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2012

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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

A For the 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012

B Check if applicable

 Address change Name change Initial return Terminated Amended return Application pendingC Name of organization
SBH COMMUNITY SERVICE NETWORK INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
425 KINGS HIGHWAYCity or town, state or country, and ZIP + 4
BROOKLYN, NY 11223

D Employer identification number

23-7406410

E Telephone number

(718) 787-1100

G Gross receipts \$ 6,764,530

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

H(c) Group exemption number ►

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

J Website: ► WWW.SBHONLINE.ORG

K Form of organization Corporation Trust Association Other ►

L Year of formation 1974

M State of legal domicile NY

Part I Summary

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

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	36
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	36
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	71
6 Total number of volunteers (estimate if necessary)	6	925
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	-2,568

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,516,636	5,440,237
9 Program service revenue (Part VIII, line 2g)	510,161	626,938
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,041	33,564
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	77,120	-453,739
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,109,958	5,647,000

	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,620,521	1,610,352
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,433,014	2,717,520
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25)		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,771,786	2,367,744
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,825,321	6,695,616
19 Revenue less expenses Subtract line 18 from line 12	-715,363	-1,048,616

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	13,647,962	12,215,528
21 Total liabilities (Part X, line 26)	296,379	316,926
22 Net assets or fund balances Subtract line 21 from line 20	13,351,583	11,898,602

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	*****	2013-10-13
	Signature of officer	Date
LEE COHEN TREASURER		
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name FREDERICK H ROTHMAN	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P01275277
	Firm's name ► LOEB & TROPER LLP			Firm's EIN ► 13-1517563
	Firm's address ► 655 THIRD AVENUE 12TH FLOOR NEW YORK, NY 10017			Phone no (212) 867-4000

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

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

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 1,009,239 including grants of \$) (Revenue \$ 395,089)
N Y STATE OFFICE OF MENTAL HEALTH LICENSED ARTICLE 31 CLINIC, HAS OVER 200 CASES, THE PROGRAM TREATS INDIVIDUALS, COUPLES, FAMILIES, AND GROUPS LICENSE WAS EXPANDED BY O M H THIS YEAR TO INCLUDE CHILDREN AND ADOLESCENTS FIVE TO EIGHTEEN YEARS OF AGE	
4b	(Code) (Expenses \$ 2,740,795 including grants of \$ 1,610,352) (Revenue \$)
CLIENT SERVICES HAS 800-900 CASES, PROVIDES ASSISTANCE WITH ACTIVITIES OF DAILY LIVING, DIRECT ALLOCATION OF FUNDS, ASSISTANCE WITH UTILITIES AND RENT, HELP IN OBTAINING GOVERNMENT ENTITLEMENTS	
4c	(Code) (Expenses \$ 210,237 including grants of \$) (Revenue \$ 231,849)
COMMUNITY SERVICES FULL SERVICE ASSESSMENT, CAREER COUNSELING, AND MENTORING AND JOB PLACEMENT PROGRAM, ASSISTING THE UNEMPLOYED, UNDEREMPLOYED, AND PEOPLE WHO HAVE LOST THEIR JOBS OR BUSINESSES, OR WOULD LIKE TO ENTER OR RE-ENTER THE WORKFORCE, IT HAS JOB PLACEMENT COUNSELORS, JOB DEVELOPERS, AND JOB COACHES ITS BUDGET, DEBT AND CREDIT COUNSELING COMPONENT ADDRESSES THE FINANCIAL/BUDGETARY NEEDS OF INDIVIDUALS AND FAMILIES	
4d	(Code) (Expenses \$ 934,749 including grants of \$) (Revenue \$)
1) MEDSTAR MEDICAL REFERRAL AND GUIDANCE PROVIDES INFORMATION AND REFERRALS ON HEALTH CARE PROFESSIONALS, MEDICAL FACILITIES, AND REHABILITATION SETTINGS, HOLDS SEMINARS ON CONTEMPORARY MEDICAL TOPICS, PRESENTED BY RENOWNED EXPERTS IN THE MEDICAL COMMUNITY, OFFERS ANNUAL MEDICAL SCREENINGS SUCH AS MAMMOGRAPHY, PROSTATE, COLON, SKIN, BONE DENSITY, GLAUCOMA, AND CHOLESTEROL ITS NEW YORK COMMUNITY CANCER CENTER INCLUDES A SALON AND ROOMS FOR VARIOUS THERAPIES AS WELL AS A LIBRARY CONTAINING A WIDE RANGE OF RESOURCES A PERSON COULD ACCESS IN HIS OR HER SEARCH FOR DOCTORS, MEDICAL FACILITIES, FOLLOW-UP CARE, ETC 2) REACH FOR THE STARS SUNDAY PROGRAM A WEEKLY FULL-DAY PROGRAM FOR 40 CHILDREN DIAGNOSED WITH AUTISM, ASPERGER'S, OR PDD IT OFFERS A RANGE OF THERAPIES SUCH AS SWIMMING (OFF PREMISES) AND STRUCTURED FREE PLAY 3) YOUTH AND YOUNG ADULT VOLUNTEERS CONSIST OF A BIG BROTHER/BIG SISTER PROGRAM, HOME AND HOSPITAL VISITING, TUTORING, WEEKLY "HOMEWORK HELP" CLUB, ADOPT-A-GRANDPARENT, HELPING IN A SOUP KITCHEN, AND MANY OTHER ACTIVITIES 4) VOLUNTEERS VISIT HOSPITALIZED AND HOMEBOUND COMMUNITY INDIVIDUALS PREPARE AND DELIVER MEALS, DRIVE SENIORS TO MEDICAL APPOINTMENTS 5) FOOD PANTRY PROVIDES FOOD TO OVER 350 INDIVIDUALS AND FAMILIES MONTHLY MUCH OF ITS THRUST IS THE SENIOR, HOMEBOUND, UNEMPLOYED, IMMIGRANT, DISABLED, HOMELESS, AND SINGLE-PARENT-FAMILY POPULATIONS, AS WELL AS THE UNDEREMPLOYED NUCLEAR FAMILY 6) SCHOOL BASED COUNSELING THROUGH THE TITLE I (NO CHILD LEFT BEHIND) PROGRAM IN LOCAL SCHOOLS	
4d	Other program services (Describe in Schedule O) (Expenses \$ 934,749 including grants of \$) (Revenue \$)
4e	Total program service expenses ► 4,895,020

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

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 and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	No	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a	No	
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? If "Yes," complete Schedule L, Part I	25b	No	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	No	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	No	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	No	
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? If "Yes," complete Schedule L, Part IV	29	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	34	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	35a	No	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36	No	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	No	
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? If "Yes," complete Schedule R, Part VI	38	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O			

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	51	
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
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	71	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b Yes
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 No
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 No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b No
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 as charitable contributions?			6a No
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 Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c No
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 No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f No
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?			
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?			
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? Note. See the instructions for additional information the organization must report on Schedule O			13a
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?			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b No

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	36		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b Enter the number of voting members included in line 1a, above, who are independent	1b	36		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes		
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No		
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No		
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No		
6 Did the organization have members or stockholders?	6	No		
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No		
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No		
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	Yes		
a The governing body?	8b	Yes		
b Each committee with authority to act on behalf of the governing body?	9	No		
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				

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

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13 Did the organization have a written whistleblower policy?	13	Yes	
14 Did the organization have a written document retention and destruction policy?	14	Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Yes	
a The organization's CEO, Executive Director, or top management official	15b	Yes	
b Other officers or key employees of the organization			
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NY, NJ
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 DOUGLAS BALIN 425 KINGS HIGHWAY BROOKLYN, NY (718) 787-1100

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

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

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

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

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Part VIII Statement of Revenue

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

		(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	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	1,182,905			
	d Related organizations	1d				
	e Government grants (contributions)	1e	373,010			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,884,322			
	g Noncash contributions included in lines 1a-1f \$		280,969			
	h Total. Add lines 1a-1f			5,440,237		
Program Service Revenue		Business Code				
	2a MENTAL HEALTH CLINIC		621400	395,089	395,089	
	b HIGHERSCHOOL INSTRUCTIONAL SERVIC		611710	231,849	231,849	
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f			626,938		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		33,564		33,564	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	(ii) Personal			
	b Less rental expenses	112,844				
	c Rental income or (loss)	90,042				
	d Net rental income or (loss)	22,802		22,802		22,802
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ 1,182,905 of contributions reported on line 1c) See Part IV, line 18						
b Less direct expenses	a 135,123					
c Net income or (loss) from fundraising events	b 746,519		-611,396		-611,396	
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	a 280,969					
c Net income or (loss) from sales of inventory	b 280,969		0			
Miscellaneous Revenue		Business Code				
11a NY CANCER CENTER, INC-SBH SERVICE		900099	123,856		123,856	
b MISCELLANEOUS		900099	10,999		10,999	
c						
d All other revenue						
e Total. Add lines 11a-11d			134,855			
12 Total revenue. See Instructions			5,647,000	626,938	0 -420,175	

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)

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

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 United States See Part IV, line 21	235,019	235,019		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	1,375,333	1,375,333		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	317,171		317,171	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,043,960	1,576,161	230,474	237,325
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	151,685	119,201	14,536	17,948
10 Payroll taxes	204,704	138,110	45,798	20,796
11 Fees for services (non-employees)				
a Management				
b Legal	3,346	3,346		
c Accounting	39,867		39,867	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	623,161	612,419	10,742	
12 Advertising and promotion	73,447	1,197	3,128	69,122
13 Office expenses	307,677	135,350	83,924	88,403
14 Information technology				
15 Royalties				
16 Occupancy	143,793	115,069	27,820	904
17 Travel	14,320	154	14,166	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,706		3,706	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	322,199	301,657	17,118	3,424
23 Insurance	71,394	49,201	18,228	3,965
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a BAD DEBT	475,780		475,780	
b				
c				
d				
e All other expenses	289,054	232,803	37,656	18,595
25 Total functional expenses. Add lines 1 through 24e	6,695,616	4,895,020	1,340,114	460,482
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X

		(A) Beginning of year	(B) End of year
Assets			
1	Cash—non-interest-bearing	1,469,657	1 949,147
2	Savings and temporary cash investments	855,702	2 402,708
3	Pledges and grants receivable, net	3,426,838	3 2,178,414
4	Accounts receivable, net	116,542	4 57,270
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5
6	Loans and other 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) Complete Part II of Schedule L		6
7	Notes and loans receivable, net		7
8	Inventories for sale or use		8
9	Prepaid expenses and deferred charges	34,133	9 72,217
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 10,856,858	
b	Less accumulated depreciation	10b 3,461,714	7,292,586 10c 7,395,144
11	Investments—publicly traded securities	452,504	11 1,160,628
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		15
16	Total assets. Add lines 1 through 15 (must equal line 34)	13,647,962	16 12,215,528
Liabilities			
17	Accounts payable and accrued expenses	180,548	17 215,426
18	Grants payable		18
19	Deferred revenue	14,881	19
20	Tax-exempt bond liabilities		20
21	Escrow or custodial account liability Complete Part IV of Schedule D		21
22	Loans and other 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	100,950	24 100,000
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	25 1,500
26	Total liabilities. Add lines 17 through 25	296,379	26 316,926
Net Assets or Fund Balances			
	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27	Unrestricted net assets	10,382,521	27 10,014,569
28	Temporarily restricted net assets	2,243,298	28 1,111,493
29	Permanently restricted net assets	725,764	29 772,540
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
30	Capital stock or trust principal, or current funds		30
31	Paid-in or capital surplus, or land, building or equipment fund		31
32	Retained earnings, endowment, accumulated income, or other funds		32
33	Total net assets or fund balances	13,351,583	33 11,898,602
34	Total liabilities and net assets/fund balances	13,647,962	34 12,215,528

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,647,000
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,695,616
3	Revenue less expenses Subtract line 2 from line 1	3	-1,048,616
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,351,583
5	Net unrealized gains (losses) on investments	5	54,458
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-458,823
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,898,602

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

	Yes	No
1 Accounting method used to prepare the Form 990 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c 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	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee			
VICTOR GRAZI MD PRESIDENT	50	X		X			0	0	0
RONNIE TAWIL VICE PRESIDENT	50	X		X			0	0	0
ELY J HARARY VICE PRESIDENT	50	X		X			0	0	0
CHUCK MAMIYE VICE PRESIDENT	50	X		X			0	0	0
FORTUNE FAHAM VICE PRESIDENT	50	X		X			0	0	0
LEE COHEN CPA TREASURER	50	X		X			0	0	0
ABDO SULTAN ASSISTANT TREASURERT	50	X		X			0	0	0
ALYSSA SHWEKY SECRETARY	50	X		X			0	0	0
EZRA ANTEBI DIRECTOR	50	X					0	0	0
RENA ASHEAR PROGRAMS DIRECTOR	50	X					0	0	0
ALBERT AYAL FACILITES DIRECTOR	50	X					0	0	0
STEVE BALASIANO DIRECTOR	50	X					0	0	0
MAYER BALLAS MD DIRECTOR	50	X					0	0	0
LINDA BENUN LMSW DIRECTOR	50	X					0	0	0
DAVID BEYDA DIRECTOR	50	X					0	0	0
ELLIOT BIBI LIFETIME MEMBER	50	X					0	0	0
FRED BIJOU LIFETIME MEMBER	50	X					0	0	0
GLORIA BIJOU RN REACH FOR STARS CHAIR	50	X					0	0	0
MAYER CHEMTOB DEAL DIVISION CHAIR	50	X					0	0	0
MARC DAHAN MANHATTAN HOSPITALS COMMITTEE CHAIR	50	X					0	0	0
JACK DOUECK DIRECTOR	50	X					0	0	0
ALAN ESSES DIRECTOR	50	X					0	0	0
AL FALACK FOOD PANTRY CHAIR	50	X					0	0	0
AJ GINDI DIRECTOR	50	X					0	0	0
RABBI MICHAEL HABER DIRECTOR	50	X					0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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
Or director	Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EDMOND HARARY DIRECTOR	50	X					0	0	0
DANIELLE MANDALAWI DIRECTOR	50	X					0	0	0
BARBARA MATALON LIFETIME MEMBER	50	X					0	0	0
ROBERT MATALON MD LIFETIME MEMBER	50	X					0	0	0
AMY SHALOM PUBLICITY CHAIR	50	X					0	0	0
CAREY SUTTON DIRECTOR	50	X					0	0	0
NANCY SUTTON MEDSTAR CHAIR	50	X					0	0	0
JEFFREY TERZI DIRECTOR	50	X					0	0	0
MICHAEL WAHBA CAREER SERVICES CHAIR	50	X					0	0	0
MORRIS BENUN HONORARY BOARD MEMBER	50	X					0	0	0
SOL SASSON HONORARY BOARD MEMBER	50	X					0	0	0
DOUG BALIN LMSW EXECUTIVE DIRECTOR	35 00		X				165,360	0	14,350
CHARLES ANTEBY DIRECTOR OF FUNDRAISING	35 00		X				126,821	0	10,640

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****2012****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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.

Name of the organization

SBH COMMUNITY SERVICE NETWORK INC

Employer identification number

23-7406410

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

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

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated

f By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

g If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

h Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

(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 col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col (i) organized in the U S ?	(vii) Amount of monetary support
Total						

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	6,301,717	3,906,350	4,894,908	4,516,636	5,440,237	25,059,848
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,301,717	3,906,350	4,894,908	4,516,636	5,440,237	25,059,848
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						25,059,848

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	6,301,717	3,906,350	4,894,908	4,516,636	5,440,237	25,059,848
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	153,568	97,959	109,827	101,220	146,408	608,982
9 Net income from unrelated business activities, whether or not the business is regularly carried on	931,009	193,326	324,945			1,449,280
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	399,540		6,235	102,149	134,855	642,779
11 Total support (Add lines 7 through 10)						27,760,889
12 Gross receipts from related activities, etc (see instructions)				12		4,506,683
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	90 270 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	89 010 %

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ►✓

b **33 1/3% support test—2011.** 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 ►□

17a **10%-facts-and-circumstances test—2012.** 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 ►□

b **10%-facts-and-circumstances test—2011.** 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 ►□

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 ►□

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2011 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2012. 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—2011. 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).

Facts And Circumstances Test

Explanation

SCHEDULE D

(Form 990)

OMB No 1545-0047

Supplemental Financial Statements**2012**

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

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

SBH COMMUNITY SERVICE NETWORK INC

Employer identification number

23-7406410

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<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	
a Total number of conservation easements	Held at the End of the Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
	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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 XIII, 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 <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	725,764	654,964	556,611	346,461	346,461
b Contributions	85,176	70,800	98,353		
c Net investment earnings, gains, and losses	33,564	7,420	2,427	496	
d Grants or scholarships					
e Other expenditures for facilities and programs	71,964				
f Administrative expenses		7,420	2,427	496	
g End of year balance	772,540	725,764	654,964	346,461	346,461

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment

b Permanent endowment 100 000 %

c Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a 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

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

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

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

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		356,534			356,534
b Buildings		9,834,469	2,995,147		6,839,322
c Leasehold improvements					
d Equipment		622,942	466,567		156,375
e Other		42,913			42,913
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					7,395,144

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

(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		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ►		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	5,791,500
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	54,458
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	90,042
e	Add lines 2a through 2d	2e	144,500
3	Subtract line 2e from line 1	3	5,647,000
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,647,000

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

1	Total expenses and losses per audited financial statements	1	6,785,658
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	90,042
e	Add lines 2a through 2d	2e	90,042
3	Subtract line 2e from line 1	3	6,695,616
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	6,695,616

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE INTENDED USE FOR THE ENDOWMENT FUNDS IS TO SUPPORT THE ORGANIZATION'S OPERATIONS, MISSION AND GROWTH OF ITS PROGRAMS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	SBH HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS PERIODS ENDING DECEMBER 31, 2009 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAX AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 90,042
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSE 90,042

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Name of the organization
SBH COMMUNITY SERVICE NETWORK INC

Employer identification number

23-7406410

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

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

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

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

Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		TEAM SBH (event type)	AUCTION (event type)	2 (total number)	
Revenue	1 Gross receipts . . .	435,785	766,856	115,387	1,318,028
	2 Less Contributions . . .	385,785	706,856	90,264	1,182,905
	3 Gross income (line 1 minus line 2) . . .	50,000	60,000	25,123	135,123
Direct Expenses	4 Cash prizes . . .				
	5 Noncash prizes . . .		146,411	30,137	176,548
	6 Rent/facility costs . . .		7,500	38,747	46,247
	7 Food and beverages . . .	111,185	48,400	56,139	215,724
	8 Entertainment . . .	26,549	250	15,732	42,531
	9 Other direct expenses . . .	252,714		12,755	265,469
	10 Direct expense summary Add lines 4 through 9 in column (d)				(746,519) ►
	11 Net income summary Combine line 3, column (d), and line 10				-611,396 ►

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

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

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

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

13a	
13b	

- a** The organization's facility
- b** An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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**Schedule I
(Form 990)**

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

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

► Attach to Form 990

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
SBH COMMUNITY SERVICE NETWORK INC

Employer identification number

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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) MOUNT SINAI MEDICAL FOUNDATION 4300 ALTON ROAD MIAMI BEACH, FL 33140	59-1711400	501(C)3	5,000	GENERAL SUPPORT PAYMENTS FOR MEDICAL CARE			
(2) NY UNIVERSITY LANGONE MEDICAL CENTER 550 FIRST AVENUE NEW YORK NY 10016 NEW YORK, NY 10016	13-3971298	501(C)3	100,000	GENERAL SUPPORT PAYMENTS FOR MEDICAL CARE			
(3) MOUNT SINAI MEDICAL CENTER ONE GUSTAVE LLEVY PLACE BOX 1037 NEW YORK, NY 10029	13-6271888	501(C)3	50,000	GENERAL SUPPORT PAYMENTS FOR MEDICAL CARE			
(4) NEW YORK PRESBYTERIAN HOSPITAL 425 EAST 61ST STREET 12TH FL NEW YORK NY 10065 NEW YORK, NY 10065	13-3957095	501(C)3	70,000	GENERAL SUPPORT PAYMENTS FOR MEDICAL CARE			
(5) MAIMONIDES MEDICAL CENTER 4802 10TH AVE BROOKLYN, NY 11219	11-1635081	501(C)3	10,000	GENERAL SUPPORT PAYMENTS FOR MEDICAL CARE			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

3 Enter total number of other organizations listed in the line 1 table

■ ■ ■ ■

0

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
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See Additional Data Table

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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FINANCIAL AID	79	125,104			
CLIENTS RENT	133	494,121			
HOLIDAY ASSISTANCE	246	109,530			
FOOD VOUCHERS	1085	333,069			
TUTORING AND EDUCATIONAL AID	6	7,583			
CLIENT UTILITIES	106	155,208			
CHILD CARE	6	12,630			
MEDICAL AND HOMECARE SERVICES	21	49,494			
MEDICAL REFERRAL FEES	7259	10,964			
MOVING	1	300			
FLOWERS AND GIFTS	58	1,124			
CLOTHING	250	12,689			
CAMP SCHOLARSHIPS	98	63,517			

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

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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

2012**Open to Public Inspection**Name of the organization
SBH COMMUNITY SERVICE NETWORK INC**Employer identification number**

23-7406410

Part I Questions Regarding Compensation

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

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

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

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

a Receive a severance payment or change-of-control payment?

Yes**No**

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

4a**No**

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

4b**No**

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

4c**No****Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

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

5a**No**

a The organization?

5b**No**

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

6a**No**

a The organization?

6b**No**

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

7**No**

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

8**No**

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

9

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DOUG BALIN LMSW EXECUTIVE DIRECTOR	(i) 165,360 (ii) 0	(ii) 0 (iii) 0	(iii) 0	(C) 0	(D) 14,350 0	(E) 179,710 0	(F) 0 0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service►Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
►Attach to Form 990.Name of the organization
SBH COMMUNITY SERVICE NETWORK INC

Employer identification number

23-7406410

Part I Types of Property

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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Schedule M (Form 990) (2012)

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

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

2012**Open to Public
Inspection**Name of the organization
SBH COMMUNITY SERVICE NETWORK INC**Employer identification number**

23-7406410

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	ROBERT MATALON AND BARBARA MATALON HAVE A FAMILY RELATIONSHIP FRED BIJOU AND GLORIA BIJOU HAVE A FAMILY RELATIONSHIP
	FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS REVIEWED BY SEVERAL BOARD MEMBERS PRIOR TO FILING WITH THE IRS INCLUDING THE PRESIDENT, TREASURER, AND THE AUDIT COMMITTEE. THE 990 IS ALSO REVIEWED BY THE CHIEF BOOKKEEPER AND THE EXECUTIVE DIRECTOR. ANY QUESTIONS OR ISSUES ARE REVIEWED WITH THE ACCOUNTANT FOR CLARIFICATION. THE 990 IS SHARED WITH ALL BOARD MEMBERS AT A REGULARLY HELD BOARD MEETING AND REVIEWED BY THE TREASURER
	FORM 990, PART VI, SECTION B, LINE 12C	IF THE PRESIDENT OF SBH DETERMINES THAT THERE IS A CONFLICT OF INTEREST, THE FOLLOWING SHALL APPLY (A) THE INDIVIDUAL IN QUESTION MAY TAKE NO PART IN SBH DECISIONS TO WHICH THE CONFLICT RELATES (B) IN ADDITION, WITH REFERENCE TO EMPLOYEES, THE PRESIDENT MAY PROHIBIT THE ACTIVITY GIVING RISE TO THE CONFLICT (C) IN ADDITION, WITH REFERENCE TO TRUSTEES, IF THE CONFLICT INVOLVES A MATTER UNDER CONSIDERATION BY THE BOARD OF TRUSTEES OR A COMMITTEE THEREOF, THE TRUSTEE (I) SHALL DISCLOSE SUCH INTEREST TO THE OTHER MEMBERS OF THE BOARD OR COMMITTEE, AND (II) SHALL NOT VOTE ON SUCH TRANSACTION OR ATTEMPT TO INFLUENCE THE DECISION DIRECTLY OR INDIRECTLY. SUCH DISCLOSURE AND THE FACT THAT THE TRUSTEE DID NOT VOTE OR PARTICIPATE IN THE DELIBERATIONS SHALL BE RECORDED IN THE RELEVANT MINUTES. EACH YEAR THE BOARD OF DIRECTORS ARE ASKED TO REVIEW THE CONFLICT OF INTEREST POLICY AS STATED IN THE COMPLIANCE DOCUMENT AND ASKED TO RESPOND IF NECESSARY REGARDING ANY CHANGE OF STATUS
	FORM 990, PART VI, SECTION B, LINE 15	SBH OFFICERS AND INDEPENDENT BOARD MEMBERS USE COMPARABLE COMPENSATION FROM OTHER ORGANIZATIONS WITH SIMILAR BUDGETS, PROGRAMS, STAFFING, ETC. TO DETERMINE TOP MANAGEMENT COMPENSATION INCLUDING THE EXECUTIVE DIRECTOR AND DIRECTOR OF DEVELOPMENT AS WELL AS OTHER SENIOR STAFF. USE OF INFORMATION FROM WEBSITES SUCH AS BUT NOT LIMITED TO CHARITY NAVIGATOR ARE USED IN ADDITION TO DIRECT CONTACT WITH SIMILAR ORGANIZATIONS. THIS PROCESS WAS LAST COMPLETED IN 2012
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	WRITE-OFF OF UNCOLLECTIBLE CONTRIBUTION RECEIVABLE -458,823
	FORM 990, PART XII, LINE 2C	THE FINANCIAL STATEMENTS ARE AUDITED ON AN ANNUAL BASIS. THE OVERSIGHT OF THE AUDITED FINANCIAL STATEMENTS HAS NOT CHANGED FROM PRIOR YEAR