

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 415 EAST 93RD STREET City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10128 F Name and address of principal officer: GREGORY J. MORRIS SAME AS C ABOVE	D Employer identification number 13-2572034 E Telephone number (212) 360-7620 G Gross receipts \$ 8,352,276. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.ISAACSCENTER.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1964		M State of legal domicile: NY

Part I Summary

Part I	Summary																									
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDING COMMUNITY SERVICES TO YOUTH AND SENIORS OF ALL BACKGROUNDS. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 24 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 24 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 165 6 Total number of volunteers (estimate if necessary) 6 785 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">6,520,773.</td> <td style="text-align: right;">6,982,202.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">121,171.</td> <td style="text-align: right;">105,553.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">179,208.</td> <td style="text-align: right;">218,866.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">97,578.</td> <td style="text-align: right;">48,286.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">6,918,730.</td> <td style="text-align: right;">7,354,907.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	6,520,773.	6,982,202.	9 Program service revenue (Part VIII, line 2g)	121,171.	105,553.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	179,208.	218,866.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	97,578.	48,286.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,918,730.	7,354,907.						
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Part II Signature Block

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

Sign Here	Signature of officer GREGORY J. MORRIS, PRESIDENT/EXECUTIVE DIRECTOR Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date 11/16/15	Check if self-employed <input type="checkbox"/>	PTIN P00543209
	Firm's name ▶ O'CONNOR DAVIES, LLP	Firm's EIN ▶ 27-1728945			
	Firm's address ▶ 665 FIFTH AVENUE NEW YORK, NY 10022	Phone no. (212) 286-2600			

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: AS A NON-PROFIT, MULTI-SERVICE, COMMUNITY-BASED ORGANIZATION FOCUSING PRIMARILY ON THE NEEDS OF CHILDREN AND LOW-INCOME FAMILIES, OUT-OF-SCHOOL AND OUT-OF-WORK YOUTH, AND AGING NEW YORKERS INCLUDING OUR ISOLATED AND HOMEBOUND ELDERLY NEIGHBORS, THE STANLEY M. ISAACS

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,786,613. including grants of \$) (Revenue \$ 19,649.) MEALS ON WHEELS:

OUR MEALS ON WHEELS DELIVERY AREA COVERS THE EAST SIDE OF MANHATTAN FROM 59TH STREET TO 142ND STREET. AS THE LEAD CONTRACTOR, WE ARE RESPONSIBLE FOR DELIVERING SEVEN MEALS A WEEK IN COLLABORATION WITH OUR PARTNER AGENCIES, INCLUDING THE CARTER BURDEN CENTER, UNION SETTLEMENT ASSOCIATION, AND ROOSEVELT ISLAND SENIOR ASSOCIATION. FY15 HIGHLIGHTS INCLUDE:

-367,607 MEALS WERE DELIVERED IN 2014-2015,

-AN AVERAGE OF 1,034 MEALS PER DAY WERE DELIVERED IN FY15, AN INCREASE

4b (Code:) (Expenses \$ 1,945,048. including grants of \$ 113,870.) (Revenue \$ 38,393.) YOUTH AND FAMILY SERVICES: SEE SCHEDULE O

4c (Code:) (Expenses \$ 1,094,649. including grants of \$) (Revenue \$ 47,511.) SENIOR SERVICES:

THE ISAACS CENTER HAS BEEN PROVIDING SERVICES TO SENIOR RESIDENTS FOR 50 YEARS. LOCATED IN THE NYCHA'S ISAACS/HOLMES COMPLEX, WE HAVE OPERATED A NATURALLY OCCURRING RETIREMENT COMMUNITY (NORC) SINCE 1995. ACCORDING TO DATA PROVIDED BY NYCHA AS OF 2013, THERE ARE A TOTAL OF 1,164 APARTMENTS IN THE ISAACS/HOLMES COMPLEX, WITH APPROXIMATELY 500 (43%) OF THESE UNITS SERVING AS A RESIDENCE FOR AN INDIVIDUAL OVER THE AGE OF 60. THE AVERAGE GROSS INCOME FOR RESIDENTS OF THE COMPLEX IS \$23,513 WHICH IS BELOW THE POVERTY THRESHOLD FOR A FAMILY OF FOUR NATIONALLY (\$24,949) AND LOCALLY (\$31,039). THE MAJORITY OF RESIDENTS OVER THE AGE OF 62 IN THE COMPLEX (63%) IDENTIFY AS BLACK OR HISPANIC.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,826,310.

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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? <i>If "Yes," complete Schedule C, Part II</i>	4	X
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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
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? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

STANLEY M. ISAACS NEIGHBORHOOD CENTER,
INC.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 57		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 165		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
	1a 24		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 24		
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **DEANNE RODNEY - (212) 360-7620**
415 EAST 93RD STREET, NEW YORK, NY 10128

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTOPHER MAHAN CHAIRMAN	3.00	X		X				0.	0.	0.
(2) D. REBECCA DAVIES VICE CHAIR	1.00	X		X				0.	0.	0.
(3) GRETCHEN H. STONE TREASURER	2.00	X		X				0.	0.	0.
(4) TIWANDA N. BROWN SECRETARY	0.10	X		X				0.	0.	0.
(5) ANDREA P. MARTIN BOARD MEMBER	1.00	X						0.	0.	0.
(6) APRIL DOW MICHAS BOARD MEMBER	0.20	X						0.	0.	0.
(7) CHRIS H. LE ROY BOARD MEMBER	0.20	X						0.	0.	0.
(8) DANIEL J. BURSKY BOARD MEMBER	0.50	X						0.	0.	0.
(9) DEBORAH QUINONES BOARD MEMBER	0.10	X						0.	0.	0.
(10) DR. ESTELLE P. BENDER BOARD MEMBER	1.00	X						0.	0.	0.
(11) GAIL BERRY O'NEILL BOARD MEMBER	0.50	X						0.	0.	0.
(12) GLENN MCANANAMA BOARD MEMBER	0.50	X						0.	0.	0.
(13) LEE WAREHAM BOARD MEMBER	2.00	X						0.	0.	0.
(14) MARINA NICETA DE PALAZZI BOARD MEMBER	1.50	X						0.	0.	0.
(15) MARION S. HEDGES BOARD MEMBER	1.00	X						0.	0.	0.
(16) MARY ELLEN JOHNSON BOARD MEMBER	0.20	X						0.	0.	0.
(17) PATRICIA A. FALKENBERG BOARD MEMBER	1.00	X						0.	0.	0.

**STANLEY M. ISAACS NEIGHBORHOOD CENTER,
INC.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PETER W. TIMMINS BOARD MEMBER	1.50	X						0.	0.	0.
(19) QUYEN N. TRAN BOARD MEMBER	0.10	X						0.	0.	0.
(20) URSULA LOWERRE BOARD MEMBER	0.10	X						0.	0.	0.
(21) PAUL R. KLEPETKO BOARD MEMBER	1.00	X						0.	0.	0.
(22) RICHARD B. NESSON BOARD MEMBER	2.00	X						0.	0.	0.
(23) ROBIN AVIV KIAM BOARD MEMBER	1.00	X						0.	0.	0.
(24) ELISABETH WEED BOARD MEMBER	1.00	X						0.	0.	0.
(25) ELAINE J. POMMELLS CHIEF FINANCIAL ADMIN. OFF	35.00			X				139,879.	0.	8,073.
(26) GREGORY MORRIS PRESIDENT/EXEC DIRECTOR	35.00			X				157,067.	0.	5,974.
1b Sub-total								296,946.	0.	14,047.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								296,946.	0.	14,047.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNION SETTLEMENT ASSOCIATION 237 EAST 104TH STREET, NEW YORK, NY 10029	HOME DELIVERED MEALS	1,078,272.
THE CARTER BURDEN CENTER FOR THE AGING 1484 FIRST AVENUE, NEW YORK, NY 10075	PREPARED MEALS FOR MEALS ON WHEELS PROG	696,838.
THE STANFORD GROUP 211 WEST 56TH STREET, NEW YORK, NY 10019	FUNDRAISING AND PUBLICATION	484,065.
WCA TECHNOLOGIES, INC, 8 WEST 38TH STREET, SUITE 1004, NEW YORK, NY 10018	COMPUTER SERVICES	131,555.
BIBBY FINANCIAL SERVICES, INC., 1901 S. CONGRESS AVE., SUITE 110, BOYNTON BEACH,	FINANCIAL SERVICES	106,296.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

STANLEY M. ISAACS NEIGHBORHOOD CENTER,
INC.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	174,655.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,708,977.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,098,570.				
	g Noncash contributions included in lines 1a-1f: \$		45,066.				
	h Total. Add lines 1a-1f		6,982,202.				
Program Service Revenue	2 a PROGRAM SERVICES FEES	Business Code 900099	99,594.	99,594.			
	b CONFERENCE CALL INCOME	900099	5,959.	5,959.			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		105,553.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		74,144.			74,144.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses		933,353.			
		c Gain or (loss)		144,722.			
d Net gain or (loss)		144,722.			144,722.		
8 a Gross income from fundraising events (not including \$ 174,655. of contributions reported on line 1c). See Part IV, line 18	a		94,530.				
	b Less: direct expenses		64,016.				
	c Net income or (loss) from fundraising events		30,514.			30,514.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a REIMBURSEMENTS	900099	14,550.			14,550.		
b OTHER INCOME	900099	3,222.			3,222.		
c							
d All other revenue							
e Total. Add lines 11a-11d		17,772.					
12 Total revenue. See instructions.		7,354,907.	105,553.	0.	267,152.		

**STANLEY M. ISAACS NEIGHBORHOOD CENTER,
INC.**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX **X**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,865.	8,865.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	105,005.	105,005.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	238,855.	191,509.	33,515.	13,831.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,566,935.	2,058,119.	360,179.	148,637.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	236,812.	189,872.	33,228.	13,712.
10 Payroll taxes	333,746.	267,591.	46,830.	19,325.
11 Fees for services (non-employees):				
a Management				
b Legal	19,419.	5,500.	5,735.	8,184.
c Accounting	53,101.	15,039.	15,683.	22,379.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	112,800.			112,800.
f Investment management fees	35,655.		35,655.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,634,699.	1,421,684.	135,479.	77,536.
12 Advertising and promotion	1,799.	201.	104.	1,494.
13 Office expenses	770,516.	209,172.	106,518.	454,826.
14 Information technology	194,210.	137,897.	38,958.	17,355.
15 Royalties				
16 Occupancy				
17 Travel	24,503.	23,320.	1,142.	41.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,931.	27,988.	1,980.	1,963.
20 Interest	2,500.		2,500.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	164,111.	127,706.	26,003.	10,402.
23 Insurance	86,210.	68,940.	12,336.	4,934.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD AND BEVERAGE	809,320.	799,087.	9,697.	536.
b REPAIRS & MAINTENANCE	120,309.	92,416.	20,773.	7,120.
c PROGRAM ACTIVITIES	77,459.	76,399.	1,060.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	7,628,760.	5,826,310.	887,375.	915,075.
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)

STANLEY M. ISAACS NEIGHBORHOOD CENTER,
INC.

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,246,931.	1	715,353.
	2 Savings and temporary cash investments	70,105.	2	75,135.
	3 Pledges and grants receivable, net	377,291.	3	826,363.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	41,296.	9	12,239.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,856,726.		
	b Less: accumulated depreciation	10b 3,692,253.	1,119,822.	10c 1,164,473.
	11 Investments - publicly traded securities	3,108,683.	11	2,911,775.
	12 Investments - other securities. See Part IV, line 11	598,068.	12	582,606.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	13,900.	15	13,900.
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,576,096.	16	6,301,844.	
Liabilities	17 Accounts payable and accrued expenses	385,100.	17	531,534.
	18 Grants payable		18	
	19 Deferred revenue	14,750.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26 Total liabilities. Add lines 17 through 25	399,850.	26	531,534.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,337,733.	27	4,993,167.
	28 Temporarily restricted net assets	186,750.	28	141,390.
	29 Permanently restricted net assets	651,763.	29	635,753.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,176,246.	33	5,770,310.	
34 Total liabilities and net assets/fund balances	6,576,096.	34	6,301,844.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,354,907.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,628,760.
3	Revenue less expenses. Subtract line 2 from line 1	3	-273,853.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,176,246.
5	Net unrealized gains (losses) on investments	5	-132,083.
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	5,770,310.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2014

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.** Employer identification number **13-2572034**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,738,031.	7,044,643.	6,449,388.	6,520,773.	6,982,202.	35,735,037.
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 ...	240,000.	240,000.	240,000.	260,000.	441,250.	1,421,250.
4 Total. Add lines 1 through 3	8,978,031.	7,284,643.	6,689,388.	6,780,773.	7,423,452.	37,156,287.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						95,184.
6 Public support. Subtract line 5 from line 4.						37,061,103.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	8,978,031.	7,284,643.	6,689,388.	6,780,773.	7,423,452.	37,156,287.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	67,688.	81,982.	91,759.	88,785.	74,144.	404,358.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...				58,321.	30,514.	88,835.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	24,648.	8,971.	11,079.	28,857.	17,772.	91,327.
11 Total support. Add lines 7 through 10						37,740,807.
12 Gross receipts from related activities, etc. (see instructions)					12	836,236.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	98.20 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	98.03 %
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.

Employer identification number

13-2572034

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.	Employer identification number 13-2572034
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,828,848.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 507,096.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 155,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 275,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 647,228.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.	Employer identification number 13-2572034
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ <u>189,483.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>148,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.	Employer identification number 13-2572034
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.	Employer identification number 13-2572034
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.** Employer identification number **13-2572034**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
 - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ <u>13,900.</u>
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	53,695.	54,609.	59,035.	51,677.	51,851.
b Contributions					
c Net investment earnings, gains, and losses	1,952.	1,586.	-1,926.	9,858.	2,326.
d Grants or scholarships	2,500.	2,500.	2,500.	2,500.	2,500.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	53,147.	53,695.	54,609.	59,035.	51,677.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment _____ %

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

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

	Yes	No
(i) unrelated organizations		<input checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,759,110.	2,865,814.	893,296.
c Leasehold improvements				
d Equipment		1,097,616.	826,439.	271,177.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,164,473.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN		
(B) PERPETUAL TRUST	582,606.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	582,606.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	7,628,419.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-132,083.	
b	Donated services and use of facilities	2b	441,250.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	309,167.	
3	Subtract line 2e from line 1	3	7,319,252.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	35,655.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	35,655.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,354,907.	

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	8,034,355.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	441,250.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	441,250.	
3	Subtract line 2e from line 1	3	7,593,105.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	35,655.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	35,655.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,628,760.	

Part XIII Supplemental Information.

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.

PART III, LINE 4:

THE ORGANIZATION IS DISPLAYING THE ARTWORK TO THE PUBLIC, WHICH ALLOWS FOR THE VISUAL ENHANCEMENT OF THE SPACE AS WELL AS A SHOW OF LOYALTY TO THE AGENCY AND ITS IMPACT ON ITS SUPPORTERS.

PART V, LINE 4:

THE CENTER MAINTAINS DONOR-RESTRICTED FUND WHOSE PURPOSE IS TO PROVIDE LONG TERM SUPPORT FOR ITS CHARITABLE PROGRAMS. INVESTMENT INCOME FROM ENDOWMENT FUND IS EXPENDABLE TO SUPPORT EDUCATION SCHOLARSHIPS.

PART X, LINE 2:

THE CENTER RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE

Part XIII Supplemental Information *(continued)*

POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS
DETERMINED THAT THE CENTER HAD NO UNCERTAIN TAX POSITIONS THAT WOULD
REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE CENTER IS NO
LONGER SUBJECT TO AUDITS BY THE APPLICABLE TAXING JURISDICTIONS FOR
PERIODS PRIOR TO JUNE 30, 2012.

STANLEY M. ISAACS NEIGHBORHOOD CENTER,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA EVENT/ESEO (event type)	WINE EVENT (event type)	1 (total number)	
Revenue	1 Gross receipts	244,490.	16,945.	7,750.	269,185.
	2 Less: Contributions	159,055.	7,850.	7,750.	174,655.
	3 Gross income (line 1 minus line 2)	85,435.	9,095.		94,530.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	44,460.	2,546.		47,006.
	8 Entertainment	3,700.			3,700.
	9 Other direct expenses	12,432.	878.		13,310.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				64,016.
11 Net income summary. Subtract line 10 from line 3, column (d)				30,514.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

STANLEY M. ISAACS NEIGHBORHOOD CENTER,

Schedule G (Form 990 or 990-EZ) 2014 INC.

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: THE STANFORD GROUP

(I) ADDRESS OF FUNDRAISER: 292 FIFTH AVENUE, 4TH FLOOR, NEW YORK, NY 10001

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization **STANLEY M. ISAACS NEIGHBORHOOD CENTER,
INC.**

**Employer identification number
13-2572034**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) (2014)

STANLEY M. ISAACS NEIGHBORHOOD CENTER,
INC.

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS AND LAPTOP COMPUTERS	15	37,000.	11,808.	FAIR MARKET VALUE	LAPTOP COMPUTERS, SUPPLIES AND FOOD
STIPENDS FOR YES/YEP INTERNS	218	56,197.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

EACH GRANT IS APPROVED BY A COMMITTEE, A DEPARTMENT REPRESENTATIVE AND FISCAL PERSON. MONTHLY FINANCIAL STATEMENTS INCLUDING A BALANCE SHEET AND INCOME STATEMENT ARE PREPARED BY THE FISCAL DEPARTMENT. THEY ARE DISTRIBUTED TO THE BOARD FINANCE COMMITTEE EACH MONTH AND THE BOARD FINANCE COMMITTEE MEETS FOUR TIMES A YEAR TO REVIEW THEM. AN ANNUAL BUDGET IS PREPARED AND IS MONITORED BY INTERNAL AUDIT INSPECTIONS THROUGHOUT THE YEAR AS WELL AS ANNUAL EXTERNAL INDEPENDENT AUDITS. ANY DEVIATIONS AS TO THE INTENDED USE OF THESE GRANT FUNDS ARE ADDRESSED AND RESOLVED WHEN AND IF

Part IV Supplemental Information

THEY OCCUR.

ANNUALLY, 20+ YOUTH ARE SELECTED TO PARTICIPATE IN OUR INTERNSHIP PROGRAM. THESE YOUNG PEOPLE WORK 20 HOURS PER WEEK FOR AT LEAST 8 WEEKS. THESE PARTICIPANTS ARE SELECTED FROM A POOL OF OUR HARDEST TO PLACE IN EMPLOYMENT. WE EXPECT THAT THIS EXPERIENCE WILL FOSTER HEALTHY PERSONAL AND PROFESSIONAL DEVELOPMENT. WITH REAL JOB EXPERIENCE, THESE INTERNS ARE BETTER POSITIONED TO GET AN ENTRY LEVEL JOB.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization **STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.**

Employer identification number
13-2572034

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2014

STANLEY M. ISAACS NEIGHBORHOOD CENTER,
INC.

13-2572034

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GREGORY MORRIS PRESIDENT/EXEC DIRECTOR	(i)	156,938.	0.	129.	0.	5,974.	163,041.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.** Employer identification number **13-2572034**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	45,066.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

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

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

Schedule M (Form 990) (2014)

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I, COLUMN (B).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

STANLEY M. ISAACS NEIGHBORHOOD CENTER,
INC.

Employer identification number
13-2572034

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NEIGHBORHOOD CENTER (ISAACS CENTER) HAS SOUGHT - THROUGHOUT ITS 50 YEAR HISTORY - TO PROVIDE HIGH QUALITY SERVICES AND SUPPORTS. TODAY, WE ARE STRENGTHENING AND EXPANDING OUR MOST INNOVATIVE AND IMPACTFUL PROGRAMS TO IMPROVE LIFE OUTCOMES FOR THE PEOPLE WE SERVE, AND POSITIONING OURSELVES AS A DRIVING FORCE FOR SUSTAINABLE CHANGE IN YORKVILLE AND EAST HARLEM. OUR ENDURING MISSION, IN WORKING WITH THE POOR, THE ISOLATED, AND DISCONNECTED OF ALL AGES, GENDERS, BACKGROUNDS AND ABILITIES, IS TO PROMOTE SOCIAL AND PHYSICAL WELL-BEING AND ENCOURAGE, SELF-RELIANCE, AND DIGNITY THROUGHOUT EVERY STAGE OF LIFE.

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

OF 27% (FROM 755 MEALS) IN FY12,

-OUR DIRECT DELIVERY PORTION FOR FY15 REACHED 479 MEALS PER DAY, UP FROM 411 IN FY13.

-ACCORDING TO THE NUTRITION SCREENING INFORMATION SURVEY, 37% (652) OF CLIENTS RECEIVING OUR HOME DELIVERED MEALS ARE AT HIGH RISK, 57% (1,005) ARE AT MODERATE RISK, AND 6% (106) ARE AT LOW NUTRITIONAL RISK.

THE ISAACS CENTER ALSO REACHES A VERY DIVERSE CLIENTELE THROUGH MOW AND THROUGH CONGREGATE MEALS. THIS YEAR WILL BRING WITH IT SIGNIFICANT CHANGES, INCLUDING THE EXPANSION OF OUR KITCHEN TO CREATE NEW MENUS AND THERAPEUTIC MEALS. WE ESTIMATE THAT 10% OF THE MEALS WE DELIVER THROUGH MOW AND SERVE IN OUR CONGREGATE SETTING WILL REQUIRE

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NUTRITIONAL TAILORING. WE BELIEVE THAT OUR EXPERTISE IN CASE
MANAGEMENT, HEALTH AND FITNESS, RECREATION, AND MEAL PROVISION IS
ESSENTIAL TO THE SHORT- AND LONG-TERM WELLNESS OF THE CLIENTS WE SERVE.

IN FY15, WE BEGAN DEPLOYING "COMPUTRITION", A PILOT PROGRAM AND
NUTRITION AND FOOD SERVICE MANAGEMENT SOFTWARE. THIS TOOLKIT WILL
INCREASE THE CAPACITY OF OUR MOW AND CONGREGATE FOOD SERVICE OPERATION
TO CUSTOMIZE MEALS, STREAMLINE PURCHASING, AND COLLABORATE WITH NEW
PARTNERS TO MEET THE CHANGING NUTRITIONAL NEEDS OF OLDER ADULTS IN NYC.

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

IN FY15, THE ISAACS CENTER PROVIDED THE FOLLOWING SERVICES TO AGING NEW
YORKERS LIVING IN YORKVILLE, EAST HARLEM, AND RESIDENTS OF THE
ISAACS/HOLMES DEVELOPMENT.

SENIOR CENTER - IN OPERATION FOR ALMOST 50 YEARS, THE ISAACS CENTER
SENIOR CENTER IS HIGHLY REGARDED FOR THE QUALITY AND DIVERSITY OF ITS
PROGRAMS. WE HAVE A LONG HISTORY OF OFFERING DAILY ACTIVITIES THAT
PROMOTE PHYSICAL AND MENTAL HEALTH AND WELLNESS, FUN FITNESS,
TECHNOLOGY EDUCATIONS, ARTS AND CULTURAL ENRICHMENT, SOCIAL AND
SELF-ADVOCACY AND COMMUNITY ENGAGEMENT AND MUTUAL SUPPORT. IN ADDITION
TO ACTIVITIES WE OFFER BREAKFAST AND LUNCH MONDAY THROUGH SATURDAY AND
AFTERNOON SNACKS. HIGHLIGHTS INCLUDE:

-MORE THAN 33,000 MEALS, INCLUDING 7,843 BREAKFASTS AND 25,166 LUNCHES,
ON WEEKDAYS AND SATURDAYS WERE SERVED TO CLIENTS, AND

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-2,000 EDUCATIONAL AND RECREATIONAL ACTIVITIES OFFERED WITH OUR ISAACS IN MOTION HEALTH AND WELLNESS INITIATIVE THAT INCLUDED ZUMBA, MEDITATION AND YOGA CLASSES, ARTS AND CULTURAL EXPRESSION PROJECTS, TECHNOLOGY CLASSES, AND SUPPORT GROUPS

ELDERS AT HOME - EACH DAY, WE HOST TELEPHONE CONFERENCE CALL GROUPS AS PART OF OUR AMBITION TO CREATE A "SENIOR CENTER WITHOUT WALLS." FOR MEMBERS WHO ARE HOMEBOUND AND CANNOT COME TO THE SENIOR CENTER, THE ELDERS AT HOME PROGRAM CAN SERVE AS A LIFELINE OF SUPPORT AND ENGAGEMENT. HIGHLIGHTS INCLUDE:

-70 PARTICIPANTS PARTICIPATED IN TELEPHONIC GROUP ACTIVITIES, AND

-CLIENTS ENGAGED IN 826 CONFERENCE CALLS, INCLUDING SITTERCISE (A GENTLE MOVEMENT EXPERIENCE), GAMES LIKE NAME THAT TUNE AND BINGO, BOOK CLUBS, VIRTUAL MUSEUM TOURS, AND CURRENT EVENTS DISCUSSION GROUPS.

NATURALLY OCCURRING RETIREMENT COMMUNITY - THE NORC IS A GEOGRAPHIC COMMUNITY THAT WAS NOT ORIGINALLY BUILT FOR SENIORS, BUT THAT NOW HAS A SIGNIFICANT PROPORTION OF OLDER RESIDENTS. AS THE OPERATOR OF A NORC PROGRAM, WE PROVIDE RESIDENTS OVER THE AGE OF 60 WITH A VARIETY OF SUPPORT SERVICES. THE GOAL IS TO IMPROVE THE LIVES OF SENIOR ISAACS/HOLMES RESIDENTS THROUGH ONGOING NEEDS ASSESSMENTS, SUPPORTIVE ENGAGEMENT, AND EFFECTIVE INTERVENTIONS.

OUR STAFF IDENTIFY SENIORS WHO PRESENT MEDICAL AND/OR COGNITIVE DECLINE OR HAVE FINANCIAL ISSUES. THIS MAY BE NOTICED BECAUSE A SENIOR RESIDENTS HAS FALLEN BEHIND ON THEIR RENT, OR NYCHA STAFF HAS NOTICED

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THROUGH HOUSING INSPECTIONS THAT THE CLIENT'S LIVING ENVIRONMENT HAS BECOME UNSANITARY AND UNSAFE. WE COLLABORATE WITH NYCHA'S SOCIAL SERVICES DEPARTMENT PARTICULARLY AROUND RENT ISSUES, WORKING WITH MANAGEMENT AND CLIENT TO FIND A REASONABLE SOLUTION TO PREVENT EVICTION. WE WORK WITH THE VISITING NURSE SERVICES OF NEW YORK (VSNY) TO PROVIDE HEALTH CARE CASE MANAGEMENT, INCLUDING ASSESSING NEEDS AND DEVELOPING CARE PLANS WITH THE CLIENT AND/OR THE CLIENT'S FAMILY MEMBERS OR CAREGIVERS AND ARRANGING AND COORDINATING SERVICES AND RESOURCES ON THE RESIDENT'S BEHALF.

OUR CASE MANAGEMENT TEAM, INCLUDING MSW-LEVEL SOCIAL WORKERS AND BA-LEVEL CASE WORKERS, ARE AWARE OF AND HAVE KNOWLEDGE OF OUR CLIENTS' LIVING SITUATIONS, BASELINE COGNITIVE STATUS, AND MENTAL HEALTH ISSUES.

OUR FY15 CASE MANAGEMENT HIGHLIGHTS INCLUDE:

- 540 HOURS OF CASE MANAGEMENT ADDRESSING LONG-TERM ISSUES,
- 716 HOURS OF CASE ASSISTANCE ADDRESSING SHORT-TERM ISSUES,
- 233 HOURS OF HEALTH CARE MANAGEMENT, AND
- 234 HOURS OF HEALTH CARE ASSISTANCE TO SENIORS.

STAFF ALSO PROVIDE A WALK-IN CLINIC, WHERE CLIENTS "DROP IN" TO MEET WITH CASE MANAGEMENT STAFF FOR ASSISTANCE WITH SHORT-TERM ISSUES AND CONCERNS. DURING THESE 15 TO 30 MINUTE SESSIONS, CLIENTS MEET WITH CASE WORKERS AND MSW-LEVEL STUDENT INTERNS TO RECEIVE ASSISTANCE AND INFORMATION. SERVICES PROVIDED DURING THE CLINIC INCLUDE BENEFIT SCREENING AND APPLICATION ASSISTANCE AND ASSISTANCE WITH CONCERNS RELATED TO HOUSING, FINANCIAL MANAGEMENT, AND MENTAL AND PHYSICAL HEALTH. CLIENTS WITH MORE EXTENSIVE NEEDS ARE SCHEDULED FOR FOLLOW UP

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APPOINTMENTS FOR MORE IN-DEPTH CASE ASSISTANCE OR CASE MANAGEMENT

SUPPORT. THE CLINIC IS 6 HOURS IN LENGTH. ON AVERAGE, WE SERVE 13

CLIENTS DURING WALK-IN CLINIC HOURS. WE HAVE SEEN AS MANY AS 26 CLIENTS

IN ONE DAY.

FORM 990, PART VI, SECTION A, LINE 2:

CHRIS MAHAN HAS A FAMILY RELATIONSHIP WITH PATRICIA A. FALKENBERG.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION'S BY-LAWS WERE REVISED ON JULY 1, 2014. OVERALL BY-LAWS WERE REVISED TO PROVIDE MORE CLARITY.

CHANGES INCLUDED:

- REDEFINING QUORUM
- ADDING A NEW ARTICLE II, SECTION 4: ACTION WITHOUT MEETING
- FINANCE COMMITTEE NOW CLASSIFIED AS COMMITTEE OF THE CORPORATION

INSTEAD OF COMMITTEE OF THE BOARD

- ADDING A NEW ARTICLE IV, SECTION 2: TERM OF OFFICE
- TITLE OF PRESIDENT CHANGED TO CHAIRMAN OF THE BOARD
- TITLE OF VICE PRESIDENT CHANGED TO VICE CHAIRMAN OF THE BOARD
- TITLE OF EXECUTIVE DIRECTOR CHANGED TO PRESIDENT AND EXECUTIVE

DIRECTOR

- ADDING 2 NEW OFFICERS: CHIEF ADMINISTRATIVE OFFICER AND CHIEF FINANCIAL OFFICER

- ARTICLE VI SECTION 6 TITLE CHANGED TO INCLUDE NEWLY CREATED

DIRECTORSHIP

- ADDING A NEW ARTICLE VII, SECTION 6 TO INCLUDE INSURANCE AND SECTION

9 TO INCLUDE RELATED PARTY TRANSACTIONS

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FORM 990, PART VI, SECTION B, LINE 11:

THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT'S SUBMITTED ELECTRONICALLY TO MEMBERS OF THE ORGANIZATION'S GOVERNING BODY FOR ANY COMMENTS PRIOR TO ITS SUBMISSION. THE GOVERNING BODY IS PROVIDED WITH ONE WEEK TO REVIEW THE PREPARED FORM 990 AND PROVIDE THEIR COMMENTS. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED TO THE EXECUTIVE DIRECTOR, THE CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER AND CONTROLLER FOR THEIR REVIEW. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT ANNUALLY MONITORS AND ENFORCES. THE BOARD CURRENTLY MANDATES THAT ALL MEMBERS OF MANAGEMENT AND THE GOVERNING BODY ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. THE SIGNED CONFLICT OF INTEREST POLICY IS KEPT ON FILE AND BOARD MEMBERS MAY NOT VOTE ON AN ISSUE ON WHICH THEY HAVE A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION HAS ESTABLISHED A WRITTEN COMPENSATION POLICY FOR ITS COMPENSATION COMMITTEE TO FOLLOW IN ESTABLISHING THE COMPENSATION FOR OFFICERS. THE POLICY MANDATES THAT EXECUTIVE COMPENSATION BE PERIODICALLY REVIEWED BY THE COMPENSATION COMMITTEE AND THAT THE COMMITTEE SHOULD BE FREE OF CONFLICTS OF INTEREST. IN ADDITION, THE APPROVING COMPENSATION

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COMMITTEE REVIEWS APPROPRIATE AND ADEQUATE DATA TO DETERMINE THE REASONABLENESS OF COMPENSATION BEING CONSIDERED. THE COMPENSATION COMMITTEE USES A VARIETY OF INFORMATION AND STUDIES THAT ARE AVAILABLE TO DETERMINE THE APPROPRIATE LEVEL OF COMPENSATION PAID TO ITS EXECUTIVES. THE COMPENSATION COMMITTEE'S DECISION ON THE AMOUNT OF COMPENSATION PAID IS ADEQUATELY DOCUMENTED IN A CONTEMPORANEOUSLY WRITTEN FORMAT AND DOCUMENTS THE DATE OF THE DECISION, THE MEMBERS PRESENT DURING THE DECISION AND THOSE WHO VOTED ON IT, THE FULL TERMS OF THE TRANSACTION THAT WAS APPROVED AND THE COMPARABLE DATA USED AND RELIED UPON TO MAKE THE DECISION. THIS PROCESS INCLUDED BOARD APPROVAL AND WAS LAST UNDERTAKEN IN 2013.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE BY POSTING IT ON THEIR WEBSITE AS WELL AS GUIDESTAR.ORG. IN ADDITION, FORMS 990 AND 1023 AS WELL AS THE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN REQUEST AT 415 EAST 93RD STREET, NEW YORK, NY 10128 OR BY CALLING THE ORGANIZATION DIRECTLY AT (212) 360-7620.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

PROGRAM SERVICE EXPENSES	125,819.
MANAGEMENT AND GENERAL EXPENSES	135,479.
FUNDRAISING EXPENSES	77,536.
TOTAL EXPENSES	338,834.

SUBCONTRACTORS:

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PROGRAM SERVICE EXPENSES	1,295,865.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,295,865.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,634,699.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS DID NOT CHANGE FROM THE PRIOR YEAR.

FORM 990, PART III, LINE 4B

SCHOOL AGE SERVICES AND ADOLESCENT PROGRAMS

IN FY15, ISAACS CENTER SERVED MORE THAN 600 CHILDREN AND ADOLESCENTS IN OUR AFTER SCHOOL PROGRAMS AND SUMMER DAY CAMP. THE CHILDREN AND ADOLESCENTS WE SERVE-PRIMARILY FROM LOW INCOME AND WORKING POOR FAMILIES-ARE AT HIGH RISK OF POOR EDUCATIONAL AND SOCIAL-EMOTIONAL OUTCOMES, AND SIGNIFICANT AND CHRONIC HEALTH ISSUES LIKE ASTHMA AND OBESITY. THESE FACTORS IMPACT THE DEGREE TO WHICH THEY CAN SUCCEED:

-90% ARE PUBLIC HOUSING RESIDENTS;

-82% ARE BLACK OR LATINO-A POPULATION FACING DISPROPORTIONATELY LOWER LEVELS OF REPRESENTATION IN HIGH PERFORMING SCHOOLS;

-74% OF CHILDREN QUALIFY FOR FREE OR REDUCED LUNCH IN SCHOOLS;

-MORE THAN 83% COME FROM A SINGLE-PARENT FAMILY;

-63% OF FAMILIES WHO SEND THEIR CHILDREN TO THE ISAACS CENTER RECEIVE FOOD STAMPS; AND

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-WITHIN OUR IMMEDIATE CENSUS TRACT, ALMOST 20% OF CHILDREN LIVE IN POVERTY.

OUR GOAL IS TO CREATE A CONTINUUM OF AFTER SCHOOL AND SUMMER ACTIVITIES THAT ARE HIGHLY ENGAGING AND EDUCATIONALLY APPROPRIATE. HISTORICALLY, OUR OUT-OF-SCHOOL TIME PROGRAMS FOSTERED ACADEMIC, SOCIAL AND EMOTIONAL COMPETENCIES, PROVIDED OPPORTUNITIES FOR THE EXPLORATION OF ARTS AND CULTURE, AND FACILITATED POSITIVE ENGAGEMENT WITH THE COMMUNITY.

TODAY, WE ARE DEVELOPING AN AMBITIOUS SET OF PROGRAMS FOCUSED ON SCIENCE, TECHNOLOGY, ENGINEERING, ARTS, AND MATH (STEAM) LEARNING THAT ARE GRADE-LEVEL APPROPRIATE, ALIGNED WITH COMMON CORE STANDARDS, AND INCORPORATE LITERACY, CIVICS, AND FITNESS. WITH THE SUPPORT OF KEY COMMUNITY PARTNERS, THIS NEW MODEL OUT-OF-SCHOOL TIME PROGRAMS AT THE ISAACS CENTER WILL PREPARE THE CHILDREN WE SERVE WITH THE SKILLS, EXPERIENCES, AND RESOURCES THEY WILL NEED TO GAIN ENTRY INTO HIGH PERFORMING NEW YORK CITY HIGH SCHOOLS.

OUR OUT-OF-SCHOOL TIME PROGRAMS INCLUDE:

-AFTER SCHOOL AND SUMMER DAY CAMP - LOCATED AT OUR YOUTH PROGRAMS CENTER, OUR ONSITE AFTER SCHOOL PROGRAM WAS ATTENDED BY 75 CHILDREN IN KINDERGARTEN TO 5TH GRADE IN FISCAL YEAR 2015 (FY15). MORE THAN 100 CHILDREN ATTENDED SUMMER DAY CAMP.

-BEACON COMMUNITY CENTER - WE OPERATED A DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT (DYCD) BEACON COMMUNITY CENTER THREE BLOCKS FROM ISAACS/HOLMES. IN FY15, 529 ADULTS AND 305 YOUTH PARTICIPATED IN A MYRIAD OF SERVICES FOR THE WHOLE FAMILY, INCLUDING COMMUNITY EVENTS AND CELEBRATIONS AND EVENING AND WEEKEND PROGRAMMING.

-BEACON AFTERSCHOOL PROGRAM - YOUTH IN KINDERGARTEN THROUGH 4TH GRADE RECEIVED ACADEMIC ENRICHMENT WITH A THEMATIC FOCUS. IN FY15, 80 CHILDREN ATTENDED THIS PROGRAM.

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-IN FY15, 100 CHILDREN PARTICIPATED IN THE BEACON TWEEN ZONE, A MIDDLE SCHOOL AFTERSCHOOL PROGRAM FOR 5TH - 8TH GRADERS DESIGNED TO EXPOSE YOUTH TO VARIOUS CAREERS, WHILE SUPPORTING THEIR SOCIAL-EMOTIONAL GROWTH.

-THE MOST RECENT ADDITION TO OUR OUT-OF-SCHOOL TIME PORTFOLIO, THE SCHOOL'S OUT NEW YORK CITY (SONYC) PROGRAM FOR MIDDLE SCHOOL STUDENTS, PROVIDED 50 YOUNG PEOPLE WITH AN AMBITIOUS YEAR-ROUND PROGRAM FOCUSED ON STEAM-LEARNING THAT IS EXPERIENTIAL, PROJECT-BASED, AND ALIGNED WITH COMMON CORE STANDARDS. THESE CURRICULA ARE ACCOMPANIED BY RIGOROUS TUTORING AND SEASONAL FITNESS PROGRAMS.

EDUCATION AND WORKFORCE DEVELOPMENT

YOUTH EMPLOYMENT AND EDUCATION PROGRAM (OR YES) HAS SUCCESSFULLY CREATED OPPORTUNITIES FOR 'DISCONNECTED' LOW-INCOME YOUTH (NEITHER WORKING NOR IN SCHOOL) AGES 17-24 TO ENTER (OR RE-ENTER) THE WORKFORCE AND PURSUE EDUCATIONAL OPPORTUNITIES THAT BOOST THEIR HOURLY WAGE EARNINGS AND PUT THEM ON A SUSTAINABLE CAREER PATH. YES PROVIDES INTENSIVE CASE MANAGEMENT, PRE-SECTOR JOB TRAINING AND PLACEMENT IN SECTOR-FOCUSED INTERNSHIPS, EMPLOYMENT, AND ONGOING EDUCATIONAL ADVISEMENT. THE PROGRAM IS CHARACTERIZED BY A VARIETY OF UNIQUE APPROACHES THAT BOOST OUTCOMES FOR DISENGAGED, OUT-OF-SCHOOL, AND OUT-OF-WORK YOUTH:

-THERE ARE NO BASELINE CRITERIA REQUIRED (E.G. READING AT SPECIFIC GRADE LEVEL OR HAVING A HIGH SCHOOL DIPLOMA OR ITS EQUIVALENT AT ENTRY);

-THE PROGRAM CONSISTS OF THREE PHASES TRAINING WITH INTENSIVE REQUIREMENTS AND OPPORTUNITIES AT EACH PHASE;

-WE FACILITATE ACCESS TO EMPLOYER-DRIVEN SECTOR TRAINING IN FOOD

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PREPARATION/CULINARY ARTS, HOSPITALITY/CUSTOMER SERVICE, GERIATRIC

CAREER DEVELOPMENT/HOME HEALTH AIDE, AND CHILD/YOUTH CARE;

-ALL JOB TRAINING IS REINFORCED THROUGH INTERNSHIPS AND EXPERIENTIAL

LEARNING OPPORTUNITIES AT OUR MULTI-SERVICE NEIGHBORHOOD CENTER;

-WE PROVIDE INDIVIDUALIZED RETENTION (OR AFTERCARE) SUPPORT TO ALL

CLIENTS FOR UP TO 2 YEARS TO HELP THEM STAY ON THE PATH TO SUCCESS AND

MEET THEIR GOALS; AND

-WE EMPHASIZE LONG-TERM PLANNING AND INITIATE FREQUENT ASSESSMENTS OF

CLIENTS, ALLOWING US TO ADJUST AND FINE-TUNE GOALS TO KEEP YOUTH

ENGAGED AND CAREER GOALS RELEVANT.

IN FISCAL YEAR 15 (FY15), WE SERVED 175 NEW PARTICIPANTS AND 245

PARTICIPANTS FROM PREVIOUS FISCAL YEARS. THE AVERAGE AGE OF NEW

PARTICIPANTS IS 19. WHILE OUR PARTICIPANTS REPRESENT A DIVERSITY OF

BACKGROUNDS AND ACHIEVEMENT LEVELS, A NOTABLE PERCENTAGE FACE

SIGNIFICANT BARRIERS TO SUCCESS:

-80% ARE AGES 16 TO 20 YEARS OLD;

-RACE - BLACK (54%), LATINO (28%), ASIAN (2%), AND REPORTING AS 'OTHER'
(16%);

-GENDER - FEMALE (54%), MALE (46%);

-AVERAGE TABE SCORE - READING (8.3) AND MATH (6.0);

-57% DID NOT HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT;

-52% DID NOT HAVE WORK EXPERIENCE; AND

-45% OR MORE ARE COURT-INVOLVED. WE HAVE SEEN AN OVERALL INCREASE IN
COURT-INVOLVED CLIENTS THIS YEAR(A 79% INCREASE FROM FY14).

PARTICIPANTS MET WITH OUR LEGAL CASE SPECIALIST AND OUR CONSULTANT

YOUTH REPRESENT WHO WORKED TO ASSESS THEIR SITUATION AND THE STEPS

NEEDED TO RESOLVE THEIR CASES. TO DATE, 52 CASES HAVE BEEN DISMISSED

AND/OR SEALED AND 25 ARE IN THE PROCESS OF BEING SEALED. OF THESE 77

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TOTAL CASES, 22 ARE RELATED TO PARTICIPANTS IN PROFILE A, 49 IN PROFILE B, AND 6 IN PROFILE C. TWO CASES RESULTED IN THE IMPRISONMENT OF A PARTICIPANT AND THE REMAINING CASES ARE RECEIVING SUPPORT FROM OUR LEGAL CASE MANAGER AND YOUTH REPRESENT. THE REMAINING CASES, WHICH DID NOT MAKE THE COURT CALENDAR IN FY15, SHOULD BE RESOLVED IN FY16; OUR STAFF WILL CONTINUE TO WORK TO SUPPORT THESE PARTICIPANTS. ADDITIONAL HIGHLIGHTS INCLUDE 12 INACCURATE RAP (RECORD OF ARRESTS AND PROSECUTIONS) SHEETS (CORRECTED BY YOUTH REPRESENT), 12 COURT APPEARANCES, AND 70 FINGERPRINTS. SO FAR, 48 COURT-INVOLVED PARTICIPANTS HAVE BEEN PLACED IN EMPLOYMENT AND/OR EDUCATIONAL OPPORTUNITIES AND 9 ARE IN OUR SECTOR-FOCUSED TRAINING.

FOR FISCAL YEAR 2015 (FY15), OUR GOALS WERE AS FOLLOWS:

1-ENROLL 165 NEW PARTICIPANTS INTO THE PROGRAM. PROVIDE CAREER READINESS TRAINING, EMPLOYMENT AND EDUCATION PLACEMENTS, AND TWO YEARS OF FOLLOW-UP SUPPORT.

2-ENSURE 75% COMPLETE THE PRE-SECTOR TRAINING PROGRAM AND 45% COMPLETE SECTOR-FOCUSED TRAINING.

3-REPORT ON THE NUMBER OF PARTICIPANTS SERVED FROM THE TWO PREVIOUS FISCAL YEARS (FY13 AND FY14); INCLUDE THE NUMBER AND TYPE OF SERVICES DELIVERED.

4-REPORT ON THE NEW SECTOR-FOCUSED PROGRAM MODEL. IDENTIFY SUCCESSES AND CHALLENGES.

5-SERVE 30 PARTICIPANTS IN PRE-HIGH SCHOOL EQUIVALENCY (HSE) PREPARATION CLASSES IN PARTNERSHIP WITH THE NEW YORK CITY DEPARTMENT OF EDUCATION (NYC DOE) AND 30 IN HSE PREPARATION CLASSES. ENSURE 15 STUDENTS RECEIVE THEIR HSE. SERVE 50 YES PARTICIPANTS IN THE TASC PREPARATION COURSE; ENSURE THAT AT LEAST 15 EARN A TASC CREDENTIAL.

6-FOLLOWING THE PROCESS USED FOR YES PROFILES, DEVELOP PARTICIPANT

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PROFILES BASED ON BARRIERS TO THE HSE. IDENTIFY KEY INTERVENTION STRATEGIES, MILESTONES, AND TRACK PARTICIPANT PROGRESS TOWARDS THEIR HSE ATTAINMENT.

7-PLACE 60% OF PARTICIPANTS IN EMPLOYMENT OR EDUCATIONAL OPPORTUNITIES WITHIN 12 MONTHS OF COMPLETING TRAINING; REPORT OVERALL PLACEMENTS VIS-VIS PLACEMENTS BASED ON PARTICIPANT PROFILE. DEMONSTRATE THAT AT LEAST 60% OF PARTICIPANTS PLACED IN ONGOING JOBS ACHIEVE 3-MONTH RETENTION, 55% ACHIEVE 6-MONTH RETENTION, AND 50% ACHIEVE 1-YEAR RETENTION.

FOR FY15, OUR RESULTS WERE AS FOLLOWS:

GOAL 1: ENROLLMENT - AT THE END OF FY15, WE SURPASSED OUR GOAL OF 165 NEW PARTICIPANTS AND ENROLLED 175 PARTICIPANTS. THIS REPRESENTS A 38% INCREASE IN ENROLLMENT AS COMPARED TO FY14 (127 ENROLLED). OUR SUCCESS IN RECRUITING WAS THE RESULT OF LEVERAGING RELATIONSHIPS WITH AGENCIES AND SCHOOLS AND USING PREVIOUS YES GRADUATES AS OUTREACH INTERNS IN OUR STREET (OUTREACH) TEAM. WE BELIEVE THIS "PEER-TO-PEER" RECRUITMENT STRATEGY REINVIGORATED OUR EFFORTS TO BRING NEW PARTICIPANTS TO THE PROGRAM AND STRENGTHENED POST-RECRUITMENT RETENTION.

WE EXPERIENCED INCREASES IN PROFILE A (MOST SIGNIFICANT HURDLES TO PLACEMENT: INDIVIDUALS WITH DISCONTINUED EDUCATION, COURT-INVOLVEMENT, NO WORK EXPERIENCE) AND PROFILE C (LIMITED HURDLES TO PLACEMENT: INDIVIDUALS WITH A HIGH SCHOOL DIPLOMA, GED, OR SOME COLLEGE, POSSIBLE COURT-INVOLVEMENT, POSSIBLE WORK EXPERIENCE), AS COMPARED TO THE PREVIOUS PROGRAM PERIOD. OF THOSE ENROLLED:

-16% WERE OF PROFILE A (14% IN FY14),
-42% IN PROFILE B (MODERATE HURDLES TO PLACEMENT: INDIVIDUALS WITH DISCONTINUED EDUCATION, POSSIBLE COURT-INVOLVEMENT, POSSIBLE WORK EXPERIENCE), AND

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-42% IN PROFILE C (30% IN FY14).

-OUT OF THE 175 PARTICIPANTS ENROLLED, 44% HAD SOME WORK EXPERIENCE PRIOR TO ENTERING THE PROGRAM (EITHER A FULL-TIME OR PART-TIME JOB).

WE ARE CURRENTLY REFINING OUR PARTICIPANT PROFILE STRUCTURE TO INCLUDE ADDITIONAL BARRIERS TO SUCCESS BEYOND EDUCATION, COURT-INVOLVEMENT, AND WORK EXPERIENCE. WE HAVE FOUND THAT THERE ARE ADDITIONAL CHARACTERISTICS, QUALITIES, AND/OR EXPERIENCES (LIKE READING LEVEL, HOMELESSNESS/RISK OF HOMELESSNESS, A HISTORY OF INVOLVEMENT WITH THE FOSTER CARE SYSTEM, SEXUAL ORIENTATION, ETC.) THAT MAY IMPACT THE PARTICIPANT'S ABILITY TO ENGAGE SUCCESSFULLY IN THE PROGRAM AND COMPLETE TRAINING. OVER THE NEXT YEAR, WE WILL FURTHER DEVELOP OUR DATA COLLECTION STRATEGIES AND SYSTEMS TO TRACK THE PROGRESS OF PARTICIPANTS WITH ADDITIONAL BARRIERS TO SUCCESS.

GOAL 2: TRAINING COMPLETION - WE ATTAINED AN 85% GRADUATION RATE THIS YEAR. OF THE 175 PARTICIPANTS WHO ENROLLED IN YES, 149 HAVE GRADUATED.

WE ATTRIBUTE OUR SUCCESS IN TRAINING COMPLETION AND PLACEMENT TO OUR REFINED EVALUATION PROCESS. THIS YEAR WE INCORPORATED WEEKLY EVALUATIONS (CONSISTENT WITH THE EVALUATIONS OF OUR EMPLOYER PARTNERS).

THESE EVALUATIONS HELPED US TO MEASURE EACH YOUNG PERSONS PROGRESS THROUGH THE PROGRAM (ATTAINMENT OF JOB SKILLS AND SOFT SKILLS, ETC.) AND HELPED US TO IDENTIFY OPPORTUNITIES WHEN ADDITIONAL INTERVENTIONS WERE REQUIRED TO SUPPORT YOUNG PEOPLE'S LEARNING. FOR THOSE THAT NEED ADDITIONAL HELP, WE OFFERED MORE MEETINGS WITH CASE MANAGERS, CAREER DEVELOPERS, PRE-SECTOR TRAINERS, AND LEGAL AND BENEFITS SPECIALISTS. WE ALSO PROVIDED IN-HOUSE INTERNSHIPS TO GIVE PARTICIPANTS THE OPPORTUNITY TO PRACTICE AND REFINE THEIR SKILLS, ON THE JOB, IN REAL TIME, WITH FEEDBACK FROM ISAACS CENTER STAFF.

THROUGHOUT TRAINING, STAFF MEMBERS (CASE MANAGERS, CAREER DEVELOPMENT

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SPECIALISTS, AND OUR EDUCATION TEAM) MONITOR THE PROGRESS OF EACH PARTICIPANT, PROVIDE FEEDBACK, AND ASSESS WHICH PARTICIPANTS ARE READY TO PROCEED TO THE NEXT LESSON OR PROGRAM COMPONENT AND WHICH PARTICIPANTS REQUIRE ADDITIONAL SUPPORT.

TO GRADUATE FROM YES, THE PARTICIPANT MUST SUCCESSFULLY COMPLETE A SERIES OF QUALIFYING DOCUMENTS AND EXPERIENCES, INCLUDING EVALUATIONS AND PRE-SECTOR TRAINING TASK LISTS. THEY MUST DEMONSTRATE A SPECIFIED SET OF SOFT SKILLS, INCLUDING: TEAMWORK, FLEXIBILITY, COMMUNICATION, AND TIME MANAGEMENT. THEY MUST ALSO LEARN TO ADAPT TO DEMANDS, BALANCE A WEEKLY SCHEDULE, AND MANAGE DIFFICULT WORK SITUATIONS. COMPLETION REQUIREMENTS INCLUDE:

-WEEKLY EVALUATIONS - IN-PERSON, INDIVIDUAL MEETINGS WITH THE PRE-SECTOR TRAINER;

-CAREER DEVELOPMENT - 4 INDIVIDUAL AND 3 GROUP INTERVIEWS, 3 INDIVIDUAL CAREER EXPLORATION

MEETINGS, AND 6 "NEXT-STEP" CAREER DEVELOPMENT MEETINGS;

-POSTSECONDARY PLANNING - FINALIZED POSTSECONDARY PLAN AND POSSIBLE SECTOR ENROLLMENT;

-HARD SKILLS DEVELOPMENT - 4 TYPING TESTS, COMPLETED AND REFINED RESUME, 3 COVER LETTERS, 1 THANK YOU EMAIL AND REFERENCE LIST, A GROUP PRESENTATION, AND INDIVIDUAL AND GROUP PRESENTATION SCORES;

-TRAINING PROGRAM PROGRESS - 7 INDIVIDUAL MEETINGS HIGHLIGHTING HARD SKILLS ATTAINMENT WITHIN THE TRAINING;

-BENEFITS ASSESSMENT - A MINIMUM OF 2 MEETINGS TO IDENTIFY ENTITLEMENT NEEDS;

-EDUCATION EXPLORATION - COMPLETION OF THE TABE TEST AND MINIMUM OF 2 FOLLOW-UP MEETINGS ON EDUCATION GOALS;

-LEGAL ASSESSMENT - MINIMUM OF 2 MEETINGS TO EXPLORE LEGAL STANDINGS

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AND NEXT STEPS; AND

-COACHING - 5 INITIAL COACHING MEETINGS TO ASSESS BARRIERS TO TRAINING AND EMPLOYMENT SUCCESS, 3 MUTUALLY-AGREED UPON GOALS, AND A MINIMUM OF 5 "NEXT STEP" COACHING MEETINGS.

GOAL 3: RETENTION SUPPORT/AFTERCARE - WE HAVE SERVED 245 PARTICIPANTS FROM PREVIOUS FISCAL YEARS 2013 AND 2014. THOSE PARTICIPANTS HAVE RECEIVED A TOTAL OF 1,242 SERVICE CONTACTS IN CASE MANAGEMENT, CAREER SERVICES, EDUCATIONAL ADVISEMENT, BARRIER REDUCTION, AND GENERAL FOLLOW-UP APPOINTMENTS.

GOAL 4: SECTOR TRAINING - WE ARE ACTIVELY ENGAGING PARTICIPANTS IN 3 SECTORS: HOME HEALTH AIDES, HOSPITALITY/CUSTOMER SERVICE REPRESENTATIVES, AND CHILD/YOUTH CARE WORKERS. OF THE PARTICIPANTS THAT ENTERED SECTOR TRAINING, 74% COMPLETED THE TRAINING, EXCEEDING OUR GOAL OF 45%. OF THOSE WHO COMPLETED SECTOR TRAINING, 92% HAVE BEEN PLACED. OUR GOAL THIS YEAR IS TO INCREASE ENROLLMENT IN ALL SECTORS. TO DATE, WE ARE SEEING STRONG OUTCOMES FOR THOSE THAT DO PERSIST AND GRADUATE FROM OUR SECTOR-BASED TRAINING. OUR CHALLENGES HAVE BEEN PRIMARILY DUE TO DELAYS ON THE CONTRACT END AS WELL AS ON HIRING AND RECRUITMENT. WE HAVE IMPLEMENTED ADDITIONAL MEASURES TO INCREASE RECRUITMENT INTO THE SECTOR, INCLUDING A MARKETING CAMPAIGN, MORE TARGETED CAREER PLANNING, AND A REVISED SECTOR-BASED CASE MANAGEMENT MODEL. ADDITIONALLY, WE WILL BE RECEIVING AN INCREASE IN STATE SUPPORT FOR FY16 DUE TO OUR ABILITY TO PERFORM ON CERTAIN MILESTONES DESPITE THE DELAYED START OF THE CONTRACT AND CLARIFICATION OF ELIGIBILITY TERMS.

GOAL 5: HIGH SCHOOL EQUIVALENCY - TO DATE WE HAVE SERVED 69 PARTICIPANTS IN HSE, 39 WERE NEW STUDENTS. OF THE 34 WE SENT TO THE TASC EXAM, 26 PASSED, 2 DID NOT, AND WE ARE WAITING ON 6 RESULTS. THIS KEEPS OUR PASS RATE AT 77% (WITHOUT REGARD TO THE 6 UNDETERMINED

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RESULTS).

RECRUITMENT FOR PRE-HSE AND HSE HAS BEEN A CHALLENGE THIS YEAR. WE WERE ONLY ABLE TO ACHIEVE 86% (26 OUT OF 30) OF OUR PRE-HSE ENROLLMENT GOAL AND 94% (47 OUT OF 50) OF OUR HSE ENROLLMENT GOAL BECAUSE OF A DWINDLING POPULATION OF STUDENTS SEEKING ENROLLMENT IN PRE-HSE AND HSE CLASSES. ACCORDING TO THE NYC DOE ADMINISTRATORS, INCLUDING OUR SITE PRINCIPAL, ENROLLMENT NUMBERS ARE LOW BECAUSE PARTICIPANTS WHO HAVE TABE SCORES BELOW 6.5 READING LEVEL ARE NOW INELIGIBLE FOR PRE-HSE PROGRAMS. INDIVIDUALS WHO ARE INELIGIBLE FOR PRE-HSE PROGRAMS ARE BEING REFERRED TO LITERACY PROGRAMS ACROSS THE CITY. TO ADDRESS THIS CHALLENGE, THIS FALL WE WILL IMPLEMENT A "PATHWAYS TO GRADUATION" LITERACY PROGRAM FOR PRE-HSE STUDENTS AT THE ISAACS CENTER. WE RECEIVED PERMISSION FROM NYC DOE TO REGISTER YOUTH ONSITE AND WE WILL ALSO BE LAUNCHING A "YOUNG ADULT LITERACY PROGRAM" THROUGH NYC DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT (DYCD).

GOAL 6: NEW PARTICIPANT PROFILE STRUCTURE - IN ASSESSING PARTICIPANTS PROGRESS WITH THE NEW EXAM THUS FAR AND WORKING ON KEY INTERVENTION STRATEGIES, WE HAVE DEVELOPED A NEW PARTICIPANT PROFILE STRUCTURE IN HSE THAT IS SIMILAR TO OUR PROFILE STRUCTURE IN CAREER READINESS, BUT BASED ON ACADEMIC PROGRESSION.

GOAL 7: PLACEMENTS - SINCE JULY 2014, 127 (OR 81%) OF PARTICIPANTS ACHIEVED AT LEAST ONE PROGRAM OUTCOME. FOR TRACKING PURPOSES, WE IDENTIFY THESE PARTICIPANTS IN ONE OF THREE PROFILES: PROFILE A = MOST SIGNIFICANT HURDLES TO PLACEMENT (INDIVIDUALS WITH DISCONTINUED EDUCATION, COURT-INVOLVEMENT, NO WORK EXPERIENCE), PROFILE B = MODERATE HURDLES TO PLACEMENT (INDIVIDUALS WITH DISCONTINUED EDUCATION, POSSIBLE COURT-INVOLVEMENT, POSSIBLE WORK EXPERIENCE), AND PROFILE C = LEAST DIFFICULT TO PLACE. OF THESE 127 PARTICIPANTS, 20 PARTICIPANTS ARE PART

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OF PROFILE A, 53 ARE PART OF PROFILE B, AND 54 ARE IN PROFILE C.

FOR ALL PROFILES, OUR THREE-MONTH RETENTION RATE IS CURRENTLY 79%; OUR SIX-MONTH RETENTION RATE IS 75%; AND OUR ONE-YEAR RETENTION RATE IS 73%. WE PLACED 37 PARTICIPANTS IN INTERNSHIPS FOR AN AVERAGE PLACEMENT OF 6 WEEKS AND PAY RATE OF \$8.75/HOUR.

THIS PAST YEAR WE ENROLLED 18 PARTICIPANTS IN COLLEGE AND, TO DATE, WE HAVE 16 WHO WILL ENROLL IN THE FALL SEMESTER. OUR POSTSECONDARY OUTCOMES ARE STRONGER DUE TO AN ADDED EMPHASIS ON LONG-TERM PLANNING AND DEVELOPMENT THROUGH CAREER PATHWAYS, NOT JUST JOB PLACEMENT. FOR INSTANCE, IN HSE PREPARATION, 26% OF THE PARTICIPANT'S TIME IS SPENT ON COLLEGE ADVISEMENT. WE HAVE STRENGTHENED OUR COLLEGE-GOING CULTURE AND IT CONTINUES TO BE A STRONG FOCUS POINT FOR US. WE HIRED AN ADVISOR FOR COLLEGE READINESS AND CAREER DEVELOPMENT TO PUSH THIS INITIATIVE.

-A TOTAL OF 81 UNIQUE YOUNG ADULTS FROM THE FY15 COHORT ATTAINED PLACEMENTS IN JOBS THIS YEAR WITH AN OVERALL COUNT OF 85 PLACEMENTS. FOR THOSE THAT HAVE NOT BEEN PLACED IN JOBS, 16 ARE IN THE PROCESS OF ENROLLING IN POSTSECONDARY INSTITUTIONS, 31 ARE IN SECTOR-BASED TRAINING AND 37 ARE WORKING WITH OUR CAREER DEVELOPMENT TEAM AND ADVISOR FOR COLLEGE READINESS.

-PRE-TRAINING WAGES AVERAGED \$8.75 PER HOUR AND OVERALL AVERAGE PLACEMENT WAGE IS \$9.06 PER HOUR.

-OF THE 81 PARTICIPANTS PLACED IN JOBS, 46% WERE PLACED IN FULL-TIME JOBS AND 54% IN PART-TIME JOBS.

-OF ALL PARTICIPANTS PLACED IN JOBS, THE AVERAGE TIME FROM GRADUATION TO PLACEMENT IS 1 MONTH.

FORM 990, PART III, LINE 4B, CONTINUE

-TO DATE, OUR 3-MONTH RETENTION RATE IS 79% (52/67), OUR 6-MONTH

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RETENTION RATE IS 75% (6/8) AND OUR ONE-YEAR RETENTION RATE IS 73% (37/50). THE DENOMINATOR REFERS TO THOSE PARTICIPANTS ELIGIBLE FOR THE MILESTONE AT THE TIME OF THIS REPORT AND THE NUMERATOR REFERS TO CONFIRMED CONSISTENT EMPLOYMENT. [PLACEMENT DATA IS BY COHORT TIED TO THIS YEAR'S ENROLLEES.]

-A TOTAL OF 37 PARTICIPANTS HAVE BEEN PLACED IN INTERNSHIPS THIS YEAR. OF THESE PARTICIPANTS, 25 (67%) HAVE COMPLETED THE INTERNSHIP AND ARE IN EITHER EDUCATIONAL OR JOB PLACEMENTS AT AN AVERAGE WAGE OF \$8.75 PER HOUR AT A LENGTH OF 12 WEEKS.

-A TOTAL OF 20 PARTICIPANTS HAVE BEEN PLACED IN EDUCATIONAL OPPORTUNITIES; 16 IN POSTSECONDARY OPPORTUNITIES.

-OF THOSE PARTICIPANTS PLACED, 47% RECEIVED SOME SORT OF BENEFITS, INCLUDING PAID VACATION TIME, HEALTH/DENTAL INSURANCE, AND SICK LEAVE. ADDITIONAL ACHIEVEMENTS

EMPLOYER ENGAGEMENT - TO ENSURE THAT OUR PROGRAM IS EMPLOYER-DRIVEN, WE ENLIST EMPLOYERS AS PARTNERS IN THE PROCESS OF PREPARING YOUTH FOR WORK. YES STAFF MEMBERS PARTICIPATE IN WEEKLY CONVERSATIONS WITH OUR EMPLOYMENT PARTNERS. DURING THESE DISCUSSIONS, STAFF MEMBERS WORK COLLABORATIVELY TO SUPPORT EACH PARTICIPANT'S PROGRESS, DISCUSS THE INDIVIDUALS IN THE PROGRAM, SOLVE PROBLEMS, AND FINE-TUNE OUR TRAINING IF THERE ARE RECURRING THEMES OR PROBLEMS. WE DISCUSS THE INTEGRATION OF THE PARTICIPANT INTO THEIR NEW POSITIONS AND INTO THE CULTURE OF THE ORGANIZATION.

IN ADDITION TO CULTIVATING 20 NEW RELATIONSHIPS WITH LOCAL EMPLOYERS, 50% OF WHICH HIRED OUR PARTICIPANTS, WE HAVE BEEN STRATEGICALLY DEVELOPING STRONGER RELATIONSHIPS WITH OUR NEIGHBOR ASPHALT GREEN, THE NEW JEWISH HOME FORMERLY JEWISH HOME LIFECARE (JHL), THE HILTON GARDEN

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INN, AND HAVE FURTHER STRENGTHENED OUR WORK WITH THE MUSEUM OF THE CITY OF NEW YORK (MCNY). IN ADDITION TO THESE EMPLOYER RELATIONSHIPS, WE ARE PART OF THE GROWING EAST HARLEM TALENT NETWORK, A COLLECTION OF COMMUNITY-BASED, WORKFORCE DEVELOPMENT ORGANIZATIONS WORKING TO FORM STRATEGIC PARTNERSHIPS WITH EMPLOYERS AND SUPPORT OUR PARTICIPANTS COLLECTIVELY IN THEIR SUCCESS. THIS ALLOWS US TO FORM STRONGER RELATIONSHIPS WITH LARGER EMPLOYERS.

MENTORING VISIONARY PROFESSIONALS - OUR NEW BUSINESS ADVISORY BOARD - MENTORING VISIONARY PROFESSIONALS (MVP) - MEETS QUARTERLY TO DISCUSS THE DIRECTION OF THE YES PROGRAM. THE MVP IS COMPOSED OF EMPLOYERS AND WORKFORCE DEVELOPMENT ADVOCATES WHO MEET WITH YES STAFF TO DISCUSS CAREER READINESS NEEDS, REVIEW VARIOUS SOFT SKILLS AND TRAINING NEEDS, AND ENGAGE IN DIALOGUE ABOUT THE STRATEGIC DIRECTION OF THE YES PROGRAM. THE MOST RECENT QUARTERLY MEETING DEVELOPED NEXT STEPS FOR COLLABORATIONS BETWEEN EMPLOYER PARTNERS TO MOVE PARTICIPANTS MORE EFFECTIVELY ALONG THEIR CAREER PATH. SOME KEY ACCOMPLISHMENTS INCLUDE:

- REPRESENTATIVES FROM TWO OF OUR MVP MEMBER ORGANIZATIONS WILL PROVIDE WORKSHOPS TO PARTICIPANTS TO PREPARE FOR INTERVIEWS IN THEIR SECTOR.
- THE HILTON GARDEN INN IS PROVIDING A TEMPLATE FOR THE WAYS IN WHICH EMPLOYEES CAN ADVANCE IN THEIR COMPANY SO THAT OUR CAREER DEVELOPMENT STAFF CAN INCORPORATE THAT INTO OUR ONGOING FOLLOW UP.
- MCNY AND THE HILTON GARDEN INN PLAN TO DISCUSS THOSE PARTICIPANTS THAT COMPLETE INTERNSHIPS AT MCNY AND TRANSITION THEM TO POSSIBLE EMPLOYMENT OPPORTUNITIES AT HILTON GARDEN INN.
- ALL OF OUR PARTNERS WILL PROVIDE TOURS OF THE COMPANY AS PART OF THE CURRICULUM IN OUR HOSPITALITY SECTOR TO LEARN ABOUT COMPANY CULTURES.