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#### DLN: 93493020003014

Department of the Treasury

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

	r the		endar year, or tax year beginni	ng 07-01-2012 , 2012, and end		•	9		Inspection
		pplicable	C Name of organization THE COLLEGE OF STATEN ISLAND	•			D Emplo	yer ider	ntification number
_ Add	lress ch	nange		ASSOCIATION			13-2	933777	7
Naı	me cha	nge	Doing Business As						
Init	ial retu	rn	Number and street (or P O box if	mail is not delivered to street address)	Room/suit	e	F Teleph	one num	her
Ter	mınate	d	2800 VICTORY BOULEVARD RM 10	-202					
Am	ended	return	City or town, state or country, and STATEN ISLAND, NY 10314	I ZIP + 4	1		(/10)	982-3	084
App	olication	n pending	STATEN ISLAND, NT 10314				<b>G</b> Gross	receipts \$	3,328,405
			<b>F</b> Name and address of pr A RAMONA BROWN	incipal officer		H(a) Is th		return	
			2800 VICTORY BOULEVA	ARD RM 1C-202		affılı	ates?		┌ Yes ┌ No
			STATEN ISLAND, NY 103	314		<b>H(b)</b> Are	all affiliate	es inclu	ded? 「Yes 「No
<b>T</b> Ta	x-exem	npt status	<b>▽</b> 501(c)(3)	(insert no )	527	If"N	lo," attach	n a list	(see instructions)
				(113011110)   1347(4)(1) 01	327	H(c) Gro	up exemp	tion nun	mber ►
			W CSI CUNY EDU						
			Corporation Trust Associat	on Other 🕨		<b>L</b> Year of f	ormation 19	978 <b>M</b>	State of legal domicile N
Ра	rt I		mary						
	-	TO DEV	ELOP AND CULTIVATE EDUC	ion or most significant activitie CATIONAL AND SOCIAL RELA		MONG STU	DENTS, F	ACULT	Y AND THE STAFF
œ.	9	OFTHE	COLLEGE OF STATEN ISLAN	D					
Governance	:								
ē	.					<u> </u>	250/ 6 /		
ģ	2 (	Check tr	nis box 🛏 if the organization (	discontinued its operations or di	isposed of	more than	25% of its	net as	sets
	3	Number	of voting members of the gover	rning body (Part VI, line 1a) .				3	13
Activities &	4	Number	of independent voting members	of the governing body (Part VI	, lıne 1b)			4	6
<u> </u>	l			n calendar year 2012 (Part V , lı				5	94
ď	l			necessary)				6	50
	l			Part VIII, column (C), line 12 from Form 990-T, line 34 .				7a	C
	В	Net unite	nated business taxable income	nom Form 990-1, line 34 .	<u> </u>		or Year	7b	Current Year
	8	Contri	butions and grants (Part VIII.	line 1h)			636,	583	693,642
ile E	9			line 2g)			2,468,		2,554,761
Revenue	10			nn (A), lines 3, 4, and 7d) .			47,	217	42,091
ά	11			), lines 5, 6d, 8c, 9c, 10c, and 1			10,	032	37,911
	12			1 (must equal Part VIII, columi			3,161,	874	3,328,405
	13			tIX, column (A), lines 1-3)			102,		84,810
	14	Benefi	ts paid to or for members (Part	IX, column (A), line 4)				0	0
ø	15			yee benefits (Part IX, column (A	(), lines		1,620,	328	1,683,304
nse	16a	5-10) Profes		(, column (A ), line 11e)			1,020,	0	1,003,304
Expenses	ь		indraising expenses (Part IX, column (						
ш	17			, lines 11a-11d, 11f-24e) .	<del></del> .		1,007,	513	905,294
	18	Total e	expenses Add lines 13–17 (m	ust equal Part IX, column (A), li	ine 25)		2,730,	074	2,673,408
	19	Reven	ue less expenses Subtract lin	e 18 from line 12		_	431,		654,997
% Q. €68							ig of Curre Year	ent	End of Year
Not Assets or Fund Balances	20	Totala	assets (Part X, line 16)				2,769,	533	3,473,496
# A	21						303,		273,972
	22			t line 21 from line 20			2,465,	826	3,199,524
	rt II		ature Block						
				xamined this return, including a implete Declaration of preparer					
			nowledge	p.oco Decidiación of preparer	(Jener ene	an omeer) is	. Dasca on	an iiiio	daton of willen
		Tı.				1			
c: -		**** Signa	ature of officer				014-01-20 Date		
Sign Here		'	MONA BROWN PRESIDENT			_			
		Type	or print name and title						
			Print/Type preparer's name OHN T O'BRIEN	Preparer's signature	Da 20	44 04 00   011	eck if	PTIN P01253	3588
Paid		F	Firm's name FTOSKI & CO CPAS PO		120	301	f-employed m's EIN 🟲 1		
	pare		Firm's address ► 300 ESSJAY RD SUIT	= 115		DI-	one no /711	5) 624 07	700
LISA	Onl	IV I	iiii s duuless 🖛 300 ESSJAY KD SUIT	- TTJ		ואן ו	one no (716	/054-0 נס נכ	700

WILLIAMSVILLE, NY 14221

May the IRS discuss this return with the preparer shown above? (see instructions)

Use Only

✓ Yes No

ACCOUNTING, ART, BIOCHEMISTRY, CIREMA STUDIES, COMMUNICATION, ENGINEERING AREALY AND LITERATURE MAGAZINES, ART AND LITERATURE MAGAZINES, 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 50 STUDENTS THE STUDENT SINVOLVED WITH THIRD RAIL (A POLITICAL MAGAZINE) HOSTED A FILM SCREENING THAT WAS ATTENDED BY APPROXIMATELY 50 STUDENTS THE STUDENT GOVERNMENT TOOK AN ACTIVE ROLE ON CAMPUS PROVIDING A MULTITUDE OF EVENTS, PROGRAMMING, AND INITIATIVES AIMED AT ENHANCING STUDENT LIFE AT THE COLLEGE THE ACADEMIC AND CURRICULAR AFFAIRS COMMISSION CONTINUED THEIR DEPARTMENTAL SCHOLARSHIP PROGRAM, THIS YEAR FOCUSING ON THE FOLLOWING MAJORS ACCOUNTING, ART, BIOCHEMISTRY, CINEMA STUDIES, COMMUNICATION, ENGINEERING STUDIES, ITALIAN STUDIES, LINGUISTICS, PHILOSOPHY AND SOCIAL MADDITION. THE COMMISSION CREATED THE TRAVEL. WORK, PROVIDING ONE STUDENT OF EACH LISTED MAJOR WITH A SCHOLARSHIP OPPORTUNITY IN ADDITION, THE COMMISSION CREATED THE TRAVEL
ASSISTANCE FUND TO HELP REDUCE THE FINANCIAL BURDEN FOR STUDENTS WHO WERE INVITED TO PRESENT AT ACADEMIC CONFERENCES THEY CONTINUED
THE GRADUATE SCHOOL ASSISTANCE PROGRAM, WHICH PROVIDES SUPPORT TO GRADUATING STUDENTS APPLYING FOR GRADUATE SCHOOL THE PART TIME,
EVENING AND WEEKEND STUDENTS COMMISSION CONTINUED THEIR COFFEE HOUR PROGRAM, AS WELL AS THEIR JAZZ BRUNCH PROGRAM THE CAMPUS CENTER AND STUDENT FACILITIES COMMISSION PROVIDED FUNDING FOR THE INSTALLATION OF A MURAL, DESIGNED BY A LOCAL STATEN ISLAND ARTIST, IN THE CAMPUS CENTER AS PART OF AN INITIATIVE FOR THE BEAUTIFICATION OF THE CAMPUS CENTER THE STUDENT SERVICE COMMISSION CONTINUED TO RECOGNIZE STUDENTS WHO SERVE THE GREATER COLLEGE COMMUNITY THROUGH THE STUDENT SERVICE AWARDS PROGRAM THE DISABLED STUDENTS AND VETERANS AFFAIRS COMMISSION COORDINATED A FUNDRAISER EVENT FOR THE WOUNDED WARRIORS FOUNDATION, RAISING MONEY TO HELP AMERICAN SOLDIERS READJUST TO LIFE AFTER COMING HOME FROM COMBAT SITUATIONS ABROAD

4d Other program services (Describe in Schedule O )

) (Expenses \$

STUDENT ACTIVITY FEES ALLOCATED TO MANAGEMENT & GENERAL EXPENSES

463,901 including grants of \$ 84,810 ) (Revenue \$ 1,081,311) (Expenses \$

including grants of \$

4e Total program service expenses >

(Code

2,368,256

250,574)

) (Revenue \$

# 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	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
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	5		No
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	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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 $IV^{\square}$	9	Yes	
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	10		No
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	11a	Yes	
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"	11b		No
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	11c		No
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	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $x^{*}$	11e		No
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.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
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	16		No
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)	17		No
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	18		No
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	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t 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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV			1
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
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	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	35b		
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	36		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	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

b Enter the number of Form CDId the organization com gaming (gambling) winning Enter the number of emp Tax Statements, filed for by this return	<u> </u>		<u></u>		Yes	N
b Enter the number of Form c Did the organization com gaming (gambling) winning Enter the number of emp Tax Statements, filed for by this return b If at least one is reported. Note. If the sum of lines  3a Did the organization have b If "Yes," has it filed a For 44 At any time during the ca over, a financial account account)? b If "Yes," enter the name See instructions for filing  5a Was the organization ap b Did any taxable party not c If "Yes," to line 5a or 5b,  6a Does the organization ha organization solicit any of b If "Yes," did the organiza were not tax deductible?  7 Organizations that may if a Did the organization reces services provided to the b If "Yes," did the organiza c Did the organization sell, file Form 8282? d If "Yes," indicate the num e Did the organization reces contract? f Did the organization mak b Did the organization mak b Did the organization mak contract of the supporting organizations the supporting organizations the supporting organizations a Did the organization mak b Did the organization mak contract of the organization mak contract of the organization mak b Did the organization mak contract of the organization contract of the organizat	ed in Box 3 of Form 1096 Enter -0 - if not applicable	1a	51	$\overline{}$	162	IN
c Did the organization com gaming (gambling) winning Enter the number of emp Tax Statements, filed for by this return	ms W-2G included in line 1a Enter -0- if not applicable	1b	0	-		
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Tax Statements, filed for by this return	nply with backup withholding rules for reportable payments to ngs to prize winners?		ors and reportable	1c	Yes	
b If at least one is reported Note. If the sum of lines  Ba Did the organization have in the sum of lines  Ba Did the organization have over, a financial account account)?	oloyees reported on Form W-3, Transmittal of Wage and rthe calendar year ending with or within the year covered	2a	94	ļ		
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See instructions for filling  See instructions for filling  Was the organization application of the property of the services provided to the organization received the number of services provided to the organization received the services provided to the organization received the supporting organizations and the supporting organizations and the supporting organizations are supporting organizations. Section 501(c)(7) organization section 501(c)(7) organization section 501(c)(12) organ	alendar year, did the organization have an interest in, or a si t in a foreign country (such as a bank account, securities acc	count,	or other financial	4a		Ν
See instructions for filing  Was the organization a party norm  If "Yes," to line 5a or 5b,  Does the organization has organization solicit any of the services provided to the services provided to the lif "Yes," and the organization sell, file Form 8282?  If "Yes," indicate the number of the organization receives a provided to the lif "Yes," indicate the number of the organization receives a provided to the lif "Yes," indicate the number of the organization receives a provided to the lif "Yes," indicate the number of the organization receives a provided to the lif "Yes," indicate the number of the organization receives a provided to the lif "Yes," indicate the number of the organization receives a provided form to see the supporting organizations and the supporting organizations and business holdings at any sponsoring organization makes business holdings at any of the organization makes business holdings at any of the organization makes business form the organization makes and capital forms income from other against amounts due or reasonable or section 501(c)(12) organication for section for s	of the foreign country.					
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b Did any taxable party not of If "Yes," to line 5a or 5b, and organization has organization solicit any of the firms of t	party to a prohibited tax shelter transaction at any time durin	a the i	tav vaar?	5a		N
Does the organization had organization solicit any of the organization receives provided to the organization services provided to the organization sell, file Form 8282?  If "Yes," did the organization sell, file Form 8282?  If "Yes," indicate the number of the organization receives provided to the organization receives provided to the organization sell, file Form 8282?  If "Yes," indicate the number of the organization receives provided to the organization receives provided to the organization receives provided to the organization receives form 1098-C?  Sponsoring organization receives provided to the organization makes because the organization makes because the organization makes because the organization makes because the organization organization organization fees and capitates organization fees and capitates organization orga	otify the organization that it was or is a party to a prohibited t	_	•	$\vdash$		
Does the organization has organization solicit any or organization solicit any or organization solicit any organization solicit any organization solicit any organization statement and the organization recesservices provided to the organization sell, file Form 8282?  If "Yes," indicate the number of the organization recessor organization recessor organization recessor organization recessor organization received from 1098-C?  Sponsoring organizations the supporting organizations the supporting organizations the supporting organizations and build the organization makes organization orga				5b		•
organization solicit any of If "Yes," did the organizations that may in a Did the organization recesservices provided to the If "Yes," did the organization sell, file Form 8282?	, did the organization file Form 8886-T?			5c		
were not tax deductible?  Organizations that may in the properties of the organization recessorices provided to the services provided to the lif "Yes," did the organization sell, file Form 8282?  If "Yes," indicate the number of the organization receives contract?  If the organization receives form 1098-C?  Sponsoring organizations the supporting organizations the supporting organizations the supporting organizations business holdings at any point of the organization makes build the organization of the organ	ave annual gross receipts that are normally greater than \$10 contributions that were not tax deductible as charitable cont	rıbutıc	ns?	6a		١
Did the organization recesservices provided to the services provided to the If "Yes," did the organization sell, file Form 8282?  If "Yes," indicate the number of the organization recessor of Did the organization receiver required?  If the organization receiver required?  Sponsoring organizations the supporting organizations the supporting organizations the supporting organizations business holdings at any Sponsoring organization makes Section 501(c)(7) organial initiation fees and capitate Gross receipts, included facilities  Section 501(c)(12) organial Gross income from members of the supporting organization makes organization fees and capitate organization from other against amounts due or respectively.	ation include with every solicitation an express statement th	at suc	h contributions or gifts	6b		
services provided to the  If "Yes," did the organization sell, file Form 8282?  d If "Yes," indicate the num  e Did the organization receive contract?  f Did the organization, during if the organization receive required?  Sponsoring organization receive Form 1098-C?  Sponsoring organizations the supporting organizations the supporting organizations business holdings at any point of the organization makes because of the organization makes because of the organization of the organization makes because of the organization of the organiz	receive deductible contributions under section 170(c).			_		
c Did the organization sell, file Form 8282?	eive a payment in excess of \$75 made partly as a contributi			7a		1
file Form 8282?  If "Yes," indicate the number of the organization received for the organization received for the organization received for the organization received form 1098-C?  Sponsoring organizations the supporting organizations the supporting organizations business holdings at any sponsoring organization makes business folicities section 501(c)(12) organization for section 501(c)(12) organization sponsoring organization of the organization folicities section 4947(a)(1) non-control of the organization licens sources for the organization licens sou	ation notify the donor of the value of the goods or services pr I, exchange, or otherwise dispose of tangible personal proper			7b		
e Did the organization receive contract?  f Did the organization, during If the organization receive required?  h If the organization receive Form 1098-C?  Sponsoring organizations the supporting organizations the supporting organizations business holdings at any Sponsoring organization makes Did the organization makes Did the organization makes Section 501(c)(7) organial Initiation fees and capital Gross receipts, included facilities  Section 501(c)(12) organial Gross income from members of Gross income from other against amounts due or response to the section 4947(a)(1) non-response to the section 501(c)(29) qualitation is the organization licens Note. See the instruction			will clift was required to	   7c		1
contract?	mber of Forms 8282 filed during the year	7d				
f Did the organization, during If the organization receive required?	eive any funds, directly or indirectly, to pay premiums on a p	ersona	al benefit	7e		ľ
If the organization receive required?	ring the year, pay premiums, directly or indirectly, on a perso	nal be	enefit contract?	7f		N
h If the organization receive Form 1098-C?	ved a contribution of qualified intellectual property, did the o			7g		
Sponsoring organizations the supporting organizations business holdings at any process process process process and capital pro	ved a contribution of cars, boats, airplanes, or other vehicles	• s, dıd t	he organızatıon file a	7h		
business holdings at any  Sponsoring organizations  Did the organization mak  Section 501(c)(7) organi  Initiation fees and capita  Gross receipts, included facilities  Section 501(c)(12) organi  Gross income from memble  Gross income from other against amounts due or receipts and capital to the section 4947(a)(1) non-ceipt for a section 501(c)(29) qualitation is the organization licens Note. See the instruction	s maintaining donor advised funds and section 509(a)(3) sup sion, or a donor advised fund maintained by a sponsoring orga	-		7.11		
b Did the organization make b Did the organization make c Section 501(c)(7) organi a Initiation fees and capital b Gross receipts, included facilities c Section 501(c)(12) organi a Gross income from memble Gross income from other against amounts due or received. b If "Yes," enter the amount year c Section 501(c)(29) qualitation is the organization licents Note. See the instruction	y time during the year?		,	8		
b Did the organization make Section 501(c)(7) organi Initiation fees and capita b Gross receipts, included facilities Section 501(c)(12) organi Gross income from memble Gross income from other against amounts due or related to the section 4947(a)(1) non-related to the section 501(c)(29) qualitation is the organization licenses Note. See the instruction	s maintaining donor advised funds.					
Section 501(c)(7) organia Initiation fees and capita Gross receipts, included facilities Section 501(c)(12) organia Gross income from members of the following	ke any taxable distributions under section 4966?			9a		
b Gross receipts, included facilities  Section 501(c)(12) organ  Gross income from membl  Gross income from other against amounts due or r  Section 4947(a)(1) non-outline from 501(c)(29) qualities  Section 501(c)(29) qualities  State organization licens  Note. See the instruction	ke a distribution to a donor, donor advisor, or related person?			9b		
b Gross receipts, included facilities  Section 501(c)(12) organ  Gross income from membles or sincome from other against amounts due or responsible of the section 4947(a)(1) non-central forms of the section 501(c)(29) qualities organization licenses Note. See the instruction						
facilities  Section 501(c)(12) organ  Gross income from memble  Gross income from other against amounts due or related to the section 4947(a)(1) non-related to the section 501(c)(29) qualities  Section 501(c)(29) qualities  Note. See the instruction	al contributions included on Part VIII, line 12	10a				
b Gross income from member against amounts due or rate Section 4947(a)(1) non-table If "Yes," enter the amount year	on Form 990, Part VIII, line 12, for public use of club	10b		]		
b Gross income from other against amounts due or r  a Section 4947(a)(1) non-c  b If "Yes," enter the amount year	nizations. Enter					
against amounts due or r  a Section 4947(a)(1) non-c  b If "Yes," enter the amount year  Section 501(c)(29) quality  a Is the organization license Note. See the instruction	bers or shareholders	11a		]		
b If "Yes," enter the amour year	r sources (Do not net amounts due or paid to other sources received from them)....................................	11b				
year	exempt charitable trusts. Is the organization filing Form 990	) in lie	u of Form 1041?	12a		
Section 501(c)(29) quali Is the organization licens Note. See the instruction	nt of tax-exempt interest received or accrued during the	12b				
<b>Note.</b> See the instruction	ified nonprofit health insurance issuers.					
	ised to issue qualified health plans in more than one state? ns for additional information the organization must report on	Schad	ule O	13a		
<b>b</b> Enter the amount of rese	erves the organization is required to maintain by the states		4.0			
	n is licensed to issue qualified health plans	13b		<u> </u>		
<b>c</b> Enter the amount of rese	erves on hand	13c		[		
a Did the organization recε	ے eive any payments for indoor tanning services during the tax	year?		14a		١

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. 

Se	ection 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			
	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			
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		No
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	4		No	
5	filed?	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	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	organization's maining address? If res, provide the names and addresses in schedule 0	"		110
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R		ıe Cod	
Se			ue Cod Yes	
				e.)
10a	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu		e.) <b>No</b>
10a b	Did the organization have local chapters, branches, or affiliates?	evenu 10a		e.) <b>No</b>
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	e.) <b>No</b>
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes	e.) <b>No</b>
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	e.) <b>No</b>
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	e.) <b>No</b>
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes Yes	e.) <b>No</b>
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c	Yes Yes Yes Yes	e.) <b>No</b>
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) <b>No</b>
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) <b>No</b>
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	e.) <b>No</b>
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	e.) <b>No</b>
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  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?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	e.) <b>No</b>
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10a 10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes Yes	e.) No No

#### 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 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)
- 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
- 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 (718)982-3084

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

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

1a Complete this table for all persons required to be listed 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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below	more pers and	than on is a dir	one bot ect	not box h ar or/tr	offic	ess er	(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
	dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	¥			organizations
(1) ARAMONA BROWN PRESIDENT	3 00	х		х				0	168,972	30,415
(2) EDUARDO RIOS	70									
TREASURER		Х		Х				0	142,352	25,623
(3) MARLON CADORE	70									
SECRETARY		Х		Х				0	0	0
(4) THOMAS BRENNAN	70									
DIRECTOR		Х						0	87,679	15,782
(5) ALAN BENIMOFF	70									
•		Х						0	102,458	18,442
DIRECTOR (6) MOHAMMAD TALAFHA	70									
	,,	Х						0	80,640	14,515
DIRECTOR (7) GEORGE VACHADZE	70									
	/0	Х						0	73,977	13,316
DIRECTOR (8) CARYL WATKINS	70									
	/0	Х						0	122,747	22,094
DIRECTOR  (9) ERIN RICHARDS										
(9) ERIN RICHARDS	70	Х						0	0	0
DIRECTOR										
(10) ANGUS ZHENG	70	х						0	0	0
DIRECTOR										
(11) JOHN MICHAEL MON	70	Х						0	0	0
DIRECTOR								ű		
(12) JESSE RODRIGUEZ	70	х						0	0	0
DIRECTOR		^						0	0	
(13) ANDREA CURRY	70	v							0	
DIRECTOR		Х						0	0	0
(14) MARIANNE MCLAUGHLIN	35 00					.,		100.051		27.172
EXECUTIVE DIRECTOR						Х		108,854	0	27,179
(15) CYNTHIA MURPHY	35 00									
EXECUTIVE DIRECTOR						X		105,845	0	26,787
	·					•	•			Form <b>990</b> (2012)

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

	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	person is both an officer and a director/trustee) or						Repor comper from organiza	table isation the tion (W-	(E) Reportable compensation from related organizations (W	<u>-</u>	(F) Estima mount o compens from t	ited f other ation the
		for related organizations below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relate organiza	ed
												+		
1b	Sub-Total			<u> </u>	<u> </u>			<b> </b>						
c	Total from continuation shee		ection /	۸.				Þ				+		
d	Total (add lines 1b and 1c) .							•		214,699	778,8	25		194,153
2	Total number of individuals (ii \$100,000 of reportable comp						d abov	e) w	ho receive	d more th	ian			
3	Did the organization list any <b>f</b>						emplo	yee,	, or highes	t compen	sated employee		Yes	No
4	on line 1a? If "Yes," complete:  For any individual listed on lin	ne 1a, is the sum	of repo	rtabl	e co	mpe						3		No
	organization and related organindividual		•		•	•		•				4	Yes	
5	Did any person listed on line is services rendered to the orga									anızatıon • • •	or individual for	5		No
Se	ction B. Independent Co	ontractors												
1	Complete this table for your fi compensation from the organi	ıve hıghest comp									thin the organizat		tax year	
		(A) Name and business	address							Des	(B) cription of services	_	( <b>C</b> Comper	
												$\dashv$		
2	Total number of independent co	ontractors (inclu	dına but	not	lımıt	ed to	thos	e list	ed above)	who rece	ıved more than			

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Part V	/##1	Statement of Revenue  Check if Schedule O contains a response to any question in this Part VIII											
		Check if Schedule O contains a respo	nse to any question i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514						
(0	1a	Federated campaigns 1a											
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership dues 1b											
Gra not	c	Fundraising events 1c											
ts, I	_	_											
Gif ilaı	d	Related organizations 1d											
ns,	e	Government grants (contributions) <b>1e</b>	661,642										
tion er S	f	All other contributions, gifts, grants, and <b>1f</b> similar amounts not included above											
tributic Other	g	Noncash contributions included in lines		i			 						
Contr and (		1a-1f \$		602 642									
S E	h	Total. Add lines 1a-1f		693,642									
e e			Business Code										
ven	2a	STUDENT ACTIVITY FEES	611710	2,452,210	2,452,210								
æ	b	CHILDCARE PARENT FEES	611710	89,132	89,132								
ЛСе	С	STUDENT ORGANIZATIONS	611710	13,419	13,419								
Program Serwce Revenue	d												
E .	e												
allo odra	f	All other program service revenue											
ΔŤ	g	Total. Add lines 2a-2f		2,554,761									
	3	Investment income (including dividen		33,186			33,186						
	4	and other similar amounts) Income from investment of tax-exempt bond	<u> </u>										
	5	Royalties	procedus										
		(ı) Real	(II) Personal										
	6a	Gross rents (7,775	(11)										
	ь	Less rental											
	c	expenses Rental income											
	d	or (loss)  Net rental income or (loss)											
	"	(i) Securities	(II) Other										
	7a	Gross amount	(ii) o chei										
		from sales of 8,905 assets other											
	ь	than inventory Less cost or											
	"	other basis and sales expenses 0											
	c	Gain or (loss) 8,905											
	d	Net gain or (loss)		8,905			8,905						
enne	8a	Gross income from fundraising events (not including  \$ of contributions reported on line 1c)											
Other Revenue		See Part IV, line 18 a											
Ě		Less direct expenses <b>b</b>											
ָ ו	C 9a	Net income or (loss) from fundraising  Gross income from gaming activities	events 🛌										
	30	See Part IV, line 19											
		а											
	ь	Less direct expenses <b>b</b>											
	С	Net income or (loss) from gaming acti	vities										
	10a	Gross sales of inventory, less returns and allowances											
		a											
	ь	Less cost of goods sold <b>b</b>											
	C	Net income or (loss) from sales of inv	entory 🛌										
		Miscellaneous Revenue	Business Code										
	11a	SPORTS INCOME	611710	35,641	35,641		<u> </u>						
	ь	MISCELLANEOUS	611710	1,279			1,279						
	С	RECOVERY OF BAD DEBT	611710	991	991								
	d	All other revenue											
	е	Total. Add lines 11a-11d	🕨	37,911									
	12	Total revenue. See Instructions .	🕨		2 501 202	(	43,370						
	1			3,328,405	2,591,393	· · · · · · · · · · · · · · · · · · ·	1 43,3/L						

	t IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All			lete column (A)	
	Check if Schedule O contains a response to any question in this Pa	rt IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	20,579	20,579		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	64,231	64,231		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	01,231	01,231		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	135,057		135,057	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,178,840	1,125,264	53,576	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	74,444	57,048	17,396	
9	Other employee benefits	170,298	134,860	35,438	
10	Payroll taxes	124,665	100,644	24,021	
11	Fees for services (non-employees)				
а	Management				
ь	Legal	9,595	4,185	5,410	
c	Accounting				
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)	145,775	127,369	18,406	
12	Advertising and promotion	32,300	32,300		
13	Office expenses	25,823	22,909	2,914	
14	Information technology	9,704	9,704		
15	Royalties				
16	Occupancy				
17	Travel	129,043	128,952	91	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	29,837	29,837		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,504	19,427	8,077	
23	Insurance	45,966	43,119	2,847	
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)				
а	REFRESHMENTS	97,143	96,782	361	
b	ATHLETIC DEPT EXPENSES	74,572	74,572		
c	COMMENCEMENT AND RELATE	68,414	68,414		
d	CHILDCARE	55,774	55,774		
e	All other expenses	153,844	152,286	1,558	
25	Total functional expenses. Add lines 1 through 24e	2,673,408	2,368,256	305,152	0
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 ► ☐ if following SOP 98-2 (ASC 958-720)			, -	

Part X Balance Sheet

3   Pladges and grants receivable, net   0.146   3   16.8	rai	τX	Check if Schedule O contains a response to any question in this	Part X .				
1   Cash-moninterest-bearing   15,518   1								` '
2   Sevings and temporary cash investments   1,284,533   2   1,971,11		T 1	Cash—non-interest-hearing				1	Life of year
3   Pledges and grants receivable, net						· · · · · · · · · · · · · · · · · · ·		1,971,158
4						, ,		18,994
100   170   150						· · · · · · · · · · · · · · · · · · ·		134,896
1		-	Loans and other receivables from current and former officers, dir employees, and highest compensated employees Complete Par		25 (1.55)	-	10,,,660	
9 Prepaid expenses and deferred charges	ste	6	4958(f)(1)), persons described in section $4958(c)(3)(B)$ , and coand sponsoring organizations of section $501(c)(9)$ voluntary em	employers		_		
9 Prepaid expenses and deferred charges	88	,	Notes and loans receivable net			8 174		13,776
9 Prepaid expenses and deferred charges 19,246 9 20,4  10a Land, buildings, and equipment cost or other basis Complete part VI of Schedule D  10a 179,886 73,348 10c 73,58  11 Investments—publicly traded securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 Investments—program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 2,769,533 16 3,473,47 17 Accounts payable and accrued expenses 290,769 17 288,3 18 Grants payable 19 Deferred revenue 114,489 19 8,8 19 Deferred revenue 12 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule D 1,449 21 6,8 19 Unsecured notes and loans payable to unrelated third parties 20 Unsecured notes and loans payable to unrelated third parties 21 Unsecured notes and loans payable to unrelated third parties 22 Unsecured notes and loans payable to unrelated third parties 22 Unsecured notes and loans payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 29 Permanently restricted net assets 31 Permanently restricted net assets 31 Permanently restricted net a	4					0,174		10,770
10a		_				19 248		28,481
b Less accumulated depreciation   10b   179,886   73,348   10c   73,55     11 Investments—publicity traded secunties   1,127,816   11   1,232,6     12 Investments—program-related 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)   2,769,533   16   3,473,4     17 Accounts payable and accrued expenses   290,769   17   258,3     18 Grants payable   11,489   19   8,8     19 Deferred revenue   11,489   19   8,8     20 Tax-exempt bond liabilities   20     21 Escrow or custodial account liability Complete Part IV of Schedule D   1,449   21   6,6     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   24     25 Other liabilities (including federal income tax, payables to related third parties, and other hiabilities not included on lines 17-24) Complete Part IX of Schedule   25     26 Total liabilities, Add lines 17 through 25   303,707   26   273,9     27 Unrestricted net assets   27     28 Temporarily restricted net assets   27     29 Unrestricted net assets   29   Permanently restricted net assets   29     29 Unrestricted net assets   29   Permanently restricted net assets   29     29 Unrestricted net assets   29   Permanently restricted net assets   29     20 Grapital stock or trust principal, or current funds   2,392,478   30   3,126,0     30 Capital stock or trust principal, or current funds   2,392,478   30   3,126,0     31 Paid-in or capital surplus, or land, building or equipment fund   73,348   31   73,5     32 Retained earnings, endowment, accumulated income, or other funds   2,465,828   33   3,196,5     33 Total net assets or fund balances   2,465,828   3		-	Land, buildings, and equipment cost or other basis Complete			10,240	9	20,701
11   Investments—publicly traded securities   1,127,816   11   1,232,6   12   Investments—other securities   See Part IV, line 11   1,232,6   13   Investments—program-related   See Part IV, line 11   1,232,6   14   1,232,6   1,44   1,5		Ь			179.886	73.348	10c	73,518
12   Investments—other securities See Part IV, line 11   13   13   14   14   15   14   14   15   15   15								1,232,673
13   Investments—program-related See Part IV, line 11   13   14   Intangible assets   14   15   15   15   15   16   15   16   16					-	, ,		
14								
15								
16   Total assets. Add lines 1 through 15 (must equal line 34)								
17				2.769.533		3,473,496		
18 Grants payable	-	-				· · · ·		258,398
19					_			
20 Tax-exempt bond liabilities						11.489		8,890
Escrow or custodial account liability Complete Part IV of Schedule D								-,
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	_					1 449		6,684
24 Unsecured notes and loans payable to unrelated third parties	Óυ.	I	Loans and other payables to current and former officers, director	rs, trustees		,,		
24 Unsecured notes and loans payable to unrelated third parties	졅						22	
24 Unsecured notes and loans payable to unrelated third parties	ï	23	·				23	
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							24	
26 Total liabilities. Add lines 17 through 25		25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part	d third part X of Scheo	ties,			_
Organizations that follow SFAS 117 (ASC 958), check here \ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets							25	
lines 27 through 29, and lines 33 and 34.   27   Unrestricted net assets		26				303,707	26	273,972
30 Capital stock or trust principal, or current funds	S <del>O</del> O		- · · · · · · · · · · · · · · · · · · ·	and compl	lete			
30 Capital stock or trust principal, or current funds	밀	27	Unrestricted net assets				27	
30 Capital stock or trust principal, or current funds	<u>е</u>	28	Temporarily restricted net assets				28	
30 Capital stock or trust principal, or current funds	Ξ	29	Permanently restricted net assets				29	
30 Capital stock or trust principal, or current funds	or Fu			re ⊫  ⊽and	d			
정 33 Total net assets or fund balances	9	30	Capital stock or trust principal, or current funds			2,392,478	30	3,126,006
정 33 Total net assets or fund balances	Şet	31	Paid-in or capital surplus, or land, building or equipment fund .		•	73,348	31	73,518
정 33 Total net assets or fund balances	ΑS	32	Retained earnings, endowment, accumulated income, or other fu	nds		0	32	0
34 Total liabilities and net assets/fund balances	<u>स</u>	33	Total net assets or fund balances			2,465,826	33	3,199,524
2,100,000 54 1 0,110,1	~	34	Total liabilities and net assets/fund balances			2,769,533	34	3,473,496

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
	Check if Schedule O Contains a response to any question in this rate XI	· ·	<u> </u>		,
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,3	328,405
2	Total expenses (must equal Part IX, column (A), line 25)	2			573,408
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			165,826
5	Net unrealized gains (losses) on investments	5			78,701
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		3,1	199,524
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis			[	
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	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	arate			
	Separate basis Consolidated basis 🔽 Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	ie	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the i audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

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As Filed Data -

DLN: 93493020003014

**Employer identification number** 

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

THE COLLEGE OF STATEN ISLAND ASSOCIATION

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.

Inspection

									13-293		
	rt I			blic Charity Sta					<u> </u>	ınstruction	S.
The o	rganı:			e foundation becaus							
1			· ·	on of churches, or a				section 170	(b)(1)(A)(i)	•	
2	Г	A scho	ol described	in <b>section 170(b)(1</b>	L <b>)(A)(ii).</b> (At	tach Sche	dule E )				
3	Γ	A hosp	ital or a cod	perative hospital se	rvice organiz	zatıon desc	rıbed ın <b>sect</b> i	ion 170(b)(	1)(A)(iii).		
4	Γ	A medi	cal researc	n organization operat	ted ın conjun	ction with	a hospital de	scribed in <b>s</b>	ection 170(b	)(1)(A)(iii).	Enter the
_	_			ty, and state							<del></del>
5	ı	_	-	erated for the benefi	=	e or univers	sity owned or	operated by	y a governme	ntal unit des	scribed in
	_			A)(iv). (Complete P	•						
6	<u>_</u>			local government or							
7				at normally receives			s support fro	m a governn	nental unit or	from the ge	neral public
8	$\vdash$			on 170(b)(1)(A)(vi). described in <b>sectior</b>	` '	,	mplete Part	TT \			
9	, 고		-	at normally receives			-	-	abutions mo	mbarchin fac	s and gross
9	1.										
				ities related to its ex							
				oss investment inco						τ ταχιιοιή Γ	,ualliesses
10	_			janization after June							
10	<u> </u>	_		ganized and operated							
11	ı			ganized and operated ly supported organiz							
			•	bes the type of supp				•		See <b>section</b>	309(a)(3). Check
				b						Non-function	nally integrated
e	Γ	By che	cking this b	ox, I certify that the	organization	ıs not con	trolled direct	ly or indired	tly by one or	more disqu	alıfıed persons
				on managers and ot	her than one	or more pu	ablicly suppo	rted organız	ations descr	ıbed ın sectı	on 509(a)(1) or
_			1509(a)(2)	received a unitten d	a t a rm n a t . a n	from the T	DC that it is	Tuna I Tu	ma II ar Tun	a III aummas	ting organization
f			this box	received a written de	etermination	i iromi the 1	KS that it is a	aryper, ry	pe II, or Typ	e III Suppor	ting organization,
g				2006, has the organi	ızatıon acce	oted any gi	ft or contribu	tion from an	y of the		•
_			ng persons?	,	·	, 5			,		
		(i) A p	erson who d	irectly or indirectly o	ontrols, eith	ner alone or	r together wit	h persons d	escribed in (	···)	Yes No
		and (111	) below, the	governing body of th	ie supported	organizati	on?			11	.g(i)
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				11	g(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	) above?			119	g(iii)
h		Provide	e the followi	ng information about	the support	ed organıza	ation(s)				
_	) Nan		(ii) EIN	(iii) Type of	(iv) Is		(v) Did yo	•	(vi) I:		(vii) A mount of
	uppoi			organization	organizat		the organ		organiza		monetary
or	ganiz	(described on col (i) listed in in col (i) of your col (i) organized in support? In the U.S.?									support
				or IRC section	docume	_	Suppl	510.	"" ""	0 3 .	
				(see							
				instructions))	Yes	No	Yes	No	Yes	No	7
						1.0	1.55	+	+	1.10	+
								+			
Total								+			+
ivial			I	I	I	1	1	1	I	1	

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> Add lines 1 through 3							
5	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							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	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							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	<b>(e)</b> 20	12	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	669,835	653,411	643,332	636,583	(	693,642	3,296,803
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	1,745,583	1,838,579	1,885,322	2,468,042	2,5	554,761	10,492,287
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	2,415,418	2,491,990	2,528,654	3,104,625	3,2	248,403	13,789,090
	A mounts included on lines 1, 2, and 3 received from disqualified persons							0
b	A mounts 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
c	Add lines 7a and 7b							0
8	Public support (Subtract line 7c from line 6)							13,789,090
	ction B. Total Support				1			
Care	in) 🟲	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	<b>(e)</b> 20:	12	(f) Total
9	A mounts from line 6	2,415,418	2,491,990	2,528,654	3,104,625	3,2	248,403	13,789,090
10a	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties and income from similar sources	57,047	41,312	57,042	47,217		42,091	244,709
b	securities loans, rents, royalties and income from similar	57,047	41,312	57,042	47,217		42,091	244,709
c	securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	57,047 57,047	41,312	57,042 57,042	47,217 47,217		42,091	244,709
c 11	securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	·	·	·				
c	securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the	·	·	·				
c 11	securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	57,047	41,312	57,042	47,217	3,3	42,091	244,709
c 11	securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	18,569 2,491,034	41,312 57,415 2,590,717	57,042 11,103 2,596,799	47,217 10,032 3,161,874	•	42,091 37,911 328,405	244,709 135,030 14,168,829
c 11 12 13 14	securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is for the check this box and stop here	57,047  18,569  2,491,034  for the organization	41,312 57,415 2,590,717 on's first, second,	57,042 11,103 2,596,799 third, fourth, or f	47,217 10,032 3,161,874	•	42,091 37,911 328,405	244,709 135,030 14,168,829 zation,
c 11 12 13 14	securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for the check this box and stop here  ection C. Computation of Puble Public support percentage for 2012	57,047  18,569  2,491,034  for the organization  ic Support Per (line 8, column (	41,312  57,415  2,590,717  on's first, second, ercentage f) divided by line	57,042 11,103 2,596,799 third, fourth, or f	47,217 10,032 3,161,874	•	42,091 37,911 328,405	244,709 135,030 14,168,829 zation,
c 111 12 13 14 Se 15 16	securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the check this box and stop here ection C. Computation of Public support percentage for 2012 Public support percentage from 201	18,569  2,491,034  for the organization  ic Support Per (line 8, column (in 1 Schedule A, Pa	57,415 2,590,717 on's first, second, ercentage f) divided by line art III, line 15	57,042 11,103 2,596,799 third, fourth, or f	47,217 10,032 3,161,874	501(c)(3	42,091 37,911 328,405	244,709 135,030 14,168,829 zation,
c 111 12 13 14 See 15 16 See	securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is for check this box and stop here ection C. Computation of Public support percentage for 2012 Public support percentage from 201	18,569  2,491,034  for the organization  ic Support Per (line 8, column (1) 1 Schedule A, Parestment Incomp	57,415  2,590,717  on's first, second, ercentage f) divided by line ert III, line 15 me Percentage	57,042 11,103 2,596,799 third, fourth, or f	47,217 10,032 3,161,874 infth tax year as a	501(c)(3 15 16	42,091 37,911 328,405	244,709  135,030  14,168,829  zation,  97 320 % 96 970 %
c 111 12 13 14 Se 15 16 Se 17	securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )  Total support. (Add lines 9, 10c, 11, and 12 )  First five years. If the Form 990 is fineteck this box and stop here  ection C. Computation of Public support percentage for 2012  Public support percentage from 2013  ection D. Computation of Investment income percentage for 2012	18,569  2,491,034  for the organization  ic Support Per (line 8, column (1) 1 Schedule A, Par estment Income 2012 (line 10 c, column 10	57,415  2,590,717  on's first, second, ercentage f) divided by line art III, line 15 me Percentage llumn (f) divided by	57,042  11,103  2,596,799  third, fourth, or f  13, column (f))  Je  by line 13, column	47,217 10,032 3,161,874 infth tax year as a	501(c)(3	42,091 37,911 328,405	244,709  135,030  14,168,829  zation,  97 320 %  96 970 %  1 730 %
c 111 12 13 14 Se 15 16 Se 17 18	securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is for check this box and stop here ection C. Computation of Public support percentage for 2012 Public support percentage from 201	18,569  2,491,034  for the organization  ic Support Per (line 8, column (in 1 Schedule A, Parestment Incomposite Collocation)  2012 (line 10 c, collocation)  2011 Schedule A	57,415  2,590,717  on's first, second,  crcentage f) divided by line art III, line 15  me Percentage  dumn (f) divided by line 15  A, Part III, line 1	57,042  11,103  2,596,799  third, fourth, or f  13, column (f))  1e  by line 13, column	47,217 10,032 3,161,874 ifth tax year as a	501(c)(3 15 16 17 18	42,091 37,911 328,405 ) organi	244,709  135,030  14,168,829  zation,  97 320 %  96 970 %  1 730 %  2 280 %

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493020003014

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

► 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.

**Supplemental Financial Statements** 

Open to Public Inspection

Name of the organization	•	Employe	r identification numb	er
THE COLLEGE OF STATEN ISLAND ASSOCIATION		13-293	3777	
	or Advised Funds or Other Similar	Funds or A	<b>Accounts.</b> Comple	te if the
organization answered "Yes" to For	(a) Donor advised funds	(b)	Funds and other acco	unts
Total number at end of year				
Aggregate contributions to (during year)				
Aggregate grants from (during year)				
Aggregate value at end of year				
Did the organization inform all donors and dono funds are the organization's property, subject t		onor advised	☐ Yes	┌ No
Did the organization inform all grantees, donors used only for charitable purposes and not for the			rpose <b>Tyes</b>	□ No
conferring impermissible private benefit?  art II Conservation Easements. Comp	plete if the organization answered "Ves"	to Form 90	<u> </u>	, 140
Purpose(s) of conservation easements held by Preservation of land for public use (e g , rec Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organizatio easement on the last day of the tax year	the organization (check all that apply) reation or education)  Preservation of a	an historicall a certified his	y important land area storic structure	
easement on the last day of the tax year			Held at the End of the	Year
a Total number of conservation easements		2a	note at the the of the	
<ul> <li>Total acreage restricted by conservation easer</li> </ul>	nents	2b		
<ul> <li>Number of conservation easements on a certification</li> </ul>	ed historic structure included in (a)	2c		
<b>d</b> Number of conservation easements included in historic structure listed in the National Registe		2d		
Number of conservation easements modified, ti	ansferred, released, extinguished, or termina	ited by the or	ganızatıon durıng	
the tax year 🗠				
Number of states where property subject to cor	nservation easement is located ►			
Does the organization have a written policy reg enforcement of the conservation easements it l		ındlıng of vıol	ations, and <b>Yes</b>	┌ No
Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing conservation eas	ements durın	g the year	
A mount of expenses incurred in monitoring, ins	pecting, and enforcing conservation easemer	nts during the	e year	
Does each conservation easement reported on and section 170(h)(4)(B)(II)?	line 2(d) above satisfy the requirements of s	ection 170(h	)(4)(B)(I)	┌ No
In Part XIII, describe how the organization rep balance sheet, and include, if applicable, the te the organization's accounting for conservation	xt of the footnote to the organization's financi easements	ial statement	s that describes	
	ections of Art, Historical Treasures ared "Yes" to Form 990, Part IV, line 8.	, or Other	Similar Assets.	
If the organization elected, as permitted under works of art, historical treasures, or other simil service, provide, in Part XIII, the text of the for	SFAS 116 (ASC 958), not to report in its rev ar assets held for public exhibition, education	n, or research	ı ın furtherance of pub	
If the organization elected, as permitted under works of art, historical treasures, or other simil service, provide the following amounts relating	ar assets held for public exhibition, education			lıc
(i) Revenues included in Form 990, Part VIII,	line 1		<b>►</b> \$	
(ii) Assets included in Form 990, Part X			<b>►</b> \$	
If the organization received or held works of art following amounts required to be reported unde			gain, provide the	
a Revenues included in Form 990 Part VIII line	1		<b>b</b> ¢	

**b** Assets included in Form 990, Part X

Par	Organizations Maintaining Co	<u>llections of Ar</u>	t, HIS	itori	<u>cai ii</u>	reasur	res, or O	<u>tnei</u>	r Similar As	<u>sets (</u>	continued)
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other reco	rds, cl	heck	any of	the follo	wing that a	are a	sıgnıfıcant use	ofits	
а	Public exhibition		d	Γ	Loan	or exch	ange progr	ams			
b	Scholarly research		e	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ellections and expl	ain ho	w the	y furth	er the oi	rganızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit o									_	_
	assets to be sold to raise funds rather than t									┌ Yes	No No
Par	<b>t IV</b> Escrow and Custodial Arrange Part IV, line 9, or reported an am						answere	a "Ye	es" to Form S	<del>1</del> 90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				•		r other ass	ets n		┌ Yes	✓ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	wing	able		_				
							_		An	nount	
C	Beginning balance							1c			
d	Additions during the year						L	1d			
e	Distributions during the year						L	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, Iır	ne 21?	,						✓ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anatı	on has	been pr	ovided in P	art X	III		I✓
Pa	rt V Endowment Funds. Complete										
		(a)Current year	(b	<b>)</b> Prior	year	<b>b (c)</b> Tw	o years back	(d)⊺	hree years back	(e)Four	years back
1a	Beginning of year balance										
Ь	Contributions							-			
С	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 curr	ent year end balan	ce (lır	ne 1g	, colum	nn (a)) h	eld as				
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment ►										
c	Temporarily restricted endowment ►										
	The percentages in lines 2a, 2b, and 2c show	ıld equal 100%									
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	zatıon	that	are hel	d and ac	dministere	d for	the 	Ye	s No
	(i) unrelated organizations								3a		
	(ii) related organizations								3a(		<u> </u>
	If "Yes" to 3a(II), are the related organization							•	3	0	
4 Dat	t VI Land, Buildings, and Equipme					10					
r en	Description of property	inc. See roini 3.	70, ге	(	a) Cost o	or other	(b)Cost or	other	(c) Accumulate	ed (d)	Book value
				ba	sıs (ınve	estment)	basis (oth	er)	depreciation		
	Land										
b	Buildings									$\neg$	
c	Leasehold improvements									$\neg$	
d	Equipment						21	3,749	164,	024	49,725
е	Other						3	9,655	15,	862	23,793
	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colu	ımn (	B), line	10(c).)					73,518

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		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)		
	Form COO Dart V line	12
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	<u> </u>	
	+	
the contract of the contract o		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, III  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, lin  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, III  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability	ne 15. ption  .) c, line 25.	

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	3,670,113
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	341,708
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,328,405
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	3,328,405
Part :	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	2,936,415
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	263,007
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,673,408
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
C	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	2,673,408

#### 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
	PART IV, LINE 2B	THE ASSOCIATION HOLDS FUNDS ON BEHALF OF CERTAIN GROUPS AND ORGANIZATIONS RELATED TO THE COLLEGE OF STATEN ISLAND AS WELL AS FUNDS TO BE REMITTED TO CERTAIN EXTERNAL CHARITABLE ORGANIZATIONS COMPUTER SCIENCE CLUB \$273 AMBASSADOR PROGRAM 205 ITALIAN CLUB 50 WOMEN'S LITERARY GROUP 308 EMERGING LEADERS PROGRAM 2,436 EXTERNAL CHARITABLE ORGANIZATIONS 3,412
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE), THEREFORE, NO PROVISION FOR INCOME TAXES IS REFECTED IN THE FINANCIAL STATEMENTS THE ASSOCIATION HAS BEEN CLASSIFIED AS A PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE THE ASSOCIATION PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OF WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILITY HAS BEEN INCURRED FOR UNRECOGNIZED INCOME TAXES MANAGEMENT HAS CONCLUDED THAT THE ASSOCIATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT IN ITS FINANCIAL STATEMENTS US FORMS 990 FILED BY THE ASSOCIATION ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES THE ASSOCIATION IS NO LONGER SUBJECT TO TAX EXAMINATION FOR THE YEARS ENDED JUNE 30, 2009, AND PRIOR

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493020003014

Department of the Treasury

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

Internal Revenue Service			Attach to For	n 990				Inspection
Name of the organization THE COLLEGE OF STATEN I	SIAND ASSOCIATI	O N					Employer iden	tification number
THE COLLEGE OF STATENT	SLAND ASSOCIATI	ON					13-2933777	7
Part I General Info	rmation on Gran	ts and Assistance				-		
1 Does the organization n	naintain records to su	bstantiate the amount of	the grants or assista	nce, the grantees' elig	gibility for the grants	or assistanc	e, and	<u> </u>
		s or assistance? Jures for monitoring the u						
<u> </u>					tos Complete if t	ho organiza	tion ancies	end "Vac" to
		to Governments an y recipient that receiv						ed fes to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		eription of ( assistance (	( <b>h)</b> Purpose of grant or assistance
(1) COLLEGE OF STATEN ISLAND 2800 VICTORY BOULEVARD STATEN ISLAND, NY 10314	13-2547180	501(C)(3)			FMV	BOOKS	S	CHOLARSHIPS/AWARDS
					l			
		government organizations						-
3 Enter total number of ot	her organizations list:	ed in the line 1 table .					🟲	

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>(b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) STIPENDS TO STUDENT LEADERS	25	31,521			
(2) SCHOLARSHIPS	14	17,720			
(3) GRADUATE ASSISTANCE	11	3,444			
(4) MEMORIAL AWARDS	14	7,600			
(5) HUNGER/HOMELESSNESS INITIATIVE	80	3,233			
(6) TRAVEL ASSISTANCE	2	713			

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

complete this part to provide the miorination required in 1 are 1, the 2,1 are 111, column (b), and any other additional miorination							
Identifier	Return Reference	Explanation					
PROCEDURE FOR MONITORING GRANTS IN THE U S	1	SCHEDULE I, PART I, LINE 2 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 STIPENDS, AWARDS, AND FINANCIAL ASSISTANCE THE ASSOCIATION PROVIDES FINANCIAL ASSISTANCE TO STUDENTS UPON A SHOWING OF NEED AS DETERMINED BY AN INDEPENDENT REVIEW COMMITTEE ESTABLISHED BY THE OFFICE OF THE VICE PRESIDENT OF STUDENTS BASED ON THE ATTAINMENT OF CERTAIN GOALS ALL AMOUNTS REMITTED TO STUDENTS ARE LESS THAN \$5,000					

DLN: 93493020003014

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

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HE	CO	LLEGE	OF	STATEN	<b>ISLAND</b>	ASSOCIATION

**Employer identification number** 

13-2933777

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions  Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If 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	1b		
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?	2		
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			
	Compensation committee  Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  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			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, 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 accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
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)(1)-(111) 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>(B)</b> Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	• •		
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990		
(1)ARAMONA BROWN	(i)	0	0	0	0	0	0	0		
PRESIDENT	(ii)	168,972	0	0	0	30,415	199,387	0		
(2)EDUARDO RIOS	(i)	0	0	0	0	0	0	0		
TREASURER	(ii)	142,352	0	0	0	25,623	167,975	0		

Schedule J (Form 990) 2012

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

Schedule J (Form 990) 2012

OMB No 1545-0047

2012

**SCHEDULE 0** (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.

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

13-2933777

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	MEMBERSHIP OF THE ASSOCIATION CONSISTS OF THIRTEEN MEMBERS AS FOLLOWS THE PRESIDENT OF THE COLLEGE OR HIS/HER DESIGNEE, THREE ADMINISTRATORS APPOINTED BY THE COLLEGE PRESIDENT, THREE FACULTY MEMBERS SELECTED BY THE COLLEGE PRESIDENT FROM A PANEL OF SIX FACULTY ELECTED ANNUALLY BY THE FACULTY, THE PRESIDENT OF THE STUDENT GOVERNMENT AND TWO UPPER DIVISION AND THREE LOWER DIVISION STUDENTS ELECTED BY AND FROM THE STUDENT BODY OF THE COLLEGE
	FORM 990, PART VI, SECTION A, LINE 7B	THE PRESIDENT OF THE COLLEGE (A RELATED ENTITY) HAS THE RIGHT OF FINAL REVIEW AND MAY DISAPPROVE ACTIONS TAKEN BY THE BOARD AND SEND THOSE ITEMS BACK TO THE BOARD OF DIRECTORS FOR RECONSIDERATION DURING THIS YEAR THE PRESIDENT HAS NOT HAD REASON TO EXERCISE THIS RIGHT
	FORM 990, PART VI, SECTION B, LINE 11	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 ELECTONIC FILING WITH THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	EACH OFFICER, DIRECTOR, TRUSTEE, AND KEY EMPLOYEE OF THE ASSOCIATION IS REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST THAT ARISE BY VIRTUE OF EMPLOYMENT, 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, SECTION B, LINE 15	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, SECTION C, LINE 19	ON THE ORGANIZATION'S WEBSITE
	FORM 990, PART XII, LINE 2 (C)	NO CHANGES HAVE TAKEN PLACE DURING THE FISCAL YEAR ENDED JUNE 30, 2013

DLN: 93493020003014

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE R** (Form 990)

## **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.

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** THE COLLEGE OF STATEN ISLAND ASSOCIATION 13-2933777

						entity		
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during	nizations (Complete in the tax year.)	f the organization a	nswered "Yes	" to Form 990	, Part IV	, line 34 because it	t had d	ne
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code se	ction Public cha (if section	rity status	<b>(f)</b> Direct controlling entity	Section (13)	(g) on 512(t controlle ntity?
			1-2//2//2/				Yes	
(1) THE COLLEGE OF STATEN ISLAND	EDUCATION	NY	501(C)(3)	LINE 6				No
2800 VICTORY BOULEVARD						N/A		
STATEN ISLAND, NY 10314 13-2547180								
(2) RESEARCH FOUNDATION OF CUNY	RESEARCH	NY	501(C)(3)	LINE 7				No
230 W 41ST						N/A		
NEW YORK, NY 10036								
13-1988190 (3) THE COLLEGE OF STATEN ISLAND FOUNDATION	FUND RAISING	NY	501(C)(3)	LINE 11A, I			+	No
2800 VICTORY BOULEVARD						N/A		
STATEN ISLAND, NY 10314 13-3683723						N/A		
(4) THE COLLEGE OF STATEN ISLAND AUXILIARY SERVICES	EDUCATION	NY	501(C)(3)	LINE 9				No
2800 VICTORY BOULEVARD						N/A		
STATEN ISLAND, NY 10314 13-2936232								
(5) THE CITY UNIVERSITY OF NEW YORK	EDUCATION	NY						No
2800 VICTORY BOULEVARD						N/A		
STATEN ISLAND, NY 10314								

(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	egal Direct nicile controlling ite or entity eign	unrelated, excluded from tax under	d, total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentae ownersh
					sections 512- 514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust ( poration or	Complete if t	he organı the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domıcıle (state or foreign country)		( <b>d)</b> Direct controlli entity		(e) (f) Type of entity (C corp, S corp,		(g) Share of end- of-year assets		<b>(h)</b> ercentage wnership	(i) Section 512 (b)(13) controlled entity?		
		,,			,						Yes		No

Part V	Transactions With Related Organizations (Complete if the organization	on answered "Yes" to Fo	orm 990, Part IV, line	e 34, 35b, or 36.)					
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule									
<b>1</b> During	the tax year, did the orgranization engage in any of the following transactions with one oi	more related organizations	s listed in Parts II-IV?						
<b>a</b> Rece	eipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a		No			
<b>b</b> Gıft,	<b>b</b> Gift, grant, or capital contribution to related organization(s)								
<b>c</b> Gıft,	c Gift, grant, or capital contribution from related organization(s)								
<b>d</b> Loar	ns or loan guarantees to or for related organization(s)			1d		No			
<b>e</b> Loar	ns or loan guarantees by related organization(s)			1e		No			
<b>f</b> Divid	dends from related organization(s)			1f		No			
<b>g</b> Sale	of assets to related organization(s)			<b>1</b> g		No			
<b>h</b> Purc	hase of assets from related organization(s)			1h		No			
i Exch	i Exchange of assets with related organization(s)								
<b>j</b> Leas	e of facilities, equipment, or other assets to related organization(s)			<u>1j</u>		No			
<b>k</b> Leas	se of facilities, equipment, or other assets from related organization(s)			1k		No			
I Perfo	l Performance of services or membership or fundraising solicitations for related organization(s)								
<b>m</b> Perfo	rmance of services or membership or fundraising solicitations by related organization(s	)		1n	Yes				
<b>n</b> Sharı	ng of facilities, equipment, mailing lists, or other assets with related organization(s)			1r	Yes				
o Shar	ring of paid employees with related organization(s)			10		No			
<b>p</b> Rein	nbursement paid to related organization(s) for expenses			1p		No			
<b>q</b> Rein	nbursement paid by related organization(s) for expenses			1q		No			
<b>r</b> Othe	er transfer of cash or property to related organization(s)			1r		No			
<b>s</b> Othe	er transfer of cash or property from related organization(s)			1s		No			
2 If the	e answer to any of the above is "Yes," see the instructions for information on who must c	omplete this line, including	covered relationships a	and transaction thresholds					
	(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining amount	involve	d			
(1) THE COL	LEGE OF STATEN ISLAND	В	20,579						
(2) THE COL	LEGE OF STATEN ISLAND	М	20,307						
(3) THE COL	LEGE OF STATEN ISLAND	N	242,700						
(4) RESEARC	CH FOUNDATION OF CUNY	С	239,613						

Part VI 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													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	( <b>h)</b> Disproprtiona allocations?	,	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

**Additional Data Return to Form** 

> Software ID: **Software Version:**

> > **EIN:** 13-2933777

Name: THE COLLEGE OF STATEN ISLAND ASSOCIATION

Schedule R (Form 990) 2012

Page **5** 

### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)							
Identifier	Return Reference	Explanation					