

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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](http://www.irs.gov/form990).

**A** For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

<b>B</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	<b>C</b> Name of organization <b>STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>415 EAST 93RD STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10128</b> <b>F</b> Name and address of principal officer: <b>GREGORY J. MORRIS</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>13-2572034</b> <b>E</b> Telephone number <b>(212) 360-7620</b> <b>G</b> Gross receipts \$ <b>9,548,835.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.ISAACSCENTER.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1964</b> <b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>A MULTI-SERVICE ORGANIZATION FOCUSING PRIMARILY ON THE NEEDS OF CHILDREN AND LOW-INCOME FAMILIES,</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>23</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>23</b>
<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>241</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1395</b>
<b>7 a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>6,928,176.</b>	<b>7,954,017.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>91,158.</b>	<b>73,862.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>123,626.</b>	<b>185,672.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>87,323.</b>	<b>-12,099.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>7,230,283.</b>	<b>8,201,452.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>72,212.</b>	<b>39,655.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>3,903,031.</b>	<b>3,777,764.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>893,912.</b>	<b>72,000.</b>	<b>128,250.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,675,494.</b>	<b>3,953,367.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>7,722,737.</b>	<b>7,899,036.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-492,454.</b>	<b>302,416.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>5,720,229.</b>	<b>6,489,204.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>548,801.</b>	<b>996,569.</b>
<b>22</b>		<b>5,171,428.</b>	<b>5,492,635.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>GREGORY J. MORRIS, PRESIDENT/EXECUTIVE DIRECTOR</b> Type or print name and title	Date  			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GARRETT M. HIGGINS</b>	Preparer's signature <b>GARRETT M. HIGGINS</b>	Date <b>02/27/18</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00543209</b>
	Firm's name ▶ <b>PKF O'CONNOR DAVIES, LLP</b>	Firm's EIN ▶ <b>27-1728945</b>			
	Firm's address ▶ <b>665 FIFTH AVENUE NEW YORK, NY 10022</b>	Phone no. <b>212-286-2600</b>			

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: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [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.

4a (Code: ) (Expenses \$ 2,716,079. including grants of \$ ) (Revenue \$ 16,791. ) MEALS ON WHEELS - OUR MEALS ON WHEELS (MOW) DELIVERY AREA COVERS THE EAST SIDE OF MANHATTAN FROM 59TH STREET TO 142ND STREET. AS THE LEAD CONTRACTOR, WE ARE RESPONSIBLE FOR DELIVERING MEALS IN COLLABORATION WITH OUR PARTNER AGENCIES THE CARTER BURDEN CENTER AND UNION SETTLEMENT ASSOCIATION. IN FY17, WE DELIVERED A TOTAL OF 359,040 MEALS TO HOMEBOUND AND VULNERABLE SENIORS, AN AVERAGE OF 984 MEALS PER DAY AN INCREASE OF 2% FROM THE PRIOR YEAR. OUR DIRECT DELIVERY PORTION FOR FY17 REACHED 166,643 MEALS.

4b (Code: ) (Expenses \$ 2,457,780. including grants of \$ 39,655. ) (Revenue \$ 11,588. ) YOUTH AND FAMILY SERVICES - THE ISAACS CENTER'S PROGRAM AND SERVICES FOR CHILDREN AND ADOLESCENTS CREATE A CONTINUUM OF ENGAGING AND EDUCATIONAL OUT OF SCHOOL TIME ACTIVITIES FOR LOW-INCOME ELEMENTARY SCHOOL AND MIDDLE SCHOOL STUDENTS IN YORKVILLE AND EAST HARLEM. WITH A FOCUS ON INVOLVING PARENTS AND FAMILIES IN LEARNING, OUR YOUTH PROGRAMS AIM TO HELP STUDENTS DEVELOP THE SKILLS THEY NEED TO SUCCEED IN THEIR CLASSES, PROGRESS INTO THE NEXT GRADE, AND ULTIMATELY ENTER AND SUCCEED IN HIGH-PERFORMING MIDDLE AND HIGH SCHOOLS. [SEE CONTINUATION ON SCHEDULE O]

THE MAJORITY OF STUDENTS IN OUR YOUTH PROGRAMS COME FROM FAMILIES LIVING IN POVERTY AND ATTEND UNDERPERFORMING SCHOOLS. NEARLY ALL (92%)

4c (Code: ) (Expenses \$ 1,025,241. including grants of \$ ) (Revenue \$ 45,483. ) AGING SERVICES - THE ISAACS CENTER SENIOR CENTER HAS PROVIDED CULTURALLY COMPETENT SENIOR SERVICES FOR MORE THAN 50 YEARS, SINCE THE ORGANIZATION'S OPENING, AND IS DESIGNED TO ENSURE THAT SENIORS GROW OLD WITH DIGNITY AND "AGE IN PLACE" SAFELY AND COMFORTABLY. THE ISAACS/HOLMES DEVELOPMENT, WHERE OUR SENIOR CENTER AND ADMINISTRATIVE OFFICES ARE LOCATED, IS A DESIGNATED NATURALLY OCCURRING RETIREMENT COMMUNITY (NORC) A GEOGRAPHIC COMMUNITY NOT ORIGINALLY BUILT FOR SENIORS, BUT NOW CONTAINING A SIGNIFICANT PROPORTION OF OLDER RESIDENTS. THERE ARE NOW A TOTAL OF 1,164 APARTMENTS IN ISAACS/HOLMES, WITH APPROXIMATELY 500 UNITS (43%) HOUSING INDIVIDUALS OVER THE AGE OF 60. [SEE CONTINUATION ON SCHEDULE O]

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

4e Total program service expenses 6,199,100.

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

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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> .....		<b>X</b>
<b>5</b> 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> .....		<b>X</b>
<b>6</b> 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> .....		<b>X</b>
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>X</b>	
<b>9</b> 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> .....		<b>X</b>
<b>10</b> 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> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....	<b>X</b>	
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		<b>X</b>
<b>f</b> 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> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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> .....	<b>X</b>	
<b>18</b> 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> .....	<b>X</b>	
<b>19</b> 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> .....		<b>X</b>

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

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

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b>	<i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
<b>21</b>	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>		<b>X</b>
<b>22</b>	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>	<b>X</b>	
<b>23</b>	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>	<b>X</b>	
<b>24a</b>	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>		<b>X</b>
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>		<b>X</b>
<b>b</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>		<b>X</b>
<b>26</b>	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>		<b>X</b>
<b>27</b>	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>		<b>X</b>
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b>	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>		<b>X</b>
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b>	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>		<b>X</b>
<b>33</b>	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>		<b>X</b>
<b>34</b>	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>		<b>X</b>
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</b>	<i>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b>	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>		<b>X</b>
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

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

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 23		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent .....		
	<b>1b</b> 23		
<b>2</b>	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	
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....		X
<b>b</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? .....		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy? .....	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	X	
<b>b</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).		
<b>16a</b>	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>b</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? .....		
<b>16b</b>			

**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: **JENNIFER CEPERO - (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) RICHARD B. NESSON CHAIRMAN	3.00	X		X				0.	0.	0.
(2) MARINA NICETA DE PALAZZI VICE CHAIR	2.00	X		X				0.	0.	0.
(3) PAUL R. KLEPETKO VICE CHAIR/ TREASURER	2.00	X		X				0.	0.	0.
(4) PETER W. TIMMINS SECRETARY	2.00	X		X				0.	0.	0.
(5) DR. ESTELLE P. BENDER BOARD MEMBER	1.00	X						0.	0.	0.
(6) DANIEL J. BURSKY BOARD MEMBER	1.00	X						0.	0.	0.
(7) TODD CLEGG BOARD MEMBER	1.00	X						0.	0.	0.
(8) PATRICIA A. FALKENBERG BOARD MEMBER	1.00	X						0.	0.	0.
(9) JOHN GERON BOARD MEMBER	1.00	X						0.	0.	0.
(10) MARION S. HEDGES BOARD MEMBER	1.00	X						0.	0.	0.
(11) ASHLEY HIGGINS DIECK BOARD MEMBER	1.00	X						0.	0.	0.
(12) ROBIN KIAM AVIV BOARD MEMBER	1.00	X						0.	0.	0.
(13) CHRIS H. LE ROY BOARD MEMBER	1.00	X						0.	0.	0.
(14) URSULA LOWERRE BOARD MEMBER	1.00	X						0.	0.	0.
(15) BARBARA N. LUCAS BOARD MEMBER	1.00	X						0.	0.	0.
(16) CHRISTOPHER MAHAN BOARD MEMBER	1.00	X						0.	0.	0.
(17) ANDREA P. MARTIN 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) GAIL BERRY O'NEILL BOARD MEMBER	1.00	X						0.	0.	0.
(19) MARGARET L. SHAW BOARD MEMBER UNTIL FEB. 2017	1.00	X						0.	0.	0.
(20) GRETCHEN H. STONE BOARD MEMBER	1.00	X						0.	0.	0.
(21) DAVID SOMMER BOARD MEMBER	1.00	X						0.	0.	0.
(22) JUSTIN T. WALKER BOARD MEMBER	1.00	X						0.	0.	0.
(23) LEE WAREHAM BOARD MEMBER	1.00	X						0.	0.	0.
(24) ELISABETH WEED BOARD MEMBER	1.00	X						0.	0.	0.
(25) GREGORY MORRIS PRESIDENT/EXEC DIRECTOR	35.00			X				156,666.	0.	9,321.
(26) DEANNE RODNEY CHIEF FINANCIAL OFFICER	35.00			X				115,812.	0.	11,294.
<b>1b Sub-total</b> .....								272,478.	0.	20,615.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								112,443.	0.	30,235.
<b>d Total (add lines 1b and 1c)</b> .....								384,921.	0.	50,850.

**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 **3**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		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	1,149,500.
THE CARTER BURDEN CENTER FOR THE AGING 1484 FIRST AVENUE, NEW YORK, NY 10075	CATERING SERVICES TO SENIORS/MEALS ON WH	767,470.
THE PRODUCTION ADVANTAGE, INC., 13873 PARK CENTER ROAD, SUITE 15, OAK HILL, VA 20171	MARKETING	228,994.
CRAVER, MATHEWS, SMITH & CO, 1900 CAMPUS COMMONS DRIVE, SUITE 450, RESTON, VA 20191	DIRECT MAILING/FUNDRAISING	110,000.

**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 **4**

**SEE PART VII, SECTION A CONTINUATION SHEETS**



STANLEY M. ISAACS NEIGHBORHOOD CENTER,  
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**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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) RHONDA BRAXTON CHIEF PROGRAM OFFICER	35.00			X				112,443.	0.	30,235.
Total to Part VII, Section A, line 1c .....								112,443.		30,235.

STANLEY M. ISAACS NEIGHBORHOOD CENTER,  
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**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	218,814.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	4,725,839.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	3,009,364.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		3,025.				
	<b>h Total.</b> Add lines 1a-1f .....		7,954,017.				
	<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM SERVICES FEES .....	<b>Business Code</b> 900099	73,862.	73,862.		
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			73,862.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		71,329.			71,329.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....		1,276,080.			
		<b>c</b> Gain or (loss) .....		114,343.			
	<b>d</b> Net gain or (loss) .....		114,343.			114,343.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 218,814. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	57,539.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	71,303.			
<b>c</b> Net income or (loss) from fundraising events .....			-13,764.			-13,764.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> REIMBURSEMENTS .....	900099	1,070.			1,070.		
<b>b</b> OTHER INCOME .....	900099	595.			595.		
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....		1,665.					
<b>12 Total revenue.</b> See instructions. ....		8,201,452.	73,862.	0.	173,573.		

**STANLEY M. ISAACS NEIGHBORHOOD CENTER,  
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**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.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,400.	3,400.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	36,255.	36,255.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	343,912.	282,109.	36,171.	25,632.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,882,416.	2,403,577.	274,746.	204,093.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	246,154.	171,135.	48,235.	26,784.
<b>10</b> Payroll taxes	305,282.	212,243.	59,821.	33,218.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	1,000.	1,000.		
<b>c</b> Accounting	42,500.	34,425.	3,825.	4,250.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	128,250.			128,250.
<b>f</b> Investment management fees	29,114.		29,114.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,127,764.	1,935,250.	140,545.	51,969.
<b>12</b> Advertising and promotion	21,332.	1,928.	2,383.	17,021.
<b>13</b> Office expenses	423,675.	65,924.	28,136.	329,615.
<b>14</b> Information technology	102,896.	59,507.	30,172.	13,217.
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	27,878.	25,801.	764.	1,313.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	28,803.	21,387.	2,605.	4,811.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	203,734.	162,929.	28,635.	12,170.
<b>23</b> Insurance	84,412.	50,496.	30,761.	3,155.
<b>24</b> 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.)				
<b>a</b> <b>FOOD AND BEVERAGE</b>	331,916.	326,380.	5,166.	370.
<b>b</b> <b>REPAIRS &amp; MAINTENANCE</b>	191,226.	137,101.	38,981.	15,144.
<b>c</b> <b>PROGRAM ACTIVITIES</b>	186,790.	182,437.	4,353.	
<b>d</b> <b>PROGRAM SUPPLIES</b>	84,080.	79,986.	3,593.	501.
<b>e</b> All other expenses	66,247.	5,830.	38,018.	22,399.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	7,899,036.	6,199,100.	806,024.	893,912.
<b>26</b> <b>Joint costs.</b> 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)

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**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	367,845.	<b>1</b>	595,756.
	<b>2</b> Savings and temporary cash investments .....	104,484.	<b>2</b>	177,901.
	<b>3</b> Pledges and grants receivable, net .....	820,135.	<b>3</b>	1,312,949.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	7,307.	<b>9</b>	69,981.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,052,842.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,082,985.	<b>10c</b>	969,857.
	<b>11</b> Investments - publicly traded securities .....	2,776,819.	<b>11</b>	2,776,721.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	530,304.	<b>12</b>	571,875.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	13,900.	<b>15</b>	14,164.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	5,720,229.	<b>16</b>	6,489,204.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	548,801.	<b>17</b>	573,438.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	173,131.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	250,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	548,801.	<b>26</b>	996,569.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	4,514,195.	<b>27</b>	4,730,715.
	<b>28</b> Temporarily restricted net assets .....	72,381.	<b>28</b>	139,333.
	<b>29</b> Permanently restricted net assets .....	584,852.	<b>29</b>	622,587.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	5,171,428.	<b>33</b>	5,492,635.	
<b>34</b> Total liabilities and net assets/fund balances .....	5,720,229.	<b>34</b>	6,489,204.	

Form 990 (2016)

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

**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	8,201,452.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	7,899,036.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	302,416.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	<b>4</b>	5,171,428.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	51,912.
<b>6</b> Donated services and use of facilities .....	<b>6</b>	
<b>7</b> Investment expenses .....	<b>7</b>	
<b>8</b> Prior period adjustments .....	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain in Schedule O) .....	<b>9</b>	-33,121.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) .....	<b>10</b>	5,492,635.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> 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.			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....	<b>2a</b>		<b>X</b>
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			
<b>b</b> Were the organization's financial statements audited by an independent accountant? .....	<b>2b</b>	<b>X</b>	
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			
<b>c</b> 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? .....	<b>2c</b>	<b>X</b>	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	<b>3a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....	<b>3b</b>		

**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

**2016**

**Open to Public Inspection**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - 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 1-10 above (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		
<b>Total</b>						

STANLEY M. ISAACS NEIGHBORHOOD CENTER,

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6449388.	6520773.	6957702.	6877984.	7954017.	34759864.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....	240,000.	260,000.	441,250.	467,150.	474,677.	1883077.
<b>4 Total.</b> Add lines 1 through 3 .....	6689388.	6780773.	7398952.	7345134.	8428694.	36642941.
<b>5</b> 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) .....						29,301.
<b>6 Public support.</b> Subtract line 5 from line 4.						36613640.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	6689388.	6780773.	7398952.	7345134.	8428694.	36642941.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	91,759.	88,785.	74,144.	80,467.	71,329.	406,484.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....		58,321.	30,514.	49,001.		137,836.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	11,079.	28,857.	17,772.	38,322.	1,665.	97,695.
<b>11 Total support.</b> Add lines 7 through 10						37284956.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	610,662.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	98.20	%
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	98.11	%
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** 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 - 2015.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> 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 or 990-EZ).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**STANLEY M. ISAACS NEIGHBORHOOD CENTER,**

**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 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

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

<b>Section C - Distributable Amount</b>		(A) Prior Year	(B) Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)		Current Year
<b>2</b>	Enter 85% of line 1		
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)		
<b>4</b>	Enter greater of line 2 or line 3		
<b>5</b>	Income tax imposed in prior year		
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)		
<b>7</b>	<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).		

**STANLEY M. ISAACS NEIGHBORHOOD CENTER,**

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

STANLEY M. ISAACS NEIGHBORHOOD CENTER,

Schedule A (Form 990 or 990-EZ) 2016 INC.

13-2572034 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2012 AMOUNT: \$ 11,079.

2013 AMOUNT: \$ 11,723.

2014 AMOUNT: \$ 3,222.

2015 AMOUNT: \$ 2,915.

2016 AMOUNT: \$ 595.

REIMBURSEMENTS

2013 AMOUNT: \$ 17,134.

2014 AMOUNT: \$ 14,550.

2015 AMOUNT: \$ 35,407.

2016 AMOUNT: \$ 1,070.

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2016)

Name of organization <b>STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.</b>	Employer identification number <b>13-2572034</b>
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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	NYC DEPARTMENT FOR THE AGING  2 LAFAYETTE STREET, 9TH FLOOR  NEW YORK, NY 10077	\$ 2,855,723.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NYC DEPT. OF YOUTH AND COMMUNITY DEVELOPMENT  156 WILLIAM STREET, 6TH FL.  NEW YORK, NY 10038	\$ 1,512,494.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CITY MEALS-ON-WHEELS  355 LEXINGTON AVE  NEW YORK, NY 10017	\$ 627,113.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ROBIN HOOD FOUNDATION  826 BROADWAY, 9TH FLOOR  NEW YORK, NY 10003	\$ 275,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	TIGER FOUNDATION  101 PARK AVENUE  NEW YORK, NY 10178	\$ 200,000.	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.)

<b>Name of organization</b> STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.	<b>Employer identification number</b> 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
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____



<b>Name of organization</b> STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.	<b>Employer identification number</b> 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.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on 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

**2016**  
**Open to Public Inspection**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://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" on 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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area  
 Protection of natural habitat       Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on 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" on 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 on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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	54,548.	53,147.	53,695.	54,609.	59,035.
b Contributions					
c Net investment earnings, gains, and losses	-1,336.	3,901.	1,952.	1,586.	-1,926.
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	50,712.	54,548.	53,147.	53,695.	54,609.

- 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 on 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 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" on 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				
c Leasehold improvements		3,845,570.	3,108,124.	737,446.
d Equipment		1,207,272.	974,861.	232,411.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				969,857.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on 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	571,875.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	571,875.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on 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)	
<b>Total.</b> (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" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	8,698,927.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	51,912.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	474,677.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	526,589.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	8,172,338.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	29,114.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	29,114.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	8,201,452.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	8,419,291.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	474,677.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	74,692.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	549,369.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	7,869,922.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	29,114.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	29,114.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	7,899,036.

**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. THIS ARTWORK  
 CREATES A VISUALLY DYNAMIC ENVIRONMENT, AND INSPIRES MEMBERS TO PAINT AND  
 DRAW. THE ARTIST MADE THIS DONATION IN ORDER TO DEMONSTRATE THEIR  
 CONNECTION AND COMMITMENT TO THE COMMUNITY.

**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:**

**Part XIII** Supplemental Information (continued)

THE CENTER RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE 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, 2014.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

WRITE-OFF OF PLEDGE RECEIVABLE 74,692.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

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

Employer identification number  
**13-2572034**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CRAVER, MATHEWS, SMITH & COMPANY, LLC - 1900 CAMPUS	DIRECT MAIL/FUNDRAISING SERVICE		X	321,602.	97,250.	224,352.
THRIVE MARKETING GROUP, LLC - 3227 CENTREVILLE ROAD, OAK	DIRECT MAIL/FUNDRAISING SERVICE		X	246,012.	31,000.	215,012.
<b>Total</b>				567,614.	128,250.	439,364.

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

NY

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**STANLEY M. ISAACS NEIGHBORHOOD CENTER,**

**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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	249,779.	14,505.	12,069.	276,353.
	2	Less: Contributions	193,255.	13,490.	12,069.	218,814.
	3	Gross income (line 1 minus line 2)	56,524.	1,015.		57,539.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	45,850.	5,956.		51,806.
	8	Entertainment	1,000.			1,000.
	9	Other direct expenses	14,102.	941.	3,454.	18,497.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				71,303.
11	Net income summary. Subtract line 10 from line 3, column (d)				-13,764.	

**Part III Gaming.** Complete if the organization answered "Yes" on 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))
		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) 2016 INC.

13-2572034 Page 3

- 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: CRAVER, MATHEWS, SMITH & COMPANY, LLC

(I) ADDRESS OF FUNDRAISER:

1900 CAMPUS COMMONS DRIVE #450, RESTON, VA 20191

(I) NAME OF FUNDRAISER: THRIVE MARKETING GROUP, LLC

(I) ADDRESS OF FUNDRAISER: 3227 CENTREVILLE ROAD, OAK HILL, VA 20171

**Part IV** Supplemental Information (continued)

PART I, LINE 2B, COLUMN (V):

CRAVER, MATHEWS, SMITH & COMPANY, LLC (CMS) AND THRIVE MARKETING GROUP, LLC (TMG) PROVIDE DIRECT MAIL, PUBLIC EDUCATION, MEMBERSHIP DEVELOPMENT AND FUNDRAISING SERVICES, AND GENERAL ORGANIZATIONAL CONSULTING FOR STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC. (ISAACS CENTER). SERVICES THAT WHICH TMG PROVIDES TO ISAACS CENTER INCLUDES THE DESIGNING OF AN ANNUAL FUNDRAISING PLAN AND FINANCIAL PROJECTION, PROVIDING ONGOING ANALYSIS OF ALL DIRECT RESPONSE EFFORTS, REPORTING ON A CONTINUING BASIS THE ACTUAL PERFORMANCE OF ISAACS CENTER'S ANNUAL PLAN TO PROJECTION AND PROVIDING ALTERATIONS OR REVISED PLANS OR PROJECTIONS AS WARRANTED BY CHANGED CIRCUMSTANCES.

THE MONTHLY STRATEGIC CONSULTING FEE OF \$6,000.

**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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

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" on 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> 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) (2016)

STANLEY M. ISAACS NEIGHBORHOOD CENTER,  
INC.

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance
SCHOLARSHIPS AND LAPTOP COMPUTERS	12	23,170.	4,830.	FAIR MARKET VALUE	LAPTOP COMPUTERS, SUPPLIES AND FOOD
STIPENDS FOR YES/YEP INTERNS	76	8,255.	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

**2016**

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](http://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 on 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 (such as, 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 on 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 on 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 on 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" on line 5a or 5b, describe in Part III.

**6** For persons listed on 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" on line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2016

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 on 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 aren't 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GREGORY MORRIS PRESIDENT/EXEC DIRECTOR	(i)	156,537.	0.	129.	0.	9,321.	165,987.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization	STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.	Employer identification number	13-2572034
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUT-OF-SCHOOL AND OUT-OF-WORK YOUTH, AND AGING NEW YORKERS INCLUDING  
THE ISOLATED AND HOMEBOUND ELDERLY.

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

THE ISAACS CENTER IS A NONPROFIT, MULTI-SERVICE ORGANIZATION FOUNDED IN  
1964. 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. EACH YEAR, THE ISAACS  
CENTER ENGAGES MORE THAN 6,000 VULNERABLE NEW YORKERS THROUGH THREE  
CORE AREAS OF SERVICE: SCHOOL AGE SERVICES AND ADOLESCENT PROGRAMS,  
EDUCATION AND WORKFORCE DEVELOPMENT, AGING SERVICES INCLUDING MEALS ON  
WHEELS.

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

LIVE IN PUBLIC HOUSING, 74% QUALIFY FOR FREE OR REDUCED-PRICE SCHOOL  
LUNCHES, 83% COME FROM SINGLE-PARENT HOUSEHOLDS, AND 82% ARE BLACK OR  
LATINO/A. MANY HAVE OR ARE AT RISK OF CHRONIC HEALTH ISSUES, INCLUDING  
ASTHMA AND OBESITY; OTHERS STRUGGLE WITH LEARNING DIFFICULTIES AND  
STRESS RELATED TO LIVING IN POVERTY. AS THESE YOUNG PEOPLE FACE  
MULTIPLE BARRIERS, IN SCHOOL AND AT HOME, TO THEIR ACADEMIC SUCCESS,  
THE ISAACS CENTER'S YOUTH-CENTERED PROGRAMS OFFER A TRANSFORMATIVE  
OPPORTUNITY TO EXCEL AND THRIVE.

OUR SCHOOL AGE SERVICES AND ADOLESCENT PROGRAMS SERVE CHILDREN AND

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

Employer identification number  
**13-2572034**

**ADOLESCENTS IN GRADES K-12 THROUGH BOTH AFTER SCHOOL AND SUMMER  
PROGRAMMING AT FOUR SITES: THE YOUTH LEARNING CENTER AT ISAACS/HOLMES;  
THE JAMES WELDON JOHNSON COMMUNITY CENTER IN EAST HARLEM; THE PS 198  
BEACON PROGRAM IN YORKVILLE, AND THE MS 224 BEACON PROGRAM IN EAST  
HARLEM.**

**AT EACH SITE, STUDENTS RECEIVE SIGNIFICANT ACADEMIC ENRICHMENT  
SERVICES, ALIGNED WITH COMMON CORE STANDARDS, WITH THE GOAL OF  
ERADICATING THE 6,000-HOUR LEARNING GAP THAT CHILDREN BORN INTO POVERTY  
FACE COMPARED TO MIDDLE-CLASS PEERS. ACADEMIC SUPPORTS INCLUDE  
HOMEWORK HELP, INDIVIDUAL AND SMALL GROUP INSTRUCTION, AND PARENT  
INFORMATION SESSIONS FOCUSED ON CLASSROOM CURRICULUM AND ASSIGNMENTS,  
CHILD AND ADOLESCENT DEVELOPMENT, COMMUNICATION WITH SCHOOL  
ADMINISTRATORS, AND THE ADMISSIONS AND APPLICATION PROCESS FOR APPLYING  
TO MIDDLE SCHOOLS, HIGH SCHOOLS, AND COLLEGE. YOUNG PEOPLE ALSO HAVE  
ACCESS TO LITERACY MATERIALS AND COMPUTERS, INCLUDING LIBRARIES AND  
TECHNOLOGY LABS.**

**IN ADDITION TO ACADEMIC SUPPORTS, OUR PROGRAMS OFFER A RICH SET OF  
ENGAGEMENT ACTIVITIES OFFERED IN COLLABORATION WITH LOCAL PARTNERS,  
DESIGNED TO IMPROVE STUDENTS' PHYSICAL HEALTH, SOCIAL-EMOTIONAL GROWTH,  
AND LEARNING READINESS. THESE OPPORTUNITIES INCLUDE SWIMMING LESSONS,  
BASKETBALL, AND SOCCER TEAMS OFFERED BY ASPHALT GREEN; PERFORMING ARTS  
OFFERED BY TREVOR DAY SCHOOL; DANCE CLASSES OFFERED BY SPENCE SCHOOL;  
PRINTMAKING WORKSHOPS HOSTED BY ART CONNECTS NY; COMMUNITY ART PROJECTS  
AND MURAL MAKING WITH CREATIVE ART WORKS; A "MENTORING DAY" WITH  
GOLDMAN SACHS VOLUNTEERS; AND COUNCIL MEMBER BEN KALLOS' READING  
CHALLENGE.**

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

Employer identification number  
**13-2572034**

TO ADDRESS THE IMPACTS OF TOXIC STRESS ON CHILDREN'S HEALTH, WELLNESS, AND READINESS TO LEARN, WE ALSO PARTNER WITH THE MOUNT SINAI SCHOOL OF MEDICINE TO OFFER CYCLOPEDIA, A BICYCLING PROGRAM FOR EAST HARLEM YOUTH THAT COMBINES FITNESS AND COLLABORATIVE ACTIVITIES TO STRENGTHEN CONNECTIONS WITH AND AWARENESS OF OUR STREETS, PARKS, AND WATERWAYS. PARTICIPANTS GAIN MAPPING, GEOGRAPHY, AND TECH SKILLS WHILE LEARNING ABOUT THE HISTORY OF THEIR NEIGHBORHOODS AND NEW YORK CITY.

IN FY17, THE ISAACS CENTER'S SCHOOL AGE SERVICES AND ADOLESCENT PROGRAMS SERVED MORE THAN 600 YOUNG PEOPLE. DAILY AVERAGE ATTENDANCE ACROSS THE THREE SITES WAS 88%, SHOWING A HIGH LEVEL OF PROGRAM ENGAGEMENT. ATTENDANCE WAS AS FOLLOWS:

- FOR CHILDREN IN GRADES K-5: 66 ATTENDED AFTER SCHOOL PROGRAMMING AT THE YOUTH LEARNING CENTER AT ISAACS/HOLMES, 102 ATTENDED THE BEACON AFTERSCHOOL PROGRAM AT P.S. 198, AND 358 ATTENDED AFTER SCHOOL PROGRAMMING AT OUR CORNERSTONE.

- FOR MIDDLE SCHOOL STUDENTS: 55 ATTENDED THE 'TWEEN ZONE AT THE BEACON AFTERSCHOOL PROGRAM AT P.S. 198, AND 253 ATTENDED AFTER SCHOOL PROGRAMMING AT OUR CORNERSTONE.

- 520 HIGH SCHOOL STUDENTS PARTICIPATED IN EVENING PROGRAMMING AT OUR CORNERSTONE.

FOR THE SECOND YEAR, CHILDREN AGES 8-12 AT THE ISAACS/HOLMES YOUTH LEARNING CENTER PARTICIPATED IN THE PARTNERSHIP FOR AFTER SCHOOL EDUCATION (PASE) EXPLORERS PROGRAM, WHICH ALLOWS STUDENTS TO EXPLORE THEIR NEIGHBORHOODS AND CREATE PRESENTATIONS ON LOCAL STORIES. CHILDREN GAIN A VARIETY OF SKILLS, INCLUDING WEB DESIGN, PRESENTATION, INTERNET

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

Employer identification number  
**13-2572034**

RESEARCH, COMMUNICATION, AND PROJECT MANAGEMENT SKILLS.

WITH FUNDING FROM THE WILLIAM T. GRANT FOUNDATION, THE ISAACS CENTER COMPLETED IMPLEMENTATION OF AN IMPROVED, SYSTEMATIC APPROACH TO TRAINING PROGRAM STAFF TEAM MEMBERS, WITH IMPROVED PROFESSIONAL DEVELOPMENT FOR GROUP LEADERS LEADING TO BETTER CONTINUITY OF PROGRAM THEMES AND CONSISTENT IMPLEMENTATION OF OUR CURRICULA ACROSS SITES.

EDUCATION AND WORKFORCE DEVELOPMENT

THE ISAACS CENTER'S OFFERINGS FOR OUT-OF-WORK AND OUT-OF-SCHOOL YOUNG ADULTS, AGES 17-24, PROVIDE JOB READINESS TRAINING, HIGH SCHOOL EQUIVALENCY AND LITERACY CLASSES, COLLEGE COUNSELING, INTERNSHIPS, AND EMPLOYMENT PLACEMENT. ALL PARTICIPANTS RECEIVE INTENSIVE CASE MANAGEMENT AND TWO YEARS OF JOB RETENTION SUPPORT. AS A RESULT OF THEIR PARTICIPATION, PARTICIPANTS ARE ABLE TO ENTER (OR RE-ENTER) THE WORKFORCE AND PURSUE EDUCATIONAL OPPORTUNITIES THAT BOOST THEIR HOURLY WAGE EARNINGS AND PLACE THEM ON A PATHWAY TO FIND MEANINGFUL EMPLOYMENT, EARN A COLLEGE DEGREE, AND PREPARE FOR A CAREER IN THE 21ST CENTURY.

THE YOUNG PEOPLE WE REACH THROUGH WORKFORCE DEVELOPMENT PROGRAMMING FACE SIGNIFICANT BARRIERS TO GAINING SUSTAINABLE EMPLOYMENT AND REALIZING SELF-SUFFICIENCY. AMONG PARTICIPANTS, 81% DO NOT HAVE A HIGH SCHOOL DIPLOMA OR ITS EQUIVALENT; 72% DO NOT HAVE A RESUME OR ADEQUATE INFORMATION TO PLACE ON A RESUME; 56% ARE BLACK OR LATINO, GROUPS THAT FACE HIGHER LEVELS OF UNEMPLOYMENT AND DISCRIMINATION; AND 50% OR MORE YOUNG PEOPLE ARE COURT-INVOLVED.

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TO SUPPORT YOUNG PEOPLE'S PROGRESS TOWARD INDEPENDENCE AND MEANINGFUL CAREERS, THE ISAACS CENTER'S WORKFORCE DEVELOPMENT PROGRAMMING FOCUSES ON THREE HIGH-GROWTH EMPLOYMENT SECTORS: COMMUNITY HEALTH, EDUCATION AND CHILD DEVELOPMENT, AND HOSPITALITY AND FOOD SERVICE. BASED ON EXTENSIVE LEARNING, RESEARCH, AND BEST PRACTICES, OUR MODEL INCORPORATES SEVERAL APPROACHES TO INCREASE ACCESSIBILITY AND BOOST PARTICIPANTS' LIKELIHOOD OF SUCCESS:

- MULTIPLE POINTS OF ENTRY THROUGH HIGH SCHOOL EQUIVALENCY CLASSES, LITERACY, JOB TRAINING, INTERNSHIPS, ETC. INCREASE YOUNG PEOPLE'S ENGAGEMENT WITH THE PROGRAM.

- NO BASELINE CRITERIA (SUCH AS READING AT SPECIFIC GRADE LEVEL OR HAVING A HIGH SCHOOL DIPLOMA OR ITS EQUIVALENT) ARE REQUIRED TO ENTER THE PROGRAM.

- THROUGH LINKAGES, THE PROGRAM FACILITATES ACCESS TO EMPLOYER-DRIVEN SECTOR TRAINING IN COMMUNITY HEALTH, EDUCATION AND CHILD DEVELOPMENT, AND HOSPITALITY AND FOOD SERVICE

- ALL JOB TRAINING IS REINFORCED THROUGH INTERNSHIPS IN VARIOUS DEPARTMENTS AT THE ISAACS CENTER.

- THE PROGRAM INCORPORATES FREQUENT ASSESSMENTS AND LONG-TERM PLANNING, ENABLING STAFF AND YOUNG PEOPLE TO ADJUST AND FINE TUNE THEIR GOALS.

OUR THREE-PHASE MODEL INCLUDES JOB READINESS, INTENSIVE CAREER SECTOR-FOCUSED TRAINING, AND EDUCATION AND EMPLOYMENT PLACEMENT SERVICES. PARTICIPANTS CREATE PROFESSIONAL RESUMES, PREPARE FOR JOB INTERVIEWS, AND PRACTICE PRESENTING THEMSELVES IN A PROFESSIONAL CONTEXT. WE PROVIDE ON-SITE HIGH SCHOOL EQUIVALENCY (HSE) CLASSES INFUSED WITH COLLEGE PREPARATION AND CAREER READINESS, AS WELL AS A YOUNG ADULT LITERACY PROGRAM FOR PARTICIPANTS WHO NEED TO IMPROVE THEIR

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**READING TO ENTER HSE CLASSES.**

**WE MEASURE THE EFFECTIVENESS OF OUR PROGRAM THROUGH GRADUATION RATES,  
EDUCATION AND EMPLOYMENT OUTCOMES, AND RETENTION. ALL PARTICIPANTS MEET  
WEEKLY WITH STAFF TO COMPLETE INDIVIDUAL EVALUATIONS AND ONGOING  
PLANNING. STAFF MEMBERS TRACK PROGRESS THROUGH PERSONAL CONTACT AND  
FOLLOW-UP PHONE CALLS, AND DOCUMENT CREDENTIALS, COLLEGE ENROLLMENT,  
PAYSTUBS, ETC. PARTICIPANTS' CAREER PLANS ARE UPDATED AND REVISED  
THROUGHOUT THEIR TWO YEARS OF FOLLOW-UP.**

**FINALLY, FOR MORE THAN 30 YEARS, THE ISAACS CENTER HAS OFFERED ANNUAL  
SCHOLARSHIP AWARDS TO COLLEGE-BOUND TEENS AND YOUNG ADULTS FROM EAST  
HARLEM COMMUNITIES WHO ARE THE FIRST IN THEIR FAMILIES TO ATTEND  
COLLEGE. SINCE THE FIRST SCHOLARSHIPS WERE AWARDED IN 1985, WE HAVE  
AWARDED MORE THAN A QUARTER OF MILLION DOLLARS IN FINANCIAL ASSISTANCE  
TO 225 STUDENTS.**

**FY17 EDUCATION AND WORKFORCE DEVELOPMENT ACHIEVEMENTS**

**THE ISAACS CENTER'S EDUCATION AND WORKFORCE DEVELOPMENT PROGRAMS SERVED  
236 YOUTH IN FY17. MORE THAN 85% OF ENROLLEES COMPLETED OUR EDUCATION  
AND CAREER READINESS TRAINING.**

**PARTICIPANTS IN FY17 JOINED THE PROGRAM THROUGH MULTIPLE POINTS OF  
ENTRY, AND WITH VARYING GOALS: 45% ENTERED WITH THE INTENTION OF  
GAINING EMPLOYMENT, 26% JOINED TO EARN THEIR HIGH SCHOOL EQUIVALENCY  
(HSE) FROM THE NYC DEPARTMENT OF EDUCATION, 15% ENTERED TO JOIN PRE-HSE  
CLASSES, AND 15% ENTERED THROUGH THE YOUNG ADULT LITERACY PROGRAM,  
SEEKING TO IMPROVE THEIR LITERACY AND NUMERACY SKILLS AND SECURE A**

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**PART-TIME INTERNSHIP LEADING TO A JOB PLACEMENT.**

**AMONG THESE YOUNG PEOPLE, THE SKILLS AND CONNECTIONS GAINED BY PARTICIPATING IN THE ISAACS CENTER WORKFORCE DEVELOPMENT PROGRAM LED TO SIGNIFICANT GAINS. IN FY17, 61 YOUNG PEOPLE WERE PLACED DIRECTLY IN EMPLOYMENT AND 57 YOUNG PEOPLE WERE PLACED IN SECTOR-SPECIFIC CAREER TRAINING IN COMMUNITY HEALTH, EDUCATION AND CHILD DEVELOPMENT, AND HOSPITALITY AND FOOD SERVICE. OVERALL, OUR 3-MONTH EMPLOYMENT RETENTION RATE IS 63%.**

**IN ADDITION TO ACHIEVING CAREER MILESTONES, PARTICIPANTS MADE EDUCATIONAL GAINS THAT WILL HAVE LASTING IMPACTS. IN FY17, 12 PARTICIPANTS ENROLLED IN COLLEGE FOR THE FIRST TIME, 35 PASSED THE TASC EXAM AND SECURED THEIR HIGH SCHOOL EQUIVALENCY, AND 19 IMPROVED THEIR LITERACY BY AT LEAST ONE GRADE LEVEL. TWELVE OF THESE STUDENTS ARE ENROLLED IN SUPPORT SERVICES ON CAMPUS THAT WILL ASSIST WITH RETENTION. OF THE 29 COLLEGE ENROLLEES FROM 2015-2016, ALL ARE STILL CURRENTLY ENROLLED AND 1 HAS SINCE GRADUATED.**

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

**OUR SERVICES REACH LOW-INCOME, UNDERSERVED RESIDENTS OF YORKVILLE/EAST HARLEM A VULNERABLE GROUP LIVING IN ONE OF THE WEALTHIEST NEIGHBORHOODS OF NEW YORK CITY (NYC). FOR THE SENIOR RESIDENTS OF OUR COMMUNITY, POVERTY, HEALTH ISSUES, ISOLATION, DECREASED MOBILITY, AND MENTAL HEALTH ISSUES ARE SERIOUS CHALLENGES TO HEALTHY AGING. THESE ISSUES ARE COMPOUNDED BY HEALTH CARE, HOUSING, AND SOCIAL SERVICE SYSTEMS THAT CAN BE CHALLENGING AND INACCESSIBLE TO SENIORS.**

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AMONG THE SENIORS WHO ACCESS OUR SERVICES, 72% ARE FEMALE; 41% ARE LATINO/A, 17% ARE AFRICAN AMERICAN, AND 8% ARE ASIAN; 26% HAVE DISABILITIES; 7% HAVE LIMITED ENGLISH; AND 45% LIVE ALONE. NEARLY HALF (49%) ARE BETWEEN THE AGES OF 60-74, 27% ARE AGES 75-84, AND 18% ARE OVER THE AGE OF 85. MANY HAVE LIVED IN NYCHA DEVELOPMENTS FOR MOST OF THEIR LIVES, AND SOME WERE AMONG THE ORIGINAL RESIDENTS WHEN THE ISAACS/HOLMES DEVELOPMENT OPENED IN 1964.

OUR INNOVATIVE AND RECOGNIZED HYBRID SENIOR CENTER-NORC MODEL ALLOWS SENIORS TO ACCESS A RICH SET OF SERVICES, INTEGRATED AND OFFERED SEAMLESSLY ALL AT ONE PLACE, INCLUDING CASE MANAGEMENT AND HEALTH CARE SERVICES, CONGREGATE AND HOME DELIVERED MEALS, EDUCATION AND INFORMATION RESOURCES, AND SOCIAL AND RECREATIONAL ACTIVITIES. MORE THAN 200 MONTHLY SENIOR CENTER ACTIVITIES PROMOTE PHYSICAL AND MENTAL HEALTH AND WELLNESS, FITNESS, TECHNOLOGY EDUCATION, ARTS AND CULTURAL ENRICHMENT, SOCIAL AND SELF-ADVOCACY SUPPORT, AND COMMUNITY ENGAGEMENT. OUR OFFERINGS DRAMATICALLY IMPROVE SENIORS' SAFETY, HEALTH, AND ACCESS TO CRITICAL SERVICES.

IN ADDITION, THE ISAACS CENTER'S NUTRITION PROGRAM COORDINATES THE DELIVERY OF MEALS ON WHEELS TO SENIORS LIVING ON THE EAST SIDE OF MANHATTAN FROM 59TH STREET TO 142ND STREET IN COLLABORATION WITH OUR PARTNER AGENCIES, THE CARTER BURDEN CENTER AND UNION SETTLEMENT ASSOCIATION. WE ALSO OFFER TWO CONGREGATE MEALS DAILY AT THE SENIOR CENTER SIX DAYS A WEEK.

WE WORK WITH THE VISITING NURSE SERVICES OF NEW YORK (VSNY) TO PROVIDE



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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. IN ADDITION, VNSNY NURSES HELP NORC STAFF TO IDENTIFY HEALTHCARE NEEDS AND ISSUES WITHIN THE COMMUNITY AND OFFER A VARIETY OF WORKSHOPS, SUCH AS FALL PREVENTION, DIABETES AND HEART DISEASE.

NUMEROUS OTHER PARTNERS ENRICH OUR SERVICES TO SENIORS, INCLUDING ASPHALT GREEN, WHICH OFFERS WATER EXERCISE CLASSES; SERVICE PROGRAM FOR OLDER PEOPLE, WHICH OFFERS ON-SITE MENTAL HEALTH COUNSELING; LIVEON NY, WHICH PROVIDES BENEFITS SCREENING AND ENROLLMENT ASSISTANCE; SEARCH AND CARE, WHICH SUPPORTS HOMEBOUND SENIORS; VOLUNTEERS OF LEGAL SERVICE, WHICH OFFERS FREE MONTHLY CLINICS, AND MULTIPLE GRANT AND STIPENDIARY PROGRAMS WHICH SUPPORT SENIORS IN NEED OF CASH ASSISTANCE.

#### FY17 AGING SERVICES ACHIEVEMENTS

IN FY17, OUR AGING SERVICES REACHED A TOTAL OF 1,644 VULNERABLE NEW YORK CITY SENIORS. WE ACHIEVED A REMARKABLE SET OF OUTCOMES WITH THESE SENIOR PARTICIPANTS, INCLUDING THE FOLLOWING MILESTONES:

- WE DELIVERED A TOTAL OF 359,040 MEALS TO HOMEBOUND AND VULNERABLE SENIORS, AN AVERAGE OF 984 MEALS PER DAY AN INCREASE OF 2% FROM THE PRIOR YEAR. OUR DIRECT DELIVERY PORTION FOR FY17 REACHED 166,643 MEALS.

- WE INCREASED THE PROVISION OF CASE MANAGEMENT SERVICES TO SENIOR CENTER MEMBERS BY 56%, REFLECTING THE EXPANSION OF OUR SUPPORTIVE COUNSELING, BENEFIT SCREENINGS AND REFERRALS, NUTRITION RELATED

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**SERVICES AND HEALTHCARE NAVIGATION SUPPORTS.**

- WE LAUNCHED SINC COMMUNITY AWAKENS, A PARTICIPANT-LED PROGRAM TO ADOPT HEALTHIER LIFESTYLE CHOICES SUPPORTED BY FUNDING FROM UNITED NEIGHBORHOOD HOUSES.

- WE OFFERED 27,684 CONGREGATE MEALS, AS WELL AS 192 SUNDAY SUPPERS PRIVATELY FUNDED, VOLUNTEER-ORGANIZED MONTHLY DINNERS WITH MUSIC, LINENS, AND TRADITIONAL HOME COOKING- AND HOLIDAY LUNCHEONS ON THANKSGIVING DAY AND CHRISTMAS DAY.

- WE HELPED SENIORS COMPLETE 80 MEDICAID AND MEDICARE SAVINGS PROGRAM APPLICATIONS AND RENEWALS, 103 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) APPLICATIONS AND RENEWALS, AND 30 SCRIE (SENIOR CITIZEN RENT INCREASE EXEMPTION) APPLICATIONS AND RENEWALS.

- WE ENHANCED OUR "ISAACS IN MOTION" HEALTH AND FITNESS INITIATIVE FOR SENIORS, WHICH PROVIDES ZUMBA, MEDITATION, YOGA, ARTS AND CULTURAL EXPRESSION PROJECTS, TECHNOLOGY CLASSES, AND SUPPORT GROUPS AT THE SENIOR CENTER.

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

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

RICHARD NESSON HAS A FAMILY RELATIONSHIP WITH BARBARA LUCAS.

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

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

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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 AND THE CHIEF FINANCIAL OFFICER 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 COMPENSATION OF THE PRESIDENT AND EXECUTIVE DIRECTOR IS ESTABLISHED BY THE BOARD OF DIRECTORS BASED UPON THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE OF THE BOARD AND IS PERIODICALLY REVIEWED BY A SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE FOCUSED ON COMPENSATION. THIS SUBCOMMITTEE HAS REVIEWED APPROPRIATE AND ADEQUATE DATA, INCLUDING STUDIES OF COMPENSATION PAID BY COMPARABLE NON-PROFIT ORGANIZATIONS, TO DETERMINE THE APPROPRIATE LEVEL OF COMPENSATION TO BE PAID TO THE PRESIDENT AND EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES. THE EXECUTIVE COMMITTEE'S RECOMMENDATIONS OF CHANGES IN COMPENSATION LEVELS, IF ANY, ARE PRESENTED TO THE BOARD FOR ITS APPROVAL. THE EXECUTIVE COMMITTEE PLANS TO INITIATE THE NEXT REVIEW OF COMPENSATION IN FY17.

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

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THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE BY POSTING A COPY ON ITS WEBSITE. THE FORM 990 IS ALSO PUBLISHED ON THE INTERNET AT WWW.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 (SENIOR SERVICES, FITNESS, HEALTH AND OTHERS):

PROGRAM SERVICE EXPENSES	149,929.
MANAGEMENT AND GENERAL EXPENSES	130,499.
FUNDRAISING EXPENSES	50,698.
TOTAL EXPENSES	331,126.

SUBCONTRACTORS - MEAL DELIVERY SERVICES:

PROGRAM SERVICE EXPENSES	1,773,311.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,773,311.

PAYROLL PROCESSING:

PROGRAM SERVICE EXPENSES	12,010.
MANAGEMENT AND GENERAL EXPENSES	10,046.
FUNDRAISING EXPENSES	1,271.
TOTAL EXPENSES	23,327.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,127,764.
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**FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:**

**CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST 41,571.**

**WRITE-OFF OF PLEDGE RECEIVABLE -74,692.**

**TOTAL TO FORM 990, PART XI, LINE 9 -33,121.**

**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.**