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Return of Organization Exempt From Income Tax

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

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

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 7/01, 2010, and ending 6/30, 2011

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

THE COLLEGE OF STATEN ISLAND ASSOCIATION
2800 VICTORY BOULEVARD, RM 1C-202
STATEN ISLAND, NY 10314

D Employer Identification Number

13-2933777

E Telephone number

718-982-3084

G Gross receipts \$ 2,596,799.

F Name and address of principal officer A. RAMONA BROWN
SAME AS C ABOVEH(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included? ☐ Yes ☒ No

If 'No,' attach a list (see instructions)

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

J Website: WWW.CSI.CUNY.EDU

H(c) Group exemption number

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of Formation 1978

M State of legal domicile NY

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO DEVELOP AND CULTIVATE EDUCATIONAL AND SOCIAL RELATIONS AMONG STUDENTS, FACULTY, AND THE STAFF OF THE COLLEGE OF STATEN ISLAND.</u>	
	2	Check this box <input type="checkbox"/> 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)	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	6
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	88
	6	Total number of volunteers (estimate if necessary)	50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 635,553. Current Year 643,332.
	9	Program service revenue (Part VIII, line 2g)	1,838,579. 1,885,322.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	75,732. 57,042.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	57,415. 11,103.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,607,279. 2,596,799.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	77,717. 84,042.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,550,683. 1,627,566.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
Expenses	b	Total fundraising expenses (Part IX, column (A), line 25)	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	969,384. 974,613.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,597,784. 2,686,221.
	19	Revenue less expenses. Subtract line 18 from line 12	9,495. -89,422.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)
21		Total liabilities (Part X, line 26)	456,244. 397,539.
22		Net assets or fund balances. Subtract line 21 from line 20	2,015,568. 2,079,045.

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 <u>A. Ramona Brown</u>	Date <u>2/2/12</u>
	Type or print name and title <u>A. Ramona Brown, President</u>	Date <u>2/2/12</u>
Paid Preparer Use Only	Print/Type preparer's name <u>RONALD C. TOSKI, CPA</u>	Preparer's signature <u>Ronald C. Toski</u>
	Firm's name <u>TOSKI & CO., CPAS, P.C.</u>	Date <u>1/17/12</u>
	Firm's address <u>300 ESSJAY RD SUITE 115</u>	Check <input type="checkbox"/> if self employed
	<u>WILLIAMSVILLE, NY 14221</u>	PTIN <u>P01253472</u>
	Firm's EIN <u>16-1170608</u>	Phone no <u>(716) 634-0700</u>

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

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

617 25

SCANNED FEB 16 2012

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:

SEE SCHEDULE O

- 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 \$ 999,539. including grants of \$) (Revenue \$ 104,563.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 503,279. including grants of \$) (Revenue \$ 4,488.)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 417,895. including grants of \$ 43,508.) (Revenue \$ 12,753.)

SEE SCHEDULE O

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O

(Expenses \$ 457,388. including grants of \$ 40,534.) (Revenue \$ 12,753.)

4e Total program service expenses 2,378,101.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	21 X	
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? <i>If 'Yes,' complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23 X	
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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>	25a	X
b 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? <i>If 'Yes,' complete Schedule L, Part I</i>	25b	X
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? <i>If 'Yes,' complete Schedule L, Part II</i>	26	X
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? <i>If 'Yes,' complete Schedule L, Part III</i>	27	X
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)		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	32	X
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? <i>If 'Yes,' complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	34 X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

BAA

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 53		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 88		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3b		
4a 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		X
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.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a 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		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?	7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
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		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
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 line 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 12		
b Enter the number of voting members included in line 1a, above, who are independent 1b 6		
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	X
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	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? SEE SCHEDULE O	7a X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? SEE SCH O	7b X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 Is there any officer, director or 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	X

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	X
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 X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	12c X	
13 Does the organization have a written whistleblower policy?	13 X	
14 Does the organization have a written document retention and destruction policy?	14 X	
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 SEE SCHEDULE O	15a X	
b Other officers of key employees of the organization	15b X	
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	X
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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ► MARIANNE MCLAUGHLIN 2800 VICTORY BOULEVARD STATEN ISLAND NY 10314 718-982-3084

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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	Former			
(1) A. RAMONA BROWN PRESIDENT	3	X		X				0.	132,293.	23,813.
(2) KATRELL LEWIS VICE PRESIDENT	3	X		X				0.	0.	0.
(3) THOMAS BRENNAN SECRETARY	1	X		X				0.	87,119.	15,681.
(4) EDUARDO RIOS TREASURER	1	X		X				0.	139,784.	25,161.
(5) CARYL WATKINS DIRECTOR	1	X						0.	127,743.	22,994.
(6) VADIM OGANESYAN DIRECTOR	1	X						0.	95,400.	17,172.
(7) ARUNDHATI RAYCHADHURI DIRECTOR	1	X						0.	105,780.	19,040.
(8) ROBERTA VOGEL DIRECTOR	1	X						0.	131,842.	23,732.
(9) JOLANTA SMULSKI DIRECTOR	1	X						0.	0.	0.
(10) PAUL OLIVIER DIRECTOR	1	X						0.	0.	0.
(11) JESSICA NG DIRECTOR	1	X						0.	0.	0.
(12) SUZY SKY DIRECTOR	1	X						0.	0.	0.
(13) DESPINA MALAFIS DIRECTOR	1	X						0.	0.	0.
(14) MARIANNE MCLAUGHLIN EXECUTIVE DIRECTOR	35				X			109,087.	0.	22,852.
(15) CYNTHIA MURPHY EXECUTIVE DIRECTOR	35					X		104,854.	0.	22,464.
(16) _____										
(17) _____										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(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	Former			
(18) _____										
(19) _____										
(20) _____										
(21) _____										
(22) _____										
(23) _____										
(24) _____										
(25) _____										
(26) _____										
(27) _____										
(28) _____										
(29) _____										
1 b Sub-total								213,941.	819,961.	192,909.
c Total from continuation sheets to Part VII, Section A.								0.	0.	0.
d Total (add lines 1b and 1c)								213,941.	819,961.	192,909.

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 **2**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.

	Yes	No
3		X

4 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? If 'Yes' complete Schedule J for such individual.

4	X	
----------	---	--

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.

5		X
----------	--	---

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d	47,398.			
	e Government grants (contributions)	1 e	595,745.			
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	189.			
	g Noncash contributions included in lns 1a-1f. \$					
	h Total. Add lines 1a-1f		643,332.			
PROGRAM SERVICE REVENUE	2 a <u>STUDENT ACTIVITY FEES</u>	Business Code 611710	1,768,006.	1,768,006.		
	b <u>CHILDCARE PARENT FEES</u>	611710	104,563.	104,563.		
	c <u>STUDENT ORGANIZATIONS</u>	611710	12,753.	12,753.		
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,885,322.			
	OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		24,709.		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6 a Gross Rents		(i) Real (ii) Personal				
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
7 a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other	32,333.			
b Less: cost or other basis and sales expenses						
c Gain or (loss)			32,333.			
d Net gain or (loss)			32,333.			32,333.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities See Part IV, line 19		a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances		a				
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a <u>MISCELLANEOUS</u>	611710	6,615.	6,615.			
b <u>SPORTS INCOME</u>	611710	4,488.	4,488.			
c _____						
d All other revenue						
e Total. Add lines 11a-11d		11,103.				
12 Total revenue. See instructions		2,596,799.	1,896,425.	0.	57,042.	

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	41,808.	41,808.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	42,234.	42,234.		
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	109,087.	0.	109,087.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	1,149,269.	1,071,474.	77,795.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	97,790.	69,869.	27,921.	
9 Other employee benefits	151,602.	120,604.	30,998.	
10 Payroll taxes	119,818.	96,846.	22,972.	
11 Fees for services (non-employees):				
a Management				
b Legal	16,907.	13,173.	3,734.	
c Accounting	13,380.		13,380.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	222,418.	213,985.	8,433.	
12 Advertising and promotion	29,871.	29,531.	340.	
13 Office expenses	36,465.	31,384.	5,081.	
14 Information technology	10,774.	7,502.	3,272.	
15 Royalties				
16 Occupancy	1,104.	1,104.		
17 Travel	193,789.	193,465.	324.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,451.	20,067.	384.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,577.	3,700.	2,877.	
23 Insurance	41,949.	40,593.	1,356.	
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	119,307.	119,307.		
b REFRESHMENTS	106,117.	105,951.	166.	
c STUDENT ACTIVITIES	57,007.	57,007.		
d PRINTING AND PUBLICATIONS	53,628.	53,628.		
e CAP GOWN/HONORS	29,852.	29,852.		
f All other expenses	15,017.	15,017.		
25 Total functional expenses. Add lines 1 through 24f	2,686,221.	2,378,101.	308,120.	0.
26 Joint costs. Check here <input 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				

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Form 990 (2010)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing		1	7,799.
	2 Savings and temporary cash investments	1,182,026.	2	999,454.
	3 Pledges and grants receivable, net	4,351.	3	3,992.
	4 Accounts receivable, net	294,905.	4	272,863.
	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)		6	
	7 Notes and loans receivable, net		7	8,640.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	27,158.	9	27,149.
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 148,744.		
	b Less: accumulated depreciation	10b 130,414.	11,939.	10c 18,330.
	11 Investments — publicly traded securities	941,307.	11	1,138,357.
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	10,126.	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,471,812.	16	2,476,584.	
LIABILITIES	17 Accounts payable and accrued expenses	272,938.	17	268,292.
	18 Grants payable		18	
	19 Deferred revenue	179,980.	19	123,951.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	3,326.	21	5,296.
	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		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	456,244.	26	397,539.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	2,003,629.	30	2,060,715.
	31 Paid-in or capital surplus, or land, building, or equipment fund	11,939.	31	18,330.
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances.	2,015,568.	33	2,079,045.
	34 Total liabilities and net assets/fund balances.	2,471,812.	34	2,476,584.

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Form 990 (2010)

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	2,596,799.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,686,221.
3	Revenue less expenses. Subtract line 2 from line 1	3	-89,422.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	2,015,568.
5	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	152,899.
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	2,079,045.

Part XII Financial Statements and Reporting

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

☐1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ 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?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 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

d 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:

☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate 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?

b 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

BAA

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

THE COLLEGE OF STATEN ISLAND ASSOCIATION

Employer identification number

13-2933777

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 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
- a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III — Other
- e ☐ 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)**.
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐
- g 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?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3						
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 Public support. Subtract line 5 from line 4						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. 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 stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2010. 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2009. 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2010

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 yr 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.")	611,503.	633,028.	669,835.	653,411.	643,332.	3,211,109.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,660,307.	1,700,737.	1,745,583.	1,838,579.	1,885,322.	8,830,528.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	2,271,810.	2,333,765.	2,415,418.	2,491,990.	2,528,654.	12,041,637.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6)						12,041,637.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	2,271,810.	2,333,765.	2,415,418.	2,491,990.	2,528,654.	12,041,637.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	229,773.	100,043.	57,047.	41,312.	57,042.	485,217.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	229,773.	100,043.	57,047.	41,312.	57,042.	485,217.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV	2,261.	2,089.	18,569.	57,415.	11,103.	91,437.
13 Total support. (Add lines 9, 10c, 11, and 12)	2,503,844.	2,435,897.	2,491,034.	2,590,717.	2,596,799.	12,618,291.
14 First five years. 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 stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	15	95.4 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	94.6 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	3.9 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	4.8 %

19a 33-1/3% support tests – 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☒

b 33-1/3% support tests – 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

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

Part IV **Supplemental Information.** Complete this part to provide the 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).

[illegible]

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- ▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

THE COLLEGE OF STATEN ISLAND ASSOCIATION

13-2933777

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e g , recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 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.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 acquisition, 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
☐ b Scholarly research
☐ c Preservation for future generations
☐ d Loan or exchange programs
☐ e Other _____

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 organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a 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
1 c Beginning balance	
1 d Additions during the year	
1 e Distributions during the year	
1 f Ending balance	0.

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

b If 'Yes,' explain the arrangement in Part XIV SEE 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
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment _____ %
 b Permanent endowment _____ %
 c Term endowment _____ %

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

Part VI 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
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		148,744.	130,414.	18,330.
e Other				
Total. Add lines 1 a through 1 e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				18,330.

BAA

Schedule D (Form 990) 2010

Part VIII Investments—Other Securities. See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		

Part VIII Investments—Program Related. (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets. (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	

Part IX Other Liabilities. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	

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 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	2,596,799.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,686,221.
3	Excess or (deficit) for the year Subtract line 2 from line 1	-89,422.
4	Net unrealized gains (losses) on investments	152,899.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	152,899.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	63,477.

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	3,013,050.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	152,899.
b	Donated services and use of facilities	2b	263,352.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	416,251.
3	Subtract line 2e from line 1	3	2,596,799.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments 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	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,596,799.

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

1	Total expenses and losses per audited financial statements	1	2,949,573.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	263,352.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	263,352.
3	Subtract line 2e from line 1	3	2,686,221.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments 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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,686,221.

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, line 2; 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.

PART IV, LINE 2B - EXPLANATION OF ESCROW ACCOUNT LIABILITY

THE ASSOCIATION HOLDS FUNDS ON BEHALF OF CERTAIN GROUPS AND ORGANIZATIONS RELATED TO

THE COLLEGE OF STATEN ISLAND.

Part XIV Supplemental Information *(continued)*

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2010

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

**Open to Public
Inspection**

Name of the organization

THE COLLEGE OF STATEN ISLAND ASSOCIATION

Employer identification number

13-2933777

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. SEE PART IV

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COLLEGE OF STATEN ISLAND 2800 VICTORY BOULEVARD STATEN ISLAND, NY 10314	13-2547180	501 (C) (3)	30,500.	10,308. FMV		BOOKS	SCHOLARSHIPS / AWARDS
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

2 Enter total number of section 501(c)(3) and government organizations. 1

3 Enter total number of other organizations 0

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3901L 10/29/10

Schedule I (Form 990) 2010

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.
Part III can be duplicated 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
1 ESSAY CONTEST WINNERS	7	3,148.			
2 GRADUATE SCHOOL ASSISTANCE	14	4,875.			
3 MEMORIAL AWARDS	9	1,700.			
4 SCHOLARSHIPS	1	1,000.			
5 STIPENDS TO STUDENT LEADERS	27	31,511.			
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

THE ASSOCIATION MONITORS THE USAGE OF THE FUNDS BY REQUESTING AN EXPENDITURE REPORT

DETAILING HOW THE FUNDS WERE USED.

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION

THE ASSOCIATION MAKES GRANTS TO ITS PARENT ORGANIZATION, THE COLLEGE OF STATEN

ISLAND, FOR THE PURPOSE OF SUPPORTING ITS STUDENT SCHOLARSHIP PROGRAM. ALL FUNDS

REMITTED TO THE COLLEGE ARE USED TO FUND SCHOLARSHIPS GRANTED TO STUDENTS WHO

MATRICULATE AT THE COLLEGE. THE RECIPIENT STUDENTS ARE SELECTED BY THE COLLEGE'S

SCHOLARSHIP COMMITTEE.

THE ASSOCIATION LIKEWISE MAKES PERIODIC CASH AND NON-CASH PAYMENTS TO STUDENTS FOR

BAA

Schedule I (Form 990) 2010

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION (CONTINUED)

STIPENDS, AWARDS, AND FINANCIAL ASSISTANCE. THE ASSOCIATION PROVIDES FINANCIAL ASSISTANCE TO STUDENTS UPON A SHOWING OF NEED. STIPENDS AND AWARDS ARE PROVIDED TO STUDENTS BASED ON THE ATTAINMENT OF CETIAN GOALS. ALL AMOUNTS REMITTED TO STUDENTS ARE LESS THAN \$5,000.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**
► **Attach to Form 990. ► See separate instructions.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

THE COLLEGE OF STATEN ISLAND ASSOCIATION

Employer identification number

13-2933777

Part I Questions Regarding Compensation

1 a 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 on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 checked="" 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 section 501(c)(3) and 501(c)(4) organizations 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 Regulations 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)?

Yes No

1 b

2

4 a

4 b

4 c

5 a

5 b

6 a

6 b

7

8

9

X

X

X

X

X

X

X

X

X

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

Part III 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 and incentive compensation	(iii) Other reportable compensation				
1 A. RAMONA BROWN	(i) 0	0	0	0	0	0	0
2 EDUARDO RIOS	(ii) 47,045	0	85,248	0	23,813	156,106	0
3 CARYL WATKINS	(i) 0	0	0	0	0	0	0
4 ROBERTA VOGEL	(ii) 139,784	0	0	0	25,161	164,945	171,037
5	(i) 0	0	0	0	0	0	0
6	(ii) 115,849	0	11,894	0	22,994	150,737	126,024
7	(i) 0	0	0	0	0	0	0
8	(ii) 115,849	0	15,993	0	23,732	155,574	124,936
9	(i) 0	0	0	0	0	0	0
10	(ii) 0	0	0	0	0	0	0
11	(i) 0	0	0	0	0	0	0
12	(ii) 0	0	0	0	0	0	0
13	(i) 0	0	0	0	0	0	0
14	(ii) 0	0	0	0	0	0	0
15	(i) 0	0	0	0	0	0	0
16	(ii) 0	0	0	0	0	0	0

TEEA4102L 11/15/10

Schedule J (Form 990) 2010

BAA

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.

Area with horizontal dashed lines for supplemental information.

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

THE COLLEGE OF STATEN ISLAND ASSOCIATION

Employer identification number

13-2933777

FORM 990, PART I, LINE 3

THERE ARE 13 BOARD MEMBERS LISTED ON PART VII OF FORM 990. THE PRESIDENT IS NOT A
VOTING MEMBER OF THE BOARD UNLESS THE BOARD REACHES A TIE ON BOARD MATTERS;
THEREFORE, THE ASSOCIATION HAD 12 VOTING BOARD MEMBERS AND 1 NON-VOTING BOARD MEMBER
AS OF JUNE 30, 2011.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

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

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

QUALITY CHILD CARE AND EARLY EDUCATION PROGRAMS WERE PROVIDED TO CHILDREN OF CSI
STUDENTS WHILE THEY WERE ATTENDING CLASSES, WORKING, AND PARTICIPATING IN OTHER
SCHOOL-RELATED ACTIVITIES. THESE PROGRAMS INCLUDED AN INFANT/TODDLER PROGRAM, A
PRESCHOOL PROGRAM AND A DEPARTMENT OF EDUCATION SPONSORED UNIVERSAL PREKINDERGARTEN
PROGRAM ACCOMMODATING APPROXIMATELY 130 CHILDREN PER SEMESTER. THE CHILDREN'S CENTER
ALSO SERVED AS A SITE FOR COURSE-REQUIRED STUDENT OBSERVATIONS AND FIELDWORK. DURING
THE 2010/2011 ACADEMIC YEAR, FOUR STUDENTS FROM THE EDUCATION DEPARTMENT COMPLETED
150 HOURS OF SUPERVISED PRACTICUM IN THE PRESCHOOL ROOMS. APPROXIMATELY 111 STUDENTS
TAKING COURSES IN THE CSI EDUCATION AND PSYCHOLOGY DEPARTMENTS WERE ACCOMMODATED FOR
COURSE RELATED OBSERVATIONS OF ONE HOUR TO 20 HOURS. THE CENTER SERVED AS A WORK
SETTING FOR FIVE COLLEGE WORK-STUDY STUDENTS. IN ADDITION, THE CENTER HOSTED A
BOROUGH-WIDE INFORMATION SESSION ON THE NATIONAL ASSOCIATION FOR THE EDUCATION OF
YOUNG CHILDREN'S ACCREDITATION PROCESS IN CONJUNCTION WITH THE NEW YORK CITY
ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN AND TEACHING STAFF PARTICIPATED IN

Name of the organization

Employer identification number

THE COLLEGE OF STATEN ISLAND ASSOCIATION

13-2933777

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

THE JANUARY 2011 CUNY STAFF DEVELOPMENT DAY WHICH WAS HELD AT NEW YORK CITY COLLEGE OF TECHNOLOGY.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

THROUGH INVOLVEMENT WITH THE INTERCOLLEGIATE ATHLETIC AND INTRAMURAL PROGRAMS, STUDENTS WERE PROVIDED WITH OPPORTUNITIES TO STRENGTHEN THE BODY AS WELL AS THE MIND. APPROXIMATELY 400 STUDENTS PER WEEK TOOK ADVANTAGE OF WEEKLY ON-CAMPUS INTRAMURAL ACTIVITIES (BASKETBALL, SOFTBALL, DARTS, PING PONG, BOARD GAMES, RACQUETBALL, AIR HOCKEY AND GROUP WALKING) AIMED AT ENCOURAGING STUDENT INVOLVEMENT, PHYSICAL FITNESS, AND BUILDING CAMPUS COMMUNITY. IN ADDITION, FUNDING WAS PROVIDED FOR 13 NCAA DIVISION III ATHLETIC TEAMS PLUS CSI'S BUDDING CLUB SPORTS OF COEDUCATIONAL CHEERLEADING AND MEN'S AND WOMEN'S TRACK & FIELD. UNDER THE GUIDANCE AND SUPERVISION OF SOME OF THE REGION AND NATION'S BEST COACHES, APPROXIMATELY 200 STUDENT-ATHLETES PARTICIPATED IN APPROXIMATELY 260 HOME AND AWAY CONTESTS. THROUGHOUT THE YEAR THE THE CITY UNIVERSITY OF NEW YORK ATHLETIC CONFERENCE (CUNYAC) AWARDED CSI WITH 35 WEEKLY HONORS AND NAMED 33 ATHLETES TO ALL-STAR TEAMS. THE BASEBALL AND SOFTBALL TEAMS WON CUNYAC 2011 CHAMPIONSHIPS, WHILE WOMEN'S SOCCER, MEN'S SWIMMING AND MEN'S BASKETBALL ALL TOOK REGULAR SEASON TITLES. ON THE ACADEMIC SIDE, 81 OF CSI'S ATHLETES WERE DESIGNATED AS SCHOLAR-ATHLETES, WHILE FOUR WERE GIVEN HONORABLE MENTIONS AS CUNYAC SCHOLAR-ATHLETES OF THE YEAR.

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

THE CSI EMERGING LEADERS PROGRAM ("ELP"), FUNDED IN PART BY THE CSI ASSOCIATION, PROMOTED LEADERSHIP, EXCELLENCE AND CIVIC ENGAGEMENT THROUGH A SERIES OF STRUCTURED WORKSHOPS, EXPERIENTIAL PROGRAMS AND CIVIC ENGAGEMENT OPPORTUNITIES FOCUSED ON LEADERSHIP SKILLS, COLLABORATION, CIVIC ENGAGEMENT, DIVERSITY, GOAL SETTING AND COMMUNICATION SKILLS. THERE WERE 30 STUDENT LEADERS ENROLLED IN THIS FULL-YEAR COLLABORATIVE PROGRAM FOR THE 2010-2011 ACADEMIC YEAR. STUDENTS PARTICIPATED IN 14

Name of the organization

Employer identification number

THE COLLEGE OF STATEN ISLAND ASSOCIATION

13-2933777

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

SKILL BUILDING WORKSHOPS TAUGHT BY CSI FACULTY AND STAFF THROUGHOUT THE YEAR AND WERE REQUIRED TO VOLUNTEER AT LEAST 50 HOURS WITH A NY BASED NON-PROFIT ORGANIZATION DURING THE YEAR.

DURING THE SPRING OF 2011, THE COLLEGE OF STATEN ISLAND'S DIVISION OF STUDENT AFFAIRS / OFFICE OF STUDENT LIFE PRESENTED "ONE WORLD, MANY DIFFERENCES: CIVILITY. PEACE. RESPECT", A CSI LEADERSHIP CONFERENCE. THE EVENT WAS OPEN TO CSI STUDENTS, FACULTY AND STAFF AND THE GREATER STATEN ISLAND COMMUNITY. THERE WERE ALSO PARTICIPANTS FROM SEVERAL AREA COLLEGES AND UNIVERSITIES WHICH PROVIDED AN OPPORTUNITY FOR STUDENTS AND PROFESSIONALS TO MEET, NETWORK AND SHARE IDEAS, OPPORTUNITIES AND CONCEPTS IN CIVILITY, LEADERSHIP AND CULTURAL COMPETENCY. THIS 4TH ANNUAL LEADERSHIP CONFERENCE WAS AN INSPIRING, FULL-DAY CONFERENCE THAT PROVIDED THE OPPORTUNITY FOR PARTICIPANTS TO ACQUIRE AND DEVELOP THE KNOWLEDGE AND SKILLS NEEDED TO LEAD DIVERSE ORGANIZATIONS AND INCREASE THEIR CULTURAL COMPETENCE IN WORKING WITH DIVERSE INDIVIDUALS AND GROUPS. PARTICIPANTS LEARNED HOW TO USE THEIR KNOWLEDGE AND SKILLS TO BE CATALYSTS FOR CHANGE AT CSI AND IN THEIR RESPECTIVE COMMUNITIES. THIS PROGRAM, A COLLABORATIVE INITIATIVE OF THE CAMPUS ACTIVITIES BOARD, THE CUNY BLACK MALE INITIATIVE/CSI OFFICE OF ACCESS AND SUCCESS PROGRAMS, AND THE ERNESTO MALAVE LEADERSHIP ACADEMY AT CUNY, WAS MADE POSSIBLE IN PART BY STUDENT ACTIVITY FEE FUNDS PROVIDED BY THE CAMPUS ACTIVITIES BOARD.

FUNDING WAS PROVIDED TO ASSIST COLLEGE OFFICES WITH PROVIDING QUALITY SERVICES AND PROGRAMS THAT SUPPORT THE ACADEMIC MISSION OF THE COLLEGE AND ENHANCE THE LEARNING AND DEVELOPMENT OF ITS WIDELY DIVERSE POPULATION OF STUDENTS. SUPPORT INCLUDED FUNDING FOR PROFESSIONAL AND SUPPORT STAFF IN THE OFFICE OF STUDENT LIFE, INTERCOLLEGIATE ATHLETIC OFFICE AND COLLEGE HEALTH CENTER. FUNDING WAS ALSO

Name of the organization

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THE COLLEGE OF STATEN ISLAND ASSOCIATION

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FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

PROVIDED TO SUPPORT THE COLLEGE'S COMMENCEMENT EXERCISES, NURSING PINNING CEREMONIES, ANNUAL AWARDS BANQUETS, THE HONORS CONVOCATION AND OTHER COMMENCEMENT-RELATED ACTIVITIES.

THROUGH FUNDING FOR A CONTRACT WITH STATEN ISLAND UNIVERSITY HOSPITAL FOR SERVICES IN THE HEALTH CENTER, NURSE PRACTITIONERS SAW 1,347 SCHEDULED STUDENTS FOR VARIOUS REASONS, INCLUDING REQUIRED PHYSICAL EXAMS FOR THE PED 190 CLASS, NURSING, PHYSICAL THERAPY, STUDENT TEACHING, AND TEAM SPORTS. ADDITIONALLY, THE NURSE PRACTITIONERS PROVIDED A VARIETY OF SERVICES FOR NUMEROUS WALK-IN STUDENTS INCLUDING, BUT NOT LIMITED TO, TREATMENT OF SICK AND INJURED, IMMUNIZATIONS, TUBERCULIN SKIN TESTING, ADVICE AND COUNSELING FOR CHRONIC DISEASES, PREGNANCY, CONTRACEPTION, SEXUALLY TRANSMITTED INFECTIONS, DIET AND EXERCISE AND REFERRALS TO OUTSIDE AGENCIES. NURSE PRACTITIONERS ALSO REFERRED STUDENTS WITH COMPLEX CASES TO STATEN ISLAND UNIVERSITY HOSPITAL'S COLLABORATING PHYSICIANS FOR LOW COST SERVICES.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

FORTY-FIVE STUDENT CLUBS WERE CHARTERED AND SPONSORED OVER 186 EVENTS WITH OVER 5,453 STUDENTS PARTICIPATING. THROUGH INVOLVEMENT IN THESE CLUBS, OPPORTUNITIES WERE PROVIDED FOR STUDENTS TO COMPLEMENT THEIR ACADEMIC PROGRAM OF STUDIES, AND TO EDUCATE STUDENTS ON A NUMBER OF ISSUES IN OUR SOCIETY AND WORLD, INCLUDING EQUALITY AND GENDER ISSUES, SUSTAINABILITY, THE VALUE OF HELPING THOSE IN NEED, VETERAN ISSUES AND THE NEED FOR PEACE AROUND THE WORLD. CLUBS COLLABORATED ON A NUMBER OF EVENTS THROUGHOUT THE YEAR. THE GAY STRAIGHT ALLIANCE WORKED WITH THE I AM STATEN ISLAND CAMPAIGN TO IMPLEMENT A "CSI AGAINST HATE" PROGRAM. THE PROGRAM WAS A CHANCE FOR STUDENTS, FACULTY AND STAFF TO SPEAK UP AGAINST HATE CRIMES. THE OUI CLUB SPONSORED THEIR 2ND ANNUAL SPREAD A LITTLE LOVE FUNDRAISER FOR DISASTER RELIEF AND THE EVENT RAISED MORE THAN \$1,000 FOR THE AMERICAN RED CROSS. CLUBS TOOK AN ACTIVE

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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

ROLE IN COMMUNITY SERVICE PROJECTS INCLUDING PARTICIPATING IN THE JUVENILE DIABETES RESEARCH FOUNDATION WALK AND RELAY FOR LIFE AND HOSTED A NUMBER OF PHILANTHROPIC INITIATIVES INCLUDING FUNDRAISERS FOR AUTISM SPEAKS, BREAST CANCER INITIATIVES AND THE LIGHT AND LOVE HOME.

THE CAMPUS ACTIVITIES BOARD ("CAB") SPONSORED OVER 79 EVENTS WITH OVER 16,484 STUDENTS PARTICIPATING. CAB COORDINATED A SUICIDE PREVENTION DAY PROGRAM IN MARCH THAT FOCUSED ON PROVIDING INFORMATION AND EDUCATION FOR STUDENTS ABOUT RESOURCES AVAILABLE AND WAYS TO HELP PREVENT SUICIDE. THE DAY FEATURED THE ALIVE! MENTAL HEALTH FAIR WITH THE FOUNDER OF 1-800-SUICIDE, REESE BUTLER AND AN EVENING WITH JAMIE TWORKOWSKI, FOUNDER OF TWLOHA (TO WRITE LOVE ON HER ARMS). CAB PARTNERED WITH THE CENTER FOR THE ARTS ON TWO PERFORMANCES - BLACK VIOLIN AND MARK NIZER. THEY ALSO PARTNERED WITH THE OFFICE OF STUDENT LIFE TO HOST THE 4TH ANNUAL STUDENT LEADERSHIP CONFERENCE ENTITLED "ONE WORLD, MANY DIFFERENCES" AND SUPPORTED THE COLLEGE OF STATEN ISLAND RELAY FOR LIFE PROGRAM. FUNDING WAS PROVIDED FOR A NUMBER OF CAMPUS-WIDE INITIATIVES THROUGH THE CAB COMMUNITY PROPOSAL PROCESS SUCH AS THE COUNSELING CENTER'S MOOD MATTERS PROGRAM AND THE CSI COMMUNITY FALL FESTIVAL, AS WELL AS FOR POPULAR PROGRAMS SUCH AS TAKE ME AWAY TUESDAYS, THE GDL CAFÉ AND THE FILM SERIES WHICH WERE CONTINUED WITH HIGH PARTICIPATION AND SUCCESS.

STUDENTS INTERESTED IN WSIA, THE COLLEGE'S STUDENT-RUN RADIO STATION, WERE PROVIDED WITH BROADCAST TRAINING AND WERE INVOLVED WITH THE STATION AS DJs, NEWSCASTERS, ENGINEERS, OR WITH UNDERWRITING SOLICITATIONS. THEY TOOK PART IN BROADCASTING MUSIC, NEWS AND SPORTS PROGRAMMING 24 HOURS A DAY ON WSIA. THEY ALSO PARTICIPATED IN GENERAL AND ON-AIR WORKSHOPS TO LEARN SKILLS RELATED TO RADIO BROADCASTING AND COLLABORATED WITH THE NEW YORK CITY PARKS DEPARTMENT TO PRODUCE OUTDOOR CONCERTS AT

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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

THE GREENBELT RECREATION CENTER IN THE LOCAL COMMUNITY.

STUDENTS WERE INVOLVED IN PUBLISHING 17 ISSUES OF FIVE DIFFERENT PUBLICATIONS

(NEWSPAPERS, ART AND LITERATURE MAGAZINES, POLITICAL MAGAZINES, VISUAL ARTS

MAGAZINES AND A HUMOR MAGAZINE). STUDENTS INVOLVED IN PUBLISHING SERPENTINE, AN ART

AND LITERATURE MAGAZINE, SPONSORED TWO FICTION COMPETITION EVENTS THAT WERE ATTENDED

BY APPROXIMATELY 70 STUDENTS, WHILE STUDENTS INVOLVED WITH THIRD RAIL (A POLITICAL

MAGAZINE) HOSTED A FILM SCREENING THAT WAS ATTENDED BY APPROXIMATELY 25 STUDENTS.

THE STUDENT GOVERNMENT CONTINUED MANY OF ITS EXCELLENT PROGRAMS DURING THE YEAR.

STUDENTS FROM SEVEN DIFFERENT ACADEMIC DEPARTMENTS, CHOSEN BY THE STUDENT GOVERNMENT

ACADEMIC AND CURRICULAR AFFAIRS COMMISSION, WERE AWARDED SCHOLARSHIPS TO BE USED

TOWARDS THEIR TUITION AT CSI. THE GRADUATE SCHOOL ASSISTANCE PROGRAM, AN INITIATIVE

WHICH PROVIDES FINANCIAL SUPPORT FOR STUDENTS INTERESTED IN APPLYING FOR ADMISSION

TO GRADUATE SCHOOLS, CONTINUED TO BE ONE OF THE STUDENT GOVERNMENT'S MOST POPULAR

PROGRAMS WITH OVER FORTY STUDENTS PICKING UP APPLICATIONS, MANY OF WHOM RECEIVED

GRANTS OF UP TO \$400 EACH. FUNDS CONTINUED TO BE CONTRIBUTED TO THE TEXTBOOKS FOR

THE LIBRARY PROGRAM AND TOWARDS THE COLLEGE'S SCHOLARSHIP FUND. FUNDING WAS ALSO

PROVIDED FOR COLLEGE PROGRAMS AND INITIATIVES SUCH AS NEW STUDENT ORIENTATION, THE

CSI INVOLVEMENT FAIR, THE ANNUAL CSI STUDENT LEADERSHIP RETREAT, THE FOURTH ANNUAL

LEADERSHIP CONFERENCE, NURSING LOBBY DAY, CATALYST LEADERSHIP TRAINING PROGRAM,

CHINESE BRUSH PAINTING WORKSHOP, THE HONORS CONVOCATION AND THE ACADEMIC RESEARCH

CONFERENCE. NEW INITIATIVES FOR THE YEAR INCLUDED THE CAMPUS CENTER TREASURE HUNT,

WHERE STUDENTS WERE ENCOURAGED TO LEARN MORE ABOUT THE CAMPUS CENTER BY VISITING ALL

THE OFFICES IN THE BUILDING AND ASKING PERTINENT QUESTIONS ABOUT EACH OFFICE, A

CANDIDATE'S FORUM, WHERE LOCAL POLITICIANS WERE INVITED TO SPEAK, AND AN ESSAY

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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

CONTEST FOR STUDENTS WITH DISABILITIES. STUDENT LEADERS WORKED ON DEVELOPING A STUDENT BILL OF RIGHTS WHICH THEY PRESENTED TO THE COLLEGE COUNCIL. STUDENT GOVERNMENT PARTICIPATED IN THE RELIEF EFFORTS FOR THE VICTIMS OF THE JAPAN EARTHQUAKE THROUGH VARIOUS FUNDRAISING EFFORTS CULMINATING IN A JAPAN BENEFIT CONCERT. THEIR EFFORTS RESULTED IN \$1,654 BEING DONATED TO THE RED CROSS DISASTER RELIEF FUND.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

MEMBERSHIP OF THE ASSOCIATION CONSISTS OF THIRTEEN MEMBERS AS FOLLOWS: THE PRESIDENT OF THE COLLEGE OR HIS/HER DESIGNEE, THREE ADMINISTRATORS APPOINTED BY THE COLLEGE PRESIDENT, THREE FACULTY MEMBERS SELECTED BY THE COLLEGE PRESIDENT FROM A PANEL OF SIX FACULTY ELECTED ANNUALLY BY THE FACULTY, THE PRESIDENT OF THE STUDENT GOVERNMENT AND TWO UPPER DIVISION AND THREE LOWER DIVISION STUDENTS ELECTED BY AND FROM THE STUDENT BODY OF THE COLLEGE

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

THE PRESIDENT OF THE COLLEGE (A RELATED ENTITY) HAS THE RIGHT OF FINAL REVIEW AND MAY DISAPPROVE ACTIONS TAKEN BY THE BOARD AND SEND THOSE ITEMS BACK TO THE BOARD OF DIRECTORS FOR RECONSIDERATION. DURING THIS YEAR THE PRESIDENT HAS NOT HAD REASON TO EXERCISE THIS RIGHT.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A COPY OF THE 990 WAS CIRCULATED TO BOARD MEMBERS BY THE EXECUTIVE DIRECTOR FOR DISCUSSION AND COMMENT. EACH BOARD MEMBER WAS PROVIDED AMPLE OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 990 PRIOR TO ITS ELECTRONIC FILING WITH THE IRS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

EACH OFFICER, DIRECTOR, TRUSTEE, AND KEY EMPLOYEE OF THE ASSOCIATION IS REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST THAT ARISE BY VIRTUE OF EMPLOYMENT,

Name of the organization

THE COLLEGE OF STATEN ISLAND ASSOCIATION

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FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)

BOARD SERVICE, OR POSITION WITHIN THE ASSOCIATION. THE ASSOCIATION MONITORS

COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY THROUGH AN ANNUAL

QUESTIONNAIRE/DISCLOSURE STATEMENT THAT IS DISTRIBUTED TO THESE INDIVIDUALS. NO

CONFLICT OF INTEREST WAS IDENTIFIED IN THE CURRENT FISCAL YEAR. POTENTIAL CONFLICTS

ARE INVESTIGATED IMMEDIATELY.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG

THE ASSOCIATION'S TOP MANAGEMENT OFFICIAL'S (EXECUTIVE DIRECTOR) COMPENSATION IS

SET BY THE ASSOCIATION'S PERSONNEL COMMITTEE. THE COMMITTEE USES COMPARABILITY DATA

TO SET COMPENSATION STANDARDS (INCLUDING SALARY RANGES AND FRINGE BENEFITS) WHERE

FEASIBLE. THE COMPENSATION PAID TO THE EXECUTIVE DIRECTOR (AND ALL OTHER

NON-UNIONIZED EMPLOYEES) ARE COMPARABLE TO POSITIONS AT THE AFFILIATED COLLEGE WITH

SIMILAR RESPONSIBILITIES. THE RECOMMENDATIONS OF THE PERSONNEL COMMITTEE ARE

SUBJECT TO APPROVAL BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ON THE ORGANIZATION'S WEBSITE.

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 7

THE COLLEGE OF STATEN ISLAND ASSOCIATION

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FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS

	\$	152,899.
TOTAL	\$	<u>152,899.</u>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

THE COLLEGE OF STATEN ISLAND ASSOCIATION

Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

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Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) THE COLLEGE OF STATEN ISLAND 280 VICTORY BOULEVARD STATEN ISLAND, NY 10314 13-2547180	EDUCATION		501 (C) (3)	6	N/A		X
(2) RESEARCH FOUNDATION OF CUNY 230 W 41ST NEW YORK, NY 10036 13-1988190	RESEARCH		501 (C) (3)	7	N/A		X
(3) THE COLLEGE OF STATEN ISLAND FOUND 2800 VICTORY BOULEVARD STATEN ISLAND, NY 10314 13-3683723	FUND RAISING		501 (C) (3)	11	N/A		X
(7) -----							

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												

(2) -----												

(3) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) -----							

(2) -----							

(3) -----							

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) THE COLLEGE OF STATEN ISLAND	B	40,808.	
(2) THE COLLEGE OF STATEN ISLAND	C	305,850.	
(3) THE COLLEGE OF STATEN ISLAND	K	304,385.	
(4) THE COLLEGE OF STATEN ISLAND	L	20,652.	
(5) THE COLLEGE OF STATEN ISLAND	M	242,700.	
(6) THE COLLEGE OF STATEN ISLAND	O	72,703.	

Part VIII Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Dispropor- tionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) ----- ----- ----- -----										
(2) ----- ----- ----- -----										
(3) ----- ----- ----- -----										
(4) ----- ----- ----- -----										
(5) ----- ----- ----- -----										
(6) ----- ----- ----- -----										
(7) ----- ----- ----- -----										
(8) ----- ----- ----- -----										

Part VII	Supplemental Information
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Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

[illegible]

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SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

THE COLLEGE OF STATEN ISLAND ASSOCIATION

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PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2010	2009	2008	2007	2006
SPORTS INCOME	6,615.	18,247.	7,605.		
MISCELLANEOUS	4,488.	39,168.	10,964.	2,089.	2,261.
TOTAL	<u>\$ 11,103.</u>	<u>\$ 57,415.</u>	<u>\$ 18,569.</u>	<u>\$ 2,089.</u>	<u>\$ 2,261.</u>

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545 1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	THE COLLEGE OF STATEN ISLAND ASSOCIATION INC.	13-2933777
	Number, street, and room or suite number. If a P O box, see instructions.	
	2800 VICTORY BOULEVARD, RM 1C-202	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	STATEN ISLAND, NY 10314	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of . ►
- MARIANNE MCLAUGHLIN

Telephone No. ► 718-982-3084

FAX No. ► _____

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☐ calendar year 20____ or
- ☒ tax year beginning 7/01, 20 10, and ending 6/30, 20 11.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Paperwork Reduction Act Notice, see Instructions.Form **8868** (Rev. 1-2011)