



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

## Return of Organization Exempt From Income Tax

2010

Open to Public  
Inspection

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

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

## A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization  
SBH COMMUNITY SERVICE NETWORK INC

Doing Business As

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

Room/suite

City or town, state or country, and ZIP + 4  
BROOKLYN, NY 11223D Employer identification number  
23-7406410E Telephone number  
(718) 787-1100

G Gross receipts \$ 6,555,785

F Name and address of principal officer  
LEE COHEN  
425 KINGS HIGHWAY  
BROOKLYN, NY 11223H(a) Is this a group return for affiliates?  Yes  NoH(b) Are all affiliates included?  Yes  No  
If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527

J Website: ► WWW.SBHONLINE.ORG

K Form of organization  Corporation  Trust  Association  Other ►

L Year of formation 1974

M State of legal domicile NY

## Part I Summary

## 1 Briefly describe the organization's mission or most significant activities

SBH'S MISSION IS KINDNESS THROUGH SERVICE--DELIVERED WITH CARE, COMPASSION, AND A COMMITMENT TO EXCELLENCE--TO THOSE AMONG US WHO ARE STRUGGLING AND SUFFERING TO BE CONSTANTLY CONCERNED AND INVOLVED IN EFFORTS TO IMPROVE AND MAINTAIN THE HEALTH AND WELL-BEING OF INDIVIDUALS AND FAMILIES--HELPING THEM TO LEAD PRODUCTIVE AND INDEPENDENT LIVES TO REAFFIRM THAT THE DIGNITY, WORTH, AND ABILITIES OF EACH INDIVIDUAL MUST BE CHERISHED, AND DEVELOPED TO THEIR FULLEST POTENTIAL, THEREBY CONTRIBUTING TO THE WHOLE COMMUNITY TO BE A PILLAR AND BEAM OF HOPE TO THE UNFORTUNATE AND DISADVANTAGED--PROVING THAT MUCH IS POSSIBLE IN AN IMPOSSIBLE WORLD

## 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) . . . . .

3 44

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .

4 44

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .

5 65

6 Total number of volunteers (estimate if necessary) . . . . .

6 520

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .

7a 8,807

b Net unrelated business taxable income from Form 990-T, line 34 . . . . .

7b -9,534

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) . . . . .	4,241,608	4,894,908
9 Program service revenue (Part VIII, line 2g) . . . . .	171,146	619,242
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	793	2,427
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	278,995	431,345
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	4,692,542	5,947,922

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	1,586,373	1,228,517
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,143,905	2,279,022
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 211,242		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . .	1,536,464	1,733,754
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,266,742	5,241,293
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	-574,200	706,629

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16) . . . . .	14,501,537	14,959,571
21 Total liabilities (Part X, line 26) . . . . .	488,604	532,493
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	14,012,933	14,427,078

## Part II Signature Block

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

Sign Here	***** Signature of officer LEE COHEN TREASURER Type or print name and title	2011-11-03 Date
-----------	--	--------------------

Paid Preparer Use Only	Print/Type preparer's name FREDERICK H ROTHMAN	Preparer's signature FREDERICK H ROTHMAN	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN
	Firm's name ► LOEB & TROPER LLP				Firm's EIN ►
	Firm's address ► 655 THIRD AVENUE 12TH FLOOR NEW YORK, NY 10017				Phone no ► (212) 867-4000

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III **1 Briefly describe the organization's mission**

SBH'S MISSION KINDNESS THROUGH SERVICE--DELIVERED WITH CARE, COMPASSION, AND A COMMITMENT TO EXCELLENCE--TO THOSE AMONG US WHO ARE STRUGGLING AND SUFFERING TO BE CONSTANTLY CONCERNED AND INVOLVED IN EFFORTS TO IMPROVE AND MAINTAIN THE HEALTH AND WELL-BEING OF INDIVIDUALS AND FAMILIES--HELPING THEM TO LEAD PRODUCTIVE AND INDEPENDENT LIVES TO REAFFIRM THAT THE DIGNITY, WORTH, AND ABILITIES OF EACH INDIVIDUAL MUST BE CHERISHED, AND DEVELOPED TO THEIR FULLEST POTENTIAL, THEREBY CONTRIBUTING TO THE WHOLE COMMUNITY TO BE A PILLAR AND BEAM OF HOPE TO THE UNFORTUNATE AND DISADVANTAGED--PROVING THAT MUCH IS POSSIBLE IN AN IMPOSSIBLE WORLD

---



---



---

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

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

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

If "Yes," describe these changes on Schedule O

**4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**

**4a (Code ) (Expenses \$ 557,485 including grants of \$ 1,228,517 ) (Revenue \$ 225,038 )**

N Y STATE OFFICE OF MENTAL HEALTH-LICENSED ARTICLE 31 CLINIC- HAS OVER200 CASES, THE PROGRAM TREATS INDIVIDUALS, COUPLES, FAMILIES, AND GROUPS LICENSE WAS EXPANDED BY O M H THIS YEAR TO INCLUDE CHILDREN AND ADOLESCENTS FIVE TO EIGHTEEN YEARS OF AGE

---

**4b (Code ) (Expenses \$ 2,333,985 including grants of \$ ) (Revenue \$ )**

CLIENT SERVICES HAS 800-900 CASES, PROVIDES ASSISTANCE WITH ACTIVITIES OF DAILY LIVING, DIRECT ALLOCATION OF FUNDS, ASSISTANCE WITH UTILITIES AND RENT, HELP IN OBTAINING GOVERNMENT ENTITLEMENTS

---

**4c (Code ) (Expenses \$ 367,531 including grants of \$ ) (Revenue \$ )**

COMMUNITY SERVICES - FULL SERVICE ASSESSMENT, CAREER COUNSELING, AND MENTORING AND JOB PLACEMENT PROGRAM, ASSISTING THE UNEMPLOYED, UNDEREMPLOYED, AND PEOPLE WHO HAVE LOST THEIR JOBS OR BUSINESSES, OR WOULD LIKE TO ENTER OR RE-ENTER THE WORKFORCE, IT HAS JOB PLACEMENT COUNSELORS, JOB DEVELOPERS, AND JOB COACHES ITS BUDGET, DEBT AND CREDIT COUNSELING COMPONENT ADDRESSES THE FINANCIAL/BUDGETARY NEEDS OF INDIVIDUALS AND FAMILIES

---

**4d Other program services (Describe in Schedule O ) See also Additional Data for Description**

(Expenses \$ 960,271 including grants of \$ ) (Revenue \$ 394,204 )

---

**4e Total program service expenses \$ 4,219,272**

**Part IV Checklist of Required Schedules**

- 1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.
- 2** Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?
- 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.
- 4** **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.
- 5** Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.
- 6** Did the organization maintain any donor advised funds or any similar funds or 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.
- 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.
- 8** Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.
- 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.
- 10** Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.
- 11** If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
- a** Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
- c** Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
- d** Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
- e** Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- f** Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.
- 12a** Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.
- b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.
- 13** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.
- 14a** Did the organization maintain an office, employees, or agents outside of the United States?
- b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV.
- 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 U.S.? If "Yes," complete Schedule F, Parts II and IV.
- 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 U.S.? If "Yes," complete Schedule F, Parts III and IV.
- 17** Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).
- 18** Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.
- 19** Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.
- 20a** Did the organization operate one or more hospitals? If "Yes," complete Schedule H.
- b** If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
<b>1</b>	Yes	
<b>2</b>	Yes	
<b>3</b>		No
<b>4</b>		No
<b>5</b>		
<b>6</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		No
<b>10</b>	Yes	
<b>11a</b>	Yes	
<b>11b</b>		No
<b>11c</b>		No
<b>11d</b>		No
<b>11e</b>		No
<b>11f</b>	Yes	
<b>12a</b>	Yes	
<b>12b</b>		No
<b>13</b>		No
<b>14a</b>		No
<b>14b</b>		No
<b>15</b>		No
<b>16</b>		No
<b>17</b>		No
<b>18</b>	Yes	
<b>19</b>		No
<b>20a</b>		No
<b>20b</b>		

**Part IV Checklist of Required Schedules (continued)**

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	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 lines 24b-24d and complete Schedule K. If "No," go to line 25		24a	No	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
24c	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		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a	No	
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		27	No	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		28a	No	
28b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28b	No	
28c	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28c	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<input checked="" type="checkbox"/>	31	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		32	No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		33	No	
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	No	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		35	No	
36	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	36	No	
37	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		37	No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		38	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	45
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	65
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<p><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
<b>b</b>	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	Yes
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter	10a	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10b	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	11a	
<b>a</b>	Gross income from members or shareholders	11b	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?		
<p><b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response to any question in this Part VI

### Section A. Governing Body and Management

- |   | Yes | No  |
|---|-----|-----|
| 1a Enter the number of voting members of the governing body at the end of the tax year . . . . .  | 1a  | 44  |
| b Enter the number of voting members included in line 1a, above, who are independent . . . . .  | 1b  | 44  |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .   | 2   | Yes |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . | 3   | No  |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .  | 4   | No  |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .  | 5   | No  |
| 6 Does the organization have members or stockholders? . . . . .   | 6   | No  |
| 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .  | 7a  | No  |
| b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .   | 7b  | No  |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |     |     |
| a The governing body? . . . . .   | 8a  | Yes |
| b Each committee with authority to act on behalf of the governing body? . . . . .   | 8b  | Yes |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .        | 9   | No  |

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

- |  | Yes | No  |
|--|-----|-----|
| 10a Does the organization have local chapters, branches, or affiliates? . . . . .  | 10a | No  |
| b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .   | 10b |     |
| 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .   | 11a | No  |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .   |     |     |
| 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  | Yes |
| 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?  |     |     |
| a The organization's CEO, Executive Director, or top management official . . . . .   | 15a | No  |
| b Other officers or key employees of the organization . . . . .  | 15b | No  |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )  |     |     |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  | 16a | No  |
| 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 , NJ |
| 18 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 |         |
| <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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  | ►       |
| DOUGLAS BALIN<br>425 KINGS HIGHWAY<br>BROOKLYN, NY 11223<br>(718) 787-1100   |         |



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

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►1

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

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	110,566				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	865,133				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,919,209				
	<b>g</b> Noncash contributions included in lines 1a-1f \$		317,717				
	<b>h Total. Add lines 1a-1f . . . . .</b>		4,894,908				
<b>Program Service Revenue</b>	<b>2a</b> HIGH SCHOOL EDUCATION		Business Code				
			611710	394,204	394,204		
	<b>b</b> MENTAL HEALTH CLINIC			225,038	225,038		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total. Add lines 2a-2f . . . . .</b>		619,242				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .						
				2,427		2,427	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross Rents	(I) Real	(II) Personal				
	<b>b</b> Less rental expenses	107,400					
	<b>c</b> Rental income or (loss)	16,042					
	<b>d</b> Net rental income or (loss) . . . . .	91,358		91,358		91,358	
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other					
<b>b</b> Less cost or other basis and sales expenses							
<b>c</b> Gain or (loss)							
<b>d</b> Net gain or (loss) . . . . .							
<b>8a</b> Gross income from fundraising events (not including \$ <u>110,566</u> of contributions reported on line 1c) See Part IV, line 18 . . . . .							
<b>a</b>	599,049						
<b>b</b> Less direct expenses . . . . .	274,104						
<b>c</b> Net income or (loss) from fundraising events . . . . .	324,945				324,945		
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
<b>a</b>	317,717						
<b>b</b> Less cost of goods sold . . . . .	317,717						
<b>c</b> Net income or (loss) from sales of inventory . . . . .	0						
Miscellaneous Revenue		Business Code					
<b>11a</b> BOOKKEEPING SERVICES		541200	16,500	16,500			
<b>b</b> MISCELLANEOUS		900099	6,235		6,235		
<b>c</b> PARTNERSHIP LOSS		900099	-7,693	-7,693			
<b>d</b> All other revenue . . . . .							
<b>e Total. Add lines 11a-11d . . . . .</b>		15,042					
<b>12 Total revenue.</b> See Instructions . . . . .		5,947,922	619,242	8,807	424,965		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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	34,054	34,054		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	1,194,463	1,194,463		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	163,922		163,922	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7 Other salaries and wages	1,817,254	1,479,596	244,312	93,346
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
9 Other employee benefits . . . . .	136,119	117,853	10,409	7,857
10 Payroll taxes . . . . .	161,727	121,296	32,345	8,086
a Fees for services (non-employees) Management . . . . .				
b Legal . . . . .	19,935	2,500	17,435	
c Accounting . . . . .	37,500		37,500	
d Lobbying . . . . .				
e Professional fundraising services See Part IV, line 17 . . . . .				
f Investment management fees . . . . .				
g Other . . . . .	338,392	338,392		
12 Advertising and promotion . . . . .	18,948	5,322	2,530	11,096
13 Office expenses . . . . .	371,824	206,610	88,671	76,543
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .	167,267	129,361	36,957	949
17 Travel . . . . .	14,493	7,310	7,183	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	70,631	63,758	6,873	
20 Interest . . . . .	5,282		5,282	
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	315,699	296,757	15,785	3,157
23 Insurance . . . . .	43,531	33,411	8,312	1,808
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a MISCELLANEOUS	250,953	188,589	53,964	8,400
b BAD DEBT	79,299		79,299	
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	5,241,293	4,219,272	810,779	211,242
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing . . . . .	864,902	<b>1</b> 1,651,781
	2 Savings and temporary cash investments . . . . .	231,230	<b>2</b> 857,328
	3 Pledges and grants receivable, net . . . . .	4,787,562	<b>3</b> 4,529,185
	4 Accounts receivable, net . . . . .	4	114,299
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . .	6	
	7 Notes and loans receivable, net . . . . .	26,661	<b>7</b>
	8 Inventories for sale or use . . . . .	8	
	9 Prepaid expenses and deferred charges . . . . .	28,615	<b>9</b> 34,253
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10,256,126	
	b Less accumulated depreciation . . . . .	10b 2,789,553	7,712,511 <b>10c</b> 7,466,573
	11 Investments—publicly traded securities . . . . .	845,556	<b>11</b> 301,652
	12 Investments—other securities See Part IV, line 11 . . . . .	4,500	<b>12</b> 4,500
	13 Investments—program-related See Part IV, line 11 . . . . .	13	
	14 Intangible assets . . . . .	14	
	15 Other assets See Part IV, line 11 . . . . .	15	
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	14,501,537	<b>16</b> 14,959,571
Liabilities	17 Accounts payable and accrued expenses . . . . .	115,059	<b>17</b> 160,085
	18 Grants payable . . . . .	18	
	19 Deferred revenue . . . . .	253,545	<b>19</b> 252,408
	20 Tax-exempt bond liabilities . . . . .	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	23	
	24 Unsecured notes and loans payable to unrelated third parties . . . . .	120,000	<b>24</b> 120,000
	25 Other liabilities Complete Part X of Schedule D . . . . .	25	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	488,604	<b>26</b> 532,493
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets . . . . .	10,372,099	<b>27</b> 11,491,445
	28 Temporarily restricted net assets . . . . .	3,294,373	<b>28</b> 2,280,669
	29 Permanently restricted net assets . . . . .	346,461	<b>29</b> 654,964
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	30 Capital stock or trust principal, or current funds . . . . .	30	
	31 Paid-in or capital surplus, or land, building or equipment fund . . . . .	31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .	32	
	33 Total net assets or fund balances . . . . .	14,012,933	<b>33</b> 14,427,078
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	14,501,537	<b>34</b> 14,959,571

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,947,922
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,241,293
3	Revenue less expenses Subtract line 2 from line 1	3	706,629
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,012,933
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-292,484
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	14,427,078

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? <input type="checkbox"/>	2a	No
2b Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/>	2b	Yes
2c If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O <input type="checkbox"/>	2c	Yes
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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? <input type="checkbox"/>	3a	No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits <input type="checkbox"/>	3b	

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2010****Open to Public  
Inspection****Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.****► Attach to Form 990 or Form 990-EZ. ► See separate instructions.**Department of the Treasury  
Internal Revenue ServiceName of the organization  
SBH COMMUNITY SERVICE NETWORK INC**Employer identification number**

23-7406410

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
- e  a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- f  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)
- g  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
- h  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) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	<b>Yes</b>	<b>No</b>
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

i Provide the following information about the supported organization(s)

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,881,008	9,742,964	6,301,717	3,906,350	4,894,908	30,726,947
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	5,881,008	9,742,964	6,301,717	3,906,350	4,894,908	30,726,947
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public Support.</b> Subtract line 5 from line 4						30,726,947

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	5,881,008	9,742,964	6,301,717	3,906,350	4,894,908	30,726,947
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	163,149	124,518	153,568	97,959	109,827	649,021
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 from the sale of capital assets (Explain in Part IV)	1,446,736	1,461,932	1,599,465	782,382	605,284	5,895,799
11 <b>Total support</b> (Add lines 7 through 10)						37,271,767
12 Gross receipts from related activities, etc (See instructions)					12	6,036,405

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ►**Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	82 440 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	80 540 %
16a <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►✓		
b <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
17a <b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ►		
b <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ►		
18 <b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		►

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ►						

**Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2009 Schedule A, Part III, line 15	16

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18
<b>19a 33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►	
<b>b 33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►	
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ►	

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

---

**Facts And Circumstances Test****Explanation**

---

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME SPECIAL EVENTS MISCELLANEOUS

---

Schedule A (Form 990 or 990-EZ) 2010

2010

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

Department of the Treasury  
Internal Revenue Service**Name of the organization**

SBH COMMUNITY SERVICE NETWORK INC

**Employer identification number**

23-7406410

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No
- 6 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 for any other purpose conferring impermissible private benefit?  Yes  No

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

- 1 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
- Protection of natural habitat  Preservation of a certified historic structure
- Preservation of open space

- 2 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	
2b	
2c	
2d	

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

- 4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

- 6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► \_\_\_\_\_

- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Yes  No

- 9 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 ► \$ \_\_\_\_\_

- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a  Public exhibition

d  Loan or exchange programs

b  Scholarly research

e  Other

c  Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance . . . . .	556,611	346,461	346,461		
b Contributions . . . . .	98,353				
c Investment earnings or losses . . . . .	2,427	496			
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .	2,427	496			
g End of year balance . . . . .	654,964	346,461	346,461		

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ►

b Permanent endowment ► 100 000 %

c Term endowment ►

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .  Yes  No

(ii) related organizations . . . . .  Yes  No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

Yes	No
3a(i)	No
3a(ii)	No
3b	No

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		356,534			356,534
b Buildings . . . . .		9,523,448	2,463,023		7,060,425
c Leasehold improvements . . . . .					
d Equipment . . . . .					
e Other . . . . .		376,144	326,530		49,614
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .					7,466,573

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12

<b>(a) Description of security or category (including name of security)</b>	<b>(b) Book value</b>	<b>(c) Method of valuation</b>
		Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		

---

**Total.** (Column (b) should equal Form 990, Part X, col (B) line 12)

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13

---

**Total.** (Column (b) should equal Form 990, Part X, col (B) line 13)

**Part IX Other Assets.** See Form 990, Part X, line 15

**Total.** (Column (b) should equal Form 990, Part X, col. (B) line 15.)

**Part X Other Liabilities.** See Form 990, Part X, line 25.

3. For 12 (ACC 712) Extracts. In Part XIV, around the

**2. Fin 48 (ASC 740) Footnote** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,947,922
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,241,293
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	706,629
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-292,484
9	Total adjustments (net) Add lines 4 - 8	9	-292,484
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	414,145

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	5,795,601
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	23,735
e	Add lines 2a through 2d	2e	23,735
3	Subtract line 2e from line 1	3	5,771,866
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	176,056
c	Add lines 4a and 4b	4c	176,056
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	5,947,922

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	5,241,293
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	5,241,293
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	5,241,293

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE INTENDED USE FOR THE ENDOWMENT FUNDS IS TO SUPPORT THE ORGANIZATION'S OPERATIONS, MISSION AND GROWTH OF ITS PROGRAMS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	SBH HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. PERIODS ENDING DECEMBER 31, 2007 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAX AUTHORITIES
PART XI, LINE 8 - OTHER ADJUSTMENTS		UNREALIZED LOSS ON INVESTMENTS -176,056 RENTAL EXPENSES 16,042 WRITE-OFF OF UNCOLLECTIBLE CONTRIBUTION RECEIVABLE -140,163 PARTNERSHIP LOSS 7,693
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 16,042 PARTNERSHIP LOSS 7,693
PART XII, LINE 4B - OTHER ADJUSTMENTS		UNREALIZED LOSS 176,056

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2010

**Open to Public  
Inspection**

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

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions

Department of the Treasury  
Internal Revenue Service

**Employer identification number**

23-7406410

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		<u>TOP GUN</u> (event type)	<u>AUCTION</u> (event type)	(total number)	
Revenue	1 Gross receipts . . .	110,566	599,049		709,615
	2 Less Charitable contributions . . .	110,566			110,566
	3 Gross income (line 1 minus line 2) . . .		599,049		599,049
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash prizes . . .	4,150			4,150
	6 Rent/facility costs . . .	8,670			8,670
	7 Food and beverages . . .	28,015	9,360		37,375
	8 Entertainment . . .	33,000			33,000
	9 Other direct expenses .	49,090	141,819		190,909
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				274,104
	11 Net income summary Combine lines 3 and 10 in column (d) . . . . .				324,945

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

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

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No  
b If "No," Explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No  
b If "Yes," Explain \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers? . . . . .  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .  Yes  No
- 13** Indicate the percentage of gaming activity operated in
- |            |  |
|------------|--|
| <b>13a</b> |  |
| <b>13b</b> |  |
- a** The organization's facility . . . . .
- b** An outside facility . . . . .
- 14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

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

Name ►

Address ►

**16** Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

 Director/officer Employee Independent contractor**17** Mandatory distributions

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

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

**Schedule I  
(Form 990)**

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

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

► Attach to Form 990

2010

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

---

Name of the organization

**NAME OF THE ORGANIZATION**

**Employer identification number**

23-740641C

## Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ □

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See Additional Data Table					

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 WHEN A CLIENT APPLIES FOR FUNDS FROM SBH THEY ARE ASSIGNED TO A PROFESSIONAL SOCIAL WORKER AND A MEMBER OF THE COMMITTEE ( CALLED A CAPTAIN) THE CAPTAIN AND SOCIAL WORKER MEET WITH THE CLIENT AND REVIEW FINANCES AND NEEDS OF THE CLIENT FAMILY A TREATMENT PLAN IS THEN DEVELOPED THAT INCLUDES A NUMBER OF THINGS SUCH AS SEEKING EMPLOYMENT OR JOB TRAINING, INCREASING INCOME THROUGH A BETTER PAYING POSITION, APPLYING FOR GOVERNMENT ENTITLEMENTS, COUNSELING, REDUCING EXPENSES THAT MAY INCLUDE, SEEKING LESS EXPENSIVE HOUSING, REDUCING UTILITY COSTS, BUDGETING AND DEBT REDUCTION INCLUDED IN THE PLAN MAY BE A TEMPORARY OR LONGER TERM ALLOCATION OF FUNDS THE FUNDS ARE GIVEN TO SUPPORT THE FAMILY DURING THE TREATMENT PLAN THE EXCEPTION IS CHRONIC CASES, SUCH AS THE ELDERLY OR CHRONICALLY ILL THAT CANNOT IMPROVE THEIR ECONOMIC SITUATION ALLOCATION IS BASED ON THE CLIENTS OVERALL BUDGET AND MAY INCLUDE AWARDS TOWARDS RENT, UTILITY COSTS, FOOD, AND MISCELLANEOUS EXPENSES THE ALLOCATED AMOUNTS TOWARD ANY EXPENSE IS BASED ON THE CLIENTS OVERALL BUDGET OF INCOME AND EXPENSES THE CASE MANAGEMENT COMMITTEE OR ALLOCATION COMMITTEE CONSISTING OF AT LEAST THREE BOARD MEMBERS OF SBH MUST APPROVE THE ALLOCATION OF FUNDS

**Software ID:**  
**Software Version:**  
**EIN:** 23-7406410  
**Name:** SBH COMMUNITY SERVICE NETWORK INC

**Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States**

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FINANCIAL AID	105	139,388			
CLIENTS RENT	302	401,220			
HOLIDAY	53	69,996			
FOOD VOUCHERS	178	236,340			
PSYCHIATRIC CARE	5	6,230			
TUTORING AND EDUCATIONAL AID	7	9,418			
CLIENT UTILITIES	145	192,801			
CHILD CARE	7	9,281			
MEDICAL SERVICE	8	10,250			
MEDICAL THERAPY	14	18,712			
MEDICAL SUPPLIES	1	93			
HOME SERVICE	11	15,229			
LEGAL FEES	2	2,500			
MOVING	7	9,350			
FLOWERS AND GIFTS	1	756			

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2010**Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**  
**► Attach to Form 990. ► See separate instructions.**

**Open to Public Inspection****Name of the organization**  
SBH COMMUNITY SERVICE NETWORK INC**Employer identification number**

23-7406410

**Part I Questions Regarding Compensation**

Yes

No

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment from the organization or a related organization?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DOUGLAS BALIN	(i) 154,178 0	0 0	0 0	0 0	0 0	9,744 0	163,922 0
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							

**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

Identifier	Return Reference	Explanation
------------	------------------	-------------

## NonCash Contributions

OMB No 1545-0047

2010

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

►Complete if the organization answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
► Attach to Form 990.

Name of the organization  
SBH COMMUNITY SERVICE NETWORK INC

Employer identification number

23-7406410

## Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		317,717	SALE OF GOODS
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ►( _____ ) . . . . .				
26 Other ►( _____ ) . . . . .				
27 Other ►( _____ ) . . . . .				
28 Other ►( _____ ) . . . . .				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .			29	

Yes No

30a No

31 No

32a No

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

**2010****Open to Public  
Inspection****Name of the organization**

SBH COMMUNITY SERVICE NETWORK INC

**Employer identification number**

23-7406410

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		ROBERT MATALON AND BARBARA MATALON HAVE A FAMILY RELATIONSHIP FRED BIJOU AND GLORIA BIJOU HAVE A FAMILY RELATIONSHIP RALPH TAWIL AND RONNIE TAWIL HAVE A FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE 990 IS REVIEWED BY SEVERAL BOARD MEMBERS PRIOR TO FILING WITH THE IRS INCLUDING THE PRESIDENT, TREASURER, AND THE AUDIT COMMITTEE THE 990 IS ALSO REVIEWED BY THE CHIEF BOOKKEEPER AND THE EXECUTIVE DIRECTOR ANY QUESTIONS OR ISSUES ARE REVIEWED WITH THE ACCOUNTANT FOR CLARIFICATION THE 990 IS SHARED WITH ALL BOARD MEMBERS AT A REGULARLY HELD BOARD MEETING AND REVIEWED BY THE TREASURER

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	IF THE PRESIDENT OF SBH DETERMINES THAT THERE IS A CONFLICT OF INTEREST, THE FOLLOWING SHALL APPLY (A) THE INDIVIDUAL IN QUESTION MAY TAKE NO PART IN SBH DECISIONS TO WHICH THE CONFLICT RELATES (B) IN ADDITION, WITH REFERENCE TO EMPLOYEES, THE PRESIDENT MAY PROHIBIT THE ACTIVITY GIVING RISE TO THE CONFLICT (C) IN ADDITION, WITH REFERENCE TO TRUSTEES, IF THE CONFLICT INVOLVES A MATTER UNDER CONSIDERATION BY THE BOARD OF TRUSTEES OR A COMMITTEE THEREOF, THE TRUSTEE (I) SHALL DISCLOSE SUCH INTEREST TO THE OTHER MEMBERS OF THE BOARD OR COMMITTEE, AND (II) SHALL NOT VOTE ON SUCH TRANSACTION OR ATTEMPT TO INFLUENCE THE DECISION DIRECTLY OR INDIRECTLY SUCH DISCLOSURE AND THE FACT THAT THE TRUSTEE DID NOT VOTE OR PARTICIPATE IN THE DELIBERATIONS SHALL BE RECORDED IN THE RELEVANT MINUTES EACH YEAR THE BOARD OF DIRECTORS ARE ASKED TO REVIEW THE CONFLICT OF INTEREST POLICY AS STATED IN THE COMPLIANCE DOCUMENT AND ASKED TO RESPOND IF NECESSARY REGARDING ANY CHSNGE OF STATUS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	UNREALIZED LOSS ON INVESTMENTS -176,056 RENTAL EXPENSES 16,042 WRITE-OFF OF UNCOLLECTIBLE CONTRIBUTION RECEIVABLE -140,163 PARTNERSHIP LOSS 7,693 TOTAL TO FORM 990, PART XI, LINE 5 -292,484

Identifier	Return Reference	Explanation
	FORM 990, PART XI, LINE 2C	THE FINANCIAL STATEMENTS ARE AUDITED ON AN ANNUAL BASIS. THE OVERSIGHT OF THE AUDITED FINANCIAL STATEMENTS HAS NOT CHANGED FROM PRIOR YEAR

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 23-7406410  
**Name:** SBH COMMUNITY SERVICE NETWORK INC

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week	<b>(C)</b> Position (check all that apply)					<b>(D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	<b>(E)</b> Reportable compensation from related organizations (W- 2/1099- MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
VICTOR GRAZI MD PRESIDENT	50	X		X			0	0	0
FORTUNE FAHAM VICE PRESIDENT	50	X		X			0	0	0
RONNIE TAWIL VICE PRESIDENT	50	X		X			0	0	0
ELY J HARARY VICE PRESIDENT	50	X		X			0	0	0
CHUCK MAMIYE VICE PRESIDENT	50	X		X			0	0	0
LEE COHEN TREASURER	50	X		X			0	0	0
ABDO SULTAN ASS'T TREASURER	50	X		X			0	0	0
VICKI ANGEL DIRECTOR	50	X					0	0	0
STEVE BALASIANO DIRECTOR	50	X					0	0	0
MARLENE BEN-DAYAN DIRECTOR	50	X					0	0	0
MAYER BALLAS MD DIRECTOR	50	X					0	0	0
LINDA BENUN DIRECTOR	50	X					0	0	0
RENA ASHEAR DIRECTOR	50	X					0	0	0
DAVID BEYDA DIRECTOR	50	X					0	0	0
ELLIOT BIBI LM DIRECTOR	50	X					0	0	0
FRED BIJOU DIRECTOR	50	X					0	0	0
GLORIA BIJOU DIRECTOR	50	X					0	0	0
HYMIE CHERA DIRECTOR	50	X					0	0	0
JACK DOUECK DIRECTOR	50	X					0	0	0
ALAN ESSES DIRECTOR	50	X					0	0	0
AL FALACK DIRECTOR	50	X					0	0	0
AJ GINDI DIRECTOR	50	X					0	0	0
JEFFREY GINDI DIRECTOR	50	X					0	0	0
R MICHAEL HABER DIRECTOR	50	X					0	0	0
EDMOND HARARY DIRECTOR	50	X					0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
MAYER CHEMTOB DIRECTOR	50	X					0	0	0
ROCHELLE MANSOUR DIRECTOR	50	X					0	0	0
BARBARA MATALON LM DIRECTOR	50	X					0	0	0
ROBERT MATALON LM DIRECTOR	50	X					0	0	0
MARGARET MISHAAN LM DIRECTOR	50	X					0	0	0
RABBI DAVID OZERI DIRECTOR	50	X					0	0	0
MARC DAHAN DIRECTOR	50	X					0	0	0
AMY SHALOM DIRECTOR	50	X					0	0	0
CAREY SUTTON DIRECTOR	50	X					0	0	0
RALPH TAWIL DIRECTOR	50	X					0	0	0
JEFFFERY TERZI DIRECTOR	50	X					0	0	0
MICHAEL WAHBA DIRECTOR	50	X					0	0	0
NANCY SUTTON DIRECTOR	50	X					0	0	0
EZRA ANTEBI DIRECTOR	50	X					0	0	0
DANIELLE MANDALAWI DIRECTOR	50	X					0	0	0
MORRIS BENUN DIRECTOR	50	X					0	0	0
SOL SASSON DIRECTOR	50	X					0	0	0
ALBERT AYAL DIRECTOR	50	X					0	0	0
EVA TAWIL DIRECTOR	50	X					0	0	0
DOUGLAS BALIN EXECUTIVE DIRECTOR	35 00		X				154,178	0	9,744

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)****4d. Other program services**

(Code	(Expenses \$	960,271 Including grants of \$	) (Revenue \$	394,204 )
1) MEDSTAR MEDICAL REFERRAL AND GUIDANCE- PROVIDES INFORMATION AND REFERRALS ON HEALTH CARE PROFESSIONALS, MEDICAL FACILITIES, AND REHABILITATION SETTINGS, HOLDS SEMINARS ON CONTEMPORARY MEDICAL TOPICS, PRESENTED BY RENOWNED EXPERTS IN THE MEDICAL COMMUNITY, OFFERS ANNUAL MEDICAL SCREENINGS SUCH AS MAMMOGRAPHY, PROSTATE, COLON, SKIN, BONE DENSITY, GLAUCOMA, AND CHOLESTEROL ITS NEW YORK COMMUNITY CANCER CENTER INCLUDES A SALON AND ROOMS FOR VARIOUS THERAPIES AS WELL AS A LIBRARY CONTAINING A WIDE RANGE OF RESOURCES A PERSON COULD ACCESS IN HIS OR HER SEARCH FOR DOCTORS, MEDICAL FACILITIES, FOLLOW-UP CARE, ETC 2) REACH FOR THE STARS SUNDAY PROGRAM - A WEEKLY FULL-DAY PROGRAM FOR 40 CHILDREN DIAGNOSED WITH AUTISM, ASPERGER'S, OR PDD IT OFFERS A RANGE OF THERAPIES SUCH AS SWIMMING (OFF PREMISES) AND STRUCTURED FREE PLAY 3) YOUTH AND YOUNG ADULT VOLUNTEERS- CONSIST OF A BIG BROTHER/BIG SISTER PROGRAM, HOME AND HOSPITAL VISITING, TUTORING, WEEKLY "HOMEWORK HELP" CLUB, ADOPT-A-GRANDPARENT, HELPING IN A SOUP KITCHEN, AND MANY OTHER ACTIVITIES 4) VOLUNTEERS- VISIT HOSPITALIZED AND HOMEBOUND COMMUNITY INDIVIDUALS PREPARE AND DELIVER MEALS, DRIVE SENIORS TO MEDICAL APPOINTMENTS 5) FOOD PANTRY - PROVIDES FOOD TO OVER 350 INDIVIDUALS AND FAMILIES MONTHLY MUCH OF ITS THRUST IS THE SENIOR, HOMEBOUND, UNEMPLOYED, IMMIGRANT, DISABLED, HOMELESS, AND SINGLE-PARENT-FAMILY POPULATIONS, AS WELL AS THE UNDEREMPLOYED NUCLEAR FAMILY 6) SCHOOL-BASED COUNSELING THROUGH THE TITLE I (NO CHILD LEFT BEHIND) PROGRAM IN LOCAL SCHOOLS				