i) 3a(ii) 3b (c) Depreciation	(d) Book value

Part VII Investments—Other Securi	ties. See Form 990, Part X, line 12	2.
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial product	ts	
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B)	line 12) •	
Part VIII Investments—Program Re	lated. See Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B)) line 13) 🕨	
Part IX Other Assets. See Form 990,		
	(a) Description	(b) Book value
MISCELLANEOUS RECEIVABLE		15,998
		<u> </u>
Total. (Column (b) should equal Form 990, Part X,	col (B) line 15)	
Part X Other Liabilities. See Form 9		
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
Total. (Column (b) should equal Form 990, Part X, col (B)) (ine 25.)	
(Column (D) Should equal Form 550, Fare A, COI (D)		

Рапи	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,356,663
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,572,619
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-215,956
4	Net unrealized gains (losses) on investments	4	-45,536
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-45,536
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-261,492
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Reti	
1	Total revenue, gains, and other support per audited financial statements	1	2,551,330
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	194,667
3	Subtract line 2e from line 1	3	2,356,663
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,356,663
Part			
1	Total expenses and losses per audited financial statements	1	2,812,822
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
C C	Losses reported on Form 990, Part IX, line 25		
d	<u> </u>	3-	240,203
е 3	Add lines 2a through 2d	2e 3	2,572,619
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	-	2,572,019
a a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
C C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,572,619
	XIV Supplemental Information		2,372,019

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	SCHEDULE D, PART XIV	THE ASSOCIATION HOLDS FUNDS ON BEHALF OF CERTAIN GROUPS AND ORGANIZATIONS RELATED TO THE COLLEGE OF STATEN ISLAND

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

DLN: 93493132039020

Open to Public

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Inspection

THE COLLEGE OF STATEN IS	SLAND Assn					' '	777
Part I General Infor	mation on Gra	nts and Assistance	20			13-2933	777
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?							
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COLLEGE OF STATEN ISLAND2800 VICTORY BOULEVARD ROOM IC - 2 STATEN ISLAND, NY 10314	13-2547180	501(C)(3)	31,500				SCHOLARSHIPS/AWARDS
2 Enter total number of sec	rtion 501(c)(3) and	d government		l	1		1
organizations 3 Enter total number of oth					•		

Part III	Grants and Other Assista	nce to Individuals in the United States	. Complete if the organization	answered "Yes'	" on Form 990,	Part IV, lır	ne 22.
	Use Schedule I-1 (Form 990) if additional space is needed.					

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
GRANTS AND OTHER ASSISTANCE WITHIN THE U S	FORM 990, SCHEDULE I, PART	THE ASSOCIATION MAKES GRANTS TO ITS PARENT ORGANIZATION, THE COLLEGE OF STATEN ISLAND, FOR THE PURPOSE OF SUPPORTING ITS STUDENT SCHOLARSHIP PROGRAM ALL FUNDS REMITTED TO THE COLLEGE ARE USED TO FUND SCHOLARSHIPS GRANTED TO STUDENTS WHO MATRICULATE AT THE COLLEGE THE RECIPIENT STUDENTS ARE SELECTED BY THE COLLEGE'S SCHOLARSHIP COMMITTEE

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132039020

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Department of the Treasury
Internal Revenue Service

Compensated Employees

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

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

Open to Public Inspection

Name of the organization THE COLLEGE OF STATEN ISLAND Assn Employer identification number

13-2933777

Pa	rt I Questions Regarding Compensatio				
				Yes	Νo
1a		ded any of the following to or for a person listed in Form o provide any relevant information regarding these item			
	First class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence	e		
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N		1b		
2	Did the organization require substantiation prior to	,			
	officers, directors, trustees, and the CEO/Executive	Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t	·			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committ	e e		
4	During the year, did any person listed in Form 990,	art VII, Section A , line 1a			
а	Receive a severance payment or change of control	yment?	4a		Νo
b	Participate in, or receive payment from, a suppleme	al nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ed compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pi	vide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	plete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	ne 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	ne 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes,"	· · · · · · · · · · · · · · · · · · ·	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III		8		N o

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
	(i) (ii) 131,90	0 5 0	0	0	0 23,743	0 155,648	0	
	ii)							
	i)							
	ii)							
	i)							
	ii)							
(i)					!		
(ii)							
(i)					!		
(ii)							
(i)					!		
(ii)							
(i)							
(ii)							
(i)					1		
(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	·	

DLN: 93493132039020

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for

responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
THE COLLEGE OF STATEN ISLAND Assn

Employer identification number

13-2933777

ldentifier	Return Reference	Explanation
OTHER EXEMPT PURPOSE A CHIEV EMENTS	FORM 990, PART III	FUNDS WERE EXPENDED TO CONTINUE THE PROVISION OF A WIDE RANGE OF PROGRAMS, SERVICES AND ACTIVITIES FOR STUDENTS AIMED AT SUPPORTING, ENHANCING AND COMPLEMENTING THEIR ACADEMIC EXPERIENCE AND ENCOURAGING THEM TO BECOME INVOLVED IN CAMPUS LIFE THROUGH INVOLVEMENT WITH STUDENT GOVERNMENT, THE RADIO STATION, CLUBS AND ORGANIZATIONS, THE CAMPUS ACTIVITIES BOARD, PUBLICATIONS, ATHLETICS AND OTHER CAMPUS COMMITTEES, STUDENTS WERE PROVIDED WITH OPPORTUNITIES TO LEARN AND PRACTICE LEADERSHIP, PROGRAMMING, MANAGEMENT, SOCIAL RESPONSIBILITY AND INTERPERSONAL SKILLS THE CAMPUS ACTIVITIES BOARD (CAB) SPONSORED OVER 104 EVENTS WITH OVER 18,701 STUDENTS PARTICIPATING FORTY STUDENT CLUBS WERE CHARTERED AND SPONSORED OVER 89 EVENTS WITH OVER 3,720 STUDENTS PARTICIPATING STUDENTS INTERESTED IN THE RADIO STATION WERE PROVIDED WITH BROADCAST TRAINING AND WERE INVOLVED WITH THE STATION AS DJS, NEWSCASTERS, ENGINEERS, UNDERWRITERS AND TOOK PART IN BROADCASTING MUSIC, NEWS AND SPORTS PROGRAMMING 24 HOURS A DAY ON WSIA, THE COLLEGE'S STUDENT-RUN RADIO STATION STUDENTS WERE INVOLVED IN PUBLISHING 25 ISSUES OF 6 DIFFERENT PUBLICATIONS (NEWSPAPERS, ART AND LITERATURE MAGAZINES, POLITICAL MAGAZINES, VISUAL ARTS MAGAZINES AND A HUMOR MAGAZINE) THROUGH INVOLVEMENT IN THESE AND OTHER ACTIVITIES, OPPORTUNITIES WERE PROVIDED FOR INCREASED INTERACTION AMONG STUDENTS, FACULTY AND STAFF FROM DIVERSE CULTURAL BACKGROUNDS AS WELL AS OPPORTUNITIES TO MAKE FRIENDS, SOCIAL BONDS AND HAVE FUN

ldentifier	Return Reference	Explanation
GOVERNANCE, MANAGEMENT & DISCLOSURE (1)	FORM 990, PART VI	SECTION A GOVERNING BODY AND MANAGEMENT LINE 7A Membership of the Association consists of thirteen members as follows the President of the College or his/her designee, three administrators appointed by the College President, three faculty members selected by the College President from a panel of six faculty elected annually by the faculty, the President of the Student Government and two upper division and three low er division students elected by and from the student body of the College LINE 7B THE PRESIDENT OF THE COLLEGE (A RELATED ENTITY) HAS THE RIGHT OF FINAL REVIEW AND MAY DISAPPROVE ACTIONS TAKEN BY THE BOARD AND SEND THOSE ITEMS BACK TO THE BOARD OF DIRECTORS FOR RECONSIDERATION During this year, THE PRESIDENT HAS NOT HAD REASON TO EXERCISE THIS RIGHT

ldentifier	Return Reference	Explanation
GOVERNANCE, MANAGEMENT & DISCLOSURE (2)	FORM 990, PART VI	SECTION A GOVERNING BODY AND MANAGEMENT LINE 10 THE FORM 990 WAS PREPARED BY A NATIONALLY RECOGNIZED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT A COPY OF THE DRAFT FORM 990 WAS CIRCULATED TO THE FULL BOARD OF DIRECTORS FOR DISCUSSION AND COMMENT EACH BOARD MEMBER WAS PROVIDED AN OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 990 PRIOR TO ITS ELECTRONIC FILING WITH THE INTERNAL REVENUE SERVICE

Identifier Reference			Explanation
GOVERNA MANAGE DISCLOSI	MENT &	FORM 990, PART VI	SECTION B POLICIES LINE 12A, 12B, 12C EACH OFFICER, DIRECTOR, TRUSTEE AND KEY EMPLOYEE OF THE ASSOCIATION IS REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST THAT ARISE BY VIRTUE OF THEIR EMPLOYMENT, BOARD SERVICE, OR POSITION WITH THE ASSOCIATION THE ASSOCIATION MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY THROUGH AN ANNUAL QUESTIONNAIRE/DISCLOSURE STATEMENT THAT IS DISTRIBUTED TO THESE INDIVIDUALS No conflicts were identified this year POTENTIAL CONFLICTS would be INVESTIGATED immediately BY AN AD HOC COMMITTEE ESTABLISHED by the Board FOR this PURPOSE

ldentifier	Return Reference	Explanation
GOVERNANCE, MANAGEMENT & DISCLOSURE (4)		SECTION B POLICIES LINE 13 THE ASSOCIATION DOES NOT CURRENTLY HAVE A WHISTLEBLOWER POLICY IMPLEMENTED, HOWEVER, THE BOARD OF DIRECTORS will consider implementing a policy

ldentifier	Return Reference	Explanation
GOVERNANCE, MANAGEMENT & DISCLOSURE (5)	FORM 990, PART VI	SECTION B POLICIES LINE 15 THE ASSOCIATION'S TOP MANAGEMENT OFFICIAL'S (THE EXECUTIVE DIRECTOR) COMPENSATION IS SET BY THE ASSOCIATION'S PERSONNEL COMMITTEE THE COMMITTEE USES APPROPRIATE COMPARABILITY DATA TO SET COMPENSATION STANDARDS (INCLUDING SALARY RANGES AND FRINGE BENEFITS) WHERE FEASIBLE THE COMPENSATION PAID TO THE EXECUTIVE DIRECTOR (AND ALL OTHER EMPLOYEES) ARE COMPARABLE TO POSITIONS AT THE AFFILIATED COLLEGE WITH SIMILAR RESPONSIBILITIES THE RECOMMENDATIONS OF THE PERSONNEL COMMITTEE ARE SUBJECT TO REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
GOVERNANCE, MANAGEMENT & DISCLOSURE (6)	FORM 990, PART VI	SECTION C DISCLOSURES LINE 19 GOVERNING DOCUMENTS ARE ON FILE IN THE CAMPUS LIBRARY FOR REVIEW BY INTERESTED PARTIES THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE REVIEWED AT OFFICIAL MEETINGS OF THE BOARD COPIES ARE APPENDED TO THE MINUTES OF THE APPROPRIATE BOARD MEETING AND ARE KEPT ON FILE IN THE ARCHIVES IN THE CAMPUS LIBRARY FOR REVIEW BY INTERESTED PARTIES COPIES ARE ALSO DISTRIBUTED TO AND KEPT ON FILE IN THE STUDENT GOVERNMENT OFFICE AND BANNER (STUDENT NEWSPAPER) OFFICE

ldentifier	Return Reference	Explanation
TRANSACTIONS WITH RELATED ORGANIZATIONS	FORM 990, SCHEDULE R	PART V TRANSACTIONS WITH RELATED ORGANIZATIONS LINE 2 RELATED PARTNERSHIP, ORGANIZATION, CORPORATION, TRANSACTION AMOUNT OR TRUST NAME (FROM SECTIONS 2A, 2B, OR 2C) TYPE INVOLVED

EQUIPMENT, M 223,284 MAILING LISTS, OR OTHER ASSETS

DLN: 93493132039020

OMB No 1545-0047 2008

Open to Public

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Related Organizations and Unrelated Partnerships

Inspection **Employer identification number**

THE COLLEGE OF STATEN ISLAND Assn				13-2933777	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	Public chanty sta (if section 501(c)	atus (F) Direct controlling (3)) entity
THE COLLEGE OF STATEN ISLANDCUNY 2800 VICTORY BOULEVARD STATEN ISLAND, NY10314 13-2547180	EDUCATION	NY	501(C)(3)	6	

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V Transactions with Rela	ated Organizations
-------------------------------	--------------------

Pai	rt V Transactions with Related Organizations						
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No			
LDι	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No			
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes				
С	c Gift, grant, or capital contribution from other organization(s)						
d	Loans or loan guarantees to or for other organization(s)	1d		No			
e	Loans or loan guarantees by other organization(s)	1e		No			
f	Sale of assets to other organization(s)	1f		No			
g	Purchase of assets from other organization(s)	1 g		No			
h	Exchange of assets	1h		No			
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No			
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No			
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes				
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11	Yes				
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes				
n	Sharing of paid employees	1n	Yes				
o	Reimbursement paid to other organization for expenses	10	Yes				
р	Reimbursement paid by other organization for expenses	1 p	Yes				
q	O ther transfer of cash or property to other organization(s)	1 q		No			
r	O ther transfer of cash or property from other organization(s)	1r		No			
			I.				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds						
-	(A) (B) Transaction Name of other organization(s) (B) Transaction type(a-r) Amount Involved	t					
	cype(a-1)						

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) SEE SCHEDULE O - TRANSACTIONS WITH	В, С,	1,192,414
(2) RELATED ORGANIZATIONS	M, N,	
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
			•	•		•		Sabadula	D / Form	