

# Short Form Return of Organization Exempt From Income Tax

# 2013

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-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
**THE LEXINGTON CENTER FOR THE DEAF, INC.**

**D** Employer identification number  
**11-2665303**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**30TH AVENUE AND 75TH STREET**

**E** Telephone number  
**718-350-3300**

City or town, state or province, country, and ZIP or foreign postal code  
**JACKSON HEIGHTS, NY 11370**

**F** Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

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

**I** Website: ▶ **HTTP://WWW.LEXNYC.COM**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) ◀(insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **1,500.**

| <b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)                                                                                                       |                                                                                                                                                            | Check if the organization used Schedule O to respond to any question in this Part I <input type="checkbox"/> |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------|
| <b>Revenue</b>                                                                                                                                                                                                      | <b>1</b> Contributions, gifts, grants, and similar amounts received                                                                                        | <b>1</b>                                                                                                     | <b>1,500.</b>  |
|                                                                                                                                                                                                                     | <b>2</b> Program service revenue including government fees and contracts                                                                                   | <b>2</b>                                                                                                     |                |
|                                                                                                                                                                                                                     | <b>3</b> Membership dues and assessments                                                                                                                   | <b>3</b>                                                                                                     |                |
|                                                                                                                                                                                                                     | <b>4</b> Investment income                                                                                                                                 | <b>4</b>                                                                                                     |                |
|                                                                                                                                                                                                                     | <b>5a</b> Gross amount from sale of assets other than inventory                                                                                            | <b>5a</b>                                                                                                    |                |
|                                                                                                                                                                                                                     | <b>b</b> Less: cost or other basis and sales expenses                                                                                                      | <b>5b</b>                                                                                                    |                |
|                                                                                                                                                                                                                     | <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                                           | <b>5c</b>                                                                                                    |                |
|                                                                                                                                                                                                                     | <b>6</b> Gaming and fundraising events                                                                                                                     |                                                                                                              |                |
|                                                                                                                                                                                                                     | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)                                                                             | <b>6a</b>                                                                                                    |                |
| <b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | <b>6b</b>                                                                                                                                                  |                                                                                                              |                |
| <b>c</b> Less: direct expenses from gaming and fundraising events                                                                                                                                                   | <b>6c</b>                                                                                                                                                  |                                                                                                              |                |
| <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)                                                                                                         | <b>6d</b>                                                                                                                                                  |                                                                                                              |                |
| <b>7a</b> Gross sales of inventory, less returns and allowances                                                                                                                                                     | <b>7a</b>                                                                                                                                                  |                                                                                                              |                |
| <b>b</b> Less: cost of goods sold                                                                                                                                                                                   | <b>7b</b>                                                                                                                                                  |                                                                                                              |                |
| <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                                                                                                                             | <b>7c</b>                                                                                                                                                  |                                                                                                              |                |
| <b>8</b> Other revenue (describe in Schedule O)                                                                                                                                                                     | <b>8</b>                                                                                                                                                   |                                                                                                              |                |
| <b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                                                                                                                                     | <b>9</b>                                                                                                                                                   | <b>1,500.</b>                                                                                                |                |
| <b>Expenses</b>                                                                                                                                                                                                     | <b>10</b> Grants and similar amounts paid (list in Schedule O)                                                                                             | <b>10</b>                                                                                                    |                |
|                                                                                                                                                                                                                     | <b>11</b> Benefits paid to or for members                                                                                                                  | <b>11</b>                                                                                                    |                |
|                                                                                                                                                                                                                     | <b>12</b> Salaries, other compensation, and employee benefits                                                                                              | <b>12</b>                                                                                                    |                |
|                                                                                                                                                                                                                     | <b>13</b> Professional fees and other payments to independent contractors                                                                                  | <b>13</b>                                                                                                    | <b>5,209.</b>  |
|                                                                                                                                                                                                                     | <b>14</b> Occupancy, rent, utilities, and maintenance                                                                                                      | <b>14</b>                                                                                                    |                |
|                                                                                                                                                                                                                     | <b>15</b> Printing, publications, postage, and shipping                                                                                                    | <b>15</b>                                                                                                    |                |
|                                                                                                                                                                                                                     | <b>16</b> Other expenses (describe in Schedule O)                                                                                                          | <b>16</b>                                                                                                    |                |
| <b>17 Total expenses.</b> Add lines 10 through 16                                                                                                                                                                   | <b>17</b>                                                                                                                                                  | <b>5,209.</b>                                                                                                |                |
| <b>Net Assets</b>                                                                                                                                                                                                   | <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                  | <b>18</b>                                                                                                    | <b>-3,709.</b> |
|                                                                                                                                                                                                                     | <b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | <b>19</b>                                                                                                    | <b>-3,291.</b> |
|                                                                                                                                                                                                                     | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O)                                                                             | <b>20</b>                                                                                                    | <b>0.</b>      |
|                                                                                                                                                                                                                     | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20                                                                          | <b>21</b>                                                                                                    | <b>-7,000.</b> |

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

|                                                                                | (A) Beginning of year | (B) End of year |
|--------------------------------------------------------------------------------|-----------------------|-----------------|
| 22 Cash, savings, and investments                                              |                       | 22              |
| 23 Land and buildings                                                          |                       | 23              |
| 24 Other assets (describe in Schedule O)                                       | 0.                    | 24              |
| 25 Total assets                                                                | 0.                    | 25 0.           |
| 26 Total liabilities (describe in Schedule O) SEE SCHEDULE O                   | 3,291.                | 26 7,000.       |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | -3,291.               | 27 -7,000.      |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

|                                                                                          |     |    |
|------------------------------------------------------------------------------------------|-----|----|
| 28 NONE                                                                                  |     |    |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a |    |
| 29                                                                                       |     |    |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a |    |
| 30                                                                                       |     |    |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a |    |
| 31 Other program services (describe in Schedule O)                                       |     |    |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a |    |
| 32 Total program service expenses (add lines 28a through 31a)                            | 32  | 0. |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title                   | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--------------------------------------|------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| MANUEL MOSQUERA<br>CEO UNTIL 12/7/13 | 0.50                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| DONALD GALLOWAY<br>CEO FROM 11/1/13  | 0.50                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| MARIA NOTO<br>CFO                    | 0.50                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| PHILIP W. BRAVIN<br>PRESIDENT        | 0.40                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| RICKY E. THOMAS<br>TRUSTEE           | 0.30                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| GREGORY J. HLIBOK<br>VICE PRESIDENT  | 0.20                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| GLAUDIA GORDON<br>SECRETARY          | 0.20                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| SETH BRAVIN<br>TREASURER             | 0.30                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| PATRICE JOYNER CREAMER<br>TRUSTEE    | 0.10                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| ALAN MANSFIELD, ESQ.<br>TRUSTEE      | 0.10                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| FRANK E. MORIYA<br>TRUSTEE           | 0.10                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| ALBERT J. HLIBOK<br>TRUSTEE          | 0.10                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9 39a N/A
39b Gross receipts, included on line 9, for public use of club facilities 39b N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed NY
42a The organization's books are in care of MARIA NOTO Telephone no. 718-350-3009
Located at 30TH AVENUE AND 75TH STREET, JACKSON HEIGHTS, NY ZIP + 4 11370
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

|    |                                                                                                                                                                                               |            |           |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
|    |                                                                                                                                                                                               | <b>Yes</b> | <b>No</b> |
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?<br>If "Yes," complete Schedule C, Part I |            | X         |

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

|     |                                                                                                                                                        |            |           |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
|     |                                                                                                                                                        | <b>Yes</b> | <b>No</b> |
| 47  | Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II |            | X         |
| 48  | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                   |            | X         |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization?                                                              |            | X         |
| 49b | If "Yes," was the related organization a section 527 organization?                                                                                     |            |           |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| NONE                                |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--------------------------------------------------------------|---------------------|------------------|
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

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

|                  |                                                   |      |
|------------------|---------------------------------------------------|------|
| <b>Sign Here</b> | Signature of officer                              | Date |
|                  | DON GALLOWAY, CEO<br>Type or print name and title |      |

|                               |                                          |                                                                           |      |                                                 |                               |
|-------------------------------|------------------------------------------|---------------------------------------------------------------------------|------|-------------------------------------------------|-------------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name               | Preparer's signature                                                      | Date | Check <input type="checkbox"/> if self-employed | PTIN                          |
|                               | ISRAEL TANNENBAUM                        |                                                                           |      |                                                 | P01589203                     |
|                               | Firm's name <b>LOEB &amp; TROPER LLP</b> | Firm's address <b>655 THIRD AVENUE, 12TH FLOOR<br/>NEW YORK, NY 10017</b> |      | Firm's EIN <b>13-1517563</b>                    | Phone no. <b>212-867-4000</b> |

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **THE LEXINGTON CENTER FOR THE DEAF, INC.** Employer identification number **11-2665303**

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

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
  - 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
  - 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
  - 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
  - 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
  - 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
  - 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
  - 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
  - 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
  - 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
  - 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
    - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

|                                                                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... |     |    |
| (ii) A family member of a person described in (i) above? .....                                                                                                                     |     |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....                                                                                                    |     |    |
  - h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----|------------------------------------------------------------------|----|-------------------------------------------------------------|----|----------------------------------|
|                                    |          |                                                                                             | Yes                                                                     | No | Yes                                                              | No | Yes                                                         | No |                                  |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                                  |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                                  |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                                  |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                                  |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                                  |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                                  |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                                  |
| <b>Total</b>                       |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                                  |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                                      | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                                                  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                                                     |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....                                                                                             |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....                                                                                                                                                                        |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                              |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                        | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013  | (f) Total                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 .....                                                                                                                                                                   |          |          |          |          |           |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....                                                        |          |          |          |          |           |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....                                                                                    |          |          |          |          |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                                                                      |          |          |          |          |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                      |          |          |          |          |           |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....                                                                                                                      |          |          |          |          | <b>12</b> |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....                                                                                                                                                                                                                                                                                                              | <b>14</b> | %                        |
| <b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....                                                                                                                                                                                                                                                                                                                                    | <b>15</b> | %                        |
| <b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....                                                                                                                                                                            |           | <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....                                                                                                                                                                         |           | <input type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/> |
| <b>b 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....                                                                                                                                                                                                                                                                  |           | <input type="checkbox"/> |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                           | (a) 2009   | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|----------|----------|----------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                       | 696,905.   |          |          |          | 1,500.   | 698,405.   |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... | 305,458.   |          |          |          |          | 305,458.   |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....                                                                             |            |          |          |          |          |            |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                          |            |          |          |          |          |            |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....                                                                  |            |          |          |          |          |            |
| <b>6 Total.</b> Add lines 1 through 5 .....                                                                                                                                             | 1,002,363. |          |          |          | 1,500.   | 1,003,863. |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....                                                                                                |            |          |          |          |          | 0.         |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |            |          |          |          |          | 0.         |
| <b>c</b> Add lines 7a and 7b .....                                                                                                                                                      |            |          |          |          |          | 0.         |
| <b>8 Public support</b> (Subtract line 7c from line 6.)                                                                                                                                 |            |          |          |          |          | 1,003,863. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                   | (a) 2009   | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|----------|----------|----------|------------|
| <b>9</b> Amounts from line 6 .....                                                                                                              | 1,002,363. |          |          |          | 1,500.   | 1,003,863. |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |            |          |          |          |          |            |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |            |          |          |          |          |            |
| <b>c</b> Add lines 10a and 10b .....                                                                                                            |            |          |          |          |          |            |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |            |          |          |          |          |            |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 | 1,268,814. | 602.     | 1,400.   | 1,121.   |          | 1,271,937. |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                        | 2,271,177. | 602.     | 1,400.   | 1,121.   | 1,500.   | 2,275,800. |

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

**Section C. Computation of Public Support Percentage**

|                                                                                                        |           |         |
|--------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | 44.11 % |
| <b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....                      | <b>16</b> | 54.99 % |

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

|                                                                                                             |           |       |
|-------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | .00 % |
| <b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....                        | <b>18</b> | %     |

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

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

BAD DEBT RECOVERY

2009 AMOUNT: \$ 1,268,814.

OTHER

2010 AMOUNT: \$ 602.

2011 AMOUNT: \$ 1,400.

2012 AMOUNT: \$ 1,121.

DRAFT



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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

|                                                                            |                                                     |
|----------------------------------------------------------------------------|-----------------------------------------------------|
| Name of the organization<br><b>THE LEXINGTON CENTER FOR THE DEAF, INC.</b> | Employer identification number<br><b>11-2665303</b> |
|----------------------------------------------------------------------------|-----------------------------------------------------|

**FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:**

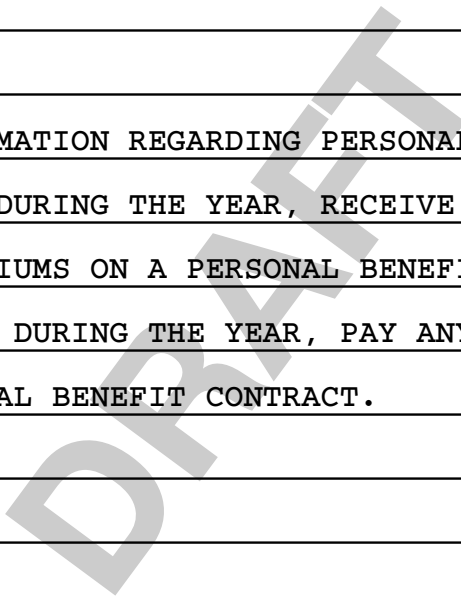
| DESCRIPTION                           | BEG. OF YEAR | END OF YEAR |
|---------------------------------------|--------------|-------------|
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES | 3,291.       | 7,000.      |

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE LEXINGTON CENTER FOR THE DEAF, INC. IS DEVOTED TO IMPROVING THE QUALITY OF LIFE FOR DEAF INDIVIDUALS OF ALL AGES.

**FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:**

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

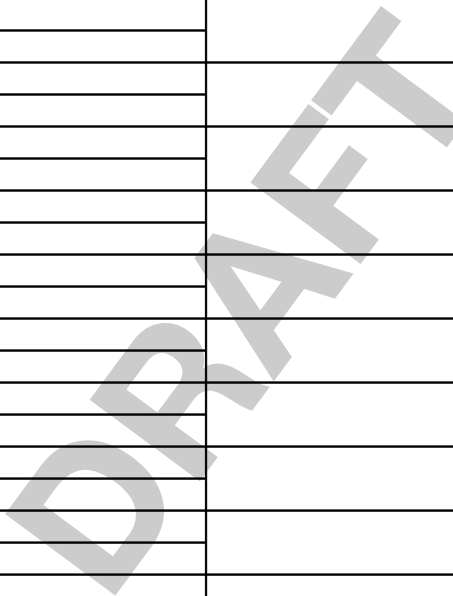


Name of the organization THE LEXINGTON CENTER FOR THE DEAF, INC.

Employer identification number 11-2665303

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Includes entries for I. DAVID PALEY, LINDA SCHLESINGER, ROBERT STEINBERG, ESQ., RUSSELL S. ROSEN, ARVIN S. PASRICHA, and RANDY GHISONE.



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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at** [www.irs.gov/form8868](http://www.irs.gov/form8868) .

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

**Electronic filing (e-file)** . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

|                                                                | Enter filer's identifying number                                                                                             |                                                              |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Type or print</b>                                           | Name of exempt organization or other filer, see instructions.<br><b>THE LEXINGTON CENTER FOR THE DEAF, INC.</b>              | Employer identification number (EIN) or<br><b>11-2665303</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>30TH AVENUE AND 75TH STREET</b>                 | Social security number (SSN)                                 |
|                                                                | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>JACKSON HEIGHTS, NY 11370</b> |                                                              |

Enter the Return code for the return that this application is for (file a separate application for each return) 01

| Application Is For                       | Return Code | Application Is For                | Return Code |
|------------------------------------------|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**MARIA NOTO**

• The books are in the care of ▶ **30TH AVENUE AND 75TH STREET - JACKSON HEIGHTS, NY 11370**  
Telephone No. ▶ **718-350-3009** Fax No. ▶ \_\_\_\_\_

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

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**.

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

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

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

# CHAR500

NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.com

Send with fee and attachments to:  
NYS Office of the Attorney General  
Charities Bureau Registration Section  
120 Broadway  
New York, NY 10271

**2013**  
**Open to Public Inspection**

## 1. General Information

|                                                                                                                                                                                                                                                                                                                                       |                                                                         |                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------|
| For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2013 and Ending (mm/dd/yyyy) 06/30/2014                                                                                                                                                                                                                                                  |                                                                         |                                                            |
| Check if Applicable:<br><input type="checkbox"/> Address Change<br><input type="checkbox"/> Name Change<br><input type="checkbox"/> Initial Filing<br><input type="checkbox"/> Final Filing<br><input type="checkbox"/> Amended Filing<br><input type="checkbox"/> Reg ID Pending                                                     | Name of Organization:<br><b>THE LEXINGTON CENTER FOR THE DEAF, INC.</b> | Employer Identification Number (EIN):<br><b>11-2665303</b> |
|                                                                                                                                                                                                                                                                                                                                       | Mailing Address:<br><b>30TH AVENUE AND 75TH STREET</b>                  | NY Registration Number:<br><b>03-48-61</b>                 |
|                                                                                                                                                                                                                                                                                                                                       | City / State / ZIP:<br><b>JACKSON HEIGHTS, NY 11370</b>                 | Telephone:<br><b>718 350-3300</b>                          |
|                                                                                                                                                                                                                                                                                                                                       | Website:<br><b>HTTP://WWW.LEXNYC.COM</b>                                | Email:                                                     |
| Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT Find your registration category in the Charities Registry at <a href="http://www.CharitiesNYS.com">www.CharitiesNYS.com</a> |                                                                         |                                                            |

## 2. Certification

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

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

|                                       |                     |            |       |
|---------------------------------------|---------------------|------------|-------|
| President or Authorized Officer:      | <u>DON GALLOWAY</u> | <u>CEO</u> |       |
|                                       | Signature           | Title      | Date  |
| Chief Financial Officer or Treasurer: | _____               | _____      | _____ |
|                                       | Signature           | Title      | Date  |

## 3. Annual Reporting Exemption

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

3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).

3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

## 4. Schedules and Attachments

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

## 5. Fee

|                                                                                                       |                            |                                   |                             |                                                                              |
|-------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------|-----------------------------|------------------------------------------------------------------------------|
| See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here: | 7A filing fee:<br>\$ _____ | EPTL filing fee:<br>\$ <u>25.</u> | Total fee:<br>\$ <u>25.</u> | Make a single-check or money order payable to:<br><b>"Department of Law"</b> |
|-------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------|-----------------------------|------------------------------------------------------------------------------|

# CHAR500

## Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### Checklist of Schedules and Attachments

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

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

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules including Schedule B (Schedule of Contributors).
- IRS Form 990-T if applicable

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

- Review Report if you received total revenue and support greater than \$250,000 and up to \$500,000.
- Audit Report if you received total revenue and support greater than \$500,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000

Note: The Audit and Review requirements are set to change in 2017 and 2021 in accordance with the Non Profit Revitalization Act of 2013.

For more details, visit [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

### Calculate Your Fee

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

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

For EPTL and DUAL filers, calculate the EPTL fee:

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

#### Is my organization a 7A, EPTL or DUAL filer?

- 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
- EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
- DUAL filers are registered under both 7A and EPTL.

Check your registration category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com)

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

NET WORTH for fee purposes is calculated on:

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

### Send Your Filing

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

NYS Office of the Attorney General  
Charities Bureau Registration Section  
120 Broadway  
New York, NY 10271