# n of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2005

Open to Public Inspection The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2005 calen<u>dar year, or tax year beginning</u> 7/01 , 2005, and ending 6/30 , 2006 D Employer Identification Number Check if applicable: UNION SETTLEMENT ASSOCIATION, INC. Address change 13-1632530 or print or type. See 237 EAST 104TH STREET E Telephone number Name channe NEW YORK, NY 10029 Initial return specific 212 828-6000 instruc-Accounting method: X Accrual Final return Cash Amended return Other (specify) Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Application pending H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates?.... Yes (Form 990 or 990-EZ). **H** (b) If 'Yes,' enter number of affiliates ▶ G Web site: ► N/A H (c) Are all affiliates included?..... Organization type (If 'No,' attach a list. See instructions.) ► X | 501(c) 3 ◀ (insert no.) (check only one) 4947(a)(1) or H (d) Is this a separate return filed by an if the organization's gross receipts are normally not more than organization covered by a group ruling? \$25,000. The organization need not file a return with the IRS; but if the organization Group Exemption Number. . . chooses to file a return, be sure to file a complete return. Some states require a complete return. М Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12... **►** 15,008,967 Rait Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions) 1 Contributions, gifts, grants, and similar amounts received: a Direct public support..... 1,398,212 **b** Indirect public support ..... 1 b c Government contributions (grants)..... 1 c 8,085,929 Total (add lines 1 a through 1c) (cash \$ \_\_\_\_ 9, 484, 141 . noncash \$ ) ..... 1 d 9,484,141. 2 Program service revenue including government fees and contracts (from Part VII, line 93)..... 2,837,255. 3 Membership dues and assessments. 3 4 Interest on savings and temporary cash investments..... 4 5 Dividends and interest from securities. 5 6,086. 6a Gross rents.... 6a 6 c 7 Other investment income (describe ...... 7 (A) Securities (B) Other 8a Gross amount from sales of assets other than inventory..... 8a **b** Less: cost or other basis and sales expenses...... 8b 500 c Gain or (loss) (attach schedule)..... 8 c **d** Net gain or (loss) (combine line 8c, columns (A) and (B))..... 8d 9 Special events and activities (attach schedule). If any amount is from gaming, check here . . . ▶ a Gross revenue (not including \$ of contributions reported on line 1a)..... 216,698 55,300. c Net income or (loss) from special events (subtract line 9b from line 9a) . . . . . . . . . ....STATEMENT.1 9 c 161,398. 10a Gross sales of inventory, less returns and allowances..... 1.95 c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)...... 10 c Other revenue (from Part VII, line 103)..... 11 2,464,787. **Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)..... 12 14,953,667. Program services (from line 44, column (B)). 13 12,671,517. 13 1,625,003. 14 Management and general (from line 44, column (C))..... 14 Fundraising (from line 44, column (D))..... 15 281,447. Payments to affiliates (attach schedule)..... 16 Total expenses (add lines 16 and 44, column (A)) 17 14,577,967. 18 Excess or (deficit) for the year (subtract line 17 from line 12)..... 375,700. 18 19 Net assets or fund balances at beginning of year (from line 73, column (A))..... 206,351. 19

Net assets or fund balances at end of year (combine lines 18, 19, and 20).....

20

20

122,747.

704,798.

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.

Ĺ	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	<b>(B)</b> Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) SEE STM 3					
	(cash \$ <u>4,747.</u>	1				
	non-cash \$)				and the second section of the second	
	If this amount includes					
	foreign grants, check here	22	4,747.	4,747.		
23	Specific assistance to individuals (att sch)	23				The second of the
24	Benefits paid to or for members (att sch)	24	216 140	21.6 140	0	
25 26	Compensation of officers, directors, etc	25	316,140. 8,313,763.	316,140. 7,179,272.	937,414.	<u>0.</u> 197,077.
27	Pension plan contributions.	27	0,313,703.	1,119,212.	937,414.	197,077.
28	Other employee benefits	28	885,327.	689,756.	169,772.	25,799.
29	Payroll taxes	29	660,187.	573,399.		
30	Professional fundraising fees	30	000,107.		71,712.	15,076.
31	Accounting fees	31	70,800.	20,500.	E0 200	
32	_	32	70,000.	20,300.	50,300.	
33	Legal fees	33	420,565.	400 242	17.065	2.450
34	• •	34	184,931.	400,242.	17,865.	2,458.
	Telephone.	35	28,937.	142,114.	39,387.	3,430.
35 36	Postage and shipping	36	28,937.	7,707. 208,712.	9,534.	11,696.
37	Occupancy	37	213,201.		4,136.	353.
38	Equipment rental and maintenance		22 252	14 202	411	
	Printing and publications	38	33,352.	14,303.	411.	<u>1</u> 8,638.
39	Travel	39	138,593.	136,757.	1,836.	
40	Conferences, conventions, and meetings	40	0.040			
41	Interest	41	9,342.		9,342.	· · · · · · · · · · · · · · · · · · ·
42	Depreciation, depletion, etc (attach schedule)	42	50,609.	18,001.	31,111.	1,497.
43	Other expenses not covered above (itemize):					
	SEE STATEMENT 4	43 a	3,247,473.	<u>2,959,867.</u>	<u>282,183.</u>	5,423.
b		43 b				
		43 c				
d		43 d				
е		43 e		· _		<u> </u>
f		43 f				
g		43 g				
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	14,577,967.	12,671,517.	1,625,003.	281,447.
	Costs. Check. ► if you are following	SOP 9				
Are a	ny joint costs from a combined education	al cam	paign and fundraising so	olicitation reported in (B	Program services?	► Yes X No
f 'Ye	s,' enter <b>(i)</b> the aggregate amount of these	e joint	costs	; <b>(ii)</b> the an	nount allocated to Progra	am services
\$_		ocated	to Management and ge	neral \$	; and (iv) the	amount allocated
	ndraising \$					
3 A A						E- 000 (000E)

Form 990 (2005)

Form **990** (2005)

# Form 990 (2005) UNION SETTLEMENT ASSOCIATION, INC. Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves a	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 5	Program Service Expenses
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.)	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but
	optional for others.)
a DAY CARE & HEAD START PROGRAMS- FOUR DAY CARE CENTERS	
HEAD START PROGRAM FOR APPROX. 500 CHILDREN	
PROVIDE EDUCATIONAL INSTRUCTIONS AND MEALS	
(Grants and allocations \$ ) If this amount includes foreign grants, check here.	<u>6,</u> 393,710.
b SENIOR CITIZEN PROGRAMS - FOUR CENTERS PROVIDING SERVICES TO OVER 500	
ELDERLY PERSONS. PROGRAM PROVIDES MEALS, COUNSELING, AND RECREATION.	
(Grants and allocations \$ ) If this amount includes foreign grants, check here	1,587,004.
COMMUNITY AUXILIARY SERVICES- PROGRAMS DESIGNED FOR ADOLESCENTS	
INCLUDING AFTER SCHOOL TUTORIAL, SUMMER EMPLOYMENT AND SUMMER DAY CARE	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶	<u>1,209,749.</u>
d COMMUNITY DEVELOPMENT, COUNSELING AND TRAINING, SUPPORT SERVICES ETC.	
	•
(Grants and allocations \$ ) If this amount includes foreign grants, check here . ▶	<u>3,4</u> 81,054.
e Other program services	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ►	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	12,671,517.
BAA	Form <b>990</b> (2005)

TEEA0103L 10/14/05

### Part IV Balance Sheets (See Instructions)

Not	e: Wi	here required, attached schedules and amounts with Ilumn should be for end of year amounts only.	in the desc	cription	(A) Beginning of year		<b>(B)</b> End of year
	45	Cash – non-interest-bearing			,	45	84,070
	46	Savings and temporary cash investments			251,650.	46	183,701.
	47 a	<b>a</b> Accounts receivable	47a	1,291,814.	_	1.1	
ı		<b>b</b> Less: allowance for doubtful accounts	47 b		1,115,309.	47 c	1,291,814
			<b>第</b> 36.55				
	48 a	a Pledges receivable	48 a	430,000.			
	ŀ	<b>b</b> Less: allowance for doubtful accounts	48 b		150,000.	48 c	430,000.
	49	Grants receivable			1,194,293.	<del></del>	1,217,263.
A S	50	Receivables from officers, directors, trustees, and kemployees (attach schedule)	key			50	
A S E T S	51 a	a Other notes & loans receivable (attach sch)		993,751.			<del></del>
S		Less: allowance for doubtful accounts		265,174.	248,112.		728,577.
		Inventories for sale or use				52	· = - <b>, -</b> · · ·
		Prepaid expenses and deferred charges			14,790.	53	83,684.
		Investments – securities (attach schedule) SEE.			126,765.	54	50,774.
-		a Investments - land, buildings, & equipment: basis				36.	
	b	Less: accumulated depreciation (attach schedule)	55 b			55 c	
	56	Investments - other (attach schedule)				56	
		Land, buildings, and equipment: basis		777,854.		NE	
		- , ,					
	L	DLess: accumulated depreciation (attach schedule)	57b	602,558.	193,310.		175,296.
-	58	Other assets (describe - SEE STATEMENT 8		);.	13,000.	58	13,000.
		Total assets (must equal line 74). Add lines 45 thro			3,307,229.	59	4,258,179.
T	60	Accounts payable and accrued expenses			890,097.	60	997,767.
-	61	Grants payable				61	
	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and key employees (attach	ı schedule)			63	
	64 a	Tax-exempt bond liabilities (attach schedule)				64 a	
	b	Mortgages and other notes payable (attach schedule)				64 b	
	65	Other liabilities (describe 🛌 SEE STATEMENT	9	)	2,210,781.	65	2,555,614.
$\downarrow$	66	Total liabilities. Add lines 60 through 65			3,100,878.	66	3,553,381.
ا ب		izations that follow SFAS 117, check here ► 🛛 🗓 ar	nd complet	te lines 67		724	
		through 69 and lines 73 and 74.					
- 1		Unrestricted			-122 <u>,</u> 986.	67	94,221.
		Temporarily restricted			171,600.	68	452,840.
		Permanently restricted			<u>157,737.</u>	69	157,73 <u>7.</u>
: I'		zations that do not follow SFAS 117, check here	and	complete lines			
		70 through 74.					
		Capital stock, trust principal, or current funds				70	
		Paid-in or capital surplus, or land, building, and equi			<u> </u>	71	
		Retained earnings, endowment, accumulated income				72	
		Total net assets or fund balances (add lines 67 throi 72; column (A) must equal line 19; column (B) must			206,351.	73	704,798.
I	74	Total liabilities and net assets/fund balances. Add li	nes 66 an	d 73	3,307,229.	74	4,258,179.

BAA

Form **990** (2005)

	instructions.)	Le per Audited Financia	ii Statements w	ith Revenue per i	Ketu T	rn (2ee
а	Total revenue, gains, and other support	per audited financial statem	ents			16,030,968
b	Amounts included on line <b>a</b> but not on				13	
	1 Net unrealized gains on investments		b1	1		
	2Donated services and use of facilities					
	3Recoveries of prior year grants					
	· · · · · · · · · · · · · · · · · · ·					
				8,880	) .	
	Add lines <b>b1</b> through <b>b4</b>	·				1,077,301
С	Subtract line <b>b</b> from line <b>a</b>				_	1 1 2 2 2 2 2 2
d	Amounts included on Part I, line 12, bu					21,303,007
	1 Investment expenses not included on P		41	· ·		
			<u> </u>			
			10			
	Add lines d1 and d2	·			- 6	
_					. d	<del></del>
e D	Total revenue (Part I, line 12). Add line art IV-B Reconciliation of Expens					
T, C	and vabaneed nation of Expens	ses per Auditeu Fillanci	ai Statements w	nin Expenses pe	Rei	<u>urn</u> 
а	Total expenses and losses per audited	financial statements			. a	15,646,388.
b	Amounts included on line a but not on F				為 2 % 議 2 %	
	1 Donated services and use of facilities	•	b1	1,068,421		
	2Prior year adjustments reported on Part					
	3Losses reported on Part I, line 20					
	4Other (specify):			-		
	Add lines <b>b1</b> through <b>b4</b>				b	1,068,421.
С	Subtract line <b>b</b> from line <b>a</b>				_	4 4 5 5 5 5 5 5
d	Amounts included on Part I, line 17, but				KIEL	
_	1 Investment expenses not included on Pa		41			
	and the second second					
	·		امبا			
	Add lines d1 and d2				. d	
e	Total expenses (Part I, line 17). Add lin				► e	
Pa	ITV-A Current Officers Director	rs Trustops and Koy F	mpleyees (lists			14,577,507.
THE T	Current Officers, Director or key employee at any time du	ring the year even if they we	re not compensated	acn person wno was .) (See the instruction	an or ns.)	ticer, director, trustee,
		(B) Title and average hours	(C) Compensatio	n (D) Contribution	is to	(E) Expense
	(A) Name and address	per week devoted to position	(if not paid, enter -0-)	employee bene plans and defer	efit	account and other allowances
		to position	enter -u-)	compensation p		anowances
						_
EE	E STATEMENT 11		316,14	0.	0.	0.
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Form 990 (2005) UNION SETTLEMENT ASSO			13-1632	<u> 25</u> 30	Page <b>6</b>
Part V-A Current Officers, Directors, Tru	ustees, and Key En	nployees (continued)	<u> </u>		Yes No
75 a Enter the total number of officers, directors, and trustees	permitted to vote on organizat	ion business as board meeting	gs. ► 29		543 -253
b Are any officers, directors, trustees, or key er listed in Schedule A, Part I, or highest compe A, Part II-A or II-B, related to each other throu identifies the individuals and explains the rela	insated professional and ugh family or business	d other independent co	ntractors listed in Sche	ďule l	X
c Do any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest compe A, Part II-A or II-B, receive compensation fror to this organization through common supervis	nsated professional and many other organization ion or common control	d other independent coins, whether tax exempt	ntractors listed in Schei or taxable, that are re	dule lated	X
Note. Related organizations include section 5	09(a)(3) supporting org	anizations.		}	
If 'Yes,' attach a statement that identifies the other organization(s), and describes the comprelated organization	ensation arrangements	s, including amounts pa	id to each individual by	each	
d Does the organization have a written conflict of					
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, direct during the year, list that person below the instructions.)	or, trustee, or key emp	loyee received compens of compensation or othe	sation or other benefits r benefits in the approp	(described priate colum	below) ın. See 
(A) Name and address	Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	account a	pense and other ances
N/A	0.	0.	0.	_	0.
					•
					_
					· .
	_		_	_	
Part VI Other Information (See the instruct	ions.)			· 1	Yes No
76 Did the organization engage in any activity not attach a detailed description of each activity.	previously reported to	the IRS? If 'Yes,'		76	X
77 Were any changes made in the organizing or g	joverning documents bu				X
If 'Yes,' attach a conformed copy of the change 78a Did the organization have unrelated business of		or more during the wee			
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b>		- ,			N/A
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	n, or substantial contra	ction during the			X
80 a Is the organization related (other than by associated membership, governing bodies, trustees, office	ciation with a statewide	or nationwide organiza	tion) through common		X
<b>b</b> If 'Yes,' enter the name of the organization ►	UNION SETTLEME	NT HOME CARE,	INC.		
81 a Enter direct and indirect political expenditures.		eck whether it is ex		i l	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for thi				0. 81 b	X
BAA	5 year		<u></u>		<b>990</b> (2005)
				. 01111	

TEEA0106L 11/03/05

_	m 990 (2005) UNION SETTLEMENT ASSOCIATION, INC.	13-16325	30	F	age :
P	art VII Other Information (continued)		•	Yes	T
82	a Did the organization receive donated services or the use of materials, equipment, or facilities substantially less than fair rental value?	es at no charge or at	. 82 a	X	
-	<b>b</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.)	<del></del>	_		1.75 2.75 2.75
	f a Did the organization comply with the public inspection requirements for returns and exempt	• •			
	${f b}$ Did the organization comply with the disclosure requirements relating to quid pro quo contri			X	
84	a Did the organization solicit any contributions or gifts that were not tax deductible?		. 84 a	<u> </u>	X
	<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such on tax deductible?			N,	/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members	?	. 85 a	N,	A
	<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85 b	N.	Ά
	If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless twaiver for proxy tax owed for the prior year.	he organization received a			
	c Dues, assessments, and similar amounts from members	85 c N/	A		
	d Section 162(e) lobbying and political expenditures	85 d N/	A		
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e N/	A	144	
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		Ā	7.3	
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 q	N	'A
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reason dues allocable to nondeductible lobbying and political expenditures for the following tax year?	nable estimate of		N	/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on				1
	line 12	86a N/.	A	\$ 00 to	
	<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86 b N/.	A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a N/	A		
	<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).	87b N/	A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable or an entity disregarded as separate from the organization under Regulations sections 301.7 If 'Yes,' complete Part IX	701.2 and 301 7701 32	88	х	
89 8	a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year u	nder:	00		er je ja
	section 4911 ► 0.; section 4912 ► 0.; section 4				
ŀ	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 exceduring the year or did it become aware of an excess benefit transaction from a prior year? If explaining each transaction	ss benefit transaction 'Yes' attach a statement	89 b		X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during to year under sections 4912, 4955, and 4958.		[		0.
c	Enter: Amount of tax on line 89c, above, reimbursed by the organization			-	0.
	List the states with which a copy of this return is filed NY			_	<del></del>
Ŀ	Number of employees employed in the pay period that includes March 12, 2005 (See instruct	ions.)	90 Ь		534
	The books are in care of ► MARROLIN HUNTER Telephone null Located at ► 237 E. 104TH STREET, NEW YORK, NY,	mber • _(212)_828-	6045		- <u></u> -
b	At any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other financial account.		91 b	Yes	No X
	If 'Yes,' enter the name of the foreign country			700 3	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Financial Statements	Foreign Bank and	Tongo Tike Hallow	0.00	ज <i>(</i> ) १५
С	At any time during the calendar year, did the organization maintain an office outside of the U	nited States?	91 c		Χ
	If 'Yes,' enter the name of the foreign country				
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check		N/A	\: ►	
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 92		1	A\N
BAA			Form	<b>990</b> (2	005)

		Unrelate	d business income	Excluded by sec	ction 512, 513, or 514	(E)
	ter gross amounts unless e indicated.	(A) Business code	(B) Amount	(C) Exclusion code	( <b>D)</b> Amount	Related or exempt function income
	rogram service revenue:					
a <u>M</u>	ITL HLT & OTH PRG INC					2,837,255
b_		ļ	_			
c	<u>·</u>	<u> </u>	_	-	· · · · · · · · · · · · · · · · · · ·	
d_		<del></del>		<del>                                     </del>	<del></del>	
e	edicare/Medicaid payments	_		<del>                                     </del>		<u> </u>
	es & contracts from government agencies			- +		
_	embership dues and assessments.					
	terest on savings & temporary cash invmnts .			† †		
<b>96</b> Di	ividends & interest from securities			14	6,086.	
	et rental income or (loss) from real estate:	MANAGEM	空态的现在分词			
	ebt-financed property				·	
	ot debt-financed property					
	et rental income or (loss) from pers prop					
	ther investment income					
100 G	ain or (loss) from sales of assets her than inventory					
	et income or (loss) from special events	,		1	161,398.	,
	oss profit or (loss) from sales of inventory		_			
	ther revenue: a		计文件编码 混淆的语		ALL WILLIAM TO THE	ANNOTES AND THE SECOND
b <u>0</u>	THER REVENUE					2,464,787.
<b>c</b> _						
d	<del></del>					
e	Harri (add ad an a (D) (D) 1 (D)	THE POLICE OF THE STATE OF THE		LANS TO BUTCH OF BUTCH		
	btotal (add columns (B), (D), and (E))			10000000000000000000000000000000000000	167,484.]	5,302,042.
	o <b>tal</b> (add line 104, columns (B), (D), e 105 plus line 1d, Part I, should equ					5,469,526.
	Relationship of Activities t			mnt Purnose	E (Soo the instruction	
Line No.						
<b>∠</b> III€ 140.	Explain how each activity for whice of the organization's exempt purpose.	h income is re oses (other th	ported in column (E) c an by providing funds f	it Part VII contribi or such nurnoses	uted importantly to the	e accomplishment
93A	SUBSTANTIALLY REPRESE				·	A D TOILS
	PROGRAM SERVICE FEES					
	PROGRAMS	ROM THE	MENIAL HEALIN	AND CHILD C	ARE PROGRAMS	HND VARIOUS
103B	SUBSTANTIALLY REPRESE	NTS VARIO	IIC DDOCDAMC CE	DVICE FEES		
Part IX					(Saa tha instructions	
	(A)	(B)	(C)			<u> </u>
Name	· · · · · · · · · · · · · · · · · · ·			' i	(D)	(E)
par	, address, and EIN of corporation, rangership, or disregarded entity	Percentage ownership int	of Nature of a	activities	Total Income	End-of-year assets
	SETTLEMENT HOME CARE SE			ERVICE	7,180,008.	1,570,187.
	ST 104TH STREET		8		772007000.	1,370,107.
NEW YO	RK,, NY 10029		8			
20-203			%			
Part X	Information Regarding Trai	nsfers Asso	ciated with Perso	nal Benefit Co	ntracts (See the in:	structions.)
a Did th	e organization, during the year, receive any fur	nds, directly or inc	lirectly, to pay premiums on a	personal benefit cont	tract?	Yes X No
<b>b</b> Did t	he organization, during the year, pay	/ premiums, d	irectly or indirectly, on	a personal benef	it contract?	Yes X No
Note: /	f 'Yes' to <b>(b),</b> file Form 8870 <b>and</b> Fo			_		
	Under penalties of perjury, I declare that I have true, correct, and complete. Declaration of pre	e examined this reparer (other than o	turn, including accompanying s fficer) is based on all informati	chedules and statemen	its, and to the best of my knowledge	wledge and belief, it is
Please	<b>&gt;</b>	•	,		·	
Sign	Signature of officer				 Date	
Here	<b>&gt;</b>			•	Bate	
	Type or print name and title.			<u> </u>		
		<del></del>		Date	Cheel 2 Pre	parer's SSN or PTIN (See
Paid	Preparer's signature				Sell.	parer's SSN or PTIN (See neral Instruction W)
Pre- parer's	LINEGON DICE	TTD	<del></del>	1	employed -	<del></del>
Use	yours if self-		<u> </u>			44107
Only	address, and				EIN > 22-34	
	ZIP+4 NEW YORK, NY	10001-18	10		Phone no. ► (212 TEEA0108L 10/18/05	
BAA						

# SCHEDULE A (Form 990 or 990-EZ)

# 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.)

Department of the Treasury Internal Revenue Service

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

2005

OMB No. 1545-0047

Name of the organization		·	Employer identification	number		
UNION SETTLEMENT ASSOCIATION, INC		13-1632530				
Part Compensation of the Five Hig (See instructions. List each one. If the		her Than Officers	s, Directors, an	d Trustees		
(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 and deferred compensation	(e) Expense account and other allowances		
SEE STATEMENT 12		461,916.	0.	0.		
		·				
	·					
Total number of other employees paid over \$50,000		0	ue Sur ve			
Compensation of the Five High (See instructions. List each one (whether	hest Paid Independent C her individuals or firms). If ther	ontractors for Pr e are none, enter 'No	ofessional Ser	vices		
(a) Name and address of each independent contra	actor paid more than \$50,000	<b>(b)</b> Type (	of service	(c) Compensation		
WATSON RICE, LLP  5 PENN PLAZA 13 FL, NEW YORK, NY	7 10001 ,	AUDIT		70,800.		
BALATON CORPORATION 1514 EAST 22ND STREET BROOKLYN, NY	7 11210 ,	CONSTRUCTION		84,977.		
	<del></del>					
		_				
	· <del></del>	Shi ii a shi shi ana ana ana ana ana ana ana ana ana an		and when the Lang Shewerks Theory and		
Total number of others receiving over \$50,000 for professional services	(	J Comment				
(List each contractor who performed seenter 'None.' See instructions.)				f there are none,		
(a) Name and address of each independent contract	ctor paid more than \$50,000	<b>(b)</b> Type o	f service	(c) Compensation		
NONE						
			_			
				<del></del>		
Total number of other contractors receiving over \$50,000 for other services	0	7.77				

Schedule A (Form 990 or 990-EZ) 2005 UNION SETTLEMENT ASSOCIATION, INC. 13-1632530 Page 3 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) (e) Total (a) 2004 **(c)** 2002 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.). 15 8,892,135 8,302,560 8,846,402 8,445,146 34,486,243. 0. 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 2,132,982 2,202,695 2,740,379 charitable, etc, purpose. . 3,166,620 10,242,676. 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 organ-21,554 4,019 5,354 7,638 38,565. ization after June 30, 1975. Net income from unrelated business activities not included in line 18. 0. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf...... 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. 0. Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT. 14 1,292,034 1,985,510 1,394,874 1,336,743 6,009,161. 12,425,071 Total of lines 15 through 22... 13,372,343 12,449,325 12,529,906. 50,776,645. 10,246,630 10,205,723 10,292,089. Line 23 minus line 17... 9,789,527. 40,533,969. 133,723. Enter 1% of line 23..... 124,251. 124,493 125,299. Organizations described on lines 10 or 11: 26 a 810,679. 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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts..... 26 b 40,533,969 c Total support for section 509(a)(1) test: Enter line 24, column (e)... 26 c d Add: Amounts from column (e) for lines: 38,565. 19 18 26 b 6,009,161. 26 d 6,047,726. e Public support (line 26c minus line 26d total)..... 26e 486,243. 34, f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 85.08 % 26 f 27 Organizations described on line 12: N/A 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: \_\_\_ (2003) \_ \_ \_ \_ \_ (2002) \_ \_ \_ \_ (2002) \_ \_ \_ \_ (2001) \_ 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:

(2004) (2003)		(2002) (2001)			
c Add: Amounts from column (e) for lines:	15	16			
17	20	21		27 c	
<b>d</b> Add: Line 27a total		and line 27b total		27 d	
e Public support (line 27c total minus line 27d t	otal).	···	▶	27 e	
f Total support for section 509(a)(2) test: Enter			1,000		
g Public support percentage (line 27e (numera	lor) d	ivided by line 27f (denominator))	▶	27 g	%
h Investment income percentage (line 18, colum	nn (e	) (numerator) divided by line 27f (denominator))	▶	27h	%

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A	1	
			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?	. 29		
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?	. 30		
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?	. 31	ents	
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)	-		
32	Does the organization maintain the following:		10.0	
	<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	. 32a		
	<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
1	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?	. 32 d		
	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?			8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	b Admissions policies?	·		
	c Employment of faculty or administrative staff?			
	d Scholarships or other financial assistance?			
	e Educational policies?			
	Use of facilities?			
g	g Athletic programs?	33g		
h	Other extracurricular activities?	33 h		a some er over
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
				<u>Z</u>
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	$\frac{1}{1}$	
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	ermanati.	AND STATES

	edule A (Form 990 or 99		SETTLEMENT ASS			13-	163	<u> 25</u> 30 -	Page
Pai	t VI-A Lobbying E	xpenditures by Elected ONLY by an eligible	ecting Public Char e organization that filed	ities (See instruct I Form 5768)	ions.)	-		N/A	
Che	ck ► <b>a</b> lif the organ	ization belongs to an a	ffiliated group. Chec	k <b>⊳ b</b> ifyou o	hecked 'a	a' and 'limite	d con	trol' provisions a	apply.
		Limits on Lobbying				<b>(a)</b> Affiliated gro totals	up	(b) To be comp for ALL elec	leted
	(The tern	n 'expenditures' means	amounts paid or incurr	red.)				organizati	
36	Total lobbying expendi	tures to influence public	opinion (grassroots lo	bbying)	36				
37	Total lobbying expendi	tures to influence a legi	slative body (direct lob	bying)	37				
38	Total lobbying expendi	tures (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 a	mount. Enter the amou	nt from the following ta	ible –					14.1
	If the amount on line 4	0 is – The	lobbying nontaxable a	amount is —	300		795	Transport	* 4
	Not over \$500,000	20%	of the amount on line	40		916-87			
	Over \$500,000 but not over \$7	1,000,000 \$100	,000 plus 15% of the excess	over \$500,000		an mu		242 100 B (140 10	
		\$1,500,000\$175	•	· · · · · · · · · · · · · · · · · · ·	41	75.			
		\$17,000,000\$225	•						
		\$1,0		I"					
42	Grassroots nontaxable	•	•	<u>-</u>	42		_		
43	Subtract line 42 from li				43				
44	Subtract line 41 from li				44	racen ba see som	#85.20 as2		BELONGALE C
	Caution: If there is an	amount on either line 4	3 or line 44, you must	file Form 4720.		The State of the S			光源"学"
	(Some organ	nizations that made a se	Averaging Period ection 501(h) election de the instructions for li	lo not have to com	plete all o	f the five co	lumns	below.	
			Lobbying Expen	ditures During 4 -\	ear Aver	aging Period	]	-	
	Calendar year (or fiscal year beginning in) ►	<b>(a)</b> 2005	<b>(b)</b> 2004	<b>(c)</b> 2003		<b>(d)</b> 2002		(e) Total	
45	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of line 45(e))						gud€.		
47	Total Jahhuina			Į.					
	Total lobbying expenditures						_		
48	expenditures	(2) · (2) · (2) (2) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		the second secon		esta Plano a concentración que	- render eta a		
48 49	expenditures	18							
49 50	Grassroots non-taxable amount (150% of line 48(e))  Grassroots lobbying expenditures								
49 50 Part	Grassroots non- taxable amount  Grassroots ceiling amount (150% of line 48(e)).  Grassroots lobbying expenditures  Lobbying Ac (For reporting of							N/A	
49 50 Part	Grassroots non- taxable amount  Grassroots ceiling amount (150% of line 48(e)).  Grassroots lobbying expenditures  Lobbying Ac (For reporting of the year, did the organ ont to influence public op	nization attempt to influ pinion on a legislative m	ence national, state or latter or referendum, th	local legislation, in rough the use of:		ny Yes	No	Amount	
49 Sart Durin	Grassroots non- taxable amount  Grassroots ceiling amount (150% of line 48(e)).  Grassroots lobbying expenditures.  VI:B Lobbying Ac (For reporting o  g the year, did the organ put to influence public op  Volunteers.  Paid staff or manageme  Media advertisements.	nization attempt to influ inion on a legislative m ent (Include compensati	ence national, state or atter or referendum, th on in expenses reporte	local legislation, in prough the use of: d on lines <b>c</b> throug	ncluding a	Yes	No		
50 Part Durin a b c	Grassroots non- taxable amount  Grassroots ceiling amount (150% of line 48(e)).  Grassroots lobbying expenditures.  Lobbying Ac (For reporting o ing the year, did the organ put to influence public op  Volunteers.  Paid staff or manageme Media advertisements.  Mailings to members, le	nization attempt to influinion on a legislative ment (Include compensati	ence national, state or atter or referendum, th on in expenses reporte	local legislation, in nough the use of:  d on lines <b>c</b> throug	ncluding a	Yes	No	Amount	
250 Partitem a b c d e	Grassroots non- taxable amount  Grassroots ceiling amount (150% of line 48(e)).  Grassroots lobbying expenditures  Lobbying Ac (For reporting of the year, did the organ to influence public op Volunteers  Paid staff or manageme Media advertisements Mailings to members, le Publications, or published	nization attempt to influinion on a legislative ment (Include compensation) gislators, or the publiced or broadcast stateme	ence national, state or latter or referendum, the on in expenses reporte	local legislation, in nough the use of:  d on lines <b>c</b> throug	ncluding a	Yes	No	Amount	
50 Durin a b c d e f	Grassroots non- taxable amount  Grassroots ceiling amount (150% of line 48(e)).  Grassroots lobbying expenditures  Lobbying Ac (For reporting of the year, did the organ put to influence public op Volunteers  Paid staff or manageme Media advertisements  Mailings to members, le Publications, or publishe Grants to other organiza	nization attempt to influing information on a legislative ment (Include compensation).  gislators, or the publications for lobbying purpositions for lobbying purpositions.	ence national, state or latter or referendum, the on in expenses reported ents.	local legislation, in nough the use of:  d on lines <b>c</b> throug	ncluding a	Yes	No	Amount	
50 Partitem a b c d e f g	Grassroots non- taxable amount  Grassroots ceiling amount (150% of line 48(e)).  Grassroots lobbying expenditures  Lobbying Ac (For reporting of the year, did the organ to influence public op Volunteers  Paid staff or manageme Media advertisements Mailings to members, le Publications, or published	nization attempt to influing inion on a legislative ment (Include compensation).  gislators, or the publiced or broadcast statementations for lobbying purpolators, their staffs, gove	ence national, state or latter or referendum, the on in expenses reported ents.	local legislation, in the local legislation in lines c through the use of:  d on lines c through the local legislative body.	ncluding a	Yes	No	Amount	319

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

# Part VIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the	ne reporting organization Code (other than section	directly or n 501(c)(3)	indirectly engage in any of the follow organizations) or in section 527, relations	ring with any other organization describe ating to political organizations?	d in secti	on 50	l (c)
			to a noncharitable exempt organizat	·		Yes	
		-		·	51 a (i)		X
					a (ii)		X
	transactions:						
<b>(i)</b> S:	ales or exchanges of ass	ets with a	noncharitable exempt organization		b (i)	l	Х
	=		· -		-		Х
					b (iii)		X
					b (iv)		X
					b (v)	1	X
							X
							X
<b>d</b> If the the go any tra	answer to any of the abo ods, other assets, or ser ansaction or sharing arra	ve is 'Yes, vices giver ingement,	' complete the following schedule. Con by the reporting organization. If the show in column (d) the value of the c	blumn (b) should always show the fair ma organization received less than fair mar goods, other assets, or services received	arket value	ue of in	
<b>(a)</b> Line no.	<b>(b)</b> Amount involved		(c) f noncharitable exempt organization	(d) Description of transfers, transactions, and sl			ŝ
N/A		_					
					_	_	
						_	
							-
	_						
						_	
					<del></del>		
			<u> </u>				
	<del>-</del>		·				
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<del></del>		_					
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			·	·		_	
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- +	<del>-</del> -						
aescrit	organization directly or in oed in section 501(c) of the complete the following	ne Code (d	filiated with, or related to, one or mor ther than section 501(c)(3)) or in sec	l re tax-exempt organizations tion 527? ▶	Yes	X	No
		-	(b)	(c) .			_
	Name of organization		Type of organization	Description of relations	nip		
N/A						_	
				<u> </u>			
					•		
							_
		-					_
					-	_	-,
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		_		·			—
		_		<u> </u>			—
						_	
							—

#### 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)

2005

OMB No. 1545-0047

Name of organization Employer identification number UNION SETTLEMENT ASSOCIATION, INC 13-1632530 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 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 -X 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 under Regulations sections 1.509(a)-3/1.170A-9(e) 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).

BAA 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) (2005)

-			
	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2005)	Page 1	of 1 of Part I
Name of org	anization SETTLEMENT ASSOCIATION, INC.	1 ' '	er identification number 632530
Part l	Contributors (See Specific Instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SEE ATTACHED SCHEDULE	\$1,398,212 <u>.</u>	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) lumber	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there

(a)

Number

(b)

Name, address, and ZiP + 4

Person Payroll Noncash (d)

Type of contribution

(Complete Part II if there is a noncash contribution.)

(c) Aggregate contributions

Page

UNION SETTLEMENT ASSOCIATION, INC.

Employer identification number

13-1632530 Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	s	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<del></del>		\$	
BAA		lule <b>B</b> (Form 990, 990-EZ	, or 990-PF) (2005)

of 1

of Part III

Name of organization

Employer identification number

UNION SETTLEMENT ASSOCIATION, INC.

13-1632530

Part III	Exclusively religious, charitable, organizations aggregating more t	etc, individual contribution han \$1,000 for the year (C	ons to sect Complete cols	ion 501(c)(7), (8), or (10) (a) through (e) and the following line entry.)		
	For organizations completing Part III, ente contributions of \$1,000 or less for the year	r total of <i>exclusively</i> religious, c . (Enter this information once –	haritable, etc - see instruct			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d)  Description of how gift is held		
	N/A					
	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d)  Description of how gift is held		
<u></u>						
	Transferee's name, addres	(e) Transfer of gift	Rela	ationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d)  Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
			<del>-</del> -			
		(e) Transfer of gift				
}	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee		
.	<b>-</b>		<del></del>			

			<u> </u>	
2005	FEDERAL STA	TEMENTS		PAGE 1
CLIENT 2375	UNION SETTLEMENT A	SSOCIATION, INC.		13-1632530
3/05/07  STATEMENT 1 FORM 990, PART I, LINE 9 NET INCOME (LOSS) FROM S	SPECIAL EVENTS		- - -	01:00PN
SPECIAL EVENTS	GROSS COI	ESS NTRI- GROSS FIONS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
SPECIAL FUNDRAISING EVE	NTS 216,698. FOTAL \$ 216,698. \$	0. 216,698. \$ 216,698.	<u>55,300.</u> \$ 55,300.	161,398. \$ 161,398.
FORM 990, PART I, LINE 20 OTHER CHANGES IN NET AS PRIOR YEAR ADJUSTMENT UNREALIZED GAIN IN FAIR  STATEMENT 3 FORM 990, PART II, LINE 22	TO RECOGNIZE CHANGES : VALUE OF INVESTMENTS	IN ACCOUNTS		113,866. 8,881. 122,747.
CASH GRANTS AND ALLOCAT				
DONEE'S NAME: DONEE'S ADDRESS: AMOUNT GIVEN:	ARIDIA POLA 2922 BROADW NEW YORK, N		\$	500.
DONEE'S NAME: DONEE'S ADDRESS: AMOUNT GIVEN:	NALLY CALZA 101 BROAD S PLATTSBURG,	TREET		500.
DONEE'S NAME: DONEE'S ADDRESS: AMOUNT GIVEN:		MAS LLEGE AVENUE GE, PA 16801		500.
DONEE'S NAME: DONEE'S ADDRESS: AMOUNT GIVEN:	ISSARY ALBA 660 BEACON BOSTON, MA	STREET, KENMORE S	2.	500.
DONEE'S NAME: DONEE'S ADDRESS:	EUNICE ASARI 1 MEAD WAY BRONXVILLE,			447

DARBIE REYES 609 W. 186TH STREET, APT E NEW YORK, NY 10033

MELISSA SIERRA

447.

400.

AMOUNT GIVEN:

AMOUNT GIVEN:

DONEE'S NAME:

DONEE'S NAME: DONEE'S ADDRESS:

20	05

3/05/07

### FEDERAL STATEMENTS

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**CLIENT 2375** 

UNION SETTLEMENT ASSOCIATION, INC.

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STATEMENT 3 (CONTINUED) FORM 990, PART II, LINE 22 GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

DONEE'S ADDRESS:

125 MICHIGAN AVENUE, NE

AMOUNT GIVEN:

WASHINGTON, DC 20017

DONEE'S NAME: DONEE'S ADDRESS:

FATIMAH MUHAMMAD 1300 ELMWOOD AVENUE BUFFALO, NY 14222

AMOUNT GIVEN:

200.

DONEE'S NAME: DONEE'S ADDRESS: MAXIMILIANO POZO FARINON CENTER EASTON, PA 18042

AMOUNT GIVEN:

300.

DONEE'S NAME: DONEE'S ADDRESS: DONAVAN RAMONDANTE DANDRIDGE 303 UNIVERSITY PLACE

SYRACUSE, NY 13244

AMOUNT GIVEN:

300.

DONEE'S NAME: AMOUNT GIVEN:

JOHN ROJAS

300.

DONEE'S NAME: DONEE'S ADDRESS:

STEPHANIE MOREL

31-10 THOMPSON AVENUE LONG ISLAND CITY, NY 11101

AMOUNT GIVEN:

400.

TOTAL GRANTS AND ALLOCATIONS \$

STATEMENT 4 FORM 990, PART II, LINE 43 OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	FUNDRAISING
ADMINISTRATIVE COSTS BAD DEBTS	456,230. 113,195.	456,230. 113,195.		<i>y</i>
DUES AND SUBSCRIPTIONS FOOD	19,971. 728,663.	3,220. 726,705.	15,736. 1,958.	1,015.
GENERAL INSURANCE MISCELLANEOUS	141,804. 213,459.	81,279. 205,343.	60,525.	483.
PROF & CONTRACTUAL SERVICES RENTAL	1,302,879. 36,338.	1,128,012. 25,760.	172,476. 9,044.	2,391. 1,534.
REPAIRS & MAINTENANCE SMALL EQUIPMENT	206,107. 28,827.	196,009. 24,114.	10,098. 4,713.	1,001.
TOTA		\$ 2,959,867.	\$ 282,183.	\$ 5,423.

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# **FEDERAL STATEMENTS**

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25,463.

25,311.

**CLIENT 2375** 

UNION SETTLEMENT ASSOCIATION, INC.

13-1632530

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01:00PM

STATEMENT 5 FORM 990 , PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

ORGANIZED TO PROVIDE CHARITABLE SERVICES

STATEMENT 6
FORM 990, PART IV, LINE 54
<b>INVESTMENTS - SECURITIES</b>

CORPORATE STOCKS	VALUATION METHOD					
SECURITIES	MARKET VALUE	\$ 25,463.				

CORPORATE BONDS	VALUATION METHOD	AMOUNT
ASSOCIATES CORP. NORTH AMERICA	MARKET VALUE	25,311.

TOTAL INVESTMENTS - SECURITIES \$ 50,774.

TOTAL \$

TOTAL \$

### STATEMENT 7 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY			BASIS	_	ACCUM. DEPREC.		BOOK VALUE
MACHINERY AND EQUIPMENT	TOTAL	\$ \$	777,854. 777,854.	\$ \$	602,558. 602,558.	\$ \$	175,296. 175,296.

### STATEMENT 8 FORM 990, PART IV, LINE 58 OTHER ASSETS

 SECURITY DEPOSITS
 \$ 13,000.

 TOTAL
 \$ 13,000.

### STATEMENT 9 FORM 990, PART IV, LINE 65 OTHER LIABILITIES

ACCRUED PENSION COSTS	\$	469,156.
DUE TO OTHER GOVERNMENT AGENCIES		1,923,008.
LOAN PAYABLE		163,450.
TOTAL	Ŝ	$\frac{1}{2.555.614}$

# **FEDERAL STATEMENTS**

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UNION SETTLEMENT ASSOCIATION, INC.

**13-1632530** 04:10PM

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STATEMENT 10 FORM 990, PART IV-A, LINE B(4) OTHER AMOUNTS

UNREALIZED GAIN IN FAIR VALUE OF INVESTM.....

TOTAL \$ 8,880.

### STATEMENT 11 FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	ACCOUNT/
ELLEN P. SIMON 237 EAST 104TH STREET NEW YORK, NY 10029	EXECUTIVE DIREC \$	176,028.	\$ 0.	\$ 0.
LAURA JOHNSON 237 EAST 104TH STREET NEW YORK, NY 10029	ASSOC EXEC DIR. 35	140,112.	0.	0.
STUART MEIKLEJOHN 237 EAST 104TH STREET NEW YORK, NY 10029	MEMBER 0	0.	0.	0.
KATE B. TOWNSEND 237 EAST 104TH STREET NEW YORK, NY 10029	VICE CHAIRPERSO 0	0.	0.	0.
MAXINE L. ROCKOFF 237 EAST 104TH STREET NEW YORK, NY 10029	MEMBER 0	0.	0.	0.
A. SLADE MILLS JR. 237 EAST 104TH STREET NEW YORK, NY 10029	MEMBER 0	0.	0.	0.3
RANDALL J. SHAW 237 EAST 104TH STREET NEW YORK, NY 10029	ASST. TREASURER 0	0.	0.	0.
XAVIER E. SZTEJNBERG 237 EAST 104TH STREET NEW YORK, NY 10029	MEMBER 0	0.	0.	0.
RICHARD BENGLOFF 237 EAST 104TH STREET NEW YORK, NY 10029	MEMBER 0	0.	0.	0.
LISA CLYDE 237 EAST 104TH STREET NEW YORK, NY 10029	MEMBER 0	0.	0.	0.

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### UNION SETTLEMENT ASSOCIATION, INC.

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STATEMENT 11 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED		COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ELISABETH SCHUPF LONSDALE 237 EAST 104TH STREET NEW YORK, NY 10029	MEMBER 0	\$	0.	\$ 0.	\$ 0.
KATE BUFORD 237 EAST 104TH NEW YORK, NY 10029	MEMBER 0		0.	0.	0.
A. MACDONALD CAPUTO 237 EAST 104TH STREET NEW YORK, NY 10029	MEMBER 0		0.	0.	0.
MARTA RIVERA-SANTIAGO 237 EAST 104TH STREET NEW YORK, NY 10029	MEMBER 0		0.	0.	0.
ELI GROSS 237 EAST 104TH STREET NEW YORK, NY 10029	MEMBER 0		0.	0.	0.
KATHERINE H. FRITTS 237 EAST 104TH STREET NEW YORK, NY 10029	TREASURER 0		0.	0.	0.
ANNE PERKINS 237 EAST 104TH STREET NEW YORK, NY 10029	MEMBER 0		0.	0.	0.
ROBERT F. QUAINTANCE JR. 237 EAST 104TH STREET NEW YORK, NY 10029	CHAIRMAN 0		0.	0.	0.
REGINALD E. HARWELL 237 EAST 104TH STREET NEW YORK, NY 10029	MEMBER 0		0.	0.	0.
WALTER G. MONTGOMERY 237 EAST 104TH STREET NEW YORK, NY 10029	MEMBER 0	`	0.	0.	0.
BARRY STIMMEL, M.D. 237 EAST 104TH STREET NEW YORK, NY 10029	MEMBER 0		0.	0.	0.
KIRA P. WATSON 237 EAST 104TH STREET NEW YORK, NY 10029	MEMBER 0		0.	0.	0.

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UNION SETTLEMENT ASSOCIATION, INC.

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STATEMENT 11 (CONTINUED) FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION		ACCOUNT/
ELLEN WERTHER RESSLER 237 EAST 104TH STREET NEW YORK, NY 10029	MEMBER 0	\$ 0.	\$ 0.	\$ 0.
RUTH E. PACHMAN 237 EAST 104TH STREET NEW YORK, NY 10029	MEMBER 0	0.	0.	0.
SUSAN FEIN ZAWEL 237 EAST 104TH STREET NEW YORK, NY 10029	MEMBER 0	0.	0.	0.
KIRA WATSON 237 EAST 104TH STREET NEW YORK, NY 10029	MEMBER 0	0.	0.	0.
CHRISTOPHER PAIGE 237 EAST 104TH STREET NEW YORK, NY 10029	MEMBER 0	0.	0.	0.
GINA RUSCH 237 EAST 104TH STREET NEW YORK, NY 10029	MEMBER 0	0.	0.	0.
AMY SHERMAN 237 EAST 104TH STREET NEW YORK, NY 10029	MEMBER 0	0.	0.	0.
	TOTAL	\$ 316,140.	<u>\$</u> 0.	<u>\$</u> 0.

# STATEMENT 12 SCHEDULE A, PART I COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUTIO EBP & DC	EXPENSE ACCOUNT
KAREN SMITH-MOORE 237 EAST 104TH STREET NEW YORK, NY 10029	DIRECTOR 35	121,697.	0.	0.
GLORIA CHUKWUMA 237 EAST 104TH STREET NEW YORK, NY 10029	FINANCE DIRECTO 35	102,981.	0.	0.
CONSTANCE MENSINK 237 EAST 104TH STREET NEW YORK, NY 10029	DIR. DEVELOPMNT 35	80,000.	0.	0.
KHALID WEST	DIR TECH	79,263.	0.	0.

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UNION SETTLEMENT ASSOCIATION, INC.

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STATEMENT 12 (CONTINUED)
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUTIO EBP & DC	EXPENSE ACCOUNT
237 EAST 104TH STREET NEW YORK, NY 10029	35			
AURORA TIU 237 EAST 104TH STREET NEW YORK, NY 10029	PSYCHIATRIST 35	77,975.	0.	0.
	TOTAL	\$ 461,916.	<u>\$ 0.</u>	0.

# STATEMENT 13 SCHEDULE A, PART III, LINE 3 QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS

ANNUAL SCHOLARSHIP AWARDS ELIGIBILITY CRITERIA
ALL SCHOLARSHIP APPLICANTS MUST MEET THE FOLLOWING CRITERIA TO BE CONSIDERED FOR
SCHOLARSHIP AWARDS:

- 1. STUDENT MUST BE A SETTLEMENT COLLEGE READINESS PROGRAM, INC. (SCRP) PARTICIPANT 2. STUDENT MUST BE A COLLEGE BOUND HIGH SCHOOL SENIOR OR COLLEGE STUDENT AS OF
- 3. A HIGH SCHOOL AVERAGE OF 85 OR BETTER IS RECOMMENDED, OR A COLLEGE GPA (GRADE POINT AVERAGE) OF 3.0 (B) OR BETTER AS DOCUMENTED BY A TRANSCRIPT
- 4. STUDENT MUST SUBMIT AN ORIGINAL, TYPED (DOUBLE SPACED) ESSAY OF NO MORE THAN 500 WORDS ON THE FOLLOWING TOPICS:
  - A. EVALUATE A SIGNIFICANT EXPERIENCE, ACHIEVEMENT, RISK YOU HAVE TAKEN, OR ETHICAL DILEMMA YOU HAVE FACED AND ITS IMPACT ON YOU.
- B. DESCRIBE A CHARACTER IN FICTION, AN HISTORICAL FIGURE, OR A CREATIVE WORK (AS IN ART, MUSIC, SCIENCE, ETC.) THAT HAS HAD AN INFLUENCE ON YOU, AND EXPLAIN THAT INFLUENCE.
- EXPLAIN THAT INFLUENCE.

  C. DISCUSS SOME ISSUE OF PERSONAL, LOCAL. NATIONAL, OR INTERNATIONAL CONCERN AND ITS IMPORTANCE TO YOU.
  - D. WHY A COLLEGE EDUCATION IS IMPORTANT TO ME

#### STATEMENT 14 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

DESCRIPTION		(A) 2004	 (B) 2003	_	(C) 2002	_	(D) 2001	(E) TOTAL
OTHER INCOME UNREALIZED GAIN/LOSS SPECIAL EVENTS	\$ TOTAL \$	11,047. 138,180.	20,680. 161,858.		1242416. 5,095. 147,363. 1394874.	_	7,272. 204,543.	

- Form 88	68 (Rev 12-2004)	<u> </u>		Page
<ul><li>If you</li></ul>	u are filing for an <b>Additional (n</b>	ot automatic) 3-Month Extension, complete on	ly Part II and check t	his box ► X
Note. Or	ily complete Part II if you have	already been granted an automatic 3-month ex	tension on a previou	sly filed Form 8868.
	-	Month Extension, complete only Part I (on page	•	
Part II		atic) 3-Month Extension of Time - Mu		and One Copy
1.00	Name of Exempt Organization	and a month of the analysis in a	Service Congress	Employer identification number
Type or	LINION CEMBLEMENT	A C C C C T A M T C A T A T A T A T A T A T A T A T A T		12 1620520
print		ASSOCIATION, INC.		13-1632530
File by the	Number, Street, and room or suite nu	mber. If a P.O. box, see instructions.		For IRS use only
extended due date for				
filing the	237 EAST 104TH ST	REET	brack	
return. See instructions.	City, town or post office, state, and 2	IP code. For a foreign address, see instructions.		
	NEW YORK, NY 1002	9		
Check ty	pe of return to be filed (File a	separate application for each return):		
XForm		Form 990-T (section 401(a) or 408(a) trust)		Form 5227
$\vdash$	990-BL	Form 990-T (trust other than above)		Form 6069
<b>—</b>	990-EZ	Form 1041-A	•	Form 8870
<b>⊢</b>	990-PF	Form 4720		
		ere not already granted an automatic 3-month e	extension on a previo	ously filed Form 8868.
	ooks are in care of . GLORIA	45		
	hone No. ►_( <u>21</u> 2)_828-60			
		office or place of business in the United States		
		ne organizations four digit Group Exemption Nu		
<b>whole</b> gro	oup, check this box 🟲 🔲 .	if it is part of the group, check this box 🟲 🗌	and attach a list wit	h the names and EINs of all
	the extension is for.		•	
4 I red	quest an additional 3-month ex	tension of time until $5/15$ , 20 (	<u></u>	
<b>5</b> For	calendar vear . or ott	her tax year beginning $\frac{7}{01}$ , 20	05 and ending	6/30 20.06
6 If th	is tax year is for less than 12 r	nonths, check reason:   Initial return	Final return	Change in accounting period
		tension . ADDITIONAL TIME IS NE		
PE	OUTDED TO DDEDADE A	COMPLETE AND ACCURATE RETURN.	<del> </del>	
<b>Q</b> a ii ib	is application is for Form 900 F	BL, 990-PF, 990-T, 4720, or 6069, enter the tentions.		
nonr	efundable credits. See instruct	ions	alive tax, less any	. <b>.</b>
		F, 990-T, 4720, or 6069, enter any refundable o		······································
payr	nents made. Include any prior	year overpayment allowed as a credit and any a	amount paid previous	ily with
	n 8868			\$
c Bala	nce Due. Subtract line 8b from	line 8a. Include your payment with this form, og EFTPS (Electronic Federal Tax Payment Syst	r, if required, deposit	t with
110	coupon or, a required, by usin	Signature and Verification		s\$
		•		
Under penaltic correct, and c	es of perjury, I declare that I have examin omplete, and that I am authorized to prej	led this form, including accompanying schedules and statement pare this form.	s, and to the best of my kno	owledge and belief, it is true,
		4.00		211
Signature	12ml	Title >		Date ► 2/15/07
	<b>_</b>	Notice to Applicant — To be Complete	d by the IRS	•
We I	have approved this application.	Please attach this form to the organization's re	turn.	
We I	have not approved this applica	ion. However, we have granted a 10-day grace.	neriod from the later	of the date shown below or the
due	date of the organization's retur	n (including any prior extensions). This grace p made on a timely filed return. Please attach this	eriod is considered to	o be a valid extension of time for
We I	nave not approved this applicate to file. We are not granting a	ion. After considering the reasons stated in iten	n 7, we cannot grant	your request for an extension of
		n because it was filed after the extended due da	ate of the return for v	vhich an extension was requested.
Othe	r:			
		Ву:		
Director				Date
Alternate M	failing Address - Enter the ac	dress if you want the copy of this application for	or an additional 3-mo	nth extension returned to an
address dif	<u>ferent than the one entered ab</u>	ove.		
	Name			· · · · · · · · · · · · · · · · · · ·
	WATSON RICE, LLP		<u> </u>	
Type or	Number and street (include suite, room	, or apartment number) or a P.O. box number		
print	5 PENN PLAZA, 15TH	FL		
	City or town, province or state, and cou	ntry (including postal or ZIP code)		
	NEW YORK, NY 10001-	1810		

# UNION SETTLEMENT ASSOCIATION, INC. LIST OF CONTRIBUTORS > \$5,000 FOR THE FISCAL YEAR ENDING JUNE 30, 2006

<b>CONTRIBUTORS</b>	<u>ADDRESS</u>	<u>AMOUNT</u>
Abrons ((Louis & Anne) Foundation, Inc.	437 Madison Avenue New York, NY 10017	\$ 30,000
Altman Foundation	521 Fifth Avenue, 35th Floor New York, NY 10175	100,000
Altria Employee Fund	120 Park Avenue, 17th Floor New York, NY 10017	14,702
America's Second Harvest	35 E. Wacker Drive, Suite 2000 Chicago, IL 60601	45,000
Antun(Frank J.) Foundation, The	100 Crossways Park West, Ste. 205 Woodbury, NY 11797	5,000
Suzanne Arkin	857 Fifth Avenue, 16th Floor New York, NY 10021	30,000
Barth (Theodore H.) Foundation	45 Rockefeller Plaza, Suite 2000 New York, NY 10111	10,000
Bloomberg LLP	731 Lexington Avenue New York, NY 10022	10,000
Bridgemill Foundation (John Wilson)	9 Sawmill Lane Greenwich CT 06830	10,000
BTMU Foundation	Bank of Tokyo-Mitsubishi Trust Co. 1251 Avenue of the Americas, 15th Fl New York, NY 10020-1104	5,000
Burns, Donald Foundation	450 Royal Plam Way, Suite 450 Palm Beach, FL 33480-4100	10,000
Carnergie Corporation of New York	437 Madison Avenue New York, NY 10022	50,000

Clark Foundation	1 Rockefeller Plaza, 31st Fl New York, NY10020	75,000
Goodman Memorial Foundation	215 East 68th Street New York, NY 10021	20,000
Hagedorn Fund	JP Morgan Private Bank 345 Park Avenue, 4th Fl New York, NY 10154	25,000
Hayden (Charles) Foundation	140 Broadway, 51st Fl New York, NY 10005	50,000
Hearst Foundation	888 Seventh Avenue New York, NY 10166	50,000
Morgan Stanley Foundation	1633 Foundation, 20th Fl New York, NY 10019	20,000
New York Community Trust	909 Third Avenue, 22nd Fl New York, NY 10022	27,000
Paduano (Daniel P. & Nancy)Foundation	19 East 72nd Street, 11A New York, NY 10021	5,000
Pinkerton Foundation	610 Fifth Avenue, Suite 316 New York, NY 10020	50,000
Price (Louis and Harold) Foundation	Price Institute 20 Wilsey Square, Suite E Ridgewood, NJ 07450-3730	5,000
Rhodebeck Charitable Trust	c/o McLaughind Stern LLP 260 Madison Avenue New York, NY 10016	25,000
Starbucks Foundation	2401 Utah Avenue South Seattle, WA 98134	10,000
Starr Foundation	399 Park Avenue, 17th Fl New York, NY 10022	125,000

		<del>-</del> 
Teagle Foundation	10 Rockefeller Plaza, Rm 920 New York, NY 10020-1903	40,000
Tuttle (Isaac) Fund	1155 Park Avenue New York, NY 10128	25,000
Meiser Estate	c/o USFCU 237 East 104th Street New York, NY 10029	15,260
St James Episcopal Church	865 Madison Avenue New York, NY 10021	30,000
United Way	2 Park Avenue New York, NY 10016	10,000
Kekst & Company	437 Madison Avenue, 19th Fl New York, NY 10022	10,000
Debevoise, Plimpton LLP	919 Third Avenue New York, NY 10022	10,000
JP Morgan Chase	106 Corporate Park Drive, 2nd Fl White Plains, NY 10604	5,000
Giulani Partners	5 Times Square, 24th Fl New York, NY 10036	5,000
Mutual of America	680 Fifth Avenue New York, NY 10019	5,000
Ernst & Young LLP	National Accounting Center 1201 Main Street, Suite 2000 Dallas, TX 75202	10,000
R.F. Quaintance	Debevoise & Plimpton LLP 919 Third Avenue New York, NY 10022	20,000
Stuart Meklejohn	Sullivan & Cromwell 125 Broad Street, 30th Fl New York, NY 10004-2498	20,000

Eli Gross	Morgan Stanley Investment Banking Div 1585 Broadway, 33rd Fl New York, NY 10036	5,000
Lisa Grieve Clyde	US Retail Investment Banking Merrill Lynch 4 Financial Center, 26th Fl New York, NY 10080	10,000
Robinson Lerer & Montgomerry	1345 Avenue of the Americas New York, NY 10105	10,000
Xavier Szetejnberg	48 Shields Road Darien, CT 06820	15,000
McDonald Caputo	Morgan Stanley & Co 1221 Avenue of the Americas, 30th Fl New York, NY 10020	10,000
Amy Sherman	186 Riverside Drive #15A New York, NY 10024	8,000
C.Paige	210 East 68th Street, #5D New York, NY 10121	10,000
M. A. Williams Fund-New York Comm	Trus 909 3rd Avenue, 22nd floor New York, NY 10022	21,600
J & S Wilson	9 Sawmill Lane Greenwich CT 06830	10,000
Michael Hess	Giulani Partners 5 Time Square, 24th Floor New York, NY 10036	10,000
Walter Montgomerry	Robinson, lever & Montgomery 1345 Avenue of the Americas, 4th Floor New Yorak, 10105	11,000
Donald T. Fallati & Ruth Packman	23 Mayhew Avenue Larchmont, NY 10538	25,000
Total		\$ 1,157,562

### Form CHAR500

This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497 CHAR 010

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

2005

Open to Public Inspection

and CHAR 006)	wwv	v.oag.state.ny.us/charities/charit	ies.html	<u> </u>	III Spection
1. General Information					• .
a. For the fiscal year beginning (m	m/dd/yyyy) 7/0	1 / 2005 and ending 6/:	30/2006		<u> </u>
b. Check if applicable for NYS:			_ d.	Fed. employer ID no. (EIN) (##-######)	
Address change				3-1632530	
Name change	UNION SETTL	EMENT ASSOCIATION, 1	INC.	е.	. NY State registration no. (##-##-##)
Initial filing					0-64-49
Final filing	Number and street (or F	P.O. box if mail is not delivered to street ad	dress)	Room/suite f.	Telephone number
Amended filing	237 EAST 10				12 828-6000
NY registration pending	City or town, state or co	untry and zip + 4		. g.	. Email
	NEW YORK, N	Y 10029			·
	<del> </del>				
2. Certification - Two Signatures R				<u>_</u>	
We certify under penalties of perjulare true, correct and complete in a	ry that we reviewed ccordance with the	this report, including all attachn laws of the State of New York a	nents, and t pplicable to	o the best of our this report.	knowledge and belief, they
<ul> <li>President or Authorized</li></ul>	Signature	Printed Name	Title		Date
	Signature	T Times Hame	71110		
b. Chief Financial Officer  or Treasurer	 Signature	Printed Name	Title		Date
3. Annual Report Exemption Inform	—————— mation				
\$25,000 and the o solicit contribution  NOTE: An organization receive from all sources dagency to which it b. EPTL annual report exemption (if total gross receive exceed \$25,000 at registrants claiming the annual registrants claiming the annual solicit.	ns from NY State (in irganization did not it is during this fiscal y ation may also check wed an allocation from id not exceed \$25,0 submitted an annua (EPTL registrants an pts for this fiscal yea any time during the ints claiming the and I report exemptions and part 3 (	icluding residents, foundations, use the services of a profession rear.  Ick this box to claim this exemption a federated fund, United Way 00 or 2) it received all or substant financial report similar to that dual registrants) ar did not exceed \$25,000 and to fiscal year.	al fund raise on if no PFF or incorpor ntially all of required by he assets (r one law un te part 1 (G nation) abov	er (PFR) or fund recovery control or recovery contributions article 7-A).  The contributions article 7-A).  The control of the	raising counsel (FRC) to red and either: 1) the appeal and contributions from a single government  the organization did not re registered and for dual n), part 2 (Certification)
4. Article 7-A Schedules		<u> </u>			
If you did not check the Article 7-A  a. Did the organization use a professional f  * If "Yes", complete Schedule 4a  b. Did the organization receive gov  * If "Yes", complete Schedule 4a  * If "Yes", complete	und raiser, fund raising c a. vernment contributio	ounsel or commercial co-venturer for fur	nd raising activi	ity in NY State?	
5. Fee Submitted: See last page fo	r summany of fee re				
Indicate the filing fee(s) you are su a. Article 7-A filing fee b. EPTL filing fee c. <b>Total fee</b>	bmitting along with	this form: \$\$	25. 100. 125.	for the total	ne check or money order fee, payable to "NYS rtment of Law"

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see page 4 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 <b>4.a.</b> on page 1, complete the following schedule for <b>each</b> F for fund raising activity in NY State:	PFR, FRC or CCV that the organization engaged		
1. Type of fund raising professional (FRP):	· · ·		
Professional fund raiser			
Fund raising counsel			
Commercial co-venturer			
2. Name of FRP:			
Number and street (or P.O. box if mail is not delivered to street address):			
City or town, state or country and zip + 4:			
3. FRP telephone number:			
	-		
4. Services provided by FRP (provide description):			
5. Compensation arrangement with FRP (provide description):			
•			
6. Dates of contract.	through		
·	(mm/dd/yyyy) (mm/dd/yyyy)		
7. Amount paid to FRP	\$ 0.		
<del>-</del>			

### Schedule 4b: Government Contributions (Grants)

If you checked the box in question **4.b.** on page 1, complete the following schedule for **each** government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

Government Agency Name		Grant Amount
NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE	\$	195, <u>525</u> .
NYC DEPARTMENT OF YOUTH & COMMUNITY DEVELOPMENT	\$	1,004,847.
NYC ADMINISTRATION FOR CHILDREN SERVICES	\$	5,235,280.
NYC DEPARTMENT FOR THE AGING	\$	1,372,951.
NYC DEPARTMENT OF EDUCATION	\$	277,326.
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	. \$	
	\$	•
	<b>\</b> \$	·
	\$	
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	\$	
	\$	
	\$	•
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Total Government Contributions (Grants	5) \$	8,085,929.

#### 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 Article 7-A Calculate the Article 7-A filling fee using the table in part a below. The EPTL filling fee is \$0. EPTL Calculate the EPTL filling fee using the table in part b below. the Article 7-A filling fee is \$0. Calculate both the Article 7-A and EPTL filling fee using the tables in parts a and b below. Add the Article and EPTL filling fees together to calculate the total fee. Submit a single 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) of 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) ETPL 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	•	•
X Single check or money order payable to  Copies of Internal Revenue Service Forms	'NYS Department of Law'	
X IRS Form 990	IRS Form 990-EZ	IRS Form 990-PF
X Schedule A to IRS Form 990	Schedule A to IRS Form 990-EZ	•
X Schedule B to IRS Form 990	Schedule B to IRS Form 990-EZ	Schedule B to IRS Form 990-PF
IRS Form 990-T	IRS Form 990-T	IRS Form 990-T
	<u> </u>	
Additional Article 7-A Document Attachment	Requirment	<u> </u>
Independent Accountant's Report		•
X Audit Report (total support & revenue m	ore than \$250,000)	
Review Report (total support & revenue	\$100,001 to \$250,000)	
No Accountant's Report Required (total s	support & revenue not more than \$100,000)	

# UNION SETTLEMENT ASSOCIATION, INC.

### AUDITED FINANCIAL STATEMENTS AND SUPPLEMENTARY REPORTS RELATED TO OMB CIRCULAR A-133

**JUNE 30, 2006** 

WATSON RICE LLP CERTIFIED PUBLIC ACCOUNTANTS

# UNION SETTLEMENT ASSOCIATION, INC.

**JUNE 30, 2006** 

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Union Settlement Association, Inc.

We have audited the accompanying statement of financial position of Union Settlement Association, Inc. ("Union Settlement") as of June 30, 2006, and the related statements of activities, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of the organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Union Settlement Association, Inc. as of June 30, 2006, and the changes in net assets and cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with Government Auditing Standards, we have also issued our report dated December 27, 2006 on our consideration of Union Settlement's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards and should be considered in assessing the results of our audit.

## INDEPENDENT AUDITOR'S REPORT - CONTINUED

Our audit was performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying schedule of expenditures of federal awards on page 17 presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations is not a required part of the basic financial statements. The information in this schedule have been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Watson Rice W

New York, New York December 27, 2006

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# STATEMENT OF FINANCIAL POSITION

JUNE 30, 2006

Assets		
Cash	\$	84,070
Investments (Note 3)		234,475
Promises to give (Note 4)		430,000
Accounts receivable (Note 5)		1,291,814
Other receivables (Note 6)		728,576
Prepaid expenses (Note 9)		83,684
Due from government agencies (Note 7)		1,217,263
Fixed assets, net (Note 8)		175,297
Other assets		13,000
Total Assets	. <u>\$</u>	4,258,179
<u>Liabilities</u> and Net Assets <u>Liabilities</u> :		
Accounts payable	\$	616,250
Accrued expenses (Note 10)		381,517
Loan payable (Note 11)		163,450
Due to government agencies (Note 7)		1,923,008
Accrued pension cost (Note 12)		469,156
Total Liabilities	·	3,553,381
Net Assets		
Unrestricted		94,221
Temporarily restricted	•	452,840
Permanently restricted		157,737
Total Net Assets		704,798
Total Liabilities and Net Assets	<u>\$</u>	4,258,179

# STATEMENT OF ACTIVITIES

Support and Revenues	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Contributions:				
Foundations	\$ 702,704	\$ 330,000	\$ -	\$ 1,032,704
Individuals	224,401	3,575	<b>.</b>	227,976
In-kind space	993,378	3,373	_	993,378
In-kind services and supplies	75,043	_		75,043
Other community groups	92,111	25,000	_	117,111
Bequests	18,072	25,000	_	18,072
Grants	8,085,929	· •		8,085,929
Scholarship grant		2,349		2,349
Investment income	6,086	, <u>.</u>	_	6,086
Net depreciation in fair value of investments	8,881	_	_	8,881
Program revenues	2,837,255	-	-	2,837,255
Special events, net of \$55,300 (2006)in expenses	161,398		_	161,398
Other revenues	<u>2,459,787</u>	5,000	-	2,464,787
	15,665,045	365,924		16,030,969
Net assets released from restrictions	84,684	(84,684)		
Total Support and Revenues	15,749,729	281,240		16,030,969
Expenses				
Program Services:	•		•	
Youth Services	1,429,749	_	_	1,429,749
Early Childhood Services	4,592,933	_	_	4,592,933
Head Start	2,139,969	-	_	2,139,969
Senior Services	1,621,008		•	1,621,008
Counseling	2,765,568	_	_	2,765,568
HIV Care	314,493	-	-	314,493
Adult Education	369,742	-	-	369,742
Gym/Auditorium	26,568	-	-	26,568
Scholarship Funds	4,684	· <u>-</u>	<u> </u>	4,684
Total Program Services Expenses	13,264,714	<b>_</b>		13,264,714
Support Services:				
Management and general	1,724,629	٠.	_	1,724,629
Publicity and fundraising	281,447		-	281,447
Building operations and maintenance	159,874	•		159,874
Computer technology	215,727	` <b>-</b>		215,727
Total Support Services Expenses	2,381,677		•	2,381,677
Total Expenses	15,646,391		-	15,646,391
Changes in Net Assets		\$ 281,240	\$ -	\$ 384,578
See notes to financial statements.				
	•			

# STATEMENT OF CHANGES IN NET ASSETS

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Changes in Net Assets	\$ 103,338	\$ 281,240	<u>\$</u>	\$384,578
Net Assets, beginning of year as previously reported	(122,986)	171,600	157,737	206,351
Prior period adjustments (Note 14)	113,869	· -		113,869
Net Assets, beginning of year as adjusted	(9,117)	171,600	157,737	320,220
Net Assets, end of year	\$ 94,221	\$ 452,840	\$ 157,737	\$ 704,798

# STATEMENT OF FUNCTIONAL EXPENSES

	Program Services										
		Youth Services	Early Childhood Services	Head Start	Senior Services	Counseling	HIV Care	Adult Education	Gym/ Auditorum	Scholarship Funds	Total Program Services
Salaries	\$	679,324	\$ 2,746,878	\$ 1,151,578	\$ 776,316	\$1,639,920	\$ 204,167	\$ 272,504	\$ 24,725	<b>\$</b> -	7.405.412
Employee fringe benefits		150,107	380,939	126,119	88,541	409,001	52,694	53,911	1,843	<b>.</b>	7,495,412
Rentals		(5,670)	7,144	12,439	3,968	-	32,074	7,879	1,043	-	1,263,155
Professional and contractual services	i	139,418	812,197	127,950	39,507	25,190	_	4,250	-	-	25,760
Food		7,534	266,971	63,660	387,478	23,170	•	1,062	-		1,148,512.
Dues and subscriptions		100	2,595	-	525	_	-	1,062	-		726,705
General insurance		4,500	9,185	-	12,651	54,943	-	-	, <del>-</del>	· <del>-</del>	3,220
Space rental		6,173	90,373	53,601	14,069	13,242	7,061	-	-	-	81,279
Printing and duplication		5,384	81	33,001	1,967	421	7,001	- - 450	-		184,519
Repairs and maintenance		4,660	25,597	143,115	10,628		-	6,450	-	-	14,303
Student aids and awards		-,,,,,,	23,377	173,113	10,028	12,009	-		-	-	196,009
Office supplies		25,297	54,723	36,122	25.540	22.105	-	63	-	4,684	4,747
Program supplies		34,886	130,100	11,663	25,540	23,187	552	5,590	-	-	171,011
Telephone		21,291	25,988	,	44,300	3,011	2,165	3,106	-	<u>-</u>	229,231
Shipping and postage		1,201		18,638	18,663	47,282	5,772	4,480		-	142,114
Transportation		41,940	611	330	2,317	2,883	270	95	-		7,707
Utilities			5,342	3,616	25,646	59,119	1,032	62	-	-	136,757
Small equipment		0.820	399	23,794		•	-	-	-	-	24,193
Administrative costs		2,820	• 14,167	-	6,114	432	-	581	_	-	24,114
In-kind space		24,605			85,629	325,282	20,715	-	-	_	456,230
		220,000	2,350	250,367	34,003	-	-	-	-	-	506,720
In-kind services and supplies		-	-'	86,477	-	-	•	-	_		86,477
Bad debts expenses		-	-	-	<b>-</b> .	97,635	15,560	. =	_	_	113,195
Interest expense		-	· . <del>-</del>	-	-	-					113,193
Miscellaneous		64,517	16,677	30,500	33,486	52,011	4,505	3,646	<u> </u>	- ·	205,343
Expenses before depreciation		1,428,087	4,592,317	2,139,969	1,611,348	2,765,568	314,493	262 670	26.560	1.60	
Depreciation		1,662	616	-,,	9,660	2,700,500	J14,493 -	363,679 6,063	26,568	4,684	13,246,713
Total Expenses	\$	1,429,749	\$ 4,592,933	\$2,139,969	\$1,621,008	\$2,765,568	\$ 314,493	\$ 369,742	\$ 26,568	\$ 4,684	\$13,264,714

# STATEMENT OF FUNCTIONAL EXPENSES - CONTINUED

	Support Services					Total	
	Management and General	Publicity and Fundraising	Build Operati Mainte	ling ions &	Computer Technology	Total Support Services	Program & Support Services
Salaries	\$ 752,818	\$ 197,077	<b>' \$</b> 1	104,547	\$ 80,049	1,134,491	8,629,903
Employee fringe benefits	177,136	40,875		38,818	25,530	282,359	1,545,514
Rentals	7,915	1,534	ļ	773	356	10,578	36,338
Professional and contractual services	132,107	2,391		1,797	88,872	225,167	1,373,679
Food	1,929		*	29		1,958	728,663
Dues and subscriptions	15,701	1,015		-	35	16,751	19,971
General insurance	60,525					60,525	141,804
Space rental	2,226	- 333	1	-	_	2,559	187,078
Printing and duplication	126	18,638		_	285	19,049	33,352
Repairs and maintenance	1,250		•	8,154	694	10,098	206,107
Student aids and awards	-	,			-	10,096	
Office supplies	8,627	2,458		2,702	6,113	19,900	4,747
Program supplies	373	_,		_,,	50	423	190,911
Telephone	32,029	3,430		1,348	6,010	· <del></del>	229,654
Shipping and postage	9,525	11,696		1,540	. 6,010	42,817	184,932
Transportation	1,806			30	9	21,230	28,937
Utilities	1,890	20	•	20	-	1,836	138,593
Small equipment	3,091			1,622	•	1,930	26,123
Administrative costs	-,-,.			1,022	•	4,713	28,827
In-kind space	475,225			-	•		456,230
In-kind services and supplies	,			-	-	475,225	981,945
Bad debts expenses	_			•	•	-	86,477
Interest expense	9,342	•	•	•	•	-	113,195
Miscellaneous	7,601	403			-	9,342	9,342
		482	· <u></u>	34	<del></del>	8,117	213,461
Expenses before depreciation	1,701,242	279,950	1	59,874 -	208,003 -	2,349,069	15 505 792
Depreciation	23,387	1,497	,	-	7,724		15,595,782
Total Expenses	\$ 1,724,629	\$ 281,447	\$ 1	59,874	\$ 215,727	32,608 \$ 2,381,677	50,609 \$ 15,646,391

# STATEMENT OF CASH FLOWS

<u>Cash</u>	<u>flows</u>	<u>from</u>	operating	activities:

Changes in net assets	<u>\$ 384,578</u>
Adjustments to reconcile changes in net assets to	
net cash provided by operating activities:	
Prior period adjustments	113,869
Depreciation expense	50,609
Bad debts expenses	278,999
Net depreciation in fair value of investments	8,881
Changes in assets and liabilities:	
(Increase) decrease in assets:	
Promises to give	(280,000)
Accounts receivable	(176,505)
Other receivables	(480,464)
Prepaid expenses	(68,894)
Due from government agencies	(22,970)
Increase (decrease) in liabilities:	* t - 1 - 1 - 1 - 1
Accounts payable	39,745
Accrued expenses	5,180
Notes payable	(36,550)
Deferred revenues	-
Due to government agencies	411,145
Accrued pension cost	(29,762)
Total adjustments	(186,717)
Net cash provided by operating activities	197,861
Cash flows from investing activities:	
Decrease in investments	(143,940)
Purchase of office equipment	(32,596)
Net cash used in investing activities	(176,536)
Net increase in cash	21,325
Cash, beginning of year	62,745
Cash, end of year	<u>\$ 84,070</u>
See notes to financial statements.	

#### NOTES TO FINANCIAL STATEMENTS

**JUNE 30, 2006** 

#### 1. DESCRIPTION OF ORGANIZATION

Union Settlement Association, Inc. ("Union Settlement"), a nonprofit organization, was founded in 1895 by the Alumni Association of the Union Theological Seminary. Since 1895, Union Settlement has dedicated itself to solving urban problems in East Harlem, one of the city's most underserved communities. Each year, Union Settlement serves more than 13,000 people with effective programs in education, childcare, nutrition, senior services, counseling, job training and economic development.

Union Settlement is exempt from income tax under Section 501(c)(3) of the U.S. Internal Revenue Code and comparable State law, and contributions to it are tax deductible within the limitations prescribed by the Code. Union Settlement has been classified as a publicly supported organization which is not a private foundation under Section 509(a) of the Code.

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### Accrual Basis

The financial statements have been prepared on the accrual basis of accounting and, accordingly, reflect all material receivables and payables.

#### Support and Revenues

Contributions and government contracts are recorded as either temporarily or permanently restricted revenue if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted assets are reclassified to unrestricted net assets and reported in the statement of activities and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions expire during the same fiscal year are recognized as unrestricted revenue.

#### **Contributed Services**

Donated services which can be quantified by Union Settlement have been reflected in the accompanying financial statements at their fair market values. Individuals volunteer their time and perform a variety of tasks to assist Union Settlement in its Head Start, HIV Care and Youth Services programs.

## NOTES TO FINANCIAL STATEMENTS - CONTINUED

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

### **Estimates**

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could differ from those estimates.

#### Fixed Assets

Fixed assets are recorded at cost or fair value at date of gift. Depreciation of fixed assets is provided on the straight-line basis over their estimated useful lives which ranges from 2-10 years.

### Accounts Receivable Write-off

Accounts receivable balances that are deemed to be uncollectible or disallowed by the Medicaid and Medicare are written-off at the end of the fiscal year.

#### Other Matters

Donated materials, fixed assets and investments are recorded at fair market value when received.

Liability for vacation and sick leave applicable to government-funded programs has not been provided for, in accordance with government reporting policies. The government-funded programs recognize vacation and sick pay as expenditure in the year used. The vacation liability on government-funded programs is not accrued as of year-end and is considered immaterial to Union Settlement's financial statements.

#### NOTES TO FINANCIAL STATEMENTS - CONTINUED

#### 3. INVESTMENTS

Debt and equity securities with readily determinable fair values purchased for investment are recorded at fair value based upon quoted market prices. Net appreciation in the fair value of investments which includes the realized gains and losses and unrealized appreciation (depreciation) on those investments is reported in the statement of activities. Investments received as gifts are recorded at fair value at date of gift, if available. Union Settlement's investments as of June 30, 2006 are as follows:

	Cost	<u>Fair Value</u>
Money market funds	\$ 174,404	\$ 174,404
Mutual funds	9,297	9,297
Corporate bonds	25,187	25,311
Corporate stocks	25,538	25,463
•	<u>\$ 234,426</u>	<u>\$ 234,475</u>

#### 4. PROMISES TO GIVE

These represent unconditional promises to give due within one year.

#### 5. ACCOUNTS RECEIVABLE

Accounts receivable as of June 30, 2006 substantially represent amounts due from the following entities for payroll and other expenses paid by Union Settlement on their behalf:

Union Settlement Home Care Services	\$ 1,141,736
Settlement College Readiness Program	143,823
Credit Union	175
St. Lucy	3,268
Other	2,812
Total	\$ 1,291,814

### NOTES TO FINANCIAL STATEMENTS - CONTINUED

### 6. OTHER RECEIVABLES

Other receivables represent receivables and unpaid parents' fees due to Union Settlement from various programs at June 30, 2006.

Youth Services	\$	21,600
Early Childhood Services		145,685
Counseling and Mental Health Private		327,973
Senior Services		41,858
HIV- Mental Health		28,691
Other	_	162,769
Total	<u>\$</u>	<u>728,576</u>

# 7. DUE FROM (TO) GOVERNMENT AGENCIES

Due from (to) government agencies as of June 30, 2006 consist of the following:

## **Due from Government Agencies**

Youth Services:		
Department of Youth and Community Development (DYCD)	\$	42,944
Stanley Isaacs (DYCD)		280,415
NYS Education Department		32,380
Early Childhood Services:		
Administration for Children's Services (ACS)	,	317,139
Child and Adult Care Food Program (CACFP)		52,838
Asthma Initiative		27,641
Head Start:		
CACFP	_	33,172
Sub-total	_	786,529

# NOTES TO FINANCIAL STATEMENTS – CONTINUED

# 7. DUE FROM (TO) GOVERNMENT AGENCIES - CONTINUED

Balance brought forward	\$ 786,529
Senior Services:	
City Meals on Wheels	10,729
Department for the Aging (DFTA) Counseling:	201,549
Medicare	4,102
Managed Care	135,043
Medicaid Travel	3,852
HIV Care:	
Health Research, Inc.	51,595
Adult Education:	
DYCD	23,864
Total	<u>\$_1,217,263</u>
Due To Government Agencies	
Early Childhood Services:	
Department of Education	\$ 241,549
Head Start:	•
ACS	75,956
Senior Services:	
DFTA	45,295
Counseling:	
Medicaid and COPS	1,530,674
DMH	29,534
Total	<u>\$ 1,923,008</u>

#### NOTES TO FINANCIAL STATEMENTS - CONTINUED

#### 8. FIXED ASSETS

Fixed assets at June 30, 2006 are summarized as follows:

Furniture, fixtures and equipment \$ 777,855

Less accumulated depreciation (602,558)

Net \$ 175,297

Depreciation expense charged to operations in 2006 was \$50,609.

#### 9. PREPAID EXPENSES

Prepaid expenses represent prepaid insurance and other expenses applicable to the succeeding fiscal year.

#### 10. ACCRUED EXPENSES

This substantially represents accrued payroll and administrative employees' accrued vacation and fringe benefits expenses incurred as of June 30, 2006.

#### 11. LOAN PAYABLE

This note bears interest at prime + 1% per annum ("note rate"). As of June 30, 2006, Union Settlement has \$300,000 of unused lines of credit with JPMorgan Chase Bank ("JPMorgan") to be drawn upon as needed, with interest at the note rate through December 31, 2005. On December 28, 2005, JP Morgan issued a revolving line of credit, where Union Settlement can borrow up to \$350,000 at the note rate through June 30, 2006. The balance outstanding at June 30, 2006 was \$163,450.

## NOTES TO FINANCIAL STATEMENTS - CONTINUED

#### 12. PENSION PLAN

Union Settlement sponsors a non-contributory defined benefit pension plan. This plan is a retirement annuity plan that covers substantially all employees except employees of the NYC ACS-funded day care centers and Head Start programs. The employees of the NYC ACS funded day care centers and Head Start programs are covered by independently administered plans, which are funded by grantor contributions. Pension costs include current service costs, which are accrued and funded on a current basis, and prior costs, which are amortized over 30 years.

Pension expense includes the following components:

Service cost	\$ 382,175
Interest cost	434,067
Expected return on plan assets	.(452,202)
Amount of recognized actuarial losses	41,807
Amount of prior service cost recognized	 12,169
Pension expense	\$ 418,016

The following sets forth the funded status of the plan and the amounts shown in the statement of financial position at June 30, 2006.

## Actuarial present value of benefit obligations:

Projected benefit obligation	\$ 7,523,391
Fair value of assets held in the plan	(5,740,234)
Unfunded excess of projected benefit obligation over plan assets	\$ 1,783,157
The unfunded excess consists of the following:	
Unrecognized actuarial loss	\$ 1,214,215
Unrecognized prior service cost	99,786
Pension liability included in	
the statement of financial position	469,156
	<u>\$ 1,783,157</u>

## NOTES TO FINANCIAL STATEMENTS – CONTINUED

### 11. PENSION PLAN - CONTINUED

The assumed rate of return of 8.50% for 2006 was used in determining the actuarial present value of both vested and non-vested benefits. The date used to calculate actuarial benefit information was June 30, 2006. Pension contributions charged to operations in 2006 was \$417,238.

The following benefit payments which reflect expected future services, are expected to be paid:

<u>Year</u>	_Amount	_Amount		
2006	\$ 873,000	)		
2007	320,000	)		
2008	344,000	)		
2009	662,000	)		
2010	704,000	)		
2011-2015	2;506,000	)		

#### 13. DONATED SPACE

The building at 237 East 104<sup>th</sup> Street is leased annually from the NYC Housing Authority ("NYCHA") for \$1.00 per year. Union Settlement is responsible for the building's maintenance. In addition, NYCHA also provides space to the Youth Services, Head Start, and Senior Services programs. The total fair market value of donated space as of June 30, 2006 is as follows:

<u>Program</u>	Primary Location Amount	<u>t</u>	
Support Services	237 East 104th Street	\$	475,225
Youth Services	1775-7 Third Avenue		220,000
Head Start	218 East 104th Street		1,249,568
Senior Services	2205 First Avenue		34,001
Total		<u>\$</u>	1,978,794

#### 14. PRIOR PERIOD ADJUSTMENTS

Prior period adjustments were made to recognize changes in the reconciliation of accounts receivable and accounts payable.

## SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Federal Grantor/Pass-through Grantor/Program or Cluster Title	Contract Period	Federal CFDA#	Reference #	Federal Expenditures
U.S. Department of Agriculture	•		<del>-</del>	-
Passed through NYS Department of Health				•
Child & Adult Care Food Program	7/01/05 - 6/30/06	10.558	3349	\$ 350,770
Family Day Care Network	7/01/05 - 6/30/06	10.558	4910	278,921
Child & Adult Care Food Program				
Head Start Program				
Child & Adult Care Food Program	7/01/05 - 6/30/06	10.558	3349	81,702
				711,393
US Department of Labor				
Passed through Department of Youth and Community Development				
East Harlem Works Program	7/01/05 - 6/30/06	17.259		359,439
U.S. Department of Health and				
Human Services			· · ·	
Passed through NYC Administration			° vC	1:
for Children Services			* *** **** ****	•
Social Services Block Grant	7/01/05 - 6/30/06	93.667	624-119-09-200	1,845,530
Head Start Program	7/01/05 - 6/30/06	93.600	806-123-09-200	1,878,790
				3,724,320
Passed through NYS Department of Health				
H.I.V. Care Network Program	7/01/05 - 6/30/06	93.917	1058-08/09	100,000
East Harlem Aids Network Program	7/01/05 - 6/30/06	93.917	206-16/17	111,254
			•	211,254
Passed through Department of Youth				
and Community Development				
Mac Literacy Program	7/01/05 - 6/30/06	93.569	766378	197,926
U.S. Department of Education				
Passed through NYS Education Department			4	
21st Century Program	7/01/05 - 6/30/06	84.287	C400342	323,800
U. S. Department of Housing and				
Urban Development				
Passed through The City of New York				
Department for the Aging				
East Harlem Coalition Program	7/01/05 - 6/30/06	14.850	20030000461	1,105,074
Corsi House Senior Center	7/01/05 - 6/30/06	14.850	20050000910	370,972
				1,476,046
	-			
Total Expenditures of Federal Awards	-17-			\$ 7,004,178
	-1/-			

### NOTE TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

**JUNE 30, 2006** 

#### NOTE 1 BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards includes all federal grant activity of Union Settlement Association, Inc. and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of the Office of Management and Budget's Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements.