

PKF O'CONNOR DAVIES ADVISORY, LLC
500 MAMARONECK AVENUE, SUITE 301
HARRISON, NY 10528-1633

SELFHELP COMMUNITY SERVICES, INC.
520 EIGHTH AVENUE, 5TH FLOOR
NEW YORK, NY 10018

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CLIENT'S COPY



MAY 14, 2023

SELFHELP COMMUNITY SERVICES, INC.
520 EIGHTH AVENUE, 5TH FLOOR
NEW YORK, NY 10018

SELFHELP COMMUNITY SERVICES, INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2021 EXEMPT ORGANIZATION RETURN,
AS FOLLOWS...

2021 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING
INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

EVA MRUK

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2022

PREPARED FOR:

SELFHELP COMMUNITY SERVICES, INC.
520 EIGHTH AVENUE, 5TH FLOOR
NEW YORK, NY 10018

PREPARED BY:

PKF O'CONNOR DAVIES ADVISORY, LLC
500 MAMARONECK AVENUE, SUITE 301
HARRISON, NY 10528-1633

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer **SELFHHELP COMMUNITY SERVICES, INC.** EIN or SSN **13-1624178**

Name and title of officer or person subject to tax **PAULA YAMAKAITIS
CHIEF FINANCIAL OFFICER**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>96,963,224.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **PKF O'CONNOR DAVIES ADVISORY, LLC** to enter my PIN **10018**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

13562854711
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **PKF O'CONNOR DAVIES ADVISORY, LLC** Date ▶ **05/14/23**

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

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

Form **8879-TE** (2021)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. SELFHELP COMMUNITY SERVICES, INC.	Taxpayer identification number (TIN) 13-1624178
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 520 EIGHTH AVENUE, 5TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10018	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

PAULA YAMAKAITIS

- The books are in the care of ▶ **520 EIGHTH AVENUE, 5TH FLOOR - NEW YORK, NY 10018**

Telephone No. ▶ **212-971-7600** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Return of Organization Exempt From Income Tax

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SELFHELP COMMUNITY SERVICES, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 520 EIGHTH AVENUE, 5TH FLOOR City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018 F Name and address of principal officer: STUART C. KAPLAN SAME AS C ABOVE	D Employer identification number 13-1624178 E Telephone number 212-971-7600 G Gross receipts \$ 97,132,317. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SELFHELP.NET		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1937 M State of legal domicile: NY

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE HOMECARE AND OTHER COMMUNITY-BASED SERVICES IN NYC, NASSAU AND SUFFOLK COUNTIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	2231
	6 Total number of volunteers (estimate if necessary)	6	98
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		61,491,904.	61,283,731.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		38,013,489.	32,406,820.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		725,601.	692,847.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		395,596.	2,579,826.
		100,626,590.	96,963,224.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,620,790.	2,026,932.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	73,150,445.	70,560,326.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	26,982,618.	24,385,576.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	102,753,853.	96,972,834.	
19 Revenue less expenses. Subtract line 18 from line 12	-2,127,263.	-9,610.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	84,510,412.	81,623,271.
	22 Net assets or fund balances. Subtract line 21 from line 20	50,877,462.	51,986,877.
		33,632,950.	29,636,394.

Part II Signature Block

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

Sign Here	Signature of officer PAULA YAMAKAITIS, CHIEF FINANCIAL OFFICER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name EVA MRUK	Preparer's signature EVA MRUK
	Date 05/14/23	Check if self-employed <input type="checkbox"/> PTIN P00543254
	Firm's name ▶ PKF O'CONNOR DAVIES ADVISORY, LLC	Firm's EIN ▶ 87-3231666
	Firm's address ▶ 500 MAMARONECK AVENUE, SUITE 301 HARRISON, NY 10528-1633	Phone no. 914-381-8900

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: A NON-PROFIT ORGANIZATION DEDICATED TO MAINTAINING THE INDEPENDENCE AND DIGNITY OF SENIORS AND AT RISK POPULATIONS THROUGH A SPECTRUM OF SERVICES.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 45,754,742. including grants of \$ 0.) (Revenue \$ 27,975,936.) SELFHELP'S HOME CARE PROGRAM PROVIDES APPROXIMATELY 2 MILLION HOURS OF HOME CARE EACH YEAR TO APPROXIMATELY 2,500 CLIENTS WHO ARE FRAIL, ELDERLY, OR DISABLED. SERVICES INCLUDE HOME HEALTH CARE, SKILLED NURSING, CHORE ASSISTANCE, HOUSEKEEPING, HOMEMAKING, AND EMERGENCY HOME CARE. SELFHELP EMPLOYS APPROXIMATELY 1,500 HOME CARE AIDES AND TRAINS AIDES IN BOTH SPANISH AND ENGLISH.

SELFHELP WAS BORN FROM CRISIS AND HAS WEATHERED ECONOMIC, POLITICAL, HEALTHCARE AND SOCIAL JUSTICE TURBULENCE FOR OVER EIGHT DECADES. DURING ALL OF THESE TIMES, AN HONEST ASSESSMENT OF MISSION, HUMAN AND FINANCIAL RESOURCES, AND INGENUITY HAVE GUIDED THE ORGANIZATION. WHEN WE UNEXPECTEDLY BEGAN OUR RESPONSE TO COVID-19, WE REALIZED THAT A

4b (Code:) (Expenses \$ 36,134,759. including grants of \$ 2,026,932.) (Revenue \$ 4,430,884.) SELFHELP'S SOCIAL SERVICE PROGRAMS INCLUDE: SPECIALIZED PROGRAMS FOR HOLOCAUST SURVIVORS, SERVING APPROXIMATELY 4,700 INDIVIDUALS EACH YEAR; SIX SENIOR HOUSING COMPLEXES HOUSING 1,000+ SENIOR RESIDENTS WITH SERVICES AVAILABLE ON-SITE; FOUR NATURALLY OCCURRING RETIREMENT COMMUNITIES(NORCS); THREE CASE MANAGEMENT PROGRAMS; SIX SENIOR CENTERS, INCLUDING ONE OF NYC'S FIRST INNOVATIVE SENIOR CENTERS; CLIENT CENTERED TECHNOLOGY; COURT-APPOINTED GUARDIANSHIP; THE SELFHELP ALZHEIMERS RESOURCE PROGRAM(SHARP); AND EMERGENCY CASH ASSISTANCE.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 81,889,501.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 55	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 29; 1b Enter the number of voting members included on line 1a... 29; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
Own website [] Another's website [X] Upon request [X] Other (explain on Schedule O) []
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
PAULA YAMAKAITIS - 212-971-7600
520 EIGHTH AVENUE, 5TH FLOOR, NEW YORK, NY 10018

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STUART C. KAPLAN CHIEF EXECUTIVE OFFICER	35.00 2.50			X				1,023,016.	0.	78,559.
(2) RUSSELL LUSAK CHIEF OPERATING OFFICER	35.00 0.20			X				354,180.	0.	62,024.
(3) PAULA YAMAKAITIS CHIEF FINANCIAL OFFICER	35.00 0.00			X				279,551.	0.	54,477.
(4) MARK PARAUDA VP, HR AND LABOR RELATIONS	35.00 0.00				X			174,929.	0.	97,834.
(5) AMY THOMAS VP, HOME CARE	35.00 0.00				X			189,616.	0.	23,025.
(6) BARBARA ANN FOX VP, TECHNOLOGY	35.00 0.00				X			186,686.	0.	24,332.
(7) ASTRID ANDRE DEPUTY GENERAL COUNSEL	35.00 0.00				X			161,687.	0.	20,382.
(8) MICHAEL QUALLET DIRECTOR VSC/SERVICE DELIVERY	35.00 0.00					X		139,220.	0.	36,730.
(9) HANAN SIMHON VP, NAZI VICTIMS SERVICES	35.00 0.00				X			164,028.	0.	8,064.
(10) PHILLIPHINE BARHAM DIRECTOR, QUALITY	35.00 0.00					X		129,883.	0.	34,704.
(11) KOKU BADASU MANAGING DIR., PATIENT SERVICES	35.00 0.00					X		128,964.	0.	35,256.
(13) EUN SOOK AN DIRECTOR, TRAINING	35.00 0.00					X		127,017.	0.	18,965.
(14) SABU MATHEW CONTROLLER	35.00 0.00					X		135,457.	0.	6,953.
(15) RAYMOND V.J. SCHRAG PRESIDENT	2.00 1.00	X		X				0.	0.	0.
(16) ERNEST L. BIAL CO-CHAIR	2.00 2.00	X		X				0.	0.	0.
(17) VICTOR A. WYLER CO-CHAIR	2.00 1.00	X		X				0.	0.	0.
(18) STACI BARBER VICE PRESIDENT	2.00 0.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(19) MATTHEW A. CANTOR VICE PRESIDENT	2.00 0.00	X		X				0.	0.	0.
(20) PETER H. JAKES VICE PRESIDENT	2.00 1.00	X		X				0.	0.	0.
(21) RONALD F. RIES VICE PRESIDENT	2.00 0.00	X		X				0.	0.	0.
(22) PETER L. SIMMONS TREASURER	2.00 0.00	X		X				0.	0.	0.
(23) DENNIS BAUM SECRETARY	2.00 1.00	X		X				0.	0.	0.
(24) SCOTT DRASSINOWER DIRECTOR	2.00 0.00	X						0.	0.	0.
(25) JEFFREY S. JACOB DIRECTOR	2.00 0.00	X						0.	0.	0.
(26) BARRY KONIG DIRECTOR	1.00 0.00	X						0.	0.	0.
(27) SCOTT KRAWITZ DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								3,194,234.	0.	501,305.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,194,234.	0.	501,305.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **19**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SILVER LINING HOMECARE AGENCY 1115 AVENUE U, BROOKLYN, NY 11223	HOME CARE SERVICES	1,675,899.
PSS HOME CARE, INC 12-54 150TH STREET, QUEENS, NY 11357	HOME CARE SERVICES	1,512,470.
SAFE AND PRUDENT, LLC 401 BROADWAY, LAWRENCE, NY 11559	HOME CARE SERVICES	1,447,434.
FIVE BOROUGH HOME CARE, INC., 1893 CONEY ISLAND AVENUE, BROOKLYN, NY 11230	HOME CARE SERVICES	1,235,572.
CARING PROFESSIONALS, 70-20 AUSTIN STREET, SUITE 135, FOREST HILLS, NY 11375	HOME CARE SERVICES	780,891.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **50**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) CAROL LEVIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) JERRY LO DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) WAYNE LOCKE DIRECTOR	1.00 0.00	X						0.	0.	0.
(31) JESSICA MCCALL DIRECTOR	1.00 0.00	X						0.	0.	0.
(32) RALPH P. MARASH DIRECTOR	2.00 0.00	X						0.	0.	0.
(33) BRIAN MARCUS DIRECTOR	1.00 0.00	X						0.	0.	0.
(34) ALFRED E. NETTER DIRECTOR	1.00 0.00	X						0.	0.	0.
(35) KEVIN PORTNOY DIRECTOR	1.00 0.00	X						0.	0.	0.
(36) LAURA QUIROS DIRECTOR	1.00 0.00	X						0.	0.	0.
(37) RICHARD ROBERTS DIRECTOR	1.00 0.00	X						0.	0.	0.
(38) ANNA SCHNEUR DIRECTOR	1.00 0.00	X						0.	0.	0.
(39) SHERYL SILVERSTEIN, DMD DIRECTOR	1.00 0.10	X						0.	0.	0.
(40) SHERYL SIMON DIRECTOR	1.00 0.00	X						0.	0.	0.
(41) DARON TUBIAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(42) TAI WANG DIRECTOR	1.00 0.00	X						0.	0.	0.
(43) LYNNE WOLITZER DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	2,157,012.				
	1 b	Membership dues					
	1 c	Fundraising events					
	1 d	Related organizations					
	1 e	Government grants (contributions)	19,452,188.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	39,674,531.				
	1 g	Noncash contributions included in lines 1a-1f	\$				
	1 h	Total. Add lines 1a-1f		61,283,731.			
Program Service Revenue	2 a	HOME CARE SERVICES	621610	27,975,936.	27975936.		
	2 b	COMMUNITY PROGRAMS	623000	4,163,243.	4,163,243.		
	2 c	DEVELOPER FEES	531390	267,641.	267,641.		
	2 d						
	2 e						
	2 f	All other program service revenue					
	2 g	Total. Add lines 2a-2f		32,406,820.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		92,136.		92,136.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	6 d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	769,804.			
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses	169,093.				
7 c	Gain or (loss)	600,711.					
7 d	Net gain or (loss)		600,711.		600,711.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8 b	Less: direct expenses						
8 c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	RECOVERY OF BAD DEBT	900099	2,500,000.		2500000.	
	11 b	OTHER INCOME	900099	46,279.		46,279.	
	11 c	TRAINING REVENUE	900099	33,547.		33,547.	
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d		2,579,826.			
12	Total revenue. See instructions		96,963,224.	32406820.	0.	3272673.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,026,932.	2,026,932.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,023,882.	2,742,322.	281,560.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	51,082,046.	45,978,798.	5,103,248.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,825,392.	1,655,426.	169,966.	
9 Other employee benefits	9,110,623.	8,262,315.	848,308.	
10 Payroll taxes	5,518,383.	5,004,555.	513,828.	
11 Fees for services (nonemployees):				
a Management				
b Legal	585,655.	350,734.	234,921.	
c Accounting	12,059.	7,222.	4,837.	
d Lobbying	3,413.	3,413.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	61,962.		61,962.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,107,692.	1,386,093.	1,721,599.	
12 Advertising and promotion	141,032.	77,907.	63,125.	
13 Office expenses	1,831,598.	1,120,591.	711,007.	
14 Information technology	1,268,373.	513,032.	755,341.	
15 Royalties				
16 Occupancy	4,186,641.	2,597,614.	1,589,027.	
17 Travel	507,447.	475,728.	31,719.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	69,324.	34,816.	34,508.	
20 Interest	88,513.		88,513.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	450,109.	423,190.	26,919.	
23 Insurance	1,941,957.	177,517.	1,764,440.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CLIENT WELLNESS	8,010,782.	8,010,782.		
b BAD DEBT	857,445.		857,445.	
c FOOD/KITCHEN SUPPLIES	594,324.	571,927.	22,397.	
d TRAINING AND SUPPLIES	253,035.	54,372.	198,663.	
e All other expenses _____	414,215.	414,215.		
25 Total functional expenses. Add lines 1 through 24e	96,972,834.	81,889,501.	15,083,333.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,534,443.	1	3,891,833.
	2 Savings and temporary cash investments	2,676,125.	2	3,831,047.
	3 Pledges and grants receivable, net	390,495.	3	375,883.
	4 Accounts receivable, net	16,153,337.	4	17,585,390.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	180,898.	8	136,298.
	9 Prepaid expenses and deferred charges	200,504.	9	379,515.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,463,920.		
	b Less: accumulated depreciation	10b 11,814,389.		
	11 Investments - publicly traded securities	2,685,911.	10c	2,649,531.
	12 Investments - other securities. See Part IV, line 11	18,324,189.	11	13,797,205.
	13 Investments - program-related. See Part IV, line 11	2,647,288.	12	2,396,109.
	14 Intangible assets	770,062.	13	770,062.
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	36,947,160.	15	35,810,398.	
	84,510,412.	16	81,623,271.	
Liabilities	17 Accounts payable and accrued expenses	9,619,133.	17	10,033,504.
	18 Grants payable		18	
	19 Deferred revenue	4,319,475.	19	3,166,578.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	29,192,510.	21	28,298,635.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,500,000.	23	3,500,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,246,344.	25	6,988,160.
	26 Total liabilities. Add lines 17 through 25	50,877,462.	26	51,986,877.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	26,060,813.	27	22,902,298.
	28 Net assets with donor restrictions	7,572,137.	28	6,734,096.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	33,632,950.	32	29,636,394.
	33 Total liabilities and net assets/fund balances	84,510,412.	33	81,623,271.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	96,963,224.
2	Total expenses (must equal Part IX, column (A), line 25)	2	96,972,834.
3	Revenue less expenses. Subtract line 2 from line 1	3	-9,610.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	33,632,950.
5	Net unrealized gains (losses) on investments	5	-3,986,946.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	29,636,394.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **SELFHELP COMMUNITY SERVICES, INC.** Employer identification number **13-1624178**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	31318349.	36382247.	55680375.	61491904.	61283731.	246156606
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	48419431.	54436917.	42066306.	38013489.	32406820.	215342963
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	79737780.	90819164.	97746681.	99505393.	93690551.	461499569
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	135,444.	140,552.	140,531.	140,472.	127,942.	684,941.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	135,444.	140,552.	140,531.	140,472.	127,942.	684,941.
8 Public support. (Subtract line 7c from line 6.)						460814628

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	79737780.	90819164.	97746681.	99505393.	93690551.	461499569
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	184,078.	689,939.	182,272.	94,676.	92,136.	1243101.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	184,078.	689,939.	182,272.	94,676.	92,136.	1243101.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	979,603.	1008759.	2,990.	395,596.	2579826.	4966774.
13 Total support. (Add lines 9, 10c, 11, and 12.)	80901461.	92517862.	97931943.	99995665.	96362513.	467709444

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	98.53 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	98.52 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	.27 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	.34 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

Part VI

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

DEVELOPER FEES

2017 AMOUNT: \$ 979,603.

2018 AMOUNT: \$ 1,008,759.

OTHER INCOME

2019 AMOUNT: \$ 2,990.

2020 AMOUNT: \$ 245,038.

2021 AMOUNT: \$ 46,279.

REFUNDS

2020 AMOUNT: \$ 42,497.

REIMBURSEMENTS

2020 AMOUNT: \$ 108,061.

RECOVERY OF BAD DEBT

2021 AMOUNT: \$ 2,500,000.

TRAINING REVENUE

2021 AMOUNT: \$ 33,547.

Schedule A

**Payments from Disqualified Persons
Included on Part III, Line 7a**

2021

**** Do Not File ****

***** Not Open to Public Inspection *****

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
BOARD CONTRIBUTIONS	0.	140,552.	140,531.	140,472.	127,942.
MATTHEW CANTOR	10,000.	0.	0.	0.	0.
SHELLEY EINHORN	5,000.	0.	0.	0.	0.
JOSHUA MERMELSTEIN	10,000.	0.	0.	0.	0.
RAYMOND SCHRAG	5,000.	0.	0.	0.	0.
NADINE LEVY	20,000.	0.	0.	0.	0.
SHERYL SILVERSTEIN	6,237.	0.	0.	0.	0.
VICTOR WYLER	7,500.	0.	0.	0.	0.
BRIAN STEINWURTZEL	10,259.	0.	0.	0.	0.
PETER JAKES	10,000.	0.	0.	0.	0.
EDWARD B. COHEN	5,345.	0.	0.	0.	0.
RALPH P. MARASH	18,050.	0.	0.	0.	0.
ALFRED E. NETTER	15,303.	0.	0.	0.	0.
STACI BARBER	12,750.	0.	0.	0.	0.
Total to Schedule A, Part III, Line 7a	135,444.	140,552.	140,531.	140,472.	127,942.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

SELFHHELP COMMUNITY SERVICES, INC.

Employer identification number

13-1624178

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

Name of organization SELFHELP COMMUNITY SERVICES, INC.	Employer identification number 13-1624178
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CONFERENCE ON JEWISH MATERIAL CLAIMS AGAINST GERMANY, INC 1359 BROADWAY, ROOM 2000 NEW YORK, NY 10018	\$ 28,967,963.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NYC DEPARTMENT FOR THE AGING 2 LAFAYETTE STREET, #16 NEW YORK, NY 10007	\$ 10,221,826.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NYC HUMAN RESOURCES ADMINISTRATION 201 BAY STREET STATEN ISLAND, NY 10301	\$ 6,081,038.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	UJA-FEDERATION OF NEW YORK 130 EAST 59TH STREET NEW YORK, NY 10022	\$ 2,157,012.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SELFHELP COMMUNITY SERVICES FOUNDATION INC. 520 EIGHT AVENUE, 5TH FLOOR NEW YORK, NY 10018	\$ 1,926,994.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	NYC CITY COUNCIL 250 BROADWAY NEW YORK, NY 10007	\$ 1,612,647.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SELFHELP COMMUNITY SERVICES, INC.	Employer identification number 13-1624178
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NASSAU COUNTY DEPARTMENT OF HUMAN SERVICES OFFICE OF THE AGING 60 CHARLES LINDBERGH BLVD, #260 UNIONDALE, NY 11553	\$ 633,021.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	NASSAU COUNTY DEPARTMENT OF SOCIAL SERVICES 60 CHARLES LINDBERGH BLVD, #160 UNIONDALE, NY 11553	\$ 431,021.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	NYS OFFICE FOR THE AGING 2 EMPIRE STATE PLAZA, 5TH FLOOR ALBANY, NY 12223	\$ 375,004.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	JFNA 1720 I STREET NW, SUITE 800 WASHINGTON, DC 20006	\$ 282,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	HARRIET AND ROBERT H. HEILBRUNN FUND C/O UJA-FEDERATION OF NEW YORK EAST 59TH STREET NEW YORK, NY 10022	\$ 245,660.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	THE SCHNEIDER-LESSER FOUNDATION, INC. 211 EAST 70TH STREET, APT. 32H NEW YORK, NY 10021	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SELFHELP COMMUNITY SERVICES, INC.	Employer identification number 13-1624178
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	THE HELENA CHARITABLE FOUNDATION WENGISTRASSE 1 ZURICH, SWITZERLAND 8004	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	AARP FOUNDATION 601 E STREET, NW WASHINGTON, DC 20049	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	FEIBELMAN FAMILY PO BOX 8045 CRANSTON, RI 02920	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	MASPETH FEDERAL SAVINGS 56-18 69TH STREET MASPETH, NY 11378-1897	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	THE PHYLLIS BACKER FOUNDATION, INC. C/O RUSKIN MOSCOU FALTISCHEK, P.C., 1425 RXR PLAZA UNIONDALE, NY 11556	\$ 92,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	THE FAN FOX AND LESLIE R. SAMUELS FOUNDATION 275 MADISON AVENUE, 31ST FLOOR NEW YORK, NY 10016	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SELFHELP COMMUNITY SERVICES, INC.	Employer identification number 13-1624178
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	ALFRED LANDECKER FOUNDATION JAGERSTRABE 51 BERLIN, GERMANY D-10117	\$ 85,421.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	NYC DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT 123 WILLIAM STREET NEW YORK, NY 10038	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	THE JUDITH C. WHITE FOUNDATION, INC. 14 VANDERVENTER AVENUE, STE 101 PORT WASHINGTON, NY 11050	\$ 53,694.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	EUGENE M. LANG FOUNDATION 33 WEST 60TH STREET, 2ND FLOOR NEW YORK, NY 10023	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	MIRIAM AND ARTHUR DIAMOND CHARITABLE TRUST C/O WITHERS BERGMAN LLP, 30 PARK AVENUE - 10TH FLOOR NEW YORK, NY 10022	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	JEWISH PHILANTHROPIC FUND OF 1933, INC. 520 EIGHTH AVENUE, 5TH FLOOR NEW YORK, NY 10018	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SELFHELP COMMUNITY SERVICES, INC.	Employer identification number 13-1624178
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	NATIONAL FUND OF THE REPUBLIC OF AUSTRIA FOR VICTIMS OF NATIONAL SOCIAL KIRCHBERGGASSE VIENNA, AUSTRIA	\$ 32,420.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	HELEN AND RITA LURIE FOUNDATION C/O FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP, 1 NEW YORK PLAZA NEW YORK, NY 10004	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	TEMPLE EMANU-EL PHILANTHROPIC FUND ONE EAST 65TH STREET NEW YORK, NY 10065	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	SEPHARDIC FOUNDATION ON AGING 3 COLUMBUS CIRCLE, 15TH FLOOR NEW YORK, NY 10019-8716	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	DORMITORY AUTHORITY OF THE STATE OF NEW YORK 515 BROADWAY ALBANY, NY 12207	\$ 22,631.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	NASH FAMILY FOUNDATION ONE ROCKEFELLER PLAZA, SUITE 1400 NEW YORK, NY 10020	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SELFHELP COMMUNITY SERVICES, INC.	Employer identification number 13-1624178
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	CAPITAL ONE BANK 299 PARK AVE FL 14 NEW YORK, NY 10171-1600	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	GEMILUTH CHESSED OF GREATER NEW YORK, INC. C/O SKP, 1675 BROADWAY, 20TH FLOOR NEW YORK, NY 10019	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	CATHAY BANK FOUNDATION 9650 FLAIR DRIVE EL MONTE, CA 91731	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SELFHELP COMMUNITY SERVICES, INC.	Employer identification number 13-1624178
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization SELFHELP COMMUNITY SERVICES, INC.	Employer identification number 13-1624178
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization SELFHELP COMMUNITY SERVICES, INC.	Employer identification number 13-1624178
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		3,413.
j Total. Add lines 1c through 1i			3,413.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

SELFHELP COMMUNITY SERVICES, INC. ("SELFHELP") REPORTS ITS LOBBYING EXPENDITURES ON SCHEDULE C, PART II-B. SELFHELP HAS NOT ELECTED THE EXPENDITURE TEST UNDER INTERNAL REVENUE CODE SECTION 501(H) FOR MEASURING LOBBYING ACTIVITY BY FILING THE OPTIONAL FORM 5768. AS A NONELECTING ORGANIZATION, SELFHELP USES THE "SUBSTANTIAL" PART

Part IV Supplemental Information (continued)

ACTIVITY TEST AND HAS DETERMINED THAT SELFHHELP'S LOBBYING ACTIVITY AMOUNTS TO AN INSUBSTANTIAL AMOUNT OF ITS NONPROFIT'S TOTAL EXPENDITURES.

LINE 1I: LOBBYING SERVICES WERE PROVIDED TO SELFHHELP COMMUNITY SERVICES, THE MAJORITY OF WHICH RELATED TO FUNDING FOR OUR VARIETY OF PROGRAMS THAT SERVE OUR CLIENTS. THE TOTAL AMOUNT INCURRED FOR SUCH SERVICES WAS \$3,413.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: SELFHELP COMMUNITY SERVICES, INC. Employer identification number: 13-1624178

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

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

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.; 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X; 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		6,020,872.	5,084,859.	936,013.
d Equipment		6,879,614.	5,430,852.	1,448,762.
e Other		1,563,434.	1,298,678.	264,756.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,649,531.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM RELATED PARTIES	4,657,367.
(2) GUARDIANSHIP ASSETS HELD IN TRUST	28,203,483.
(3) ASSETS HELD FOR DEFERRED COMPENSATION	2,649,235.
(4) SECURITY DEPOSITS	300,313.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	35,810,398.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION PAYABLE	3,256,656.
(3) DEFERRED RENT PAYABLE	1,037,855.
(4) DUE TO RELATED PARTIES	2,693,649.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,988,160.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	106,909,274.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-3,986,946.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	13,932,996.
e	Add lines 2a through 2d	2e	9,946,050.
3	Subtract line 2e from line 1	3	96,963,224.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	96,963,224.

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

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

1	Total expenses and losses per audited financial statements	1	116,800,012.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	19,827,178.
e	Add lines 2a through 2d	2e	19,827,178.
3	Subtract line 2e from line 1	3	96,972,834.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	96,972,834.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

THE ORGANIZATION MAINTAINS THE FIDUCIARY ACCOUNTS FOR THE COMMUNITY GUARDIAN PROGRAM AND THE HOLOCAUST SURVIVOR FINANCIAL MANAGEMENT UNIT, WHICH ARE REFLECTED IN THE BALANCE SHEET SINCE THE ORGANIZATION MANAGES THESE ASSETS ON BEHALF OF THE CLIENTS.

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS

Part XIII Supplemental Information (continued)

FOR PERIODS PRIOR TO JUNE 30, 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE OF AFFILIATES INCLUDED IN CONSOLIDATED FINANCIAL 13,932,996.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF AFFILIATES INCLUDED IN CONSOLIDATED FINANCIAL 19,827,178.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **SELFHELP COMMUNITY SERVICES, INC.** Employer identification number **13-1624178**

Part I General Information on Grants and Assistance

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

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

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

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

3 Enter total number of other organizations listed in the line 1 table ▶ _____

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Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HOLOCAUST SURVIVOR / SOCIAL SERVICES PROGRAM - CASH ASSISTANCE FOR RENT, MEDICAL EXPENSES, CLOTHING, FURNITURE, AND BASIC NECESSITIES	783	2,026,932.	0.		

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

PART I, LINE 2:

ASSISTANCE PROVIDED TO INDIVIDUALS IS BASED ON FINANCIAL NEED, WHICH IS DETERMINED BY PROGRAMMATIC MANAGEMENT. ALL GRANTS ARE TRACKED SEPARATELY FOR PROGRAMMATIC STAFF RESPONSIBLE FOR FUNDS TO ENSURE THAT FUNDS ARE USED FOR INTENDED PURPOSES. SUCH STAFF ENSURES THAT ELIGIBILITY REQUIREMENTS ARE MET AND LOGS ARE KEPT TO ENSURE THAT THE TOTAL DISBURSEMENTS ARE WITHIN SPECIFIED AMOUNTS. THE LOGS ARE RECONCILED WITH FINANCE DEPARTMENT QUARTERLY.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

SELFHELP COMMUNITY SERVICES, INC.

Employer identification number

13-1624178

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

SELFHELP IS A NOT-FOR-PROFIT ORGANIZATION DEDICATED TO MAINTAINING THE
INDEPENDENCE AND DIGNITY OF SENIORS AND AT-RISK POPULATIONS THROUGH A
SPECTRUM OF HOUSING, HOME HEALTH CARE, AND SOCIAL SERVICES AND WILL
LEAD IN APPLYING NEW METHODS AND TECHNOLOGIES TO ADDRESS CHANGING NEEDS
OF ITS COMMUNITY. SELFHELP WILL CONTINUE TO SERVE AS THE "LAST
SURVIVING RELATIVE" TO ITS HISTORIC CONSTITUENCY, VICTIMS OF NAZI
PERSECUTION.

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

NIMBLE, READY-TO-ACT TASK FORCE WOULD BE NECESSARY TO ADDRESS IMMEDIATE
PLANNING, POLICY AND PROCEDURAL MATTERS, SPECIAL STAFF AND CLIENT
ISSUES, AND UNFORESEEN CIRCUMSTANCES. A COVID RESPONSE TEAM WAS
IMMEDIATELY ESTABLISHED WITH 24-HOUR RESPONSIBILITY, COMPRISED OF
SEVERAL MEMBERS OF SELFHELP'S SENIOR MANAGEMENT TEAM.

OUR FIRST CONCERN WAS FOR THE SAFETY OF OUR EMPLOYEES. WE DEVELOPED A
WORK FROM HOME PLAN THAT WAS IMPLEMENTED WITHIN 48 HOURS AND
CONTINUOUSLY MONITORED GOVERNMENT GUIDANCE, ADJUSTED OUR POLICIES AS
APPROPRIATE, AND KEPT STAFF ADVISED.

SECONDLY, WE WANTED TO MAKE SURE THAT SELFHELP'S FINANCES WOULD BE
SECURE, THEREFORE, IN THE FIRST WEEK, WE CONTACTED ALL OF OUR FUNDING
SOURCES AT CITY AND STATE AGENCIES, MANAGED CARE COMPANIES AND MANY
FOUNDATIONS THAT HAD GRANTED US FUNDS IN THE NORMAL COURSE OF BUSINESS.
WE RECEIVED COMMITMENTS FOR ONGOING FUNDING.

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Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization SELFHELP COMMUNITY SERVICES, INC.	Employer identification number 13-1624178
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OUR THIRD AREA OF PRIORITY WAS COMMUNICATIONS. WE IMMEDIATELY DEVELOPED A COMMUNICATIONS PLAN FOR OUR 450 EMPLOYEES AT HOME, 1500 HOME CARE WORKERS, OUR BROADER SUPPORTIVE COMMUNITY, AND OUR BOARDS OF DIRECTORS. OUR FOUNDERS IN 1936 HAD NO ROADMAP OR PRIOR EXPERIENCE WITH THE HUMAN KIND INJUSTICE OF THE HOLOCAUST, YET THEY MANAGED TO AID AND SAVE COUNTLESS PEOPLE WHO MAY VERY WELL HAVE PERISHED IF NOT FOR THEIR INGENUITY AND LIFE-SAVING ACTIONS. AND ONCE SAFE IN THE NEW LAND, SELFHELP'S FOUNDERS DID NOT STOP THERE. THEY WENT ON TO BUILD AN ORGANIZATION THAT WOULD SUPPORT HOLOCAUST SURVIVORS, "UNTIL THERE ARE NO MORE".

IT IS RESILIENCE AND INGENUITY THAT GUIDES OUR ABILITY TO THRIVE WITHIN CHANGE AND CAN BE RELIED UPON TO GOVERN SELFHELP IN THE YEARS AHEAD.

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

THE FORM 990 IS REVIEWED BY MANAGEMENT AND THE FINANCE COMMITTEE AND A COMPLETE COPY OF THE RETURN IS PROVIDED ELECTRONICALLY TO THE ENTIRE BOARD PRIOR TO FILING WITH THE IRS.

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

ALL OFFICERS, DIRECTORS AND EXECUTIVE STAFF EMPLOYEES OF THE ORGANIZATION ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST STATEMENT. IF A CONFLICT ARISES DURING THE YEAR, THEN SUCH OFFICER OR DIRECTOR AT THEIR FIRST KNOWLEDGE OF THE TRANSACTION IS REQUIRED TO FULLY DISCLOSE THE PRECISE NATURE OF THE INTEREST OR INVOLVEMENT. THE BOARD OF DIRECTORS WILL EVALUATE THE EXISTENCE OF ANY CONFLICT OF INTEREST. OFFICERS OR DIRECTORS OF THE ORGANIZATION WHO HAVE DECLARED OR BEEN FOUND TO HAVE A POTENTIAL

Name of the organization SELFHELP COMMUNITY SERVICES, INC.	Employer identification number 13-1624178
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CONFLICT OF INTEREST IN ANY MATTER INVOLVING TRANSACTIONS WITH THE ORGANIZATION MUST REFRAIN FROM PARTICIPATING IN CONSIDERATION OF THE PROPOSED TRANSACTIONS, UNLESS REQUESTED BY THE BOARD OR THE ADMINISTRATION TO PROVIDE INFORMATION OR INTERPRETATION CONCERNING THE TRANSACTION. THE PERSON INVOLVED CANNOT VOTE ON SUCH MATTERS AND MUST NOT BE PRESENT AT THE TIME OF THE VOTE. THE CHAIRPERSON OF THE BOARD IS RESPONSIBLE FOR THE ADMINISTRATION OF THE CONFLICT OF INTEREST POLICY.

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

THE PROCESS THAT SELFHELP COMMUNITY SERVICES USES FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S CEO AND OTHER TOP MANAGEMENT IS MODELED AFTER THE REQUIREMENTS IN INTERNAL REVENUE CODE SECTION 4958 TO ESTABLISH THE PRESUMPTION OF REASONABLE COMPENSATION. COMPENSATION WAS REVIEWED AND APPROVED BY A COMPENSATION COMMITTEE (THE COMMITTEE) OF THE BOARD, WHICH IS COMPRISED OF INDEPENDENT PERSONS. THE COMMITTEE ENGAGES AN INDEPENDENT COMPENSATION CONSULTANT THAT PRESENTS COMPARABLE MARKET DATA FROM PUBLISHED SURVEYS OF COMPARABLE ORGANIZATIONS IN EVALUATING THE COMPENSATION FOR EACH INDIVIDUAL. FOR 2022, THE COMMITTEE RECEIVED THE CONSULTANT'S REPORT AND SALARY SURVEY AS ASSESSED IN COMPARISON TO MARKET MOVEMENT AND SELFHELP'S EXECUTIVE COMPENSATION. THE COMMITTEE CONDUCTED A REVIEW OF THIS COMPARABILITY DATA AND DOCUMENTED ITS DELIBERATION AND DISCUSSION IN MINUTES THAT ARE RETAINED WITH THE OTHER GOVERNANCE MATERIALS OF THE ORGANIZATION. THE COMMITTEE FOLLOWED THE PROCESS TO ESTABLISH THE PRESUMPTION THAT COMPENSATION PAID TO THE CEO AND OTHER TOP MANAGEMENT FOR PURPOSES OF SECTION 4958 BY RELYING ON PROFESSIONAL ADVICE IN THE WRITTEN OPINION OF REASONABLENESS FROM THE INDEPENDENT COMPENSATION CONSULTANT. THE PROCESS AS DESCRIBED ABOVE WAS LAST CONDUCTED IN 2022.

Name of the organization SELFHELP COMMUNITY SERVICES, INC.	Employer identification number 13-1624178
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FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **SELFHELP COMMUNITY SERVICES, INC.** Employer identification number **13-1624178**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
KENSINGTON CHURCH AVENUE PROPERTIES, LLC 520 EIGHTH AVENUE, 5TH FLOOR NEW YORK, NY 10018	REAL ESTATE	NEW YORK	0.	0.	SELFHELP COMMUNITY SERVICES, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SELFHELP SPECIAL FAMILY HOME CARE, INC. - 13-3801721, 520 EIGHTH AVENUE, 5TH FLOOR, NEW YORK, NY 10018	PROVIDER OF HOME HEALTH CARE SERVICES	NEW YORK	501(C)(3)	LINE 10	SELFHELP COMMUNITY SERVICES, INC.	X	
UNITED HELP/SELFHELP HOUSING FOR THE ELDERLY HDFC - 13-3753607, 520 EIGHTH AVENUE, 5TH FLOOR, NEW YORK, NY 10018	65 UNIT MULTI-FAMILY RENTAL PROPERTY	NEW YORK	501(C)(3)	LINE 10	SELFHELP COMMUNITY SERVICES, INC.	X	
SELFHELP/UNITED HELP KISSENA APTS., HDFC, INC. - 13-4028905, 520 EIGHTH AVENUE, 5TH FLOOR, NEW YORK, NY 10018	70 UNIT MULTI-FAMILY RENTAL PROPERTY	NEW YORK	501(C)(3)	LINE 10	SELFHELP COMMUNITY SERVICES, INC.	X	
SELFHELP COMMUNITY SERVICES HOME ATTENDANT CORP. - 13-3157319, 520 EIGHTH AVENUE, 5TH FLOOR, NEW YORK, NY 10018	PROVIDER OF HOME ATTENDANT SERVICES. NO LONGER ACTIVE.	NEW YORK	501(C)(3)	LINE 10	SELFHELP COMMUNITY SERVICES, INC.	X	

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

Schedule R (Form 990) 2021

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
KIMMEL HOUSING DEVELOPMENT FOUNDATION, INC. - 26-2357993, 520 EIGHTH AVENUE, 5TH FLOOR, NEW YORK, NY 10018	DEVELOP HOUSING FOR FAMILIES IN NEED	NEW YORK	501(C)(3)	LINE 7	SELFHELP COMMUNITY SERVICES, INC.	X	
APEX COMMUNITY HOUSING DEVELOPMENT ORGANIZATION, INC. - 74-3196728, 520 EIGHTH AVENUE, 5TH FLOOR, NEW YORK, NY 10018	DEVELOP HOUSING FOR FAMILIES IN NEED. NO LONGER ACTIVE.	NEW YORK	501(C)(3)	LINE 7	SELFHELP COMMUNITY SERVICES, INC.	X	
APEX HOUSING DEVELOPMENT FUND CORPORATION - 11-3567818, 520 EIGHTH AVENUE, 5TH FLOOR, NEW YORK, NY 10018	DEVELOP HOUSING FOR FAMILIES IN NEED	NEW YORK	501(C)(3)	LINE 7	SELFHELP COMMUNITY SERVICES, INC.	X	
FELLOWSHIP FUND FOR THE AGED HOUSING COMPANY - 13-6119740, 520 EIGHTH AVENUE, 5TH FLOOR, NEW YORK, NY 10018	FEE TITLE HOLDER K-I PROPERTY	NEW YORK	501(C)(3)	LINE 12B, II	SELFHELP COMMUNITY SERVICES, INC.	X	
45TH AVENUE HOUSING COMPANY - 13-2623899 520 EIGHTH AVENUE, 5TH FLOOR NEW YORK, NY 10018	FEE TITLE HOLDER K-II PROPERTY	NEW YORK	501(C)(3)	LINE 12B, II	SELFHELP COMMUNITY SERVICES, INC.	X	
S. H. HOUSING DEVELOPMENT FUND CORPORATION - 13-2998607, 520 EIGHTH AVENUE, 5TH FLOOR, NEW YORK, NY 10018	FEE TITLE HOLDER K-III PROPERTY	NEW YORK	501(C)(3)	LINE 12B, II	SELFHELP COMMUNITY SERVICES, INC.	X	
UNITED HELP/SELFHELP SHELTERED EXTENSION, INC. - 13-3378578, 520 EIGHTH AVENUE, 5TH FLOOR, NEW YORK, NY 10018	FEE TITLE HOLDER K-IV PROPERTY	NEW YORK	501(C)(3)	LINE 12B, II	SELFHELP COMMUNITY SERVICES, INC.	X	
333 LENOX HOUSING DEVELOPMENT FUND CORPORATION - 90-0918703, 520 EIGHTH AVENUE, 5TH FLOOR, NEW YORK, NY 10018	DEVELOP HOUSING FOR FAMILIES IN NEED	NEW YORK	501(C)(4)		SELFHELP COMMUNITY SERVICES, INC.	X	
6469 BROADWAY HOUSING DEVELOPMENT FUND - 46-2996121, 520 EIGHTH AVENUE, 5TH FLOOR, NEW YORK, NY 10018	DEVELOP HOUSING FOR FAMILIES IN NEED	NEW YORK	501(C)(4)		SELFHELP COMMUNITY SERVICES, INC.	X	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SELFHELP ASSOCIATES, L.P. - 20-4479166, 208-11 26TH AVENUE, BAYSIDE, NY 11360	LOW INCOME HOUSING TAX CREDIT PROJECTS	NY	SELFHELP APARTMENTS INC.	RELATED	0.	0.		X	N/A		X	.00%
SELFHELP (KIV) ASSOCIATES, L.P. - 45-0550382, 138-52 ELDER AVENUE, FLUSHING, NY 11355	LOW INCOME HOUSING TAX CREDIT PROJECTS	NY	SELHELP (KIV) APARTMENTS, INC.	RELATED	0.	0.		X	N/A		X	.00%
SELFHELP (KI-KII) MANAGER, LLC - 80-0442187, 520 EIGHTH AVENUE, 5TH FLOOR, NEW YORK, NY 10018	LOW INCOME HOUSING TAX CREDIT PROJECTS	NY	SELFHELP COMMUNITY SERVICES, INC.	RELATED	0.	0.		X	N/A		X	100%
SELFHELP (KI-KII) ASSOCIATES, LLC - 80-0442196, 520 EIGHTH AVENUE, 5TH FLOOR, NEW YORK, NY 10018	LOW INCOME HOUSING TAX CREDIT PROJECTS	NY	SELFHELP (KI-KII) MANAGER, LLC	RELATED	0.	0.		X	N/A		X	.00%

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
6469 BROADWAY SELFHELP ASSOCIATES, LLC - 46-0965938, 520 EIGHTH AVENUE, 5TH FLOOR, NEW YORK, NY 10018	LOW INCOME HOUSING TAX CREDIT PROJECTS	NY	6469 BROADWAY HOUSING DEVELOPMENT	C CORP	0.	0.	.00%		X
APEX SENIOR HOUSING CORP - 01-0558247 520 EIGHTH AVENUE, 5TH FLOOR NEW YORK, NY 10018	LOW INCOME HOUSING	NY	APEX HOUSING DEVELOPMENT FUND	C CORP	0.	0.	.00%		X
APEX II HOUSING DEVELOPMENT FUND CORP - 39-2058559, 520 EIGHTH AVENUE, 5TH FLOOR, NEW YORK, NY 10018	LOW INCOME HOUSING	NY	SELFHELP COMMUNITY SERVICES	C CORP	0.	0.	100%	X	
SELFHELP HOUSING DEVELOPMENT FUND CORPORATION - 20-5108354, 520 EIGHTH AVENUE, 5TH FLOOR, NEW YORK, NY 10018	FEE TITLE HOLDER K-III PROPERTY	NY	SELFHELP COMMUNITY SERVICES	C CORP	0.	0.	100%	X	
S. H.(KIV) HOUSING DEVELOPMENT FUND COMPANY, INC. - 30-0414093, 520 EIGHTH AVENUE, 5TH FLOOR, NEW YORK, NY 10018	FEE TITLE HOLDER K-IV PROPERTY	NY	SELFHELP COMMUNITY SERVICES	C CORP	0.	0.	100%	X	

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
6469 BROADWAY SELFHELP, LLC - 46-0951049, 520 EIGHTH AVENUE, 5TH FLOOR, NEW YORK, NY 10018	LOW INCOME HOUSING TAX CREDIT PROJECTS	NY	6469 BROADWAY MANAGER LLC	RELATED	0.	0.		X	N/A	X		.00%
6469 BROADWAY MANAGERS, LLC - 32-0412524, 520 EIGHTH AVENUE, 5TH FLOOR, NEW YORK, NY 10018	LOW INCOME HOUSING TAX CREDIT PROJECTS	NY	6469 BROADWAY SELFHELP ASSOCIATES LLC	RELATED	0.	0.		X	N/A	X		.00%
SELFHELP (KVII) ASSOCIATES, LLC - 27-3520250, 520 EIGHTH AVENUE, 5TH FLOOR, NEW YORK, NY 10018	LOW INCOME HOUSING TAX CREDIT PROJECTS	NY	SELFHELP (KI-KII) MANAGER, LLC	RELATED	0.	0.		X	N/A	X		.00%
APEX SENIOR CITIZEN HOUSING L.P. - 11-3574745, 520 EIGHTH AVENUE, 5TH FLOOR, NEW YORK, NY 10018	LOW INCOME HOUSING TAX CREDIT PROJECTS	NY	APEX SENIOR HOUSING CORP	RELATED	0.	0.		X	N/A	X		.00%
APEX II LLC - 11-3803745 520 EIGHTH AVENUE, 5TH FLOOR NEW YORK, NY 10018	LOW INCOME HOUSING TAX CREDIT PROJECTS	NY	APEX SENIOR HOUSING CORP	RELATED	0.	0.		X	N/A	X		.00%
APEX II MANAGERS LLC - 33-1167463, 520 EIGHTH AVENUE, 5TH FLOOR, NEW YORK, NY 10018	LOW INCOME HOUSING TAX CREDIT PROJECTS	NY	APEX SENIOR HOUSING CORP	RELATED	0.	0.		X	N/A	X		.00%

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SELFHELP (K-IV) APARTMENTS, INC. - 45-0550379, 520 EIGHTH AVENUE, 5TH FLOOR, NEW YORK, NY 10018	LOW INCOME HOUSING TAX CREDIT PROJECTS	NY	S,H. HOUSING DEVELOPMENT FUND	C CORP	0.	0.	.00%		X
SELFHELP APARTMENTS, INC. - 20-4478925 520 EIGHTH AVENUE, 5TH FLOOR NEW YORK, NY 10018	LOW INCOME HOUSING TAX CREDIT PROJECTS	NY	S,H. HOUSING DEVELOPMENT FUND	C CORP	0.	0.	.00%		X
SH 333 LENOX, LLC - 47-2169598 520 EIGHTH AVENUE, 5TH FLOOR NEW YORK, NY 10018	LOW INCOME HOUSING TAX CREDIT PROJECTS	NY	SELFHELP COMMUNITY SERVICES	C CORP	0.	16,760,826.	100%	X	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SELFHELP/UNITED HELP KISSENA APTS. HDFC, INC.	Q	92,953.	COST
(2) UNITED HELP/SELFHELP HOUSING FOR THE EDERLY DEV. FUND CO., INC.	Q	101,409.	COST
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

6469 BROADWAY SELFHHELP ASSOCIATES, LLC

DIRECT CONTROLLING ENTITY: 6469 BROADWAY HOUSING DEVELOPMENT FUND

NAME OF RELATED ORGANIZATION:

APEX SENIOR HOUSING CORP

DIRECT CONTROLLING ENTITY: APEX HOUSING DEVELOPMENT FUND CORPORATION

NAME OF RELATED ORGANIZATION:

SELFHHELP (K-IV) APARTMENTS, INC.

DIRECT CONTROLLING ENTITY: S.H. HOUSING DEVELOPMENT FUND CORPORATION

NAME OF RELATED ORGANIZATION:

SELFHHELP APARTMENTS, INC.

DIRECT CONTROLLING ENTITY: S.H. HOUSING DEVELOPMENT FUND CORPORATION