

Return of Organization Exempt From Income Tax

2006

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK, INC. Number and street (or P.O. box if mail is not delivered to street address) Room/suite 184 ELDRIDGE STREET City or town, state or country, and ZIP + 4 NEW YORK, NY 10002	D Employer identification number 13-5562374 E Telephone number 212-674-9120 F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: ▶ **WWW.UNIVERSITYSETTLEMENT.ORG**

J Organization type (check only one) 501(c) (**3**) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ▶ **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **15,785,304.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

	1	Contributions, gifts, grants, and similar amounts received:			
Revenue	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	2,090,116.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d	10,806,348.	
	e	Total (add lines 1a through 1d) (cash \$ 12,896,464. noncash \$)	1e	12,896,464.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,751,425.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5	109,741.	
	Revenue	6a	Gross rents SEE STATEMENT 1	6a	225,499.
b		Less: rental expenses	6b		
c		Net rental income or (loss). Subtract line 6b from line 6a	6c	225,499.	
7		Other investment income (describe)	7		
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
		Less: cost or other basis and sales expenses	8a	8b	
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		
Revenue	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	373,452.	
	b	Less: direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	SEE STATEMENT 2		
Revenue	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
Expenses	11	Other revenue (from Part VII, line 103)	11	428,723.	
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	15,785,304.	
	13	Program services (from line 44, column (B))	13	14,137,436.	
	14	Management and general (from line 44, column (C))	14	956,283.	
	15	Fundraising (from line 44, column (D))	15	434,312.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17	15,528,031.	
	Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	257,273.
		19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	5,130,070.
		20	Other changes in net assets or fund balances (attach explanation)	20	0.
		21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	5,387,343.

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**Part II Statement of
Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 4	599,423.	442,097.	157,326.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	7,496,983.	6,808,239.	497,530.	191,214.
27 Pension plan contributions not included on lines 25a, b, and c	151,053.	135,616.	11,584.	3,853.
28 Employee benefits not included on lines 25a - 27	839,947.	761,962.	54,916.	23,069.
29 Payroll taxes	772,915.	693,926.	59,274.	19,715.
30 Professional fundraising fees	51,682.	48,840.	634.	2,208.
31 Accounting fees	24,173.	22,843.	297.	1,033.
32 Legal fees				
33 Supplies	258,428.	242,573.	5,413.	10,442.
34 Telephone	150,465.	142,061.	6,176.	2,228.
35 Postage and shipping	18,500.	13,207.	3,268.	2,025.
36 Occupancy	513,994.	465,348.	33,817.	14,829.
37 Equipment rental and maintenance	139,701.	132,572.	4,234.	2,895.
38 Printing and publications	26,200.	12,768.	1,784.	11,648.
39 Travel	43,987.	41,137.	2,443.	407.
40 Conferences, conventions, and meetings	117,364.	110,812.	2,217.	4,335.
41 Interest	10,109.	589.	9,517.	3.
42 Depreciation, depletion, etc. (attach schedule)	257,136.	239,349.	12,180.	5,607.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 3	4,055,971.	3,823,497.	93,673.	138,801.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	15,528,031.	14,137,436.	956,283.	434,312.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 8	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 5	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b SEE STATEMENT 6	6,423,024.
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c SEE STATEMENT 7	2,332,531.
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	5,381,881.
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	
	14,137,436.

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	1,074,736.	45	1,200,546.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	1,547,925.			
	b Less: allowance for doubtful accounts				
			1,474,843.	47c	1,547,925.
	48 a Pledges receivable	1,074,500.			
	b Less: allowance for doubtful accounts				
			606,100.	48c	1,074,500.
	49 Grants receivable			49	
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	51 a Other notes and loans receivable				
	b Less: allowance for doubtful accounts				
				51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		62,693.	53	67,062.
	54 a Investments - publicly-traded securities	STMT 11		54a	
	b Investments - other securities	STMT 11		54b	1,525,917.
	55 a Investments - land, buildings, and equipment: basis				
b Less: accumulated depreciation					
		0.	56	0.	
57 a Land, buildings, and equipment: basis	STMT 9	4,584,224.			
b Less: accumulated depreciation					
		2,294,230.	57c	2,109,848.	
58 Other assets, including program-related investments (describe			58		
59 Total assets (must equal line 74). Add lines 45 through 58		7,042,672.	59	7,525,798.	
Liabilities	60 Accounts payable and accrued expenses	705,691.	60	852,097.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities			64a	
	b Mortgages and other notes payable		107,066.	64b	86,408.
	65 Other liabilities (describe	SEE STATEMENT 10	1,099,845.	65	1,199,950.
66 Total liabilities. Add lines 60 through 65		1,912,602.	66	2,138,455.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		2,414,605.	67	2,412,764.
	68 Temporarily restricted		1,529,637.	68	1,115,736.
	69 Permanently restricted		1,185,828.	69	1,858,843.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		5,130,070.	73	5,387,343.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		7,042,672.	74	7,525,798.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	15785304.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	0.
c	Subtract line b from line a	c	15785304.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	Total revenue (Part I, line 12). Add lines c and d	e	15785304.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	15528031.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	0.
c	Subtract line b from line a	c	15528031.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	Total expenses (Part I, line 17). Add lines c and d	e	15528031.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 12		534,994.	64,429.	0.

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Part V-A	Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 24		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."	75c	X
If "Yes," attach a statement that includes the information described in the instructions.			
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI	Other Information <i>(See the instructions.)</i>	Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	X
If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ▶ <u>THE DOOR</u>		
and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.)	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X

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Part VI Other Information <i>(continued)</i>		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b <u>N/A</u>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b <u>N/A</u>		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	85a <u>N/A</u>		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	85b <u>N/A</u>		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
	85c <u>N/A</u>		
d	Section 162(e) lobbying and political expenditures		
	85d <u>N/A</u>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e <u>N/A</u>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f <u>N/A</u>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	85g <u>N/A</u>		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	85h <u>N/A</u>		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a <u>N/A</u>		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b <u>N/A</u>		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a <u>N/A</u>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b <u>N/A</u>		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	<u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	<u>0.</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed NY		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	216
91 a	The books are in care of THE ORGANIZATION Telephone no. 212-674-9120		
	Located at 184 ELDRIDGE STREET, NEW YORK, NY ZIP + 4 10002		
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
	If "Yes," enter the name of the foreign country N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		

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Part VI	Other Information (continued)		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country N/A				
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/>		92	N/A	
and enter the amount of tax-exempt interest received or accrued during the tax year N/A				

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PROGRAM SERVICE REVENUE					360,997.
b					
c					
d					
e					
f Medicare/Medicaid payments					1,390,428.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	109,741.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	225,499.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					373,452.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS					6.
b MANAGEMENT FEE					428,717.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		335,240.	2,553,600.
105 Total (add line 104, columns (B), (D), and (E))					2,888,840.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII	Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)
Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 13

Part IX	Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)			
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X	Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)
(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).	

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here

	Date
EXEC. DIRECTOR <small>Type or print name and title</small>	

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4	DORFMAN ABRAMS MUSIC, LLC 21-00 ROUTE 208 SOUTH FAIR LAWN, NEW JERSEY 07410		EIN
			Phone no. (201) 796-9100

Form **990** (2006)

- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK, INC.	Employer identification number 13-5562374
	Number, street, and room or suite no. If a P.O. box, see instructions. 184 ELDRIDGE STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10002	

Check type of return to be filed (File a separate application for each return):

Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **THE ORGANIZATION**
Telephone No. **212-674-9120** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2008**

5 For calendar year _____, or other tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**

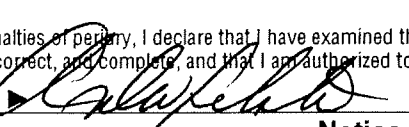
6 For this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL INFORMATION IS NEEDED IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date **2-2-08**

Notice to Applicant. (To Be Completed by the IRS)

We **have** approved this application. Please attach this form to the organization's return.
 We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
 We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
 We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
 Other _____

By: _____ Date _____
Director

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name DORFMAN ABRAMS MUSIC, LLC
	Number and street (include suite, room, or apt. no.) or a P.O. box number 21-00 ROUTE 208 SOUTH
	City or town, province or state, and country (including postal or ZIP code) FAIR LAWN, NEW JERSEY 07410

Form **8868**

(Rev. April 2007)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK, INC.	Employer identification number 13-5562374
	Number, street, and room or suite no. If a P.O. box, see instructions. 184 ELDRIDGE STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10002	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **THE ORGANIZATION**
Telephone No. ▶ **212-674-9120** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 4-2007)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2006

Name of the organization UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK, INC.	Employer identification number 13 5562374
--	---

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>NINOSKA PIROS</u> 184 ELDRIDGE ST., NEW YORK, NY 10002	DIR. EARLY CHILDHOOD 35.00			
<u>SHEILA R MATLIN</u> 184 ELDRIDGE ST., NEW YORK, NY 10002	DIR HUMAN RESOURCES 35.00			
<u>MELISSA E. AASE</u> 184 ELDRIDGE ST., NEW YORK, NY 10002	DIR OF COMM DEVEL 35.00			
<u>JUDY LEE-NORMANDY</u> 184 ELDRIDGE ST., NEW YORK, NY 10002	CLINICAL DIRECTOR 35.00			
<u>BONNIE COHEN</u> 184 ELDRIDGE ST., NEW YORK, NY 10002	PROGRAM DIRECTOR 35.00			
Total number of other employees paid over \$50,000 ▶	22			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>GHOLAMREZA JAHANARA</u> 184 ELDRIDGE STREET, NEW YORK, NY 10002	THERAPIST	
<u>CONCHITA FLUITT</u> 184 ELDRIDGE STREET, NEW YORK, NY 10002	THERAPIST	
<u>KELLY & SALERNO</u> 184 ELDRIDGE STREET, NEW YORK, NY 10002	PUBLIC RELATIONS CONSULTING SERVICE	
<u>SARAH SCHARF</u> 184 ELDRIDGE STREET, NEW YORK, NY 10002	THERAPIST	
<u>THE AFTER SCHOOL CORPORATION</u> 184 ELDRIDGE STREET, NEW YORK, NY 10002	PROGRAM EVALUATION & PAYR	
Total number of others receiving over \$50,000 for professional services ▶	2	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶	0	

UNIVERSITY SETTLEMENT SOCIETY OF

Part III **Statements About Activities** (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 14	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

UNIVERSITY SETTLEMENT SOCIETY OF

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	14636545.	12001653.	12479797.	11505238.	50,623,233.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,287,878.	1,323,115.	1,128,855.	967,764.	4,707,612.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	41,241.	11,822.	6,008.	11,968.	71,039.
19 Net income from unrelated business activities not included in line 18 ...					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	15965664.	13336590.	13614660.	12484970.	55,401,884.
24 Line 23 minus line 17	14677786.	12013475.	12485805.	11517206.	50,694,272.
25 Enter 1% of line 23	159,657.	133,366.	136,147.	124,850.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 1,013,885.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 50,694,272.
d Add: Amounts from column (e) for lines: 18 <u>71,039.</u> 19 _____ 22 _____ 26b _____					26d 71,039.
e Public support (line 26c minus line 26d total)					26e 50,623,233.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.8599%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2005) (2004) (2003) (2002)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total ... and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

UNIVERSITY SETTLEMENT SOCIETY OF

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		
	The lobbying nontaxable amount is -		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with 3 columns: Question, Yes, No. Rows include transfers of cash, other assets, other transactions (sales, purchases, rental, reimbursement, loans, performance), and sharing of facilities.

N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule: N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization

UNIVERSITY SETTLEMENT SOCIETY OF
NEW YORK, INC.

Employer identification number

13-5562374

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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK, INC.	Employer identification number 13-5562374
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CITY OF NY DEPARTMENT OF MENTAL HEALTH AND HYGIENE 93 WORTH STREET NEW YORK, NY 10007	\$ 2,877,511.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CITY OF NY DEPARTMENT OF YOUTH & COMMUNITY DEVELOPMENT 156 WILLIAM STREET NEW YORK, NY 10038	\$ 811,185.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CITY OF NY DEPARTMENT OF THE AGING 2 LAFAYETTE ST. NEW YORK, NY 10007	\$ 480,593.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	CITY OF NY HUMAN RESOURCES ADMINISTRATION 26 FEDERAL PLAZA NEW YORK, NY 10278	\$ 2,696,628.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	NEW YORK STATE DEPARTMENT OF EDUCATION 89 WASHINGTON AVE ALBANY, NY 12243-0001	\$ 782,587.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	US DEPARTMENT OF AGRICULTURE 1400 INDEPENDENCE AVE, SW WASHINGTON, DC 20250	\$ 466,609.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK, INC.	Employer identification number 13-5562374
---	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	US DEPARTMENT OF EDUCATION 75 PARK PLACE NEW YORK, NY 10007	\$ 347,943.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	US DEPT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AE SW WASHINGTON, DC 20201	\$ 849,093.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

2006 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	BUILDING	12/30/04	SL	10.00		HY16	617,323.				617,323.	617,323.		0.	617,323.
2	BUILDING	12/30/04	SL	10.00		HY16	417,268.				417,268.	286,398.		41,727.	328,125.
3	BUILDING	12/30/04	SL	5.00		HY16	12,000.				12,000.	12,000.		0.	12,000.
4	BUILDING	12/30/04	SL	5.00		HY16	1,400.				1,400.	1,400.		0.	1,400.
5	BUILDING	12/30/04	SL	3.00		HY16	15,430.				15,430.	15,430.		0.	15,430.
6	BUILDING	12/30/04	SL	10.00		HY16	45,133.				45,133.	29,413.		4,513.	33,926.
7	BUILDING	12/30/04	SL	50.00		HY16	828,380.				828,380.	49,889.		16,568.	66,457.
8	BUILDING	12/30/04	SL	5.00		HY16	3,498.				3,498.	3,498.		0.	3,498.
9	BUILDING	12/30/04	SL	10.00		HY16	247,400.				247,400.	112,325.		24,740.	137,065.
10	BUILDING	07/01/02	SL	50.00		HY16	38,202.				38,202.	6,319.		764.	7,083.
11	BUILDING	11/06/01	SL	10.00		HY16	10,000.				10,000.	4,668.		1,000.	5,668.
12	BUILDING	02/26/02	SL	5.00		HY16	11,500.				11,500.	9,968.		1,532.	11,500.
13	BUILDING	02/04/02	SL	5.00		HY16	14,270.				14,270.	12,605.		1,665.	14,270.
14	BUILDING	02/01/02	SL	10.00		HY16	29,750.				29,750.	13,140.		2,975.	16,115.
15	BUILDING	11/22/02	SL	10.00		HY16	8,000.				8,000.	2,867.		800.	3,667.
16	BUILDING	10/28/02	SL	10.00		HY16	2,700.				2,700.	990.		270.	1,260.
17	BUILDING	09/30/02	SL	10.00		HY16	3,300.				3,300.	1,238.		330.	1,568.
18	BUILDING	06/30/03	SL	10.00		HY16	7,500.				7,500.	2,250.		750.	3,000.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	BUILDING	05/30/03	SL	10.00		HY16	5,400.				5,400.	1,665.		540.	2,205.
20	BUILDING	01/31/03	SL	10.00		HY16	7,800.				7,800.	2,665.		780.	3,445.
21	BUILDING	01/31/03	SL	5.00		HY16	5,025.				5,025.	3,434.		1,005.	4,439.
22	BUILDING	01/31/03	SL	5.00		HY16	4,875.				4,875.	3,331.		975.	4,306.
23	FURNITURE & EQUIPMENT	12/30/04	SL	5.00		HY16	91,270.				91,270.	91,270.		0.	91,270.
24	FURNITURE & EQUIPMENT	12/30/04	SL	5.00		HY16	6,038.				6,038.	6,038.		0.	6,038.
25	FURNITURE & EQUIPMENT	05/28/03	SL	10.00		HY16	3,500.				3,500.	1,779.		350.	2,129.
26	FURNITURE & EQUIPMENT	08/30/02	SL	3.00		HY16	2,910.				2,910.	2,910.		0.	2,910.
27	TELEPHONE EQUIPMENT	12/30/04	SL	5.00		HY16	74,515.				74,515.	74,515.		0.	74,515.
28	COMPUTER SOFTWARE	12/30/04	SL	5.00		HY16	3,550.				3,550.	3,550.		0.	3,550.
29	VEHICLES	12/30/04	SL	5.00		HY16	77,669.				77,669.	77,669.		0.	77,669.
30	DODGE DAKOTA	06/11/02	SL	5.00		HY16	28,000.				28,000.	22,400.		5,133.	27,533.
31	LAND-BEACON	12/30/04	L			HY	502.				502.			0.	
32	BUILDING-BEACON	12/30/04	SL	10.00		HY16	574,894.				574,894.	471,926.		57,489.	529,415.
33	BUILDING-BEACON	12/30/04	SL	10.00		HY16	96,124.				96,124.	62,481.		9,612.	72,093.
34	BUILDING-BEACON	12/30/04	SL	10.00		HY16	37,979.				37,979.	19,332.		3,798.	23,130.
35	BUILDING-BEACON	01/03/02	SL	10.00		HY16	32,200.				32,200.	14,490.		3,220.	17,710.
36	BUILDING-BEACON	05/24/02	SL	10.00		HY16	16,000.				16,000.	6,533.		1,600.	8,133.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	BUILDING-BEACON	03/05/02	SL	10.00		HY16	5,455.				5,455.	2,364.		546.	2,910.
38	BUILDING-BEACON	02/26/02	SL	10.00		HY16	12,784.				12,784.	5,539.		1,278.	6,817.
39	BUILDING-BEACON	05/10/02	SL	10.00		HY16	2,595.				2,595.	1,060.		260.	1,320.
40	BUILDING-BEACON	02/27/02	SL	10.00		HY16	1,888.				1,888.	818.		189.	1,007.
41	BUILDING-BEACON	03/19/02	SL	10.00		HY16	1,938.				1,938.	840.		194.	1,034.
42	BUILDING-BEACON	02/13/02	SL	10.00		HY16	1,600.				1,600.	707.		160.	867.
43	BUILDING-BEACON	01/29/02	SL	10.00		HY16	350.				350.	155.		35.	190.
44	BUILDING-BEACON	03/26/02	SL	10.00		HY16	770.				770.	327.		77.	404.
45	BUILDING-BEACON	03/06/02	SL	10.00		HY16	450.				450.	195.		45.	240.
46	BUILDING-BEACON	12/27/01	SL	10.00		HY16	435.				435.	196.		44.	240.
47	BUILDING-BEACON	07/19/02	SL	10.00		HY16	7,000.				7,000.	2,742.		700.	3,442.
48	BUILDING-BEACON	12/14/02	SL	10.00		HY16	4,350.				4,350.	1,523.		435.	1,958.
49	FURNITURE & EQUIPMENT-BEACON	12/30/04	SL	5.00		HY16	54,197.				54,197.	54,197.		0.	54,197.
50	FURNITURE & EQUIPMENT-BEACON	12/30/04	SL	5.00		HY16	14,161.				14,161.	14,161.		0.	14,161.
51	BROOKLYN CHIMNEY & FIREPLACE	09/29/03	SL	10.00		HY16	33,800.				33,800.	9,295.		3,380.	12,675.
52	BALATON CORPORATION	06/24/04	SL	30.00		HY16	10,950.				10,950.	730.		365.	1,095.
53	BALATON CORPORATION	06/30/04	SL	30.00		HY16	5,850.				5,850.	390.		195.	585.
54	A & C GENERAL CONTRACTORS	06/30/04	SL	30.00		HY16	12,800.				12,800.	854.		427.	1,281.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
55	A & C GENERAL CONTRACTORS	01/31/04	SL	10.00		HY16	8,500.				8,500.	2,054.		850.	2,904.
56	A & C GENERAL CONTRACTORS	10/31/04	SL	10.00		HY16	37,500.				37,500.	10,000.		3,750.	13,750.
57	BALATON CORP. CONSTRUCTION	05/01/05	SL	30.00		HY16	737,445.				737,445.	38,570.		27,987.	66,557.
58	LINEAR ENVIRONMENT CONSTRUCT	12/27/04	SL	30.00		HY16	5,300.				5,300.	265.		177.	442.
59	ISSEKS BRO, INC	04/10/06	SL	10.00		HY16	7,795.				7,795.	130.		780.	910.
60	BALATON CORPORATION HSTART RENOVATION	10/06/05	SL	30.00		HY16	18,941.				18,941.	474.		631.	1,105.
61	BALATON CORPORATION HSTART RENOVATION	10/25/05	SL	30.00		HY16	16,450.				16,450.	366.		548.	914.
62	BALATON CORPORATION - OVEN	10/19/04	SL	5.00		HY16	5,500.				5,500.	1,879.		1,100.	2,979.
63	BALATON CORPORATION - RADIAT 3RF	05/09/05	SL	5.00		HY16	3,850.				3,850.	898.		770.	1,668.
64	ASSOCIATED TELEPHONE DESIGN	05/10/06	SL	5.00		HY16	40,477.				40,477.	1,349.		8,095.	9,444.
65	WIRELESS PROJECT	04/10/06	SL	5.00		HY16	40,708.				40,708.	2,035.		8,142.	10,177.
66	LAWNMOVER	12/30/04	SL	5.00		HY16	9,506.				9,506.	3,802.		1,901.	5,703.
67	TOYOTA PICK UP	04/30/04	SL	5.00		HY16	26,819.				26,819.	11,616.		5,364.	16,980.
68	ZS ENGINEERING - ALARM SYSTEM (104-001)	06/30/07	SL	30.00		HY16	16,258.				16,258.			0.	
69	ASSOCIATED CORP & INST SVCS - 189 ALLEN	12/07/06	SL	5.00		HY16	28,000.				28,000.			3,267.	3,267.
70	ASSOCIATED TELEPHONE DESIGN (520-001)	10/12/06	SL	5.00		HY16	22,053.				22,053.			3,308.	3,308.
71	SHI - WIRELESS PORTALS (301-170)	06/22/07	SL	5.00		HY16	6,444.				6,444.			0.	
72				.000		HY16								0.	

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* TOTAL 990 PAGE 2 DEPR						4,584,224.				4,584,224.	2,217,240.		257,136.	2,474,376.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990	RENTAL INCOME	STATEMENT	1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
RENTAL OF FACILITIES	1	225,499.
TOTAL TO FORM 990, PART I, LINE 6A		225,499.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
WINE EVENT	373,452.		373,452.		373,452.
TO FM 990, PART I, LINE 9	373,452.		373,452.		373,452.

FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	114,055.	86,406.	25,149.	2,500.
DUES & SUBSCRIPTIONS	14,075.	7,800.	4,743.	1,532.
EQUIPMENT	80,749.	61,147.	17,799.	1,803.
FOOD	541,777.	541,777.		0.
LAUNDRY & UNIFORMS	7,992.	4,293.	3,699.	0.
STIPENDS	16,920.	16,920.		
MISCELLANEOUS	7,227.	2,587.	3,123.	1,517.
PROFESSIONAL & CONTRACT FEES	3,077,284.	2,908,065.	37,770.	131,449.
YOUTH EVENTS	195,892.	194,502.	1,390.	0.
TOTAL TO FM 990, LN 43	4,055,971.	3,823,497.	93,673.	138,801.

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25A

STATEMENT 4

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MICHAEL H. ZISSER	238,143.	24,066.		262,209.
A. PROGRAM SERVICES	95,257.	9,626.		104,883.
B. MANAGEMENT AND GENERAL	142,886.	14,440.		157,326.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
RONNI FISHER				
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
IRMA GONZOLEZ				
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

<u>NAME OF OFFICER, ETC.</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BEN. PLANS</u>	<u>EXPENSE ACCOUNTS</u>	<u>TOTALS</u>
ROBERT L TOBING				
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				442,097.
TOTAL MANAGEMENT AND GENERAL				157,326.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				<u>599,423.</u>

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE ONE

CHILDCARE PROGRAMS

UNIVERSITY SETTLEMENT HAS AN EXTENSIVE TRACK RECORD FOR PROVIDING STRENGTHS-BASED SERVICES TO LOW-INCOME CHILDREN AND FAMILIES ON THE LOWER EAST SIDE, AND MORE RECENTLY IN CENTRAL AND EAST HARLEM IN NEW YORK CITY (NYC). THE SETTLEMENT'S COMPREHENSIVE APPROACH TO CHILD AND FAMILY SERVICES IS BASED ON CREATING TRUSTING RELATIONSHIPS WITH FAMILIES TO PROVIDE THEM WITH THE NECESSARY TOOLS AND SKILLS TO SUPPORT THEIR CHILDREN'S DEVELOPMENT. CHILDCARE PROGRAMS WITHIN ITS EARLY CHILDHOOD CENTER (ECC) INCLUDE EARLY HEAD START, HEAD START AND UNIVERSAL PRE-K, ENGAGING CHILDREN IN A RICH CURRICULUM THAT NURTURES THEIR INTELLECTUAL, SOCIAL AND EMOTIONAL DEVELOPMENT. ADDITIONALLY, THE AGENCY ENGAGES PARENTS THROUGH HOME VISITS, CENTER-BASED CLASSROOM SESSIONS, SUPPORT GROUPS, WORKSHOPS, EDUCATIONAL/JOB TRAINING AND POLICY COUNCIL MEETINGS, ENABLING THEM TO GAIN THE SKILLS AND KNOWLEDGE TO SUPPORT THEIR CHILDREN'S DEVELOPMENT AND HELP THEM REACH THEIR FULL POTENTIAL. THE CENTER ALSO PROVIDES INDIVIDUALIZED SERVICES FOR CHILDREN UNDER THREE WITH DEVELOPMENTAL DELAYS AND DISABILITIES THROUGH ITS EARLY INTERVENTION PROGRAM, WHICH HAS INCLUDED PROVIDING SERVICE COORDINATION AND THERAPEUTIC SERVICES IN CENTRAL AND EAST HARLEM SINCE 2001.

TO FORM 990, PART III, LINE A

GRANTS

EXPENSES

6,423,024.

DESCRIPTION OF PROGRAM SERVICE TWO

YOUTH PROGRAMS

UNIVERSITY SETTLEMENT'S YOUTH PROGRAMS ARE STRUCTURED AROUND A WELL-ESTABLISHED AFTER-SCHOOL PROGRAM ON THE LOWER EAST SIDE THAT STRESS LITERACY AND READING, BLENDING THESE ACTIVITIES WITH HOMEWORK HELP, TARGETED ACADEMIC AND PERSONAL SUPPORT, AND CREATIVE EXPERIENCES SUCH AS FIELD TRIPS, ARTS AND RECREATION. THE SETTLEMENT'S HIGHLY SUCCESSFUL BEACON SCHOOL PROGRAM HAS BEEN IN OPERATION SINCE 2000, WHILE THE SETTLEMENT'S COLLABORATION WITH THE CHINATOWN YMCA IN OPERATING THE NEW HOUSTON STREET CENTER SINCE 2006 PROVIDES YET ANOTHER RESOURCE FOR RECREATIONAL, HEALTH, WELLNESS, LEADERSHIP DEVELOPMENT, AND COMMUNITY SERVICE OPPORTUNITIES FOR CHILDREN, YOUTH, AND ADULTS OF ALL AGES. PARENTS ARE FULLY INTEGRATED INTO THE PROGRAMS, TO SUPPORT THEIR CRUCIAL ROLE IN THEIR CHILDREN'S EDUCATIONAL AND PERSONAL DEVELOPMENT. DURING THE SUMMERS, UNIVERSITY SETTLEMENT RUNS A STRUCTURED DAY CAMP PROGRAM FOR CHILDREN FIVE TO 12, WITH A MAJOR FOCUS ON LITERACY AND FIELD TRIPS. ADDITIONALLY, SINCE 2000 THE ORGANIZATION'S FEDERALLY-FUNDED TALENT SEARCH PROGRAM HAS PROVIDED INDIVIDUAL AND GROUP COUNSELING, WORKSHOPS, ASSISTANCE WITH COLLEGE APPLICATIONS AND FINANCIAL AID FORMS, COLLEGE FAIRS, GUEST SPEAKERS, AND COLLEGE VISITS FOR YOUNG PEOPLE INTERESTED IN PURSUING POST-SECONDARY EDUCATION.

TO FORM 990, PART III, LINE B

GRANTS

EXPENSES

2,332,531.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

7

DESCRIPTION OF PROGRAM SERVICE THREEFAMILY SERVICES AND COUNSELING PROGRAMS

UNIVERSITY SETTLEMENT ASSISTS FAMILIES WITH COMPREHENSIVE CASE MANAGEMENT AND COUNSELING. ITS CONSULTATION CENTER IS A STATE-LICENSED MENTAL HEALTH CLINIC AND FORMS THE HUB OF ITS COUNSELING SERVICES FOR ADULTS, CHILDREN AND YOUTH. PROJECT HOME, THE SETTLEMENT'S COMPREHENSIVE CASE MANAGEMENT PROGRAM, WORKS HOLISTICALLY WITH AT-RISK FAMILIES AND YOUTH TO ATTAIN PERMANENT HOUSING, EMPLOYMENT, EDUCATION AND FINANCIAL STABILITY. PROJECT HOME'S REFERRAL SYSTEM ALLOWS ADULTS TO FIND COUNSELING FOR THEIR CHILDREN AS WELL AS EXPLORE TREATMENT OPTIONS FOR THEMSELVES AT THE CONSULTATION CENTER. THE ORGANIZATION ALSO HAS MENTAL HEALTH PROGRAMS FOR YOUTH AND CHILDREN, INCLUDING CHILDREN'S BLENDED CASE MANAGEMENT (CBCM), THE HOME BASED CRISIS INTERVENTION (HBCI) PROGRAM, AND THE BUTTERFLIES MENTAL HEALTH PROGRAM FOR CHILDREN 0-5. SINCE 1993 THE SETTLEMENT HAS BEEN THE LARGEST MANHATTAN PROVIDER OF CHILDREN'S INTENSIVE CASE MANAGEMENT SERVICES. EXCEPT FOR BUTTERFLIES, ITS CHILDREN'S MENTAL HEALTH SERVICES ARE OFFERED IN CLIENTS' HOMES. ADULTS MAY ACCESS SERVICES SUCH AS COGNITIVE BEHAVIORAL THERAPY, CONJOINT AND MARITAL THERAPY, MEDICATION MANAGEMENT, AND PSYCHIATRIC EVALUATION AND CONSULTATION ON-SITE AT THE CONSULTATION CENTER.

	<u>GRANTS</u>	<u>EXPENSES</u>
TO FORM 990, PART III, LINE C		5,381,881.

FORM 990

STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE
PART III

STATEMENT

8

EXPLANATION

UNIVERSITY SETTLEMENT IS A NOT FOR PROFIT ORGANIZATION DEDICATED TO THE BETTERMENT OF FAMILIES LIVING & WORKING ON LOWER EASTSIDE OF MANHATTAN

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	9
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING	617,323.	617,323.	0.
BUILDING	417,268.	286,398.	130,870.
BUILDING	12,000.	12,000.	0.
BUILDING	1,400.	1,400.	0.
BUILDING	15,430.	15,430.	0.
BUILDING	45,133.	29,413.	15,720.
BUILDING	828,380.	49,889.	778,491.
BUILDING	3,498.	3,498.	0.
BUILDING	247,400.	112,325.	135,075.
BUILDING	38,202.	6,319.	31,883.
BUILDING	10,000.	4,668.	5,332.
BUILDING	11,500.	9,968.	1,532.
BUILDING	14,270.	12,605.	1,665.
BUILDING	29,750.	13,140.	16,610.
BUILDING	8,000.	2,867.	5,133.
BUILDING	2,700.	990.	1,710.
BUILDING	3,300.	1,238.	2,062.
BUILDING	7,500.	2,250.	5,250.
BUILDING	5,400.	1,665.	3,735.
BUILDING	7,800.	2,665.	5,135.
BUILDING	5,025.	3,434.	1,591.
BUILDING	4,875.	3,331.	1,544.
FURNITURE & EQUIPMENT	91,270.	91,270.	0.
FURNITURE & EQUIPMENT	6,038.	6,038.	0.
FURNITURE & EQUIPMENT	3,500.	1,779.	1,721.
FURNITURE & EQUIPMENT	2,910.	2,910.	0.
TELEPHONE EQUIPMENT	74,515.	74,515.	0.
COMPUTER SOFTWARE	3,550.	3,550.	0.
VEHICLES	77,669.	77,669.	0.
DODGE DAKOTA	28,000.	22,400.	5,600.
LAND-BEACON	502.	0.	502.
BUILDING-BEACON	574,894.	471,926.	102,968.
BUILDING-BEACON	96,124.	62,481.	33,643.
BUILDING-BEACON	37,979.	19,332.	18,647.
BUILDING-BEACON	32,200.	14,490.	17,710.
BUILDING-BEACON	16,000.	6,533.	9,467.
BUILDING-BEACON	5,455.	2,364.	3,091.
BUILDING-BEACON	12,784.	5,539.	7,245.
BUILDING-BEACON	2,595.	1,060.	1,535.
BUILDING-BEACON	1,888.	818.	1,070.
BUILDING-BEACON	1,938.	840.	1,098.
BUILDING-BEACON	1,600.	707.	893.
BUILDING-BEACON	350.	155.	195.
BUILDING-BEACON	770.	327.	443.
BUILDING-BEACON	450.	195.	255.
BUILDING-BEACON	435.	196.	239.

BUILDING-BEACON	7,000.	2,742.	4,258.
BUILDING-BEACON	4,350.	1,523.	2,827.
FURNITURE & EQUIPMENT-BEACON	54,197.	54,197.	0.
FURNITURE & EQUIPMENT-BEACON	14,161.	14,161.	0.
BROOKLYN CHIMNEY & FIREPLACE	33,800.	9,295.	24,505.
BALATON CORPORATION	10,950.	730.	10,220.
BALATON CORPORATION	5,850.	390.	5,460.
A & C GENERAL CONTRACTORS	12,800.	854.	11,946.
A & C GENERAL CONTRACTORS	8,500.	2,054.	6,446.
A & C GENERAL CONTRACTORS	37,500.	10,000.	27,500.
BALATON CORP. CONSTRUCTION	737,445.	66,557.	670,888.
LINEAR ENVIRONMENT CONSTRUCT	5,300.	265.	5,035.
ISSEKS BRO, INC	7,795.	130.	7,665.
BALATON CORPORATION HSTART RENOVATION	18,941.	474.	18,467.
BALATON CORPORATION HSTART RENOVATION	16,450.	366.	16,084.
BALATON CORPORATION - OVEN	5,500.	1,879.	3,621.
BALATON CORPORATION - RADIAT 3RF	3,850.	898.	2,952.
ASSOCIATED TELEPHONE DESIGN	40,477.	1,349.	39,128.
WIRELESS PROJECT	40,708.	2,035.	38,673.
LAWNMOVER	9,506.	3,802.	5,704.
TOYOTA PICK UP	26,819.	11,616.	15,203.
ZS ENGINEERING - ALARM SYSTEM (104-001)	16,258.	0.	16,258.
ASSOCIATED CORP & INST SVCS - 189 ALLEN	28,000.	3,267.	24,733.
ASSOCIATED TELEPHONE DESIGN (520-001)	22,053.	3,308.	18,745.
SHI - WIRELESS PORTALS (301-170)	6,444.	0.	6,444.
TOTAL TO FORM 990, PART IV, LN 57	<u>4,584,224.</u>	<u>2,251,802.</u>	<u>2,332,422.</u>

FORM 990	OTHER LIABILITIES	STATEMENT	10
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DESCRIPTION	AMOUNT
AMOUNTS HELD ON BEHALF OF OTHERS	42,569.
ADVANCES UNDER GOVERNMENT GRANTS	1,157,381.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	<u>1,199,950.</u>

FORM 990	OTHER SECURITIES	STATEMENT 11
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
INVESTMENTS IN SECURITIES	FMV	1,525,917.
TO FORM 990, LINE 54B, COL B		1,525,917.

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 12
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MICHAEL H. ZISSER 184 ELDRIDGE STREET NEW YORK, NY 10002	EXECUTIVE DIRECTOR 17.50			
RONNI FISHER 184 ELDRIDGE STREET NEW YORK, NY 10002	ASST EXC. DIRECTOR 35.00			
HEATHER S. GOLDMAN 184 ELDRIDGE STREET NEW YORK, NY 10002	VP FOR DEVELOPMENT 5.00	0.	0.	0.
NANCY DROSD 184 ELDRIDGE STREET NEW YORK, NY 10002	SECRETARY 5.00	0.	0.	0.
JAMES G. KAGEN 184 ELDRIDGE STREET NEW YORK, NY 10002	VP FOR PROGRAMS 5.00	0.	0.	0.
ALAN P. WINTERS 184 ELDRIDGE STREET NEW YORK, NY 10002	CHAIRMAN OF THE BOARD 5.00	0.	0.	0.
WILLIAM F. BLITZER 184 ELDRIDGE STREET NEW YORK, NY 10002	DIRECTOR 2.00	0.	0.	0.
PAUL W. BRANDOW 184 ELDRIDGE STREET NEW YORK, NY 10002	TREASURER 5.00	0.	0.	0.

JEFFREY C. COHEN 184 ELDRIDGE STREET NEW YORK, NY 10002	DIRECTOR 2.00	0.	0.	0.
JENNIFER GAO 184 ELDRIDGE STREET NEW YORK, NY 10002	DIRECTOR 2.00	0.	0.	0.
JAMES K. FINKEL 184 ELDRIDGE STREET NEW YORK, NY 10002	DIRECTOR 2.00	0.	0.	0.
MATTHEW HERSHEY 184 ELDRIDGE STREET NEW YORK, NY 10002	DIRECTOR 2.00	0.	0.	0.
BELLE HORWITZ 184 ELDRIDGE STREET NEW YORK, NY 10002	DIRECTOR 2.00	0.	0.	0.
DAVID J. MANDELBAUM 184 ELDRIDGE STREET NEW YORK, NY 10002	DIRECTOR 2.00	0.	0.	0.
JANICE M. NITTOLI 184 ELDRIDGE STREET NEW YORK, NY 10002	DIRECTOR 2.00	0.	0.	0.
THOMAS W. MORGAN 184 ELDRIDGE STREET NEW YORK, NY 10002	DIRECTOR 2.00	0.	0.	0.
BETSY PINOVER SCHIFF 184 ELDRIDGE STREET NEW YORK, NY 10002	DIRECTOR 2.00	0.	0.	0.
RICHARD RIEGER 184 ELDRIDGE STREET NEW YORK, NY 10002	DIRECTOR 2.00	0.	0.	0.
ELLEN SCHALL 184 ELDRIDGE STREET NEW YORK, NY 10002	DIRECTOR 2.00	0.	0.	0.
MICHAEL W. SCHWARTZ 184 ELDRIDGE STREET NEW YORK, NY 10002	DIRECTOR 2.00	0.	0.	0.
STEPHEN STEINBRECHER 184 ELDRIDGE STREET NEW YORK, NY 10002	DIRECTOR 2.00	0.	0.	0.

TIMOTHY R. SCHANTZ 184 ELDRIDGE STREET NEW YORK, NY 10002	DIRECTOR 2.00	0.	0.	0.
JANE E. HEFFNER 184 ELDRIDGE STREET NEW YORK, NY 10002	DIRECTOR 2.00	0.	0.	0.
GLORIA CAHILL 184 ELDRIDGE STREET NEW YORK, NY 10002	DIRECTOR 2.00	0.	0.	0.
IRMA GONZOLEZ 184 ELDRIDGE STREET NEW YORK, NY 10002	CFO 35.00			
JUNE BLITZER 184 ELDRIDGE STREET NEW YORK, NY 10002	DIRECTOR 2.00	0.	0.	0.
ROBERT L TOBING 184 ELDRIDGE STREET NEW YORK, NY 10002	ASST EXC. DIRECTOR 35.00			
MATTHEW HERSHEY 184 ELDRIDGE STREET NEW YORK, NY 10002	DIRECTOR 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>534,994.</u>	<u>64,429.</u>	<u>0.</u>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 13
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	PROGRAM FEES ARE PROVIDED IN CONJUNCTION WITH THE FOLLOWING PROGRAM ACTIVITIES: CHILD CARE, YOUTH SERVICES AND FAMILY COUNSELING. THE FEES RECEIVED SUPPLEMENT THE REVENUE THAT UNIVERSITY SETTLEMENT RECEIVES IN EACH PROGRAM AREA AND ENABLES THE ORGANIZATION TO OPERATE MORE EFFECTIVELY AND EFFICIENTLY.
101	WINE EVENT WAS HELD TO RAISE FUNDS FOR UNIVERSITY SETTLEMENT PROGRAMS AND EXPAND ITS SERVICES.
103A	MISCELLANEOUS INCOME USED FOR PROGRAM PURPOSES
103B	MANAGEMENT FEE IS CHARGED TO THE DOOR, OF WHICH THE SETTLEMENT IS THE SOLE MEMBER. FEE ALLOWS FOR SHARING OF COSTS AND MANAGEMENT.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2D

STATEMENT 14

SEE PART V, FORM 990

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

JUNE 30, 2007

Prepared for	UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK, INC. 184 ELDRIDGE STREET NEW YORK, NY 10002
Prepared by	DORFMAN ABRAMS MUSIC, LLC 21-00 ROUTE 208 SOUTH FAIR LAWN, NEW JERSEY 07410
Amount due or refund	NO AMOUNT IS DUE. THE ORGANIZATION WILL RECEIVE A REFUND IN THE AMOUNT OF \$6,103
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	AS SOON AS POSSIBLE.
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

REQUEST FOR TETR CREDIT

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2006

Department of the Treasury
Internal Revenue Service

For calendar year 2006 or other tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year 7,525,798.</p>	<p>D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 13-5562374</p> <p>E Unrelated business activity codes (See instructions for Block E on page 9.) N/A</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. 184 ELDRIDGE STREET</p> <p>City or town, state, and ZIP code NEW YORK, NY 10002</p> <p>F Group exemption number (see instructions for Block F.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
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H Describe the organization's primary unrelated business activity. ▶ **TELEPHONE EXCISE TAX CREDIT ONLY**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶ **N/A**

J The books are in care of ▶ **THE ORGANIZATION** Telephone number ▶ **212-674-9120**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.)	12		
13 Total. Combine lines 3 through 12	13	0.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34	35c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) _____	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42	
43 Total tax. Add lines 41 and 42	43	0.
44a Payments: A 2005 overpayment credited to 2006	44a	
b 2006 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Credit for federal telephone excise tax paid (attach Form 8913)	44f	6,103.
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44g	
45 Total payments. Add lines 44a through 44g	45	6,103.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	6,103.
49 Enter the amount of line 48 you want: Credited to 2007 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	49	6,103.

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 18)

1 At any time during the 2006 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs	4a				X
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	EXEC. DIRECTOR	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN P00359249	
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP code	DORFMAN ABRAMS MUSIC, LLC 21-00 ROUTE 208 SOUTH FAIR LAWN, NEW JERSEY 07410		EIN	22-1655803
				Phone no.	(201) 796-9100

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK, INC.	Business or activity to which this form relates FORM 990 PAGE 2	Identifying number 13-5562374
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	430,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	257,136.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2006	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	257,136.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No				24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2006 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK, INC.	Employer identification number 13-5562374
	Number, street, and room or suite no. If a P.O. box, see instructions. 184 ELDRIDGE STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10002	

Check type of return to be filed (File a separate application for each return):

- Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870
- Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **THE ORGANIZATION**
Telephone No. **212-674-9120** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **MAY 15, 2008**.
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL INFORMATION IS NEEDED IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **CPA** Date

Notice to Applicant. (To Be Completed by the IRS)

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name DORFMAN ABRAMS MUSIC, LLC
	Number and street (include suite, room, or apt. no.) or a P.O. box number 21-00 ROUTE 208 SOUTH
	City or town, province or state, and country (including postal or ZIP code) FAIR LAWN, NEW JERSEY 07410

623832
05-01-07

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2006, or fiscal year beginning JUL 1, 2006, and ending JUN 30, 2007

2006

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Return ID (20-digit number) ▶

N/A

Name of exempt organization **UNIVERSITY SETTLEMENT SOCIETY OF
NEW YORK, INC.**

Employer identification number
13-5562374

Name and title of officer
**MICHAEL ZISSER
EXEC. DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a,** or **5a** below and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>15785304</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize DORFMAN ABRAMS MUSIC, LLC to enter my PIN 79691
ERO firm name do not enter all zeros

as my signature on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 22061079691
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2006 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4206**, Information for Authorized IRS e-file Providers of Exempt Organization Filings.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Department of the Treasury
Internal Revenue Service

▶ **Attach to your income tax return.**

Name(s) as shown on your income tax return UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK, INC.	Identifying number 13-5562374
--	---

Enter the federal telephone excise tax billed during each period as listed in column (a) of lines 1-14 below.

By filing this form, you are certifying that you (1) have not received from your service provider a credit or refund of the tax paid on long distance service or bundled service billed after February 28, 2003, and before August 1, 2006, and (2) will not ask your provider for a credit or refund or have withdrawn any request submitted to the provider for a credit or refund.

Caution. See the instructions for explanations of the services that qualify for a credit or refund of the federal telephone excise tax.

**Amount of federal excise tax on long distance or
bundled service only**

(a) Bills dated during:	(b) Long distance service	(c) Bundled service	(d) Tax credit or refund (add columns (b) and (c))	(e) Interest (see instructions)
1 March, April, and May 2003	\$	\$	\$ 393.	\$ 121.
2 June, July, and August 2003			393.	116.
3 September, October, and November 2003			393.	113.
4 December 2003; January and February 2004			354.	98.
5 March, April, and May 2004			334.	88.
6 June, July, and August 2004			334.	85.
7 September, October, and November 2004			334.	81.
8 December 2004; January and February 2005			351.	80.
9 March, April, and May 2005			360.	77.
10 June, July, and August 2005			360.	71.
11 September, October, and November 2005			360.	64.
12 December 2005; January and February 2006			371.	60.
13 March, April, and May 2006			376.	54.
14 June and July 2006			251.	31.
15 Add lines 1 - 14 in columns (d) and (e)			\$ 4,964.	\$ 1,139.
16 Total credit or refund requested. Add columns (d) and (e) on line 15. Enter here and on Form 1040, line 71; Form 1040A, line 42; Form 1040EZ, line 9; Form 1040EZ-T, line 1a; Form 1040NR, line 69; Form 1040NR-EZ, line 21; Form 1120, line 32g; Form 1120-A, line 28g; Form 1120S, line 23d; Form 1041, line 24f; Form 1041-N, line 17; Form 1065, line 23; Form 990-T, line 44f; or the proper line of other returns				\$ 6,103.

LHA **For Paperwork Reduction Act Notice, see the instructions.**

Form **8913** (2006)

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500, ANNUAL FILING REPORT

FOR THE YEAR ENDING

JUNE 30, 2007

Prepared for	UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK, INC. 184 ELDRIDGE STREET NEW YORK, NY 10002
Prepared by	DORFMAN ABRAMS MUSIC, LLC 21-00 ROUTE 208 SOUTH FAIR LAWN, NEW JERSEY 07410
Mail tax return to	NEW YORK STATE DEPARTMENT OF LAW CHARITIES BUREAU - REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). ENCLOSE A CHECK FOR \$275 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S) ON THE REMITTANCE.

Form CHAR500	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 www.oag.state.ny.us/charities/charities.html	2006
This form used for Article 7-A, EPTL, and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		Open to Public Inspection

1. General Information		
a. For the fiscal year beginning (mm/dd/yyyy) 07/01/2006 and ending (mm/dd/yyyy) 06/30/2007		
b. Check if applicable for NYS: <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"/> NY registration pending	c. Name of organization UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK, INC. Number and street (or P.O. box if mail not delivered to street address) Room/suite 184 ELDRIDGE STREET City or town, state or country and ZIP + 4 NEW YORK, NY 10002	d. Fed. employer ID no. (EIN) 13-5562374 e. NY State registration no. 45184 f. Telephone number 212 674-9120 g. Email

2. Certification - Two Signatures Required			
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.			
a. President or Authorized Officer	Signature	Printed Name	Title EXEC. DIRECTOR OR
b. Chief Financial Officer or Treasurer	Signature	Printed Name	Title Date

3. Annual Report Exemption Information	
a.	Article 7-A annual report exemption (Article 7-A registrants and dual registrants) Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. NOTE: An organization may also check the box to claim this exemption if no PFR or FRC was used and either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal and contributions from all other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).
b.	EPTL annual report exemption (EPTL registrants and dual registrants) Check <input type="checkbox"/> if total gross receipts for this fiscal year did not exceed \$25,000 and the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.	

4. Article 7-A Schedules	
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ... <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No * If "Yes", complete Schedule 4a.	
b. Did the organization receive government contributions (grants)? <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No * If "Yes", complete Schedule 4b.	

5. Fee Submitted: See last page for summary of fee requirements.											
Indicate the filing fee(s) you are submitting along with this form:	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">a. Article 7-A filing fee</td> <td style="width:10%; padding: 2px;">\$</td> <td style="width:10%; padding: 2px; text-align: right;"><u>25.</u></td> <td rowspan="3" style="padding: 2px; vertical-align: middle;">Submit only one check or money order for the total fee, payable to "NYS Department of Law"</td> </tr> <tr> <td style="padding: 2px;">b. EPTL filing fee</td> <td style="padding: 2px;">\$</td> <td style="padding: 2px; text-align: right;"><u>250.</u></td> </tr> <tr> <td style="padding: 2px;">c. Total fee</td> <td style="padding: 2px;">\$</td> <td style="padding: 2px; text-align: right;"><u>275.</u></td> </tr> </table>	a. Article 7-A filing fee	\$	<u>25.</u>	Submit only one check or money order for the total fee, payable to "NYS Department of Law"	b. EPTL filing fee	\$	<u>250.</u>	c. Total fee	\$	<u>275.</u>
a. Article 7-A filing fee	\$	<u>25.</u>	Submit only one check or money order for the total fee, payable to "NYS Department of Law"								
b. EPTL filing fee	\$	<u>250.</u>									
c. Total fee	\$	<u>275.</u>									

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments.

- Mail completed form with **required schedules, fee and attachments** to the address at the top of this page -

Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)

If you checked the box in question 4.a. on page 1, complete the following schedule for each PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:

1. Type of fund raising professional (FRP):
- Professional fund raiser
- Fund raising counsel
- Commercial co-venturer

2. Name of FRP:

5W PUBLIC RELATIONS

Number and street (or P.O. box if mail is not delivered to street address):

45 WEST 45TH STREET, 5TH FLOOR

City or town, state or country and ZIP + 4:

NEW YORK, NY 10036

3. FRP telephone number:

212-999-5585

4. Services provided by FRP (provide description):

PUBLIC RELATIONS CONSULTING SERVICES

5. Compensation arrangement with FRP (provide description):

\$4,000 PER MONTH PLUS EXPENSE REIMBURSEMENT

6. Dates of contract through

(mm/dd/yyyy) (mm/dd/yyyy)

7. Amount paid to FRP \$ **51,682.**

UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK, INC.

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type	Fee Instructions
• Article 7-A	Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.
• EPTL	Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.
• Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a <u>single</u> check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

Filing Fee

Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

<input checked="" type="checkbox"/> IRS Form 990	<input type="checkbox"/> IRS Form 990-EZ	<input type="checkbox"/> IRS Form 990-PF
<input checked="" type="checkbox"/> Schedule A to IRS Form 990	<input type="checkbox"/> Schedule A to IRS Form 990-EZ	<input type="checkbox"/> Schedule B to IRS Form 990-PF
<input checked="" type="checkbox"/> Schedule B to IRS Form 990	<input type="checkbox"/> Schedule B to IRS Form 990-EZ	<input type="checkbox"/> IRS Form 990-T
<input checked="" type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T	

Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

Audit Report (total support & revenue more than \$250,000)

Review Report (total support & revenue \$100,001 to \$250,000)

No Accountant's Report Required (total support & revenue not more than \$100,000)