

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2005

Open to Public Inspection

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

A For the 2005 calendar year, or tax year beginning **APR 1, 2005** and ending **MAR 31, 2006**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CITIZENS COMMITTEE FOR CHILDREN OF NY INC.	D Employer identification number 13-5618593
	Please use IRS label or print or type See Specific Instructions Number and street (or P.O. box if mail is not delivered to street address) Room/suite 105 EAST 22ND STREET	E Telephone number 212-673-1800
	City or town, state or country, and ZIP + 4 NEW YORK, NY 10010	F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

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

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

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

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

I Group Exemption Number ▶ **N/A**

G Website: ▶ **WWW.KFNY.ORG**

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

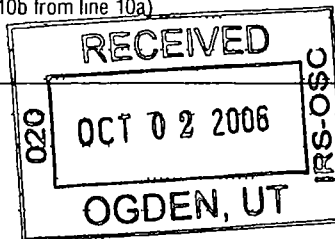
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,479,548.**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	2,096,365.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 2,032,523. noncash \$ 63,842.)	1d	2,096,365.		
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	25,444.		
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4	276.		
	5 Dividends and interest from securities	5	41,402.		
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe ▶)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	210,000.	8a			
	187,824.	8b			
	22,176.	8c			
d Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 1	8d	22,176.			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ 782,536. of contributions reported on line 1a)	9a	106,044.			
b Less: direct expenses other than fundraising expenses	9b	106,044.			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 2		0.	
10 a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11	17.			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,185,680.			
Expenses	13 Program services (from line 44, column (B))	13	1,672,797.		
	14 Management and general (from line 44, column (C))	14	358,946.		
	15 Fundraising (from line 44, column (D))	15	285,196.		
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17	2,316,939.		
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-131,259.			
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,812,568.		
	20 Other changes in net assets or fund balances (attach explanation)	20	46,431.		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,727,740.		



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CITIZENS COMMITTEE FOR CHILDREN OF NY

Form 990 (2005)

INC.

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Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc **	507,752.	343,803.	92,793.	71,156.
26 Other salaries and wages	760,580.	634,110.	91,302.	35,168.
27 Pension plan contributions	51,152.	38,365.	7,690.	5,097.
28 Other employee benefits	230,884.	197,050.	22,322.	11,512.
29 Payroll taxes	95,679.	73,233.	14,344.	8,102.
30 Professional fundraising fees				
31 Accounting fees	17,000.		17,000.	
32 Legal fees				
33 Supplies	36,417.	17,085.	11,902.	7,430.
34 Telephone	22,246.	13,373.	6,332.	2,541.
35 Postage and shipping	40,499.	19,513.	10,453.	10,533.
36 Occupancy	91,737.	66,968.	11,008.	13,761.
37 Equipment rental and maintenance	43,175.	26,132.	11,409.	5,634.
38 Printing and publications	133,267.	80,585.	31,568.	21,114.
39 Travel	10,832.	5,228.	4,907.	697.
40 Conferences, conventions, and meetings	24,998.	11,254.	13,744.	
41 Interest	17,100.	12,480.	2,056.	2,564.
42 Depreciation, depletion, etc (attach schedule)	21,840.	15,943.	2,621.	3,276.
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g SEE STATEMENT 4	43g	211,781.	117,675.	7,495.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,316,939.	1,672,797.	358,946.
				285,196.

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

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

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** SEE STATEMENT 5

**CITIZENS COMMITTEE FOR CHILDREN OF NY
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Part III Statement of Program Service Accomplishments (See the instructions.)

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 6	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a <u>INCOME SECURITY/HOUSING/SECB - POLICY & PROGRAM AND PUBLIC AFFAIRS ACTIVITIES TO ENSURE SUFFICIENT FAMILY INCOME, REDUCE POVERTY AND ENSURE HOUSING STABILITY.</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	177,335.
b <u>GOVERNMENT RELATIONS - POLICYMAKER EDUCATION AND WORK WITH GOVERNMENT AGENCIES ON POLICIES, PROGRAMS AND BUDGETS.</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	156,733.
c <u>INFORMATION & EDUCATION - VOLUNTEER EDUCATIONAL OPPORTUNITIES FOR ADULT AND YOUTH VOLUNTEERS (CLC, POLICY BRIEFINGS, CONFERENCES); MEDIA, LEGISLATIVE AND COMMUNITY EDUCATIONAL ACTIVITIES (WEBSITE, PUBLICATIONS, ANALYSIS, ETC.)</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	201,500.
d <u>KEEPING TRACK - COMPILE STATISTICS TO SUPPORT THE NEED FOR VARIOUS PUBLIC SERVICES.</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	229,908.
e Other program services (attach schedule) SEE STATEMENT 7 (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	907,321.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	1,672,797.

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Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	243,910.	170,499.
	46 Savings and temporary cash investments		
	47 a Accounts receivable		
	b Less. allowance for doubtful accounts		
	48 a Pledges receivable	342,506.	
	b Less allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees STATEMENT 8	13,584.	9,695.
	51 a Other notes and loans receivable		
	b Less allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	11,634.	21,500.
	54 Investments - securities STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,457,855.	1,416,764.
	55 a Investments - land, buildings, and equipment basis		
	b Less accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment. basis	144,613.		
b Less accumulated depreciation STMT 10	96,291.		
58 Other assets (describe ▶ OTHER RECEIVABLES)	3,008.	2,820.	
59 Total assets (must equal line 74). Add lines 45 through 58	1,939,009.	2,012,106.	
Liabilities	60 Accounts payable and accrued expenses	45,164.	58,040.
	61 Grants payable		
	62 Deferred revenue	25,000.	
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable STMT 11	56,277.	226,326.
	65 Other liabilities (describe ▶)		
66 Total liabilities. Add lines 60 through 65)	126,441.	284,366.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	-11,943.	-416,678.
	68 Temporarily restricted	250,859.	423,938.
	69 Permanently restricted	1,573,652.	1,720,480.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	1,812,568.	1,727,740.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,939,009.	2,012,106.

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Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations		
a	Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
85h			
86	501(c)(7) organizations		
	Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations		
	Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
90 a	List the states with which a copy of this return is filed <u>NY</u>		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	17
91 a	The books are in care of <u>TAXPAYER</u> Telephone no. <u>212 673-1800</u> Located at <u>105 EAST 22ND STREET NEW YORK, NY</u> ZIP + 4 <u>10010</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	Yes	No
			X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	Yes	No
			X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		
		N/A	

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Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a REGISTRATION FEES					17,600.
b SALES OF PUBLICATIONS					7,844.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	276.	
96 Dividends and interest from securities			14	41,402.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	22,176.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS			01	17.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		63,871.	25,444.
105 Total (add line 104, columns (B), (D), and (E))					89,315.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93AB	THE ORGANIZATION CONDUCTS CLASSES IN THE COMMUNITY AND PRODUCES PUBLICATIONS THAT TEACH LEADERSHIP REGARDING AID TO CHILDREN

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Please Sign Here: Signature of officer *[Signature]* Date 9/21/06 Type or print name and title GAIL NAYOWITH EXECUTIVE DIR.

Paid Preparer's Use Only: Preparer's signature *[Signature]* Date 9/21/06 Check if self-employed Preparer's SSN or PTIN PO0192831

Firm's name (or yours if self-employed), address, and ZIP + 4: SACKS PRESS & LACHER PC
600 THIRD AVENUE
NEW YORK, NY 10016-1901

EIN 13-3050313 Phone no. (212) 682-6640

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2005

Name of the organization **CITIZENS COMMITTEE FOR CHILDREN OF NY
INC.** Employer identification number **13 5618593**

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

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
CANDICE ANDERSON 934 PRESIDENT ST, BROOKLYN, NY 11215	STAFF ASSOC 40.00	68,964.	3,539.	
JULIO MINAYA 963 AMSTERDAM AVE, NEW YORK, NY 10025	SENIOR ASSOC 40.00	67,244.	2,977.	
AILIN CHEN 36-20 168TH ST, FLUSHING, NY 11358	STAFF ASSOC 40.00	63,281.	2,925.	
LORRAINE TATE 11 BALINT DRIVE, YONKERS, NY 10710	EXEC SECRET 40.00	68,812.	3,206.	
MARIA TORO 5420 NETHERLAND AVE, BRONX, NY 10471	STAFF ASSOC 40.00	70,933.	3,480.	
Total number of other employees paid over \$50,000 ▶	1			

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SHAKIN, LICHTY & BOREYKO 60 MADISON AVENUE, NEW YORK, NY	FUND RAISING CONSULTANT	75,537.

Total number of others receiving over \$50,000 for professional services ▶	0	

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CONSOLIDATED COLOR PRESS 307 7TH AVENUE, NEW YORK, NY	PRINTING	117,553.

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

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ <u>23,753.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-A, LINE 38B Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	X	
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?	SEE STATEMENT 14	
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?	X	
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization. ► Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

CITIZENS COMMITTEE FOR CHILDREN OF NY

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,188,448.	2,593,588.	1,742,705.	2,407,472.	8,932,213.
16 Membership fees received			200.	2,576.	2,776.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	85,966.	86,164.	78,713.	76,123.	326,966.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	39,223.	29,177.	33,487.	32,835.	134,722.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	31,157.	42,334.	SEE STATEMENT 15	44,919.	152,389.
23 Total of lines 15 through 22	2,344,794.	2,751,263.	1,889,084.	2,563,925.	9,549,066.
24 Line 23 minus line 17	2,258,828.	2,665,099.	1,810,371.	2,487,802.	9,222,100.
25 Enter 1% of line 23	23,448.	27,513.	18,891.	25,639.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 184,442.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 1,027,616.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 9,222,100.
d Add: Amounts from column (e) for lines: 18 <u>134,722.</u> 19 _____					
22 <u>152,389.</u> 26b <u>1,027,616.</u>					26d 1,314,727.
e Public support (line 26c minus line 26d total)					26e 7,907,373.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 85.7437%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2004) (2003) (2002) (2001)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					
17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

CITIZENS COMMITTEE FOR CHILDREN OF NY

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

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

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

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

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

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	2,969.												
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	20,784.												
38	Total lobbying expenditures (add lines 36 and 37)	38	23,753.												
39	Other exempt purpose expenditures	39	2,399,230.												
40	Total exempt purpose expenditures (add lines 38 and 39)	40	2,422,983.												
41	Lobbying nontaxable amount. Enter the amount from the following table - <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	271,149.
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42	67,787.												
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.												
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.												

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	271,149.	268,722.	259,456.	261,747.	1,061,074.
46					1,591,611.
47	23,753.	22,574.	20,436.	58,751.	125,514.
48	67,787.	67,181.	64,864.	65,437.	265,269.
49					397,904.
50	2,969.	2,822.	2,555.	7,344.	15,690.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

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

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

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	BUILDINGS											
1	LEASEHOLD IMPROVEMENTS	0601198SL		10.00	16	590.			590.	403.		59.
2	CARPETS	0701198SL		10.00	16	5,868.			5,868.	3,863.		587.
3	LEASEHOLD IMPROVEMENTS	0301199SL		10.00	16	674.			674.	409.		67.
18	LEASEHOLD IMPROVEMENTS	100102SL		10.00	16	20,000.			20,000.	5,000.		2,000.
	* 990 PAGE 2 TOTAL					27,132.		0.	27,132.	9,675.	0.	2,713.
	BUILDINGS											
	FURNITURE & FIXTURES											
7	FURNITURE & FIXTURES	090100SL		5.00	16	1,278.			1,278.	1,150.		128.
9	FURNITURE & FIXTURES	090101SL		5.00	16	20,130.			20,130.	14,091.		4,026.
11	FURNITURE & FIXTURES	060102SL		5.00	16	1,628.			1,628.	815.		326.
12	FURNITURE & FIXTURES	060102SL		5.00	16	947.			947.	473.		189.
14	FURNITURE & FIXTURES	070102SL		5.00	16	1,525.			1,525.	762.		305.
15	FURNITURE & FIXTURES	080102SL		5.00	16	1,751.			1,751.	875.		350.
16	FURNITURE & FIXTURES	080102SL		5.00	16	619.			619.	310.		124.
17	FURNITURE & FIXTURES	090102SL		6.00	16	2,628.			2,628.	1,139.		438.
27	FURNITURE & FIXTURES	030104SL		5.00	16	690.			690.	207.		138.
31	FURNITURE & FIXTURES	020105SL		7.00	16	2,897.			2,897.	207.		414.
32	FURNITURE & FIXTURES	030105SL		7.00	16	1,703.			1,703.	122.		243.

528102 01-06-06 (D) - Asset disposed * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone 19

2005 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
* 990	PAGE 2 TOTAL					35,796.		0.	35,796.	20,151.	0.	6,681.
	FURNITURE & FIXTURES											
	MACHINERY & EQUIPMENT											
6	COMPUTER	090100SL		5.00	16	34,736.			34,736.	31,262.		3,474.
8	COMPUTER	090101SL		5.00	16	1,609.			1,609.	1,127.		322.
10	COMPUTER EQUIPMENT	040102SL		5.00	16	4,787.			4,787.	2,393.		957.
13	COMPUTER EQUIPMENT	060102SL		5.00	16	4,616.			4,616.	2,308.		923.
19	COMPUTER EQUIPMENT	120102SL		5.00	16	2,830.			2,830.	1,415.		566.
20	COMPUTER EQUIPMENT	030103SL		5.00	16	1,187.			1,187.	475.		237.
21	COMPUTER EQUIPMENT	100103SL		5.00	16	1,510.			1,510.	453.		302.
22	COMPUTER EQUIPMENT	110103SL		5.00	16	590.			590.	177.		118.
23	COMPUTER EQUIPMENT	010104SL		5.00	16	3,759.			3,759.	1,128.		752.
24	COMPUTER EQUIPMENT	020104SL		5.00	16	2,739.			2,739.	822.		548.
25	COMPUTER EQUIPMENT	120103SL		5.00	16	4,941.			4,941.	1,482.		988.
26	COMPUTER EQUIPMENT	030104SL		5.00	16	595.			595.	178.		119.
28	COMPUTER EQUIPMENT	030104SL		5.00	16	218.			218.	66.		44.
29	COMPUTER EQUIPMENT	060104SL		5.00	16	5,763.			5,763.	576.		1,153.
30	COMPUTER EQUIPMENT	110104SL		5.00	16	4,476.			4,476.	448.		895.
33	COMPUTER EQUIPMENT	030105SL		5.00	16	3,153.			3,153.	315.		631.

528102
01-06-06

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
34	COMPUTER EQUIPMENT	060105SL		5.00	16	434.			434.			43.
35	COMPUTER EQUIPMENT	080105SL		5.00	16	3,742.		0.	3,742.			374.
	* 990 PAGE 2 TOTAL					81,685.		0.	81,685.	44,625.	0.	12,446.
	MACHINERY & EQUIPMENT					144,613.		0.	144,613.	74,451.	0.	21,840.
	* GRAND TOTAL 990 PAGE 2 DEPR											

FORM 990 **GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES** **STATEMENT** **1**

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
8,524.90 SHARES - VANGUARD LIFE STRATEGY CONSERVATIVE	130,000.	110,480.	0.	19,520.
5,102.04 SHARES - VANGUARD LIFE STRATEGY CONSERVATIVE	80,000.	77,344.	0.	2,656.
TO FORM 990, PART I, LINE 8	210,000.	187,824.	0.	22,176.

FORM 990 **SPECIAL EVENTS AND ACTIVITIES** **STATEMENT** **2**

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPRING BENEFIT	516,576.	464,634.	51,942.	51,942.	0.
FALL BENEFIT	372,004.	317,902.	54,102.	54,102.	0.
TO FM 990, PART I, LINE 9	888,580.	782,536.	106,044.	106044.	0.

FORM 990 **OTHER CHANGES IN NET ASSETS OR FUND BALANCES** **STATEMENT** **3**

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS CARRIED AT MARKET VALUE	46,431.
TOTAL TO FORM 990, PART I, LINE 20	46,431.

FORM 990 **OTHER EXPENSES** **STATEMENT** **4**

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTING FEES	141,125.	45,583.	13,205.	82,337.
DUES & SUBSCRIPTIONS	6,031.	3,345.	2,340.	346.
INSURANCE	2,847.	2,033.	387.	427.
INTERNSHIPS	10,655.	9,630.	1,025.	
MEDIA	34,049.	34,049.		
COMPUTER NETWORK	24,839.	16,927.	4,733.	3,179.

CITIZENS COMMITTEE FOR CHILDREN OF NY IN

13-5618593

OTHER	24,479.	5,122.	19,238.	119.
OVERHEAD				
REIMBURSEMENT	-33,595.		-33,595.	
AMORTIZATION	1,351.	986.	162.	203.
TOTAL TO FM 990, LN 43	211,781.	117,675.	7,495.	86,611.

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 5

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
GAIL B. NAYOWITH	142,350.	6,600.		148,950.
A. PROGRAM SERVICES	128,001.	5,935.		133,936.
B. MANAGEMENT AND GENERAL	14,349.	665.		15,014.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ROSE ANELLO	102,363.	4,679.		107,042.
A. PROGRAM SERVICES	102,363.	4,679.		107,042.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JENNIFER MARCH-JOLY	95,656.	4,672.		100,328.
A. PROGRAM SERVICES	95,656.	4,672.		100,328.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
GREGORY KLEMENS	88,945.	4,309.		93,254.
A. PROGRAM SERVICES	17,789.	862.		18,651.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING	71,156.	3,447.		74,603.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MYRNA GAUNTLETT	78,438.	3,425.		81,863.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	78,438.	3,425.		81,863.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				359,957.
TOTAL MANAGEMENT AND GENERAL				96,877.
TOTAL FUNDRAISING				74,603.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				<u>531,437.</u>

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6
PART III

EXPLANATION

THE ORGANIZATION'S EXEMPT PURPOSE IS TO IMPROVE THE LIVES OF CHILDREN IN NEW YORK CITY.

FORM 990

OTHER PROGRAM SERVICES

STATEMENT 7

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
CHILD WELFARE		119,813.
EARLY INTERVENTION/CHILD CARE/EDUCATION		155,787.
JUVENILE JUSTICE/YOUTH DEVELOPMENT		155,298.
PUBLIC INFORMATION		148,571.
YOUTH ACTION		128,116.
CHILDREN'S HEALTH/MENTAL HEALTH		144,479.
SPECIAL MASTER PANEL		55,257.
TOTAL TO FORM 990, PART III, LINE E		907,321.

FORM 990 RECEIVABLES DUE FROM OFFICERS, DIRECTORS, TRUSTEES STATEMENT 8
AND OTHER KEY EMPLOYEES - REPORTED SEPARATELY

BORROWER'S NAME AND TITLE			ORIGINAL LOAN AMOUNT	
GAIL B. NAYOWITH			13,584.	
DATE OF NOTE	MATURITY DATE	TERMS OF REPAYMENT	INTEREST RATE	
			.00%	
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN		
DESCRIPTION OF CONSIDERATION			FMV OF CONSIDERATION	BALANCE DUE
			0.	9,695.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 50, COLUMN B				9,695.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 9

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
VANGUARD PRIME MONEY MARKET FUND	FMV		35,890.		35,890.
VANGUARD LIFESTRATEGY CONSERVATIVE GROWTH	FMV		1,084,577.		1,084,577.
VANGUARD LIFESTRATEGY CONSERVATIVE GROWTH	FMV		296,297.		296,297.
TO FORM 990, LINE 54, COL B			1,416,764.		1,416,764.

FORM 990

DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT

STATEMENT 10

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LEASEHOLD IMPROVEMENTS	590.	462.	128.
CARPETS	5,868.	4,450.	1,418.
LEASEHOLD IMPROVEMENTS	674.	476.	198.
COMPUTER	34,736.	34,736.	0.
FURNITURE & FIXTURES	1,278.	1,278.	0.
COMPUTER	1,609.	1,449.	160.
FURNITURE & FIXTURES	20,130.	18,117.	2,013.
COMPUTER EQUIPMENT	4,787.	3,350.	1,437.
FURNITURE & FIXTURES	1,628.	1,141.	487.
FURNITURE & FIXTURES	947.	662.	285.
COMPUTER EQUIPMENT	4,616.	3,231.	1,385.
FURNITURE & FIXTURES	1,525.	1,067.	458.
FURNITURE & FIXTURES	1,751.	1,225.	526.
FURNITURE & FIXTURES	619.	434.	185.
FURNITURE & FIXTURES	2,628.	1,577.	1,051.
LEASEHOLD IMPROVEMENTS	20,000.	7,000.	13,000.
COMPUTER EQUIPMENT	2,830.	1,981.	849.
COMPUTER EQUIPMENT	1,187.	712.	475.
COMPUTER EQUIPMENT	1,510.	755.	755.
COMPUTER EQUIPMENT	590.	295.	295.
COMPUTER EQUIPMENT	3,759.	1,880.	1,879.
COMPUTER EQUIPMENT	2,739.	1,370.	1,369.
COMPUTER EQUIPMENT	4,941.	2,470.	2,471.
COMPUTER EQUIPMENT	595.	297.	298.
FURNITURE & FIXTURES	690.	345.	345.
COMPUTER EQUIPMENT	218.	110.	108.
COMPUTER EQUIPMENT	5,763.	1,729.	4,034.
COMPUTER EQUIPMENT	4,476.	1,343.	3,133.
FURNITURE & FIXTURES	2,897.	621.	2,276.
FURNITURE & FIXTURES	1,703.	365.	1,338.
COMPUTER EQUIPMENT	3,153.	946.	2,207.
COMPUTER EQUIPMENT	434.	43.	391.
COMPUTER EQUIPMENT	3,742.	374.	3,368.
TOTAL TO FORM 990, PART IV, LN 57	144,613.	96,291.	48,322.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 11

LENDER'S NAME TERMS OF REPAYMENT

COMMUNITY CAPITAL BANK ON DEMAND
(LINE OF CREDIT)

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
--------------	---------------	----------------------	---------------

		0.	9.25%
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SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN
FUND OPERATIONS

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	224,808.

LENDER'S NAME TERMS OF REPAYMENT

MANIFEST FUNDING

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
--------------	---------------	----------------------	---------------

08/15/01	07/25/06	19,676.	8.50%
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SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN
FINANCE EQUIPMENT PURCHASE

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	1,518.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

226,326.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 12
DESCRIPTION		AMOUNT
DIRECT EXPENSES OF BENEFITS NETTED VERSUS CONTRIBUTIONS		106,044.
TOTAL TO FORM 990, PART IV-A		106,044.

FORM 990	PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 13
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NANCY SOLOMON 151 CENTRAL PARK WEST NEW YORK, NY 10023	VICE PRESIDENT 10.00	0.	0.	0.
NANCY LOCKER 983 PARK AVENUE NEW YORK, NY 10028	VICE PRESIDENT 10.00	0.	0.	0.
HEIDI STAMAS 300 CENTRAL PARK WEST, APT 20 NEW YORK, NY 10024	CHAIRMAN 10.00	0.	0.	0.
ARLETTE FERGUSON MATHIS 304 7TH STREET BROOKLYN, NY 11218	SECRETARY 10.00	0.	0.	0.
GAIL B. NAYOWITH 30 WATERSIDE PLAZA #16K NEW YORK, NY 10010	EXECUTIVE DIR 40.00	142,350.	6,600.	0.
SAMUEL P. PEABODY 990 FIFTH AVENUE NEW YORK, NY 10021	VICE PRESIDENT 10.00	0.	0.	0.
ROSE ANELLO 444 EAST 82ND STREET NEW YORK, NY 10028	ASSOC EXECUTIVE DIR 35.00	102,363.	4,679.	0.
JUDY GARSON 325 EAST END AVENUE NEW YORK, NY 10023	PRESIDENT 10.00	0.	0.	0.

CITIZENS COMMITTEE FOR CHILDREN OF NY IN

13-5618593

JOHN H. T. REID 1088 PARK AVENUE NEW YORK, NY 10128	TREASURER 10.00	0.	0.	0.
KATHERINE KAHAN 36 EAST 72ND STREET NEW YORK, NY 10027	VICE PRESIDENT 10.00	0.	0.	0.
EMILY U SATLOFF 10 GRACIE SQUARE APT 9E NEW YORK, NY 10028	VICE PRESIDENT 10.00	0.	0.	0.
JENNIFER MARCH-JOLY 350 CABRINI BOULEVARD NEW YORK, NY 10040	ASSOC EXECUTIVE DIR 40.00	95,656.	4,672.	0.
GREGORY KLEMENS 155 EAST 88TH STREET APT GA NEW YORK, NY 10028	ASSOC EXECUTIVE DIR 40.00	88,945.	4,309.	0.
MYRNA GAUNTLETT 118-27 218TH STREET CAMBRIA HEIGHTS, NY 11411	FISCAL OFFICER 40.00	78,438.	3,425.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>507,752.</u>	<u>23,685.</u>	<u>0.</u>

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2B

STATEMENT 14

THE EXECUTIVE DIRECTOR OF THE ORGANIZATION USES THE COMPANY CREDIT CARD AND REIMBURSES THE ORGANIZATION FOR ALL PERSONAL EXPENSES. AT MARCH 31, 2006, THE EXECUTIVE DIRECTOR OWED THE ORGANIZATION \$9,695.

SCHEDULE A	OTHER INCOME			STATEMENT 15
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
REGISTRATION FEES	14,500.	15,750.	21,200.	22,650.
SALES OF PUBLICATIONS	16,592.	25,680.	12,679.	21,851.
MISCELLANEOUS	65.	904.	100.	418.
TOTAL TO SCHEDULE A, LINE 22	31,157.	42,334.	33,979.	44,919.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

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

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

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print	Name of Exempt Organization CITIZENS COMMITTEE FOR CHILDREN OF NY INC.	Employer identification number 13-5618593
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 105 EAST 22ND STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10010	

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

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

- The books are in the care of ▶ **TAXPAYER**
 Telephone No ▶ **212 673-1800** FAX No ▶ _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **NOVEMBER 15, 2006** 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 **APR 1, 2005**, and ending **MAR 31, 2006**
- 2 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ **N/A**

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

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

Form **8868** (Rev. 12-2004)