

# 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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<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>10,312,245.</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>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>22</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>22</b>
	<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>256</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1300</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>8,912,903.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>67,668.</b>	<b>78,087.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>191,514.</b>	<b>203,352.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>49,418.</b>	<b>5,383.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>9,221,503.</b>	<b>9,120,096.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>71,737.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>4,971,729.</b>	<b>5,499,678.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>101,000.</b>	<b>134,250.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>942,274.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>4,265,533.</b>	<b>4,890,668.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>9,409,999.</b>	<b>10,611,100.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-188,496.</b>	<b>-1,491,004.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>6,093,966.</b>	<b>End of Year</b> <b>5,339,501.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>747,216.</b>	<b>1,468,848.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>5,346,750.</b>	<b>3,870,653.</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>05/21/20</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</b> <b>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: 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,

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 3,759,267. including grants of \$ 86,504. ) (Revenue \$ 13,823. ) YOUTH AND FAMILY SERVICES - THE ISAACS CENTER'S PROGRAMS FOR CHILDREN AND ADOLESCENTS OFFER ENGAGING AND EDUCATIONAL OUT OF SCHOOL TIME ACTIVITIES FOR LOW-INCOME STUDENTS IN GRADES 1 TO 8 IN YORKVILLE AND EAST HARLEM WHO ATTEND UNDERPERFORMING SCHOOLS. 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 SCHOOLS.

OUR SCHOOL AGE SERVICES AND ADOLESCENT PROGRAMS SERVE CHILDREN AND ADOLESCENTS THROUGH AFTER SCHOOL AND SUMMER PROGRAMMING AT FOUR SITES: THE YOUTH CENTER AT ISAACS/HOLMES, THE JAMES WELDON JOHNSON COMMUNITY

4b (Code: ) (Expenses \$ 2,948,509. including grants of \$ ) (Revenue \$ 14,087. ) MEALS ON WHEELS - THE ISAACS CENTER SENIOR CENTER OFFERS TWO CONGREGATE MEALS DAILY, SIX DAYS A WEEK. ISAACS CENTER SURVEYS HAVE FOUND THAT ACCESS TO FOOD IS A LEADING CONCERN AMONG SENIOR CENTER MEMBERS: MORE THAN 70% OF OUR SENIORS ARE CONCERNED ABOUT HAVING ENOUGH MONEY TO BUY NUTRITIOUS FOOD, AND 62% ARE CONCERNED ABOUT MAKING FINANCIAL DECISIONS RELATED TO PAYING FOR FOOD, RENT, AND MEDICAL CARE.

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 NETWORK AND UNION SETTLEMENT. MEALS ON WHEELS IS AN EVIDENCE-BASED INTERVENTION THAT HAS BEEN PROVEN TO

4c (Code: ) (Expenses \$ 1,417,615. including grants of \$ ) (Revenue \$ 50,177. ) AGING SERVICES - MANY SENIOR RESIDENTS OF YORKVILLE AND EAST HARLEM ARE FACING SIGNIFICANT QUALITY OF LIFE ISSUES, INCLUDING POVERTY, HEALTH AND MENTAL HEALTH AILMENTS, ISOLATION, AND DECREASED MOBILITY. THESE ISSUES ARE COMPOUNDED BY HEALTH CARE, HOUSING, AND SOCIAL SERVICE SYSTEMS THAT CAN BE DIFFICULT AND INACCESSIBLE. FURTHERMORE, THE URGENCY OF FOOD INSECURITY PREVENTS MANY OF OUR ELDERLY NEIGHBORS FROM TACKLING THE MORE COMPLEX CHALLENGES AFFECTING THEIR WELL-BEING. ISAACS CENTER, TOGETHER WITH ITS PARTNERS, REACHES OUT TO THESE VULNERABLE SENIORS AND OFFERS A CONTINUUM OF CULTURALLY COMPETENT SERVICES TO ADDRESS EVERYTHING FROM URGENT NEEDS FOR FOOD AND EMERGENCY STIPENDS TO NEEDS FOR SOCIAL CONNECTION AND LIFELONG LEARNING OPPORTUNITIES. WITH THIS ASSISTANCE, OUR ELDERS CAN GROW OLD WITH DIGNITY AND "AGE IN

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

4e Total program service expenses 8,125,391.

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

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

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

		Yes	No
<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>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<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>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<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		
	2a		256
<b>b</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>b</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>b</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>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</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>b</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>a</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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</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>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</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>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</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.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

**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.		
	1a	22	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	1b	22	
<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>7a</b>			X
<b>7b</b>			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>8a</b>		X	
<b>8b</b>		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>11a</b>		X	
<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>12b</b>		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>15a</b>		X	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
<b>15b</b>			X
<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>16a</b>			X
<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 (1024 or 1024-A 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 **▶**  
**DONNA WEBSTER - (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) MILAGROS HENN BOARD MEMBER	1.00	X						0.	0.	0.
(12) ASHLEY HIGGINS DIECK BOARD MEMBER	1.00	X						0.	0.	0.
(13) CHRIS H. LE ROY BOARD MEMBER	1.00	X						0.	0.	0.
(14) BARBARA N. LUCAS BOARD MEMBER	1.00	X						0.	0.	0.
(15) URSULA LOWERRE 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) SONIA C. PARK BOARD MEMBER	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) LEE WAREHAM BOARD MEMBER	1.00	X					0.	0.	0.	
(23) ROBIN KIAM AVIV BOARD MEMBER (THRU SEPT. 2018)	1.00	X					0.	0.	0.	
(24) GREGORY MORRIS PRESIDENT/EXEC DIRECTOR	35.00			X			156,345.	0.	11,615.	
(25) PAKHI KANE DEPUTY EXECUTIVE DIRECTOR/ACTING CFO	35.00			X			126,304.	0.	33,162.	
(26) GARFIELD GRANT CHIEF OPERATING OFFICER	35.00			X			23,292.	0.	4,317.	
<b>1b Sub-total</b> .....							305,941.	0.	49,094.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							126,939.	0.	34,400.	
<b>d Total (add lines 1b and 1c)</b> .....							432,880.	0.	83,494.	

**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	1,445,551.
THE CARTER BURDEN CENTER FOR THE AGING 1484 FIRST AVENUE, NEW YORK, NY 10075	CATERING SERVICES TO SENIORS/MEALS ON WH	703,789.
THRIVE MARKETING 3227 CENTREVILLE ROAD, OAK HILL, VA 20171	WEBSITE DEVELOPMENT	120,750.
THE PRODUCTION ADVANTAGE, INC., 13873 PARK CENTER ROAD, SUITE 15, OAK HILL, VA 20171	DATA PROCESSING	106,190.

**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**



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<b>Part VII</b> Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>										
(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 DEPUTY DIR. OF YOUTH SERVICES	35.00				X			126,939.	0.	34,400.
Total to Part VII, Section A, line 1c .....								126,939.		34,400.

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>	121,588.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	6,031,611.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	2,680,075.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		10,597.				
	<b>h Total.</b> Add lines 1a-1f .....		8,833,274.				
	<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM SERVICES FEES	<b>Business Code</b> 900099	78,087.	78,087.		
<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 .....			78,087.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		66,511.			66,511.
	<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				
		1,307,490.					
		<b>b</b> Less: cost or other basis and sales expenses .....		1,170,649.			
		<b>c</b> Gain or (loss) .....		136,841.			
	<b>d</b> Net gain or (loss) .....		136,841.			136,841.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 121,588. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	21,750.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	21,500.			
		<b>c</b> Net income or (loss) from fundraising events .....		250.			250.
<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	4,425.			4,425.		
<b>b</b> OTHER INCOME	900099	708.			708.		
<b>c</b> _____							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....		5,133.					
<b>12 Total revenue.</b> See instructions .....		9,120,096.	78,087.	0.	208,735.		

**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.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,900.	1,900.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	84,604.	84,604.		
<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	469,647.	363,592.	94,663.	11,392.
<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	4,107,359.	3,266,123.	738,513.	102,723.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	409,978.	265,776.	136,109.	8,093.
<b>10</b> Payroll taxes	512,694.	332,364.	170,210.	10,120.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	11,460.	11,460.		
<b>c</b> Accounting	43,775.		43,775.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	134,250.			134,250.
<b>f</b> Investment management fees	30,577.		30,577.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,760,874.	2,172,995.	113,044.	474,835.
<b>12</b> Advertising and promotion	33,463.	18,051.	14,509.	903.
<b>13</b> Office expenses	250,521.	124,931.	37,315.	88,275.
<b>14</b> Information technology	51,050.	38,559.	9,289.	3,202.
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	58,408.	48,302.	8,687.	1,419.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	230.		230.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	206,709.	174,418.	24,327.	7,964.
<b>23</b> Insurance	98,760.	77,732.	17,237.	3,791.
<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 &amp; BEVERAGE</b>	444,316.	427,576.	12,850.	3,890.
<b>b</b> <b>PROGRAM ACTIVITIES</b>	352,465.	350,344.	1,915.	206.
<b>c</b> <b>PROGRAM SUPPLIES</b>	249,924.	196,121.	39,525.	14,278.
<b>d</b> <b>REPAIRS AND MAINTENANCE</b>	225,033.	167,583.	42,660.	14,790.
<b>e</b> All other expenses	73,103.	2,960.	8,000.	62,143.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	10,611,100.	8,125,391.	1,543,435.	942,274.
<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 .....	208,543.	<b>1</b>	142,160.
	<b>2</b> Savings and temporary cash investments .....	175,799.	<b>2</b>	65,888.
	<b>3</b> Pledges and grants receivable, net .....	1,373,458.	<b>3</b>	1,039,172.
	<b>4</b> Accounts receivable, net .....	30,917.	<b>4</b>	18,436.
	<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 .....	40,043.	<b>9</b>	18,694.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,134,609.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,498,289.	843,029.	<b>10c</b> 636,320.
	<b>11</b> Investments - publicly traded securities .....	2,817,858.	<b>11</b>	2,812,971.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	590,111.	<b>12</b>	591,983.
	<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 .....	14,208.	<b>15</b>	13,877.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	6,093,966.	<b>16</b>	5,339,501.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	612,124.	<b>17</b>	1,014,051.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	135,092.	<b>19</b>	4,797.
	<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 .....	0.	<b>23</b>	450,000.
	<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 .....	747,216.	<b>26</b>	1,468,848.
<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 .....	4,591,779.	<b>27</b>	2,966,869.
	<b>28</b> Temporarily restricted net assets .....	117,251.	<b>28</b>	263,741.
	<b>29</b> Permanently restricted net assets .....	637,720.	<b>29</b>	640,043.
	<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 .....	5,346,750.	<b>33</b>	3,870,653.	
<b>34</b> Total liabilities and net assets/fund balances .....	6,093,966.	<b>34</b>	5,339,501.	

Form 990 (2018)

**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>	9,120,096.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	10,611,100.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	-1,491,004.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	<b>4</b>	5,346,750.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	13,035.
<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>	1,872.
<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>	3,870,653.

**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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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.
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6957702.	6877984.	7954017.	8912903.	8833274.	39535880.
<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 .....	441,250.	467,150.	474,677.	598,850.	564,299.	2546226.
<b>4 Total.</b> Add lines 1 through 3 .....	7398952.	7345134.	8428694.	9511753.	9397573.	42082106.
<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) .....						197,219.
<b>6 Public support.</b> Subtract line 5 from line 4.						41884887.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	7398952.	7345134.	8428694.	9511753.	9397573.	42082106.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	74,144.	80,467.	71,329.	72,430.	66,511.	364,881.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	30,514.	49,001.		34,797.	250.	114,562.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	17,772.	38,322.	1,665.	14,621.	5,133.	77,513.
<b>11 Total support.</b> Add lines 7 through 10						42639062.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	416,328.
<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 2018 (line 6, column (f) divided by line 11, column (f)) .....	14	98.23 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	15	98.11 %
<b>16a 33 1/3% support test - 2018.</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 - 2017.</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 - 2018.</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 - 2017.</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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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 (as 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>		

**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.

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

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

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

STANLEY M. ISAACS NEIGHBORHOOD CENTER,

Schedule A (Form 990 or 990-EZ) 2018 INC.

13-2572034 Page 7

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

Section D - Distributions	Current Year
<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 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

STANLEY M. ISAACS NEIGHBORHOOD CENTER,

**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

2014 AMOUNT: \$ 3,222.

2015 AMOUNT: \$ 2,915.

2016 AMOUNT: \$ 595.

2017 AMOUNT: \$ 1,824.

2018 AMOUNT: \$ 708.

REIMBURSEMENTS

2014 AMOUNT: \$ 14,550.

2015 AMOUNT: \$ 35,407.

2016 AMOUNT: \$ 1,070.

2017 AMOUNT: \$ 2,797.

2018 AMOUNT: \$ 4,425.

SETTLEMENT INCOME

2017 AMOUNT: \$ 10,000.

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

Name of organization <b>STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.</b>	Employer identification number <b>13-2572034</b>
--	---

**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	\$ 3,334,704.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NYC DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT  156 WILLIAM STREET, 6TH FLOOR  NEW YORK, NY 10038	\$ 2,542,894.	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	\$ 646,436.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.</b>	Employer identification number <b>13-2572034</b>
--	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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



Name of organization <b>STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.</b>	Employer identification number <b>13-2572034</b>
--	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**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 7/25/06, 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 .....	▶ \$ <u>13,900.</u>

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	47,609.	50,712.	54,548.	53,147.	53,695.
b Contributions					
c Net investment earnings, gains, and losses	451.	-603.	-1,336.	3,901.	1,952.
d Grants or scholarships		2,500.	2,500.	2,500.	2,500.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	48,060.	47,609.	50,712.	54,548.	53,147.

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

- a Board designated or quasi-endowment  .00 %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  .00 %

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:

- (i) unrelated organizations
- (ii) related organizations

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

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

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		3,845,570.	3,352,287.	493,283.
c Leasehold improvements				
d Equipment		1,289,039.	1,146,002.	143,037.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				636,320.

**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) <b>BENEFICIAL INTEREST IN</b>		
(B) <b>PERPETUAL TRUST</b>	591,983.	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.) ▶	591,983.	

**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.

1	Total revenue, gains, and other support per audited financial statements		1	9,668,725.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	14,907.	
b	Donated services and use of facilities	2b	564,299.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	579,206.	
3	Subtract line 2e from line 1	3	9,089,519.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,577.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	30,577.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,120,096.	

**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.

1	Total expenses and losses per audited financial statements		1	11,144,822.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	564,299.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	564,299.	
3	Subtract line 2e from line 1	3	10,580,523.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,577.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	30,577.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,611,100.	

**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 DISPLAYS THE ARTWORK TO THE PUBLIC. THIS ARTWORK CREATES A VISUALLY DYNAMIC ENVIRONMENT, AND INSPIRES MEMBERS TO PAINT AND DRAW. THE DONATED ART DEMONSTRATES THE ARTIST'S 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, 2016.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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			
THRIVE MARKETING GROUP, LLC - 3227 CENTREVILLE ROAD, OAK	DIRECT MAIL/FUNDRAISING SERVICE		X	0.	134,250.	0.
<b>Total</b>					134,250.	

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

**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	138,592.	4,746.	143,338.
	2	Less: Contributions	121,588.		121,588.
	3	Gross income (line 1 minus line 2)	17,004.	4,746.	21,750.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	304.		304.
	6	Rent/facility costs	17,364.		17,364.
	7	Food and beverages	2,832.		2,832.
	8	Entertainment	1,000.		1,000.
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				250.

**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))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	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) 2018 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: THRIVE MARKETING GROUP, LLC

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

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

THRIVE MARKETING GROUP, LLC (TMG) PROVIDES DIRECT MAIL, PUBLIC EDUCATION, MEMBERSHIP DEVELOPMENT AND FUNDRAISING SERVICES, AND GENERAL ORGANIZATIONAL CONSULTING FOR STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.

**Part IV** Supplemental Information (continued)

(ISAACS CENTER). SERVICES WHICH TMG PROVIDES TO ISAAC CENTER INCLUDE 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 IS \$5,000.

**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**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) (2018)**

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	16	39,875.	0.		
STIPENDS FOR YES/YEP INTERNS	129	44,729.	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

**2018**

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.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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) 2018

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)	156,216.	0.	129.	0.	11,615.	167,960.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PAKHI KANE DEPUTY EXECUTIVE DIRECTOR/ACTING CFO	(i)	126,304.	0.	0.	0.	33,162.	159,466.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RHONDA BRAXTON DEPUTY DIR. OF YOUTH SERVICES	(i)	126,939.	0.	0.	0.	34,400.	161,339.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

*(This area contains horizontal lines for providing supplemental information.)*



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

STANLEY M. ISAACS NEIGHBORHOOD CENTER,  
INC.

Employer identification number  
13-2572034

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:

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 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CENTER IN EAST HARLEM, THE P.S. 198 BEACON PROGRAM IN YORKVILLE, AND  
THE M.S. 224 BEACON PROGRAM IN EAST HARLEM. AT EACH SITE STUDENTS  
RECEIVE SIGNIFICANT ACADEMIC ENRICHMENT SERVICES, SUCH AS INDIVIDUAL  
AND SMALL GROUP TUTORING, 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. TO FURTHER IMPROVE  
STUDENTS' PHYSICAL HEALTH, SOCIAL-EMOTIONAL GROWTH, AND LEARNING  
READINESS, THE ISAACS CENTER COLLABORATES WITH NUMEROUS LOCAL PARTNERS.  
EXAMPLES INCLUDE: SWIMMING LESSONS, BASKETBALL, AND SOCCER OFFERED BY  
ASPHALT GREEN; CYCLOPEDIA, A BICYCLING PROGRAM THAT COMBINES FITNESS  
AND ACADEMIC ACTIVITIES OFFERED BY MOUNT SINAI SCHOOL OF MEDICINE;  
PERFORMING ARTS OFFERED BY TREVOR DAY SCHOOL; PRINTMAKING WORKSHOPS  
HOSTED BY ART CONNECTS; A HEALTH AND WELLNESS DAY SPONSORED BY GOLDMAN  
SACHS; AND A FINANCIAL LITERACY PROGRAM PRESENTED BY MORGAN STANLEY.

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

Employer identification number  
**13-2572034**

ONE MAJOR ACCOMPLISHMENT IN THE AREA OF SCHOOL AGE SERVICES AND ADOLESCENT PROGRAMS INCLUDED A MORE RIGOROUS AFTER SCHOOL LEARNING PROGRAM (ASLP) FOR 50 CHILDREN IN GRADES 1-5 WHO ATTEND YORKVILLE COMMUNITY SCHOOL (YCS) AND LIVE IN THE ISAACS/HOLMES NYCHA DEVELOPMENT. THE ISAACS CENTER ASLP SERVES THE LOWEST PERFORMING STUDENTS OF YCS, WHICH IS FACING A SIGNIFICANT ACHIEVEMENT GAP: 71% OF WHITE STUDENTS ARE PROFICIENT IN 3RD GRADE LANGUAGE ARTS COMPARED TO 29% OF BLACK/AFRICAN-AMERICAN STUDENTS AND 28% OF HISPANIC/LATINO STUDENTS. THE ASLP WAS DEVELOPED IN PARTNERSHIP WITH YCS STAFF TO PREPARE STUDENTS TO MEET COMMON CORE CURRICULUM STANDARDS AND EXCEL ON STANDARDIZED TESTS, TO IMPROVE GRADES, ATTENDANCE, AND SCHOOL BEHAVIOR, AND TO PROMOTE AND SUPPORT PARENT ENGAGEMENT.

THE ASLP REPLACES A MORE TRADITIONAL AFTER SCHOOL PROGRAM PREVIOUSLY OPERATED AT BY THE ISAACS CENTER. THE NEW, INTENSIVE, YEAR-ROUND PROGRAM FEATURES A STEM CURRICULUM, SMALL GROUP ACADEMIC INSTRUCTION, ONE-TO-ONE TUTORING, HOMEWORK HELP, ARTS ACTIVITIES, DIGITAL LITERACY PROGRAMMING, SPORTS, A SUMMER ACADEMY, SERVICE LEARNING, NUTRITION WORKSHOPS, STRONG PARENT INVOLVEMENT, CASE MANAGEMENT FOR FAMILIES, AND COLLABORATION WITH YCS TEACHERS.

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

IMPROVE SENIORS' HEALTH, REDUCE THEIR HEALTH CARE SPENDING, AND SUPPORT THEIR ABILITY TO AGE IN PLACE. MEALS ON WHEELS RECIPIENTS HAVE A 39% REDUCTION IN HOSPITALIZATIONS, A 28% REDUCTION IN NURSING HOME USE, AND A 28% REDUCTION IN EMERGENCY DEPARTMENT USE RESULTING IN AVERAGE ANNUAL SAVINGS OF \$3,492 IN MEDICARE REIMBURSEMENTS PER CLIENT.

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

Employer identification number  
**13-2572034**

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

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. OF THE 1,164 APARTMENTS IN ISAACS/HOLMES, AT LEAST 500 UNITS (43%) HOUSE INDIVIDUALS OVER THE AGE OF 60. 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. THERE IS A FULL CALENDAR OF REGULAR HEALTH AND FITNESS ACTIVITIES SUCH AS ZUMBA, MEDITATION, YOGA, NURSE OFFICE HOURS, AND MEDICARE SEMINARS. MEMBERS LEARN NEW SKILLS IN CLASSES SUCH AS WRITING, ART, DRAMA, ESL, AND COMPUTER BASICS, AND ENJOY MOVIE SCREENINGS, SHOPPING OUTINGS, AND DAY TRIPS. LEGAL CLINICS AND MEETINGS WITH LOCAL ELECTED OFFICIALS AND POLICE PRECINCTS ENSURE THAT MEMBERS RIGHTS ARE PROTECTED AND THEIR VOICES ARE HEARD.

THE ISAACS CENTER SENIOR CENTER OFFERS TWO CONGREGATE MEALS DAILY, SIX DAYS A WEEK. ISAACS CENTER SURVEYS HAVE FOUND THAT ACCESS TO FOOD IS A LEADING CONCERN AMONG SENIOR CENTER MEMBERS: MORE THAN 70% OF OUR SENIORS ARE CONCERNED ABOUT HAVING ENOUGH MONEY TO BUY NUTRITIOUS FOOD, AND 62% ARE CONCERNED ABOUT MAKING FINANCIAL DECISIONS RELATED TO PAYING FOR FOOD, RENT, AND MEDICAL CARE.

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

Employer identification number  
**13-2572034**

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 NETWORK AND UNION SETTLEMENT. MEALS ON WHEELS IS AN EVIDENCE-BASED INTERVENTION THAT HAS BEEN PROVEN TO IMPROVE SENIORS' HEALTH, REDUCE THEIR HEALTH CARE SPENDING, AND SUPPORT THEIR ABILITY TO AGE IN PLACE. MEALS ON WHEELS RECIPIENTS HAVE A 39% REDUCTION IN HOSPITALIZATIONS, A 28% REDUCTION IN NURSING HOME USE, AND A 28% REDUCTION IN EMERGENCY DEPARTMENT USE RESULTING IN AVERAGE ANNUAL SAVINGS OF \$3,492 IN MEDICARE REIMBURSEMENTS PER CLIENT.

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 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.

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

Employer identification number  
**13-2572034**

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.

AN "INTERESTED PERSON" IS ANY PERSON SERVING AS A DIRECTOR, OFFICER, MEMBER OF THE BOARD, SENIOR EMPLOYEE, OR MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS OF ISAACS. SENIOR EMPLOYEES AFFECTED BY THIS POLICY INCLUDE THE EXECUTIVE DIRECTOR, CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER, CONTROLLER, DIRECTOR OF SENIOR SERVICES, DIRECTOR OF YOUTH AND FAMILY SERVICES, DEVELOPMENT DIRECTOR, AND HUMAN RESOURCES MANAGER. A "FAMILY MEMBER" IS A SPOUSE, ANCESTOR, CHILD, GRANDCHILD, GREAT GRANDCHILD, BROTHER, SISTER, OR SPOUSE OF A GRANDCHILD, GREAT GRANDCHILD, BROTHER OR SISTER, OF AN INTERESTED PERSON. A "FINANCIAL INTEREST" IN AN ENTITY IS A FINANCIAL INTEREST OF ANY KIND, WHICH, IN VIEW OF ALL THE CIRCUMSTANCES, WOULD, OR REASONABLY COULD, AFFECT AN INTERESTED PERSON'S OR FAMILY MEMBER'S JUDGMENT WITH RESPECT TO TRANSACTIONS TO WHICH THE ENTITY IS A PARTY.

AN INTERESTED PERSON MUST DISCLOSE ORALLY OR IN WRITING ALL MATERIAL FACTS RELATED TO AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST TO THE CHAIRPERSON OF THE AUDIT SUBCOMMITTEE, WHO WILL REVIEW THE DISCLOSURE WITH THE AUDIT SUBCOMMITTEE AND REACH A DETERMINATION. DURING THIS PERIOD, THE INTERESTED PERSON SHALL REFRAIN FROM ANY PERSONAL ACTION, OR RECUSE HIMSELF OR HERSELF

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

Employer identification number  
**13-2572034**

**FROM ANY DECISION THAT MIGHT AFFECT ISAACS'S PARTICIPATION FROM THE  
AFFECTED CONTRACT OR TRANSACTION.**

**FOLLOWING THE DISCLOSURE BY THE INTERESTED PERSON, AND THE REVIEW AND  
DETERMINATION BY THE AUDIT SUBCOMMITTEE, THE CHAIR OF THE AUDIT  
SUBCOMMITTEE WILL REPORT THE SUBCOMMITTEE'S DETERMINATION TO THE EXECUTIVE  
COMMITTEE AND TO THE INTERESTED PERSON. THE DETERMINATION MUST ALSO INCLUDE  
A STATEMENT AS TO WHETHER ISAACS SHOULD ENTER INTO THE CONTRACT OR  
TRANSACTION, GIVEN THE EXISTENCE OF THE REPORTED CONFLICT. THIS REPORT IS  
NECESSARY WHETHER IT IS DETERMINED THAT A CONFLICT EXISTS OR DOES NOT  
EXIST.**

**THE MINUTES OF THE BOARD OR COMMITTEE MEETING SHALL REFLECT (A) THAT THE  
CONFLICT OF INTEREST WAS DISCLOSED, (B) THE BOARD OR COMMITTEE'S DECISION  
REGARDING THE CONFLICT OF INTEREST, INCLUDING A STATEMENT THAT THE  
INTERESTED PERSON  
WAS NOT PRESENT DURING THE FINAL DISCUSSION AND VOTE, AND (C) THAT THE  
INTERESTED PERSON ABSTAINED FROM VOTING.**

**EACH INTERESTED PERSON SHALL, AT THE BEGINNING OF EACH FISCAL YEAR,  
COMPLETE AND SIGN A STATEMENT, WHICH AFFIRMS THAT THE PERSON HAS RECEIVED A  
COPY OF THE CONFLICT OF INTEREST POLICY, AND HAS AGREED TO COMPLY TO THE  
POLICY.**

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

**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**

Name of the organization	STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.	Employer identification number	13-2572034
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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 AND ARE DOCUMENTED IN THE BOARD MINUTES. THE EXECUTIVE COMMITTEE COMPLETED THE REVIEW IN FY19.

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

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE BY POSTING 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	215,343.
MANAGEMENT AND GENERAL EXPENSES	42,144.
FUNDRAISING EXPENSES	474,835.
TOTAL EXPENSES	732,322.

SUBCONTRACTORS - MEAL DELIVERY SERVICES:

PROGRAM SERVICE EXPENSES	1,957,652.
MANAGEMENT AND GENERAL EXPENSES	0.

Name of the organization	STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.	Employer identification number	13-2572034
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FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,957,652.

PAYROLL PROCESSING:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 70,900.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 70,900.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,760,874.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST 1,872.

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.



# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

**FOR THE YEAR ENDING**

JUNE 30, 2019

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**PREPARED FOR:**

STANLEY M. ISAACS NEIGHBORHOOD CENTER,  
INC.  
415 EAST 93RD STREET  
NEW YORK, NY 10128

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**PREPARED BY:**

PKF O'CONNOR DAVIES, LLP  
665 FIFTH AVENUE  
NEW YORK, NY 10022

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**AMOUNT OF TAX:**

BALANCE DUE OF \$275

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**MAKE CHECK PAYABLE TO:**

DEPARTMENT OF LAW

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**MAIL TAX RETURN TO:**

NYS OFFICE OF ATTORNEY GENERAL  
CHARITIES BUREAU REGISTRATION SECTION  
28 LIBERTY STREET  
NEW YORK, NY 10005

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**RETURN MUST BE MAILED ON OR BEFORE:**

RETURN HAS BEEN FILED ONLINE.

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**SPECIAL INSTRUCTIONS:**

# CHAR500

NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.com

Send with fee and attachments to:  
NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

**2018**  
**Open to Public  
Inspection**

## 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) <b>07/01/2018</b> and Ending (mm/dd/yyyy) <b>06/30/2019</b>		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: <b>STANLEY M. ISAACS NEIGHBORHOOD CENTER, I</b>	Employer Identification Number (EIN): <b>13-2572034</b>
	Mailing Address: <b>415 EAST 93RD STREET</b>	NY Registration Number: <b>00-95-07</b>
	City / State / ZIP: <b>NEW YORK, NY 10128</b>	Telephone: <b>212 360-7620</b>
	Website: <b>WWW.ISAACSCENTER.ORG</b>	Email:
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT* Confirm your Registration Category in the Charities Registry at <a href="http://www.CharitiesNYS.com">www.CharitiesNYS.com</a> .		

## 2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

*We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.*

President or Authorized Officer: \_\_\_\_\_

Signature

**GREGORY J. MORRIS**  
**PRES/EXEC OFFICER**

Print Name and Title

Date

Chief Financial Officer or Treasurer: \_\_\_\_\_

Signature

**PAKHI KANE**

**DPTY EXEC. DIR / ACT**

Print Name and Title

Date

## 3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption:** Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

## 4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

## 5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>250.</u>	Total fee: \$ <u>275.</u>	Make a single check or money order payable to: <b>"Department of Law"</b>
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

\*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

# CHAR500

## Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
  - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
  - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

### Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

### Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General  
 Charities Bureau Registration Section  
 28 Liberty Street  
 New York, NY 10005

#### Need Assistance?

Visit: [www.CharitiesNYS.com](http://www.CharitiesNYS.com)  
 Call: (212) 416-8401  
 Email: [Charities.Bureau@ag.ny.gov](mailto:Charities.Bureau@ag.ny.gov)

#### Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

**DUAL** filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

#### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

# CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers  
www.CharitiesNYS.com

## 2018

**Open to Public  
Inspection**

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

### Definitions

A **Professional Fund Raiser (PFR)**, in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4).

A **Fund Raising Counsel (FRC)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

**Professional fund raising** does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

### 1. Organization Information

Name of Organization:	NY Registration Number:
STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.	00-95-07

### 2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

Fund Raising Professional type:	Name of FRP:	NY Registration Number:
<input type="checkbox"/> Professional Fund Raiser	THRIVE MARKETING GROUP, LLC	45-35-62
<input checked="" type="checkbox"/> Fund Raising Counsel	Mailing Address:	Telephone:
<input type="checkbox"/> Commercial Co-Venturer	3227 CENTREVILLE ROAD	703-782-9322
	City / State / ZIP:	
	OAK HILL, VA 20171	

### 3. Contract Information

Contract Start Date:	Contract End Date:
07/01/2018	06/30/2019

### 4. Description of Services

Services provided by FRP: SEE STATEMENT 1
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### 5. Description of Compensation

Compensation arrangement with FRP: THE MONTHLY STRATEGIC CONSULTING FEE IS \$5,000.	Amount Paid to FRP: 134,250.
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### 6. Commercial Co-Venturer (CCV) Report

<input type="checkbox"/> Yes <input type="checkbox"/> No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?
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# CHAR500

Schedule 4b: Government Grants  
www.CharitiesNYS.com

## 2018

**Open to Public  
Inspection**

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

**Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

### 1. Organization Information

Name of Organization:	NY Registration Number:
STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC.	00-95-07

### 2. Government Grants

Name of Government Agency	Amount of Grant
1. NYC DEPARTMENT FOR THE AGING	1. 3,334,704.
2. NYC DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT	2. 2,542,894.
3. NYC HOUSING AUTHORITY	3. 96,000.
4. NYC DEPARTMENT OF HEALTH	4. 5,885.
5. NYS OFFICE OF CHILDREN AND FAMILY SERVICES	5. 52,128.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 6,031,611.

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CHAR500 PG3

STATEMENT 1

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THRIVE MARKETING GROUP, LLC (TMG) PROVIDES DIRECT MAIL, PUBLIC EDUCATION, MEMBERSHIP DEVELOPMENT AND FUNDRAISING SERVICES, AND GENERAL ORGANIZATIONAL CONSULTING FOR STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC. (ISAACS CENTER). SERVICES WHICH TMG PROVIDES TO ISAACS CENTER INCLUDE 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.