## Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

B Creatly regeleable   Common designation of City Mission of Schenoctady   D temployer interferent enhancement	Α	For the	2015 çalen	dar year, or tax y	year begii	nning		, 2015,	, and end	ding		,		
Number of voting members of the governing body (Part VI, line 1b)   1   1   1   1   1   1   1   1   1	В	Check if a	pplicable:	C Name of organiza	ation Cit	ty Missi	on of S	chenectad	dy		D Employ	yer identif	fication number	
Modes   March   Modes   March   Modes   March   Marc		Addr	ress change					-			14-	14036	552	
City of tear, about a province, country, and ZP or furning nestal code  Schemetzady  Schemetzady  Schemetzady  Schemetzady  Fine and address of principle officiar  Herbitade Saccocia 425 Basil Iton Street Schiemectady NY 12301  Take-eariny Status  Kipsing(0)  Single   *** Monitor of the Committee Schiemectady NY 12301  Who better: *** Who city mission concornation and the Committee Schiemectady NY 12301  The Committee Schiemectady NY 12301  Who better: *** Who city mission concornation and the Committee Schiemectady NY 12301  The Committee Schiemectady NY 12301  The Schiemectady NY 12301  The Committee Schiemectady NY 12301  The Schiemectady NY 12301  The Schiemectady NY 12301  The Schiemectady NY 12301  The Committee Schiemectady NY 12301  The Committee Schiemectady NY 12301  The Schiemectady NY 12301  The Committee Schiemectady NY 12301  The Committee Schiemectady NY 12301  The Schiemectady NY 12301  The Committee Schiem		Nam	e change	Number and stre	et (or P.O. bo	x if mail is not de	elivered to street a	address)	Roc	m/suite	E Teleph	one numbe	er	
City of tear, about a province, country, and ZP or furning nestal code  Schemetzady  Schemetzady  Schemetzady  Schemetzady  Fine and address of principle officiar  Herbitade Saccocia 425 Basil Iton Street Schiemectady NY 12301  Take-eariny Status  Kipsing(0)  Single   *** Monitor of the Committee Schiemectady NY 12301  Who better: *** Who city mission concornation and the Committee Schiemectady NY 12301  The Committee Schiemectady NY 12301  Who better: *** Who city mission concornation and the Committee Schiemectady NY 12301  The Committee Schiemectady NY 12301  The Schiemectady NY 12301  The Committee Schiemectady NY 12301  The Schiemectady NY 12301  The Schiemectady NY 12301  The Schiemectady NY 12301  The Committee Schiemectady NY 12301  The Committee Schiemectady NY 12301  The Schiemectady NY 12301  The Committee Schiemectady NY 12301  The Committee Schiemectady NY 12301  The Schiemectady NY 12301  The Committee Schiem		Initia	ıl retum	425 Hamilt	ton Sta	reet.					(51	8) 34	16-2275	
Schenectacity NY 12305 Genomenture 55-9017, 8615.    Application participal Filter and address of protopol officer:   Richael Societic 125 itemaiton Street Schenectacity NY 12301   NV   Application participal Societic 125   Remark address of protopol officer:   No.   Application   No.		$\vdash$					or foreign posta	l code			<del> </del>	<del></del>		
Application perding   Figure and address of princed officer.   Not princed   Not   12301   Not princed   Not pri		<b>├</b> ─┤		Schenectad	117			. NY	1230	5	G Gross	eceipts \$	5.907.86	5.
Take-empt status   Kighted   Secorcio   25 Hamilton   Street   Scheme-ct-ady   NY 1230   Not	•	<del>  </del>				l officer:			1230					
Tancement islatus							ot Sahan	octadu Ni	v 1230	H(b) Are al	l subordinates	included?		P
Website:	1	Tay ov								if 'No,	' attach a list.	see instru	ctions)	
Representation   X  Corporation   Toust   Association   Other   L Year of tormston: 1908   M State of Repair dominicies: NY	<del>-</del>		<del></del>		<u> </u>		(moereno.)	4747 (d)(1) 01	1 1021		avamation of	ımhar 🕨		
Provide   Services   For the Needy 6   Eomeless								1.					T. Islinian In	<del></del>
Briefly describe the organization's mission or most significant activities:   Provide Services for the Needy & Homeless					Frust	Association	Other		Year or torn	ation: 190	0 m	State of seg	gas domiche. 14	1
2 Check this box *   if the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of voting members of the governing body (Part VI, line 1a).   3   9.   4 Number of independent voting members of the governing body (Part VI, line 1b).   4   8.   5 Total number of independent voting members of the governing body (Part VI, line 2a).   5   5   13.   7 a Total number of volunidates required in cealendar year 2016 (Part VI, line 2a).   6   3.7.33   7 a Total number of volunidates required in cealendar year 2016 (Part VI, line 2b).   6   3.7.33   7 a Total number of volunidates required in cealendar year 2016 (Part VI, line 2b).   6   3.7.33   7 a Total number of volunidates required in cealendar year 2016 (Part VI, line 2b).   7   0.   b Net unrelated business revenue for Part VIII, column (C), line 12   7   0.   b Net unrelated business taxable income from Form 990-T, line 34.   7   0.   current Year   7   0.   2.   115, 888.   4, 722, 268.   7   10   10   10   10   10   10   10   1	148	int has	Summar	<u>y</u>			wificant activ	illian D		0	- E 1	- l NI-	and the	
B   Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year		1 E	rietly describ	e the organization	n's missio	n or most sig	gnificant activ	ities: Pi	roviae	_Service	s_for_t	ne Ne	ecy & no	meress
B   Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year	eg	-												
B   Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year	뗦	-	<b>-</b>	<b></b>			<del></del>						<del></del> -	
B   Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year	le II	ء ۾ ا					od ito operatio	ne or dienoee						
B   Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year	වූ	3 1		ting members of	rganizatio the govern	n alsconanae ina hody (P:	art VI line 1a	)	o oi inoi	C III al 1 25 /6				8
B   Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year	જ	4 1												
B   Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year	es	5 T												
B   Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year	₹	6 T	otal number	of volunteers (es	timate if n	ecessary) -						6		
B   Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year	ğ	7a 1										7a		
Prior Year   Current Year   Survent Year   Survent Year   4, 115, 888.   4, 722, 268.   4, 722, 268.   4, 722, 268.   323, 393.   436, 242.   10   Investment income (Part VIII, column (A), lines 3, 4, and 7d)   83, 373.   159, 520.   110, 373.   12   Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 1, 30.   123, 850.   109, 373.   12   Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 1, 30.   123, 850.   109, 373.   12   Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 1, 30.   13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   37, 278.   250, 599.   14   Benefits paid to or for members (Part IX, column (A), lines 4.   15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   2, 433, 161.   2, 917, 906.   16a   Professional fundraising fees (Part IX, column (A), line 11e)   34, 752.   48, 072.   17   Other expenses (Part IX, column (A), lines 13   170, 170, 170, 170, 170, 170, 170, 170,	-											7b		0.
9 Program service revenue (Part VIII, line 2g) 323, 934, 436, 242. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 23, 850, 109, 373. 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4, 647, 045, 5, 427, 403. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 1-3) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16). 21 Total isbilities (Part X, line 16). 22 Net assets of fund balances. Subtract line 21 from line 20 23 Total isbilities (Part X, line 26). 24 Net assets of fund balances. Subtract line 21 from line 20 25 Signature Block 25 Under penalties of partyry, Jecater that I have examined the party of complete. Declaration of preparer (pietr traper filter) beginning in Information of which preparer has any knowledge.  26 Primits name 27 Louis According Preparer 28 Primits address 29 Primits address 20 Total assets (Part X, line 26). 20 Primits address 20 Primits address 20 Preparer 21 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 25). 21 Primits address 21 Primits address 22 Primits address 24 Preparer signature 25 Primits address 26 Primits address 27 Airport Park Blvd 27 Park Blvd 27 Primits address 27 Airport Park Blvd 27 Primits address 27 Airport Park Blvd 27 Primits address 28 Primits address 28 Primits address 28 Primits address 29 Primits address 29 Primits address 20 Primits													Current	Year
9	-	8 0	Contributions	and grants (Part	VIII, line 1	h)					4,115,8	388.	4,72	2,268.
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	J.										323,	934.	43	6,242.
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	¥e.										83,3	373.	15	9,520.
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   37, 278.   250, 599.     14   Benefits paid to or for members (Part IX, column (A), lines 4)   5   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   2, 433, 161.   2, 917, 906.     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   2, 433, 161.   2, 917, 906.     16   Professional fundraising fees (Part IX, column (D), line 15)   422, 314.     17   Other expenses (Part IX, column (A), line 11-11d, 11f-24e)   1, 702, 701.   1, 753, 258.     18   Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   4, 207, 892.   4, 969, 835.     19   Revenue less expenses. Subtract line 18 from line 12   439, 153.   457, 568.     19   Beginning of Current Year   End of Year     20   Total assets (Part X, line 16)   592, 964.   604, 745.     21   Total liabilities (Part X, line 26)   592, 964.   604, 745.     22   Net assets or fund balances. Subtract line 21 from line 20   8, 694, 074.   8, 990, 514.     Partition of propries of perjury, declare that I have examined the propagation of propries (plant lyng) officer   10   10   10   10   10   10   10   1	æ										123,8	350.	10	9,373.
14 Benefits paid to or for members (Part IX, column (A), line 4)   15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   2,433,161.   2,917,906.   34,752.   48,072.   48,072.   16a Professional fundraising expenses (Part IX, column (A), line 25)   422,314.   17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).   1,702,701.   1,753,258.   17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).   1,702,701.   1,753,258.   19 Revenue less expenses. Subtract line 18 from line 12   439,153.   457,568.   19 Revenue less expenses. Subtract line 18 from line 12   439,153.   457,568.   19 Revenue less expenses. Subtract line 18 from line 12   439,153.   457,568.   10 Reginning of Current Year   10 Reginning of Current		12 7	Total revenue	- add lines 8 th	rough 11 (	(must equal 1	Part VIII, colu	ımn (A), line 1	2)		4,647,0	)45.	5,42	7,403.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 25)   18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 Net assets or fund balances. Subtract line 21 from line 20  26 Net assets or fund balances. Subtract line 21 from line 20  27 Net assets or fund balances. Subtract line 21 from line 20  28 Net assets or fund balances. Subtract line 21 from line 20  29 Net assets or fund balances. Subtract line 21 from line 20  20 Net assets or fund balances. Subtract line 21 from line 20  20 Net assets or fund balances. Subtract line 21 from line 20  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  20 Signature Block  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Signature Block  25 John A. Criscone, CPA John A.		13 (	Grants and si	milar amounts pa	id (Part IX	(, column (A)	, lines 1-3)				37,2	278.	25	0,599.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 25)   18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 Net assets or fund balances. Subtract line 21 from line 20  26 Net assets or fund balances. Subtract line 21 from line 20  27 Net assets or fund balances. Subtract line 21 from line 20  28 Net assets or fund balances. Subtract line 21 from line 20  29 Net assets or fund balances. Subtract line 21 from line 20  20 Net assets or fund balances. Subtract line 21 from line 20  20 Net assets or fund balances. Subtract line 21 from line 20  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  20 Signature Block  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Signature Block  25 John A. Criscone, CPA John A.		14 E	Benefits paid	to or for member	s (Part IX,	column (A),	line 4)							
16a Professional fundraising fees (Part IX, column (A), line 11e)   34,752.   48,072.		15 5	•		-					<del></del>	2,433,	161.	2,91	7,906.
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Revenue Block  24 Under penalties of perjury, declare that I have examined the 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 bales on all information of which preparer has any knowledge.  Print/Type preparer's name  Print/Type pre	ses	16a F		•										
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Revenue Block  24 Under penalties of perjury, declare that I have examined the 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 bales on all information of which preparer has any knowledge.  Print/Type preparer's name  Print/Type pre	ě									TE 450 (5 10 10 10 10 10 10 10 10 10 10 10 10 10	f 4 7 12 14 15 15 15 15 15 15 15 15 15 15 15 15 15	SUSPECION S		
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Revenue Block  24 Under penalties of perjury, declare that I have examined the 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 bales on all information of which preparer has any knowledge.  Print/Type preparer's name  Print/Type pre	X	ו פו									The state of the s			2 252
19 Revenue less expenses. Subtract line 18 from line 12 439,153. 457,568.  8 Beginning of Current Year End of Year  9,287,038. 9,595,259.  20 Total assets (Part X, line 16). 9,287,038. 9,595,259.  21 Total liabilities (Part X, line 26). 592,964. 604,745.  22 Net assets or fund balances. Subtract line 21 from line 20. 8,694,074. 8,990,514.  Partill Signature Block  Under penalties of perjury. Jeclare that I have examined the preturn, 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.  Signature of officer  Michael Saccocio Type or print name and title.  Print'ype preparer's name Preparer  John A. Criscone, CPA John A. Criscone, CPA 03/23/16 self-employed P00964913  Firm's name Firm's address Tatiport Park Blvd Firm's Elin 14-1800427  Latham NY 12110 Phone no. (518) 786-3550		17 (	•	•										
Beginning of Current Year  20 Total assets (Part X, line 16) 9, 287, 038 9, 595, 259.  21 Total liabilities (Part X, line 26) 592, 964 604, 745.  22 Net assets or fund balances. Subtract line 21 from line 20 8, 694, 074 8, 990, 514.  Particular Signature Block  Under penalties of perjury, declare that I have examined the 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  Michael Saccocio Type or print name and title.  Print/Type preparer's name Preparer  John A. Criscone, CPA John A. Criscone, CPA 03/23/16 self-employed P00964913  Firm's name Firm's name Firm's name Firm's address  Cusack & Company, CPAs LLC Firm's EIN 14-1800427  Latham NY 12110 Phone no. (518) 786-3550			•		•	•							<del></del>	
20 Total assets (Part X, line 16)			Revenue less	expenses. Subtr	ract line 18	from line 12	<u> </u>	<del> </del>						
Under penalties of perjury, 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  Michael Saccocio  Print/Type or print name and title.  Print/Type preparer's name Preparer's signature  John A. Criscone, CPA John A. Criscone, CPA 03/23/16 self-employed P00964913  Preparer Use Only  Firm's address  Cusack & Company, CPAs LLC  Firm's address  Airport Park Blvd  Latham  NY 12110  Phone no. (518) 786-3550	5 0													
Under penalties of perjury, 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  Michael Saccocio  Print/Type or print name and title.  Print/Type preparer's name Preparer's signature  Print/Type preparer's name Preparer's signature  John A. Criscone, CPA John A. Criscone, CPA 03/23/16 self-employed P00964913  Preparer Use Only  Firm's address  Airport Park Blvd Firm's address Phone no. (518) 786-3550	afar	20 7	,							• •				
Under penalties of perjury, 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  Michael Saccocio  Print/Type or print name and title.  Print/Type preparer's name Preparer's signature  Print/Type preparer's name Preparer's signature  John A. Criscone, CPA John A. Criscone, CPA 03/23/16 self-employed P00964913  Preparer Use Only  Firm's address  Airport Park Blvd Firm's address Phone no. (518) 786-3550	A P	21 7	Total liabilities	s (Part X, line 26)						• •	592,	964.	60	4,745.
Under penalties of perjury, 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  Michael Saccocio Type or print name and title.  Print/Type preparer's name Preparer's signature  Date  Check X if PTIN  Print/Type preparer's name Preparer's signature  O3/23/16  Prim's name Cusack & Company, CPAs LLC Firm's address Tairport Park Blvd Latham NY 12110 Phone no. (518) 786-3550	2,5	22 N	let assets or	fund balances. S	Subtract lin	e 21 from lin	ie 20				8,694,	74.	8,99	0,514.
Sign Here  Michael Saccocio Type or print name and title.  Print/Type preparer's name  Preparer's signature  John A. Criscone, CPA John A. Criscone, CPA 03/23/16  Preparer Use Only  Type or print name  Cusack & Company, CPAs LLC Firm's address  7 Airport Park Blvd  Latham  NY 12110  Phone no. (518) 786-3550													-	
Sign Here  Michael Saccocio Type or print name and title.  Print/Type preparer's name  Preparer's signature  John A. Criscone, CPA John A. Criscone, CPA 03/23/16  Preparer Use Only  Type or print name  Cusack & Company, CPAs LLC Firm's address  7 Airport Park Blvd  Latham  NY 12110  Phone no. (518) 786-3550	Und	er penaltie	s of perjury, dec	clare that I have exami	ned this return	n, including acco	mpanying schedu	les and statement	s, and to the	best of my kno	wledge and be	illef, it is to	ue, correct, and	
Michael Saccocio Type or print name and title.  Print/Type preparer's name  Preparer's signature  John A. Criscone, CPA John A. Criscone, CPA 03/23/16  Preparer Use Only  Michael Saccocio Type or print name and title.  Preparer's signature John A. Criscone, CPA John A. Criscone, CPA 03/23/16  Prim's name Cusack & Company, CPAs LLC Firm's address 7 Airport Park Blvd Latham NY 12110 Phone no. (518) 786-3550	com	plete. Dec	laration of prepar	er (other than officer) is	s based on at	information of w	nion preparer na:	s any knowledge.				<u></u>	······································	
Michael Saccocio Type or print name and title.  Print/Type preparer's name  Preparer's signature  John A. Criscone, CPA John A. Criscone, CPA 03/23/16  Preparer Use Only  Michael Saccocio Type or print name and title.  Preparer's signature John A. Criscone, CPA John A. Criscone, CPA 03/23/16  Prim's name Cusack & Company, CPAs LLC Firm's address 7 Airport Park Blvd Latham NY 12110 Phone no. (518) 786-3550			1	velace	Jace	ocio					5/13	16		
Michael Saccocio Type or print name and title.  Print/Type preparer's name Print/Type preparer's name Preparer  John A. Criscone, CPA John A. Criscone, CPA 03/23/16  Preparer Use Only  Michael Saccocio Type or print name and title.  Print/Type preparer's name Preparer's signature Oate Ocheck X if PTIN Self-employed P00964913  Firm's name Cusack & Company, CPAs LLC Firm's address 7 Airport Park Blvd  Latham NY 12110 Phone no. (518) 786-3550	Sig	gn	Signatu	re of officer	1					L.	late	•		
Print/Type preparer's name Preparer's signature  Date Check X if PTIN  John A. Criscone, CPA John A. Criscone, CPA 03/23/16  Preparer Use Only Firm's address  Cusack & Company, CPAs LLC  7 Airport Park Blvd  Latham  NY 12110  Phone no. (518) 786-3550			Mic	hael Sacco	cio .					Exec	utive	Direc	ctor/CEO	
Paid Preparer Use Only    Solid   Proper   Prim's name   Cusack & Company, CPAs LLC   Prim's address   Prim's address   Prim's address   Prim's address   Prim's address   Prim's EIN   Pri			Туре о	print name and title.										
Preparer Use Only Firm's address Cusack & Company, CPAs LLC Firm's EIN 14-1800427  Latham NY 12110 Phone no. (518) 786-3550			Print/Type p	reparer's name		Preparer's si	gnature		Date		Check	X if	PTIN	
Preparer Use Only Firm's address Cusack & Company, CPAs LLC Firm's EIN 14-1800427  Latham NY 12110 Phone no. (518) 786-3550	Pa	id	John A	A. Criscone	e, CPA	John A	. Crisco	one, CPA	03/2	3/16	self-employ	ed	P0096491	3
Use Only         Firm's address         7 Airport Park Blvd         Firm's EIN ► 14-1800427           Latham         NY 12110         Phone no. (518) 786-3550					· · · · · · · · · · · · · · · · · · ·							-		
Latham NY 12110 Phone no. (518) 786-3550											Firm's EIN	<u>* 14</u> -	-1800427	
		•	_					NY 1211	10		Phone no.			550
	Ma	v the IR	S discuss thi			hown above	? (see instruc							

3,988,912.

4 e Total program service expenses

## Form 990 (2015) City Mission of Schenectady 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)? If 'Yes,' complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
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? If 'Yes,' complete Schedule C, Part II	4		Х
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 Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	<b>a</b> Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
	<b>b</b> Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		Х
	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? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	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? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	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)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
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? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
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>	16		Х
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? If 'Yes,' complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

## Form 990 (2015) City Mission of Schenectady Part IV | Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
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? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
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		Х
24 8	a 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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25 a	a 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? If 'Yes,' complete Schedule L, Part I	25a		Х
ŀ	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? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If 'Yes', complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŀ	a family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV.	28b		Х
(	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	- 21
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes.' complete Schedule M			37
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	30 31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ŀ	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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 in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamillaring) withmost pot trains withmost?  2 a Entet the number of employees reported on Form W.3. Transmitted of Waga and Tax Statements, filled for the calendar year ending with or within the year covered by this return.  2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3 b If we shall telest one is reported on line 2a, did the organization file all required federal employment tax returns?  3 b If Yes has it filed a Form 990 Tor this year? If No In the 2b, provide an explanation in Schedule 0.  3 b If Yes has it filed a Form 990 Tor this year? If No In the 2b, provide an explanation in Schedule 0.  3 b If Yes has it filed a Form 990 Tor this year? If No In the 2b, provide an explanation in Schedule 0.  4 a 1 any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country:  5 b If Yes, enter the name of the foreign country:  5 a Was the organization apparty to a prohibited tax shelter transaction at any time during the tax year?  5 a D Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 b Did any taxable party notify the organization file Form 8886-T?  5 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 a Does the organization have accessed by the properties of tax post of the organization that any receive deductible contributions under section 170(c).  a Did the organization that may receive deductible contributions under section 170(c).  a Did the organization that may receive deductible contributions under section 170(c).  b If Yes, if the organization in the section of the value of the goods or services provided?  7	1 a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
(gambling) Winnings to prize winners?  2 a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 b If Yes has filled a From 90-17 to the kyear? If Wir in the 25, hyoride an explanation in 5:feedable (9, and 14) and 14 a Vary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts; -  4 a Vary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts; -  5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5 a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions have around gross receipts that are normally greater than \$100,000, and did the organization solicity and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions.  6 a Did the organization receive a payment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor.  7 a Was in the organization receive a payment in excess of \$75 made partly as contributions on a personal benefit cont	k	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
(gambling) Winnings to prize winners?  2 a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 b If Yes has filled a From 90-17 to the kyear? If Wir in the 25, hyoride an explanation in 5:feedable (9, and 14) and 14 a Vary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts; -  4 a Vary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts; -  5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5 a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions have around gross receipts that are normally greater than \$100,000, and did the organization solicity and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions.  6 a Did the organization receive a payment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor.  7 a Was in the organization receive a payment in excess of \$75 made partly as contributions on a personal benefit cont		Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
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5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b C it 1'res, it oin ine 5a or 5b, did the organization file Form 8868-T? 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible as charitable contributions? 6 a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 DY ST DID II of the organization notify the donor of the value of the goods or services provided? 7 DID II of the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8252? 8 DID II of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 DID II of the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 DID II of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 7 DID II of the organization smaintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization smaintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. 9 DID Section 501(c)(7) organization make and stribution to a donor, donor advised fund maintained by the sponsoring organizations. Enter: 10 Section 501(c)(7) organization make and stribution to a donor, donor advised funds and property organization	k	o If 'Yes,' enter the name of the foreign country: ►			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If Yes, 'to line 5a or 5b, did the organization file Form 8886-T?  6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 a bit Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8 Dif Yes,' did the organization only the donor of the value of the goods or services provided?  9 Did the organization shall exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  10 If Yes,' indicate the number of Forms 8282 filed during the year  10 If Yes,' indicate the number of Forms 8282 filed during the year  2 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  8 The strain to the sumber of Forms 8282 filed during the year or the rehicles, did the organization file Form 8899 as required?  9 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  10 Did the sponsoring organization make and stiribution to a donor, donor advisor, or related person?  9 Sponsoring organization make and stiribution to a donor, donor advisor, or related person?  9 Sponsoring organization make and stiribution to a donor, donor advisor, or		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		· · · · · · · · · · · · · · · · · · ·			
against amounts due or received from them.)					
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		against amounts due or received from them.)			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?			12 a		
a Is the organization licensed to issue qualified health plans in more than one state?		· · · · · · · · · · · · · · · · · · ·			
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b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	a		13 a		
which the organization is licensed to issue qualified health plans		·			
14a Did the organization receive any payments for indoor tanning services during the tax year?		which the organization is licensed to issue qualified health plans			
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O					Х
	k	o If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b	000	001-

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

	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	ction A. Governing Body and Management			
			Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year			
	b Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7	a 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?	7 a		Х
	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
		, ,		21
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?	0.5	37	
		8 a	X	-
•	b Each committee with authority to act on behalf of the governing body?	8 b	X	<del>                                     </del>
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? <i>If 'Yes,' provide the names and addresses in Schedule</i> O	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х	
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	15 a	Х	
	<b>b</b> Other officers or key employees of the organization	15 b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40 -		37
	taxable entity during the year?	16 a		X
	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed New York			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	– – – le	
	for public inspection. Indicate how you made these available. Check all that apply.  Own website  X Another's website  X Upon request  Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year.	e to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Timothy Castle 425 Hamilton Street, Schenectady, NY 12305 (5:	L8) 3	346-2	2275

## 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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any relation	ted organi	zatio	n co	mpe	ensa	ted ar	ny c	current officer, dire	ctor, or trustee.	
				(C)						
(A) Name and Title	(B) Average hours per	than	one	box, ι an of	inless fficer truste		n	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Timothy Castle	45.00									
C00				Χ				94,388.	0.	0.
(2) Michael Saccocio	50.00									
Exec Dir/CEO				Х				101,744.	0.	0.
_(3)_Nancy_Vanderhoef	1.00									
Trustee		Х						0.	0.	0.
_(4)_Bruce_Norman	_1.00									
Vice President		Х		Х				0.	0.	0.
_(5)_Stephen_Skinner	1.00									
Trustee		Х						0.	0.	0.
_(6)_Senecca_Hoerl	1.00									
Trustee		Х						0.	0.	0.
_(7)_Brock_Osborn	_1.00	3.5		3.5				_	_	
President		Х		Χ				0.	0.	0.
_(8)_Bernie_Socha	_1.00	Х						_	_	_
Trustee		X						0.	0.	0.
_(9)_ Sandra_Lonczak	_1.00	37		37				_	_	_
Secretary/Treasurer		Х		Χ				0.	0.	0.
(10) Chris Silipigno	45.00			Х				00 450	•	•
Director of Ministries	1 00			Λ				90,478.	0.	0.
(11) Dennis Walsh	1.00	Х							•	•
Trustee		Λ						0.	0.	0.
(12)										
<u>(13)</u>										
(14)										

Part VII   Section A. Officers, Directors, Tr		Key	En			es,	an	d Highest Con	pensated Emp	loyees	S (conti	inued)
	(B)			•	C)							
(A) Name and title	Average hours	box	, unle	ss pe	erson i	than o	an	(D) Reportable	<b>(E)</b> Reportable	Es	(F) timated	
	per week (list any		_	-		or/trust		compensation from the organization	compensation from related organizations	amou	nt of oth	er n
	hours	ndividual trustee or director	nstitutional trustee	Officer	Key employee	ghest	rme	(W-2/1099-MISC)	(W-2/1099-MISC)	orga	om the anization d related	r I
	related organiza - tions	ctor	onal		nploy	ee t com	_				anization	
	below	ruste	trust		8	pens						
	line)	0	ee			Highest compensated employee						
<u>(15)</u>												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total			<u></u>	<u>.</u>	<u> </u>		<b>&gt;</b>	286,610.	0.			0.
c Total from continuation sheets to Part VII, Sect	ion A						<b>&gt;</b>					
d Total (add lines 1b and 1c)							<u> </u>	286,610.	0.			0.
2 Total number of individuals (including but not limite from the organization ► 1	ed to those	listed	abo	ove)	who	rece	eive	d more than \$100,0	JUU of reportable cor	npensat	ion	
											Yes	No
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such it										. 3		Х
4 For any individual listed on line 1a, is the sum of re												
the organization and related organizations greater such individual	than \$150,	000?	If "Y	es'	com	plete	Scl	hedule J for 		. 4		Х
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compensat complete S	ion fr Schea	om a lule :	any <i>J foi</i>	unre r suc	lated h pe	l org	ganization or individ	dual 	. 5		X
Section B. Independent Contractors  1 Complete this table for your five highest compensations.	ted indene	nden	t cor	ntrad	ctors	that	rec	eived more than \$1	100 000 of			
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.												
(A) (B) (C) Name and business address Description of services Compensation												
2 Total number of independent contractors (including \$100,000 of compensation from the organization	_	nited	to th	ose	liste	ed ab	ove	) who received mo	re than			
wroo,ooo or compensation from the organization	0											

Form 990 (2015) City Mission of Schenectady 14-1403652 Part VIII Statement of Revenue (A) Total revenue (B) Revenue excluded from tax Related or Unrelated exempt business under sections function revenue 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns . . . . . 1 a **b** Membership dues . . . . . . 1 b **c** Fundraising events . . . . . . 1 c d Related organizations . . . . . 1 d e Government grants (contributions) . . 1 e f All other contributions, gifts, grants, and similar amounts not included above . . . 4,722,268 **g** Noncash contributions included in lines 1a-1f: 202,215 h Total. Add lines 1a-1f . . . . . . . . 4,722,268 Program Service Revenue **Business Code 2a** <u>Transitional Housing Fees 611710</u> 0 121,809 121,809 **b** Bridges Training Fees 900099 18,977 18,977 0 295,456 Ω c Program Service Contracts 900099 295,456 d f All other program service revenue . . 436,242 Investment income (including dividends, interest and 0 32,322 32,322 Income from investment of tax-exempt bond proceeds . . . 5 (i) Real (ii) Personal 6 a Gross rents . . . . . **b** Less: rental expenses c Rental income or (loss) . . (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 529,054 **b** Less: cost or other basis and sales expenses . . . 401,856 **c** Gain or (loss) . . . . 127,198 127,198 0 0 127,198. 8 a Gross income from fundraising events Other Revenue (not including . .\$ of contributions reported on line 1c). See Part IV, line 18. . . . . . . . . . . . . 187,979 **b** Less: direct expenses . . . . . . . b 78,606 c Net income or (loss) from fundraising events . . . . . . . ▶ 109,373 0. 109,373. 9 a Gross income from gaming activities. See Part IV, line 19. . . . . . . . . . . **b** Less: direct expenses . . . . . . . . c Net income or (loss) from gaming activities . . . . . . . . ▶ 10a Gross sales of inventory, less returns and allowances . . . . . . . . . . . . . . . . . **b** Less: cost of goods sold . . . . . . c Net income or (loss) from sales of inventory . . . . . . . . Miscellaneous Revenue **Business Code** 11 a

427,403

436,242

0

268,893

d All other revenue . . . . . . .

## Part IX Statement of Functional Expenses

	Check if Schedule O contains a res	·		(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	221,168.	221,168.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	29,431.	29,431.		
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	286,610.	208,611.	67,825.	10,174.
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	2,001,548.	1,611,259.	312,540.	77,749.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	73,876.	58,781.	11,536.	3,559.
9	Other employee benefits	385,939.	307,084.	60,264.	18,591.
10	Payroll taxes	169,933.	135,212.	26,535.	8,186.
11	Fees for services (non-employees):	100 / 555.	133/211.	207333.	0/100.
a	Management				
k	Legal	275.	0.	275.	0.
c	Accounting	11,569.	0.	11,569.	0.
c	Lobbying	,		,	
e	Professional fundraising services. See Part IV, line 17 .	48,072.			48,072.
-	Investment management fees	8,654.	0.	8,654.	0.
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	125,047.	91,185.	1,341.	32,521.
12	Advertising and promotion	2,927.	1,554.	84.	1,289.
13	Office expenses	118,835.	66,302.	34,748.	17,785.
14	Information technology	56,626.	47,264.	7,424.	1,938.
15	Royalties				
16	Occupancy	220,786.	211,489.	9,297.	0.
17	Travel	36,522.	35,143.	973.	406.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,331.	10,395.	5,258.	678.
20	Interest	15,373.	15,373.	0.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	292,563.	282,189.	10,171.	203.
23	Insurance	26,594.	25,505.	1,079.	10.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Fundraising Expenses	177,966.	0.	0.	177,966.
	Donated Supplies & Food	124,791.	124,791.	0.	0.
	Food Purchases	305,481.	305,385.	96.	0.
C	Benevolence and Assistance	34,732.	34,732.	0.	0.
	All other expenses	178,186.	166,059.	11,239.	888.
25	Total functional expenses. Add lines 1 through 24e	4,969,835.	3,988,912.	580,908.	400,015.
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 □ if following  SOP 98-2 (ASC 958-720)				

### Part X Balance Sheet

(A) Beginning of year End of year 1 628,001 626,580. 2 2 875,627 1,020,824. 3 3 4 256,557 612,999 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. .... 6 7 Assets 8 36,000. 33,000 Prepaid expenses and deferred charges . . . . . . . 29,954 9 13,473. Land, buildings, and equipment: cost or other basis. 10 a 9,491, 036 10 b 10 c 3,338,814 6,351,560 6,152,222. 11 1,112,339 11 1,131,011 Investments – other securities. See Part IV, line 11 . . . . . . . . 12 12 Investments – program-related. See Part IV, line 11 . . . . . . 13 13 14 14 15 15 2,150 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 16 287 16 ,595,259 .03817 50,639 17 90,180 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . . . . . 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. 22 23 23 409,060 351,848. 24 24 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 . . . 25 133,265 25 162,717 592,964 26 604,745. Organizations that follow SFAS 117 (ASC 958), check here ▶ x and complete Balances lines 27 through 29, and lines 33 and 34. 27 27 7,800,260 7,927,819. 28 360,481 28 529,362. Fund 29 533 333 29 533,333 Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34. ö 30 Net Assets Paid-in or capital surplus, or land, building, or equipment fund . . . . . . . . . . . . . . . . . 31 31 Retained earnings, endowment, accumulated income, or other funds . . . . . . . 32 32 33 8,694,074 33 8,990,514. 34 9,287,038 34 9,595,259

BAA Form **990** (2015)

	to ( ) of the bonding of bonding the bondi	1 1100	002			<i>,</i> -
Par	rt 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	5	,42	7,4	03.
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	4	,96	9,8	35.
3	Revenue less expenses. Subtract line 2 from line 1	. 3		45	7,5	68.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	8		4,0	
5	Net unrealized gains (losses) on investments	. 5			1,1	
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 in Schedule O)	. 9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	. 10	8	,99	0,5	14.
Par	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. [
				1	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2 8	<b>a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?		Г	2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both:	n a				
	Separate basis Consolidated basis Both consolidated and separate basis					
ŀ	b Were the organization's financial statements audited by an independent accountant?			2 b	х	
•	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
C	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	audit,		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	gle 	[	3 a		Х
k	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b		
_					_	_

**BAA** Form **990** (2015)

### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2015

Name o	f the	organization					Employer identification	ation number				
Cit	City Mission of Schenectady 14-1403652  Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.											
Part	I	Reason for Public Cha	rity Status (All or	ganizations must co	mplete	this p	art.) See instruction	ns.				
The o	rgai	nization is not a private foundati	ion because it is: (For I	lines 1 through 11, checl	conly on	e box.)						
1		A church, convention of church	nes, or association of c	churches described in <b>se</b>	ction 17	0(b)(1)(	A)(i).					
2		A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E (Form 990	or 990-	EZ).)						
3	Ħ	A hospital or a cooperative hos	spital service organizat	tion described in <b>section</b>	170(b)(	1)(A)(iii	<b>).</b>					
4	H	A medical research organization	on operated in coniunc	tion with a hospital desc	ribed in s	section	<b>170(b)(1)(A)(iii)</b> . Enter t	he hospital's				
	ш	name, city, and state:	,	•			( // // //	'				
5		An organization operated for the <b>170(b)(1)(A)(iv).</b> (Complete P	ne benefit of a college art II.)	or university owned or o	perated i	oy a gov	ernmental unit described	d in section				
6												
7												
8		A community trust described in	section 170(b)(1)(A)	(vi). (Complete Part II.)								
9		An organization that normally r from activities related to its exe investment income and unrelat June 30, 1975. See <b>section 5</b> 0	empt functións — subje ted business taxable ir <b>09(a)(2).</b> (Complete Pa	ect to certain exceptions, ncome (less section 511 art III.)	and (2) tax) from	no more n busine	than 33-1/3% of its suppersonant samples acquired by the org	port from gross				
10		An organization organized and	l operated exclusively t	to test for public safety. S	See <b>sect</b>	ion 509	(a)(4).					
11		An organization organized and or more publicly supported org lines 11a through 11d that des	ianizations described ir	n section 509(a)(1) or se	ection 5	09(a)(2)	See section 509(a)(3).	urposes of one Check the box in				
а		Type I. A supporting organizat organization(s) the power to re complete Part IV, Sections A	ion operated, supervis	ed, or controlled by its s	upported	organiz	ation(s), typically by givi	ng the supported tion. <b>You must</b>				
b		Type II. A supporting organiza management of the supporting must complete Part IV, Secti	ı organization vested ir	trolled in connection with the same persons that	its supp control c	orted or r manag	ganization(s), by having ge the supported organiz	control or cation(s). <b>You</b>				
С		Type III functionally integrate organization(s) (see instruction					functionally integrated w	rith, its supported				
d		Type III non-functionally inte functionally integrated. The orginstructions). You must comp	ganization generally mu	ust satisfy a distribution	connecti requirem	on with ent and	its supported organization attentiveness require	on(s) that is not ement (see				
е		Check this box if the organization			RS that it	is a Typ	oe I, Type II, Type III fun	ctionally				
f	En	ter the number of supported org	ganizations									
g	Pro	ovide the following information a	about the supported or	ganization(s).								
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is organization in your go document	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
(A)												
(B)												
(C)												
(D)												
<u>(E)</u>												
Total												

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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.)

Sec	tion A. Public Support				1		
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	3,284,739.	3,586,285.	3,935,399.	4,115,888.	4,722,268.	19,644,579.
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	3,284,739.	3,586,285.	3,935,399.	4,115,888.	4,722,268.	19,644,579.
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	<b>Public support.</b> Subtract line 5 from line 4						19,644,579.
Sec	tion B. Total Support	1		<u> </u>	T	<u> </u>	
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total
7	Amounts from line 4	3,284,739.	3,586,285.	3,935,399.	4,115,888.	4,722,268.	19,644,579.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,931.	15,954.	27,071.	83,373.	159,520.	294,849.
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	<b>Total support.</b> Add lines 7 through 10						19,939,428.
12	Gross receipts from related activiti	ies, etc. (see instru	ctions)			12	
13	<b>First five years.</b> If the Form 990 is organization, check this box and <b>s</b>						
Sec	tion C. Computation of Pu						
14	Public support percentage for 201						98.52 <b>%</b>
15	Public support percentage from 20	014 Schedule A, Pa	art II, line 14			15	99.21 %
16 a	33-1/3% support test — 2015. If and stop here. The organization of	the organization di qualifies as a public	d not check the bo cly supported organ	x on line 13, and linization	ne 14 is 33-1/3% c	or more, check this	box ▶ X
b	33-1/3% support test — 2014. If t and stop here. The organization of						
17 a	10%-facts-and-circumstances te or more, and if the organization method organization meets the 'facts-a	eets the 'facts-and-	-circumstances' tes	st, check this box a	and <b>stop here.</b> Exp	olain in Part VI how	
b	o 10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-and-	-circumstances' tes	st, check this box a	and <b>stop here.</b> Exp	olain in Part VI how	the
18	Private foundation. If the organiz	cation did not check	a box on line 13,	16a, 16b, 17a, or 1	-		<u> </u>
D 4 4	<del></del>				0-1		0 000 F7) 0045

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

(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support							_
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 201	5	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')							
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							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
	organization without charge							
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
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							
С	Add lines 7a and 7b							
8	<b>Public support.</b> (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	<b>(e)</b> 201	5	(f) Total
9	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses							
•	acquired after June 30, 1975 Add lines 10a and 10b							
	Net income from unrelated business activities not included in 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.)							
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)							
14	<b>First five years.</b> If the Form 990 is organization, check this box and <b>s</b>							▶ □
	tion C. Computation of Pul							
15	Public support percentage for 2015	5 (line 8, column (f	) divided by line 13	3, column (f))	<del></del>		15	90
16	Public support percentage from 20	14 Schedule A, Pa	art III, line 15	<u></u>	<u></u>	<u></u>	16	%
Sec	tion D. Computation of Inv	estment Inco	me Percentage	9				
	Investment income percentage for				))		17	%
18	Investment income percentage fro	m 2014 Schedule	A, Part III, line 17				18	%
19 a	33-1/3% support tests $-$ 2015. If is not more than 33-1/3%, check the	the organization d	lid not check the bo ere. The organizat	ox on line 14, and liion qualifies as a p	line 15 is more than publicly supported	n 33-1/3%, a organization		▶ 📘
	33-1/3% support tests $-$ 2014. If line 18 is not more than 33-1/3%, $\sigma$	check this box and	stop here. The or	ganization qualifie	s as a publicly sup	ported orgar	nization	▶ 🔲
20	Private foundation. If the organiz	ation did not check	k a box on line 14,	19a, or 19b, check	this box and see i	nstructions.		▶ │

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. Al	Supporting	<b>Organizations</b>
---------------	------------	----------------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?			
	If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2)	2		
3 a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	0-		
	and (c) below	3a		
k	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)? If 'Yes,' describe in <b>Part VI</b> when and how the organization			
	made the determination	3b		
(	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
	1. Leave to the contract of th			
4 a	Nas any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
k	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled			
	or supervised by or in connection with its supported organizations	4b		
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)? If 'Yes,' explain in <b>Part VI</b> 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	4c		
5 a	n Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b)</i> and (c) below (if applicable). Also, provide detail in <b>Part VI,</b> 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)	5a		
k	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?	5b		
(	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? If 'Yes,' provide detail in <b>Part VI</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'			
	complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9 a	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))?	<b>^</b>		
	If 'Yes,' provide detail in <b>Part VI</b>	9a		
k	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b>	9b		
ď	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b>	9с		
10 a	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)? If 'Yes,'	10-		
	answer 10b below	10a		
k	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Pa	rt IV	Supporting Organizations (continued)			
11	∐oo ti	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	rning body of a supported organization?	11a		
ı	<b>b</b> A fam	nily member of a person described in (a) above?	11b		
•	<b>c</b> A 35%	% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	tion E	B. Type I Supporting Organizations			
	D: 14			Yes	No
1	or ele <b>Part</b> I If the direct	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in \( \forall \) how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such			
	benet suppo	fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
				Yes	No
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion [	D. All Type III Supporting Organizations			
				Yes	No
1	D:d th	as a reconstruction provide to each of its supported arganizations, but he last day of the fifth month of the			
1	organ	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how			
	the or	rganizatión maintained a close and continuous working relationship with the supported organization(s)	2		
3	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at les during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
		s regard	3		
Sec	tion E	E. Type III Functionally-Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
		The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
	言	The organization is the parent of each of its supported organizations. Complete line 3 below.			
		The organization is the parent of each of its supported organizations. Complete time 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction).	one)		
•	с [ ] і	The digarileation supported a governmental entity. Describe in Fair Vi now you supported a government entity (see instituent	Ji 13).		
2	Activit	ties Test. Answer (a) and (b) below.		Yes	No
;	suppo orgai	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> **nizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted			
		antially all of its activities	2a		
I	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
		ization's involvement	2b		
3	Parer	nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	a Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
•	each	of the supported organizations? Provide details in Part VI	3a		
ı		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its	3h		

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nızat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Section 1.	lovemb tions A	er 20, 1970. <b>See instru</b> through E.	uctions. All
Sec	tion 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		
Sec	tion 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	1 a		
k	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
c	I Total (add lines 1a, 1b, and 1c)	1 d		
•	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 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrated (see instructions).	d Type	III supporting organizat	ion

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Schedule **A** (Form 990 or 990-EZ) 2015

Par	t V   Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)					
Sect	tion D – Distributions			Current Year				
1								
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of support	rted organizations						
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions							
7	<b>Total annual distributions.</b> Add lines 1 through 6							
8	Distributions to attentive supported organizations to which the organization <b>Part VI</b> ). See instructions							
9	Distributable amount for 2015 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
Sect	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015				
1	Distributable amount for 2015 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)							
3	Excess distributions carryover, if any, to 2015:							
а								
b								
С								
d	From 2013							
	From 2014							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2015 distributable amount							
i	Carryover from 2010 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2015 from Section D,							
	line 7: \$							
	Applied to underdistributions of prior years							
	Applied to 2015 distributable amount							
5	Remaining underdistributions for years prior to 2015, if any.  Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
7	Excess distributions carryover to 2016. Add lines 3j and 4c							
8	Breakdown of line 7:							
а								
b								
С	Excess from 2013							
	Excess from 2014							
е	Excess from 2015							

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Schedule **A** (Form 990 or 990-EZ) 2015

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 D (Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

m990. Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	City Mission of Schenectady	7		14-140	)3652	
Par	Organizations Maintaining Dono Complete if the organization answer	r Advised Funds or Other ered 'Yes' on Form 990, P	<b>er Similar Fur</b> art IV, line 6.	nds or Accounts.		
		(a) Donor advised fu	ınds	(b) Funds and	other accou	unts
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 are the organization's property, subject to the org	advisors in writing that the asset panization's exclusive legal contr	ts held in donor acol?	dvised funds	Yes	No
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	the donor or donor advisor, or fo	or any other purpo	se conferring _	Yes	No
Par	t II Conservation Easements.			<u></u>		
rai	Complete if the organization answer	ered 'Yes' on Form 990. P	art IV. line 7.			
1	Purpose(s) of conservation easements held by th	·	· · · · · · · · · · · · · · · · · · ·			
	Preservation of land for public use (e.g., recre	<u> </u>	<del></del>	a historically important	land area	
	Protection of natural habitat	<u> </u>		a certified historic struc		
	Preservation of open space	L				
2	Complete lines 2a through 2d if the organization last day of the tax year.	held a qualified conservation cor	ntribution in the fo	rm of a conservation ea	sement on	the
				Held at the	End of the	e Tax Year
	a Total number of conservation easements					
I	Total acreage restricted by conservation easeme	nts		. 2b		
•	Number of conservation easements on a certified	I historic structure included in (a)	)	. 2c		
(	Number of conservation easements included in (o structure listed in the National Register			. 2d		
3	Number of conservation easements modified, traitax year ►	nsferred, released, extinguished	l, or terminated by	the organization during	j the	
4	Number of states where property subject to conse	ervation easement is located >		_		
5	Does the organization have a written policy regar				٦.,	<b>—</b>
	and enforcement of the conservation easements			L	Yes	No
6	Staff and volunteer hours devoted to monitoring,					
7	Amount of expenses incurred in monitoring, inspering \$	ecting, handling of violations, and	d enforcing conse	rvation easements duri	ng the year	
8	Does each conservation easement reported on lin and section $170(h)(4)(B)(ii)$ ?	ne 2(d) above satisfy the require	ments of section	170(h)(4)(B)(i) [	Yes	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements.					
Par	Organizations Maintaining Collectory Complete if the organization answer	ctions of Art, Historical ered 'Yes' on Form 990, P	Treasures, or art IV, line 8.	Other Similar As	sets.	
1 8	a If the organization elected, as permitted under SF art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial	eld for public exhibition, educatio	n, or research in f			
ŀ	b If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items:	FAS 116 (ASC 958), to report in or public exhibition, education, o	its revenue staten r research in furth	nent and balance sheet erance of public service	works of a e, provide th	rt, he
	(i) Revenue included on Form 990, Part VIII, line	e 1		▶ \$	i 1	
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, hamounts required to be reported under SFAS 116	nistorical treasures, or other simi 6 (ASC 958) relating to these ite	lar assets for fina ms:	ncial gain, provide the f	ollowing	
á	Revenue included on Form 990, Part VIII, line 1				<u> </u>	
ŀ	Assets included in Form 990, Part X				1	

Part III Organizations Mainta	ining Collections	of Art, Histo	rical Tre	asures, or C	Other Similar Ass	ets (co	ntinu	ed)
3 Using the organization's acquisition items (check all that apply):	n, accession, and othe	r records, check a	any of the fo	ollowing that are	a significant use of its	collectio	n	
a Public exhibition		<b>d</b> Loan o	r exchange	programs				
<b>b</b> Scholarly research		e Other	J	. 0				
c Preservation for future generat	ions							
4 Provide a description of the organiz Part XIII.	zation's collections and	d explain how the	further the	e organization's	exempt purpose in			
5 During the year, did the organization to be sold to raise funds rather than	n to be maintained as	part of the organiz	zation's coll	ection?		Yes		No
Part IV Escrow and Custodia line 9, or reported an ar	I Arrangements. mount on Form 99	Complete if the 30, Part X, line	e organiz 21.	zation answe	red 'Yes' on Form	990, P	art IV	7,
1 a Is the organization an agent, truste on Form 990, Part X?						Yes		No
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII and complete	e the following tab	ole:			_		
					+	Amount		
c Beginning balance					1 c			
<b>d</b> Additions during the year					1 d			
e Distributions during the year					1 e			
f Ending balance					1f			TN <sub>2</sub>
2 a Did the organization include an am					-	Yes	H	No
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII. Check here	if the explanation	nas been p	provided on Pan	I XIII		· · L	
Part V Endowment Funds. C	omplete if the ora	anization and	vered 'Ve	s' on Form (	000 Part IV line 1	<u> </u>		
i art v   Endowment i ands. C	(a) Current year	(b) Prior year		Two years back	(d) Three years back		ur years	hack
<b>1 a</b> Beginning of year balance	533,333.	400,00		400,000.	400,000.			000.
<b>b</b> Contributions	333,333.	133,33		400,000.	400,000.		100,	0.00.
<b>c</b> Net investment earnings, gains,		133,3.	,					
and losses						<u> </u>		
d Grants or scholarships						<u> </u>		
e Other expenditures for facilities and programs								
f Administrative expenses	F22 222	522.2		400 000	400 000	<u> </u>	400	000
<ul><li>g End of year balance</li><li>2 Provide the estimated percentage</li></ul>	533,333.	533,33		400,000.	400,000.	<u> </u>	400,	000.
•	•	balance (line 19)	column (a)	)) neid as:				
a Board designated or quasi-endown		6						
<b>b</b> Permanent endowment	100.00 %	0.						
c Temporarily restricted endowment		%						
The percentages on lines 2a, 2b, a								
3 a Are there endowment funds not in	the possession of the	organization that	are held an	d administered	for the		V	N.
organization by:							Yes	No
(i) unrelated organizations						3a(i)	-	X
(ii) related organizations						3a(ii)		X
<b>b</b> If 'Yes' on line 3a(ii), are the related	-					3b		<u> </u>
4 Describe in Part XIII the intended u		n's endowment id	nus.					
Part VI Land, Buildings, and	• •	/aa' an Earm (	00 Dort	IV/ line 11e	Soo Form 000 Do	ort V lin	. 10	
Complete if the organiz					1			
Description of property	(a) Cost (in	or other basis vestment)	(b) Cost basis	or other (other)	(c) Accumulated depreciation	( <b>d)</b> Bo	ook val	lue
<b>1 a</b> Land			3	20,918.			320,	,918.
<b>b</b> Buildings			8,3	99,330.	2,763,313.	5,	636,	,017.
c Leasehold improvements								
d Equipment			6	29,970.	490,446.		139,	,524.
e Other				40,818.	85,055.			,763.
Total. Add lines 1a through 1e. (Column	(d) must equal Form 9	990, Part X, colun				6.	152.	.222.

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Schedule **D** (Form 990) 2015

Part VII	Investments – Other Securities.	V	Dest IV 15 - 441 - Oct From 200	David W. Para 40
	Complete if the organization answered '		1	
	ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	of-year market value
	al derivatives			
(3) Other				
(A)				
$\frac{(A)}{(B)}$				
$\frac{(C)}{(C)}$				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
	nn (b) must equal Form 990, Part X, column (B) line 12.)			
<b>Part VIII</b>	Investments – Program Related.	Voo' on Form 000	Part IV line 11a See Form 000	Dort V line 12
	Complete if the organization answered " (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	
(1)	(a) Description of investment	(b) Book value	(c) Method of Valuation. Cost of end-	oi-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, column (B) line 13.) ►			
Part IX	Other Assets. Complete if the organization answered "	Ves' on Form 990	Part IV line 11d See Form 990	Part X line 15
		scription	rattiv, inic tid. Gee i omi 550,	(b) Book value
(1)				
(2)				
(3)				
(4)				
(6)				
(7)				
(8)				
(9)				
(10)				
	lumn (b) must equal Form 990, Part X, column (B) li	ine 15.)	· · · · · · · · · · · · · · · · · · ·	
Part X	Other Liabilities.	orm 000 Dart IV line 1	10 or 11f Coo Form 000 Dort V line 2F	
	Complete if the organization answered 'Yes' on F  (a) Description of liability	(b) Book value	Te of Th. See Form 990, Part X, line 23	
(1) Fede	ral income taxes	(S) Book value		
	pensated Absences	155,47	75.	
	es Tax Payable	1,69		
(4) Dep	osits	5,55	51.	
(5)				
(6)				
(7) (8)				
(9)				
(10)				
(11)				
	nn (b) must equal Form 990, Part X, column (B) line 25.)	<b>▶</b> 162,71	17.	
	uncertain tax positions. In Part XIII, provide the text of the foot			bility for uncertain

( state of the sta	<u> </u>	3032
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er 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	5,333,771.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	128.	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)	506.	
e Add lines 2a through 2d	2 e	-82,522.
3 Subtract line 2e from line 1	3	5,416,293.
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 8 , 6	554.	
	156.	
c Add lines 4a and 4b	4 c	11,110.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,427,403.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retur	n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	5,037,331.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)	506.	
e Add lines 2a through 2d		78,606.
3 Subtract line 2e from line 1	3	4,958,725.
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 8, 6	554.	
b Other (Describe in Part XIII.)	156.	
C Add lines 4a and 4b		11,110.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,969,835.
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 ad	, dditional infor	mation.

Special events direct expenses were netted on Part VIII, Line 8 against related revenue Special events direct expenses were netted on Part VIII, Line 8 against Pt XII, Line 2d related revenue This legacy contribution endowment is permanently restricted by the donor for specific purpose at the Mission and will be expended only for that specific purpose.

Accounting for Uncertainty in Income Taxes

The Mission implemented ASC Accounting for Income Taxes and its current accounting policy for evaluating uncertain tax positions is in accordance with generally accepted accounting principles. The Mission has not recognized any benefits or liabilities from uncertain tax positions in 2015 and believes it has no uncertain tax positions for

BAA Schedule D (Form 990) 2015

	which are reasonably possible that the total amounts of unrecognized tax
	benefits or liabilities will significantly increase or decrease net
Pt X, Line 2	assets within 12 months of the balance sheet date of December 31, 2015.
	Loss on disposal of assets was included in total revenues on the
	financial statements as a contra-revenue amount, but is included as an
Pt XII, Line 4b	expenditure for 990 purposes.
	Loss on disposal of assets was included in total revenues on the
	financial statements as a contra-revenue amount, but is included as an
Pt XI, Line 4b	expenditure for 990 purposes.

BAA Schedule **D** (Form 990) 2015 TEEA3305 06/03/15

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

Department of the Treasury Internal Revenue Service **Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered 'Yes' on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 14-1403652 City Mission of Schenectady Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? . . . . . . . b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (i) Name and address of individual (ii) Activity (iii) Did fundraiser (iv) Gross receipts or entity (fundraiser) from activity (or retained by) (or retained by) have custody or control of contributions? organization fundraiser listed in column (i) Milwaukee Direct Marketing Yes No 1 <u>48,0</u>72 Χ ,214,465 See Note 1,166,393 2 3 5 7 8 9 10 1,214,465 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. New York

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

R E			(a) Event #1  Banquet (event type)	(b) Event #2  Golf (event type)	(c) Other events  NONE (total number)	(d) Total events (add column (a) through column (c))			
R E > E N U	1	Gross receipts	141,192.	46,787.		187,979.			
Ĕ	2	Less: Contributions							
	3	Gross income (line 1 minus line 2)	141,192.	46,787.		187,979.			
	4	Cash prizes							
	5	Noncash prizes							
DIRECT	6	Rent/facility costs							
	7	Food and beverages							
E X P	8	Entertainment							
EXPENSES	9	Other direct expenses	37,744.	40,862.		78,606.			
S	10	Direct expense summary. Add lines 4 through							
Par									
ı aı		<b>Gaming.</b> Complete if the organizati \$15,000 on Form 990-EZ, line 6a.	on answered Tes		v, iiiie 15, oi reporte	od more than			
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))			
Ü	1	Gross revenue							
	2	Cash prizes							
D X P R N	3	Noncash prizes							
C S T E S	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes %	Yes % No	Yes %				
	7	Direct expense summary. Add lines 2 through							
	8	Net gaming income summary. Subtract line	7 from line 1, column (d	)	· · · · · · · · · · · · · · · · · · ·				
	9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states? Yes No  b If 'No,' explain:								
	Da Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?								

SCH	edule <b>G</b> (Form 990 of 990-E2) 2015 City Mission of Schenectady	14-1403652	Page 3
11	Does the organization conduct gaming activities with nonmembers?	· · · · · · Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed administer charitable gaming?	to · · · · · · Yes	No
	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility		%
	<b>b</b> An outside facility	<u> </u>	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and rec	ords:	
	Name •		
	Address •		
	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		No
-	<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$ and	the amount	<u> </u>
	of gaming revenue retained by the third party \$		
•	c If 'Yes,' enter name and address of the third party:		
	Name •		
	Address		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation  \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
;	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	he Yes	No
-	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	it in the	
	organization's own exempt activities during the tax year		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, column 15 of the colum	ımns (iii) and (v);	
	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any a information (see instructions).	additional	
	inionnation (see instructions).		

### SCHEDULE I (Form 990)

## **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

/ line 21 or 22

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization						Employer identific	cation number
City Mission of Schenectady						14-140365	52
Part I   General Information on Grants and Assistance							
Does the organization maintain records the selection criteria used to award the	grants or assistance	?			ts or assistance, and		X Yes No
2 Describe in Part IV the organization's p	procedures for monito	ring the use of grant	funds in the United States	S.			
Part II Grants and Other Assista Form 990, Part IV, line 21,							s' on
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Youth LIFE Support Networ							
274 Washington Avenue							
Albany NY 12203	46-0671779	See Note	102,000.	0.	FMV	N/A	Transformation
(2) Community Fathers, Inc. 120 Emmons Street							
Schenectady NY 12303	27-0581930	501(c)3	40,000.	0.	FMV	N/A	Transformation
(3) Schenectady Community Act 913 Albany Street							
Schenectady NY 12307	14-6034637	501(c)3	50,000.	0.	FMV	N/A	Transformation
(4) Boys and Girls Club of Sc 400 Craig Street							
Schenectady NY 12307	14-1364595	501(c)3	29,168.	0.	FMV	N/A	Transformation
<u>(5)</u>							
<u>(6)</u>							
<u>(7)</u>							
<u>(8)</u>							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							
=			<u> </u>	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	

## 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 non-cash assistance
1 Scholarships & Supplies	11	29,431.	0.	FMV	Scholarships & Supplies
2					
3					
4					
5					
6					
7					

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

Pt I Line 2

The City Mission functions as the lead agency for a multi-agency collaborative effort called "Schenectady Bridges Transformational Grant Project". As such, the Mission functions as a sub-grantor by distributing funds received from grantor to the collaborative partners. The Mission obtains sub-grantee agreements and receive quarterly progress reports which the Mission in turn submits to their grantor. Sub-grantee progress reports include: the use of funds, program outcomes, relevant challenges, breakthroughs and opportunities pertaining to the overall success of the initiative. Scholarship funds are distributed directly to the educational institution, so no financial reporting is required from the grantee.

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047 2015

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Mission of Schenectady

Employer identification number

14-1403652 Part I Types of Property (a) (b) (c) Chèck if Number of Noncash contribution Method of determining contributions or amounts reported applicable noncash contribution amounts items contributed on Form 990, Part VIII, line 1g Art — Historical treasures . . . . . . . . . 2 3 4 Χ 5 115,919 FMV 6 7 8 Securities - Publicly traded . . . . . . . . . . . 9 9 Χ 45,604 FMV Securities - Closely held stock . . . . . . . . . . 10 Securities - Partnership, LLC, or trust interests . . 11 12 13 Qualified conservation contribution — Qualified conservation contribution — Other. . . . 14 15 Real estate - Commercial . . . . . . . . . . . . . 16 17 Collectibles 18 40 19 40,692 FMV 20 Drugs and medical supplies . . . . . . 21 22 23 Archeological artifacts . . . . 24 25 Other > 26 Other > 27 Other > 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the 29 0. Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used 30 a X **b** If 'Yes,' describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Χ 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?................. 32 a X **b** If 'Yes,' describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2015)

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**BAA** TEEA4602 05/28/15 Schedule **M** (Form 990) (2015)

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

Department of the Treasury

Internal Revenue Service Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

City Mission of Schenectady

Employer identification number 14-1403652

Pt VI, Line 11b

The entire Board receives a draft copy of the Form 990 prior to its The audit committee meets to discuss the final copy of the audited financial statements and Form 990 along with the auditors. Trustees, officers, agents and employees of City Mission shall disclose all real or apparent conflicts of interest that they discover or that have been brought to their attention in connection with the Mission's "Disclosure" shall mean providing properly, to the activities. appropriate person, a written description of the facts comprising the real or apparent conflict of trustees, officers and certain identified agents and employees, in order to assist them in considering such disclosure; but disclosure is appropriate and required whenever conflicts of interest may occur. The written notices of disclosures shall be filed with the Executive Director or such other person designated by the Executive Director to receive such notifications and shall then be brought to the attention of the Board. All disclosuress of real or apparent conflict of interest shall be noted for the record in the minutes of the meeting of the Board. An individual trustee, officer, agent or employee who believes that he/she or an immediate member of his or her family might have a real or apparent conflict of interest, shall in addition to filing a notice of disclosure, abstain (1) participating in discussions or deliberations with respect to the subject of the conflict (other than to present factual information or answer questions), (2) using their personal influence to affect deliberations, (3) making motions, (4) voting, (5) executing agreements, or (6) taking similar actions on behalf of the Mission where conflict of interest might pertain by law, agreement or otherwise. At the discretion of the Board or a committee thereof, a person with a real or apparent conflict of interest may be excused from all or any portion of discussion or deliberation with respect to the subject of the conflict. A member of the Board or of a committee thereof, who, having disclosed a conflict of interest nevertheless shall be counted in determining the existence of a quorum at any meeting where the subject of the conflict is discussed. The minutes of the meeting shall reflect the disclosure made, the vote thereon, and the abstention from participation in the voting by the individual making disclosure. The Board shall review any real or apparent conflicts prior to the occurrence of a transaction so disclosed is just, fair and reasonable as to the organization and, if the Board so determines that it is just, fair and reasonable, the trustees may authorize the transaction in the best interests of the organization.

Pt VI, Line 12c

The Board shall undertake an annual job performance evaluation of the Executive Director. This evaluation must be based extensively on goals and/or expected results that have been carefully crafted and articulated by the Board and understood by both parties at the outset of the evaluation period. This evaluation shall have two primary purposes: (1) to guide the professional growth of the Executive Director and (2) to assess the degree to which the Mission, as administered by the Executive Director, is achieving its stated mission. The salary and benefits of the Executive Director shall be established annually by the Board and included in the annual budget. All other staff compensation and benefits will be established by the Executive Director and included in

Name of the organization		Employer identification number
City Mission of S	chenectady	14-1403652
Pt VI, Line 15a	the annual budget proposal.	
	The process is similar to above, but at Manageme	ent's discretion rather
Pt VI, Line 15b	than the Board's.	
	Financial statements, governing documents and co	onflict of interest
	policy are available to the public upon written	request. Financial data
	is also available on the Internet through multip	ole websites including
Pt VI. Line 19	ECFA. Charity Navigator, the NYS Attorney Genera	al's website and others

## Form 4562

## **Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172 2015

Department of the Treasury Internal Revenue Service Name(s) shown on return

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment Sequence No. 179

14-1403652

City Mission of Schenectady Business or activity to which this form relates Form 990EZ **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 1 Total cost of section 179 property placed in service (see instructions) . . . . . . 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . . 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . . . . . . 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 (c) Elected cost 6 (a) Description of property 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . . . . . Tentative deduction. Enter the **smaller** of line 5 or line 8 . . . . . . . . . . . . . . . . 9 9 Carryover of disallowed deduction from line 13 of your 2014 Form 4562 . . . . . . . . . . . . . . . 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) . . . 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11... Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 . . . . . . . ▶ 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 15 15 Property subject to section 168(f)(1) election . . . . . . . . . 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 286,093 17 If you are electing to group any assets placed in service during the tax year into one or more general Section B — Assets Placed in Service During 2015 Tax Year Using the General Depreciation System (a) Classification of property (c) Basis for depreciation (g) Depreciation deduction (b) Month and (e) Convention Recovery period (business/investment use year placed in service only - see instructions) **19 a** 3-year property . . . . . 36,809. 3,682 5 SL **b** 5-year property . . . . HY 7 c 7-year property . . . . . 7,354 HY SL 525 **d** 10-year property . . . 8,234. 15 HY SL 275 e 15-year property . . . . **f** 20-year property . . . . . 25 yrs S/L g 25-year property . . . . h Residential rental 27.5 yrs MM S/L 27.5 yrs MM S/L property . . . . . . 155,095. MM S/L 1,988 i Nonresidential real 39 yrs S/L MM Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System **20 a** Class life . . . . . . . . . S/L 12 yrs S/L **c** 40-year . . . . . . . . . . . . . 40 yrs MMS/L Part IV | Summary (See instructions.) 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions . . . 22 292,563. For assets shown above and placed in service during the current year, enter 

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24 a Do you have evidence to support the business/investment use claimed? . . . . . . **No 24b** If 'Yes,' is the evidence written? Yes Yes No (h) (i) (e) (g) (b) (c) Type of property Basis for depreciation Method/ Depreciation Elected Business/ Cost or Recovery Date placed investment (business/investment Convention deduction section 179 (list vehicles first) other basis period in service use percentage use only) cost Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use (see instructions) Property used more than 50% in a qualified business use: Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . . . . Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (c) Vehicle 3 (f) Vehicle 6 (a) (b) (d) Total business/investment miles driven Vehicle 5 Vehicle 1 Vehicle 2 Vehicle 4 during the year (do not include commuting miles)..... Total commuting miles driven during the year . . Total other personal (noncommuting) miles driven . . . . . . . . . . . . . Total miles driven during the year. Add 33 lines 30 through 32 . . . . . . . . . . . . . . . Yes No Yes No Yes Yes No Yes No Yes No No Was the vehicle available for personal use during off-duty hours? . . . . . Was the vehicle used primarily by a more 35 than 5% owner or related person? Is another vehicle available for 36 personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, 37 by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the 40 vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles. Part VI | Amortization (d) (a) Description of costs (b) (c) (e) (f) Date amortization Amortizable Code Amortization begins amount section for this year period or percentage Amortization of costs that begins during your 2015 tax year (see instructions): 43 43 Total. Add amounts in column (f). See the instructions for where to report 44

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

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

Code:	Description:	See Attached Note.
Expenses	1,138,291.	
Grants Of	0.	
Revenue.	295,456.	

## Additional Information For Tax Return

City Mission of Schenectady	14-1403652
Form 990 p 2: Line 4d Description-1	
Other Program Services include Community Outreach, Social Enterprise and Transition	nal Housing:
The Community Outreach (COR) Department assists individuals and families in the corof food, clothing and household items. COR also includes an outreach program to the loat the Ten Eyck Apartments. The annual Summer Youth Adventure offers recreation, fix camping, and educational activities for local children.	ow-income elderly residing
The Transitional Housing Program provides City Mission graduates with an opportunity amidst the supportive environment of the City Mission campus. Assigned Life Coaches transition to full independence and sustainability.	
Social Enterprise includes a Thrift Store and 18,000 sq. ft. Distribution Center which pritems as well as providing vocational training and employment opportunities. Donated in Community Outreach, the Thrift Store and clothing repurpose/reuse operation.	
Schedule G: Activity-1	
Consults on and provides creative services for direct mail solicitations.	
Schedule I: Smart Wks IRC Code Sec-1	
501(c)3 application pending	