

# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**  
DECEMBER 31, 2019

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**PREPARED FOR:**

FAMILY AND CHILDREN'S ASSOCIATION, INC.  
100 EAST OLD COUNTRY ROAD  
MINEOLA, NY 11501

---

**PREPARED BY:**

BAKER TILLY US, LLP  
125 BAYLIS ROAD  
SUITE 300  
MELVILLE, NY 11747

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**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 16, 2020

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FORM 990-T

**FOR THE YEAR ENDING**  
DECEMBER 31, 2019

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FAMILY AND CHILDREN'S ASSOCIATION, INC.  
100 EAST OLD COUNTRY ROAD  
MINEOLA, NY 11501

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125 BAYLIS ROAD  
SUITE 300  
MELVILLE, NY 11747

---

**AMOUNT DUE OR REFUND:**

NO AMOUNT IS DUE.

---

**MAKE CHECK PAYABLE TO:**

NO AMOUNT IS DUE.

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOVEMBER 16, 2020

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**SPECIAL INSTRUCTIONS:**

THE RETURN SHOULD BE SIGNED AND DATED.

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_, 20\_\_\_\_

# 2019

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**FAMILY AND CHILDREN'S ASSOCIATION, INC.**

**11-3422018**

Name and title of officer

**MARY ANN VASSALLO  
CHIEF FINANCIAL OFFICER**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>21,943,330.</u>
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a	Form 8868 check here	▶ <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	_____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BAKER TILLY US, LLP to enter my PIN 22018  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Mary Ann Vassallo Date ▶ 10/27/2020

### Part III Certification and Authentication

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

**12682914104**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ ELLEN M. LABITA, CPA Date ▶ 10/27/20

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

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> FAMILY AND CHILDREN'S ASSOCIATION, INC.		<b>D Employer identification number</b> 11-3422018
	Doing business as		<b>E Telephone number</b> (516) 746-0350
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	100 EAST OLD COUNTRY ROAD		<b>G Gross receipts \$</b> 23,299,204.
City or town, state or province, country, and ZIP or foreign postal code MINEOLA, NY 11501		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F Name and address of principal officer:</b> MARY ANN VASSALLO SAME AS C ABOVE		<b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ▶	
<b>J Website:</b> ▶ HTTP://WWW.FAMILYANDCHILDRENS.ORG/		<b>L Year of formation:</b> 1998 <b>M State of legal domicile:</b> NY	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO PROTECT AND STRENGTHEN THE CHILDREN, FAMILIES AND COMMUNITIES OF LONG ISLAND.</u>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <span style="float:right">3 32</span>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <span style="float:right">4 32</span>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) <span style="float:right">5 423</span>
	<b>6</b> Total number of volunteers (estimate if necessary) <span style="float:right">6 242</span>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <span style="float:right">7a -257,869.</span>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39 <span style="float:right">7b -199,356.</span>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <span style="float:right">13,043,707. 16,843,115.</span>
	<b>9</b> Program service revenue (Part VIII, line 2g) <span style="float:right">4,446,706. 5,130,406.</span>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <span style="float:right">198,338. 74,689.</span>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <span style="float:right">317,153. -104,880.</span>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <span style="float:right">18,005,904. 21,943,330.</span>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <span style="float:right">103,305. 84,120.</span>
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <span style="float:right">0. 0.</span>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <span style="float:right">13,924,684. 14,264,495.</span>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <span style="float:right">0. 0.</span>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <span style="float:right">491,721.</span>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <span style="float:right">3,800,160. 4,493,582.</span>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <span style="float:right">17,828,149. 18,842,197.</span>
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <span style="float:right">177,755. 3,101,133.</span>
	<b>20</b> Total assets (Part X, line 16) <span style="float:right">13,442,176. 15,914,949.</span>
	<b>21</b> Total liabilities (Part X, line 26) <span style="float:right">5,049,331. 5,805,059.</span>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <span style="float:right">8,392,845. 10,109,890.</span>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	MARY ANN VASSALLO, CHIEF FINANCIAL OFFICER Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name ELLEN M. LABITA, CPA	Preparer's signature <i>Ellen M. Labita, CPA</i>	Date 11/26/2019	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00140777
	Firm's name BAKER TILLY US, LLP	Firm's EIN 39-0859910	Firm's address 125 BAYLIS ROAD SUITE 300 MELVILLE, NY 11747	Phone no. 631.752.7400	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF FAMILY AND CHILDREN'S ASSOCIATION IS TO PROTECT AND STRENGTHEN THE CHILDREN, FAMILIES AND COMMUNITIES OF LONG ISLAND. WE DO SO THROUGH A CAREFULLY INTEGRATED NETWORK OF HIGH-IMPACT PROGRAMS AND SERVICES THAT ADDRESS HEALTH AND HUMAN SERVICE NEEDS ACROSS THE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 4,616,708. including grants of \$ ) (Revenue \$ 4,047,177. ) MENTAL HEALTH SERVICES - NYS OFFICE OF MENTAL HEALTH HOME AND COMMUNITY BASED WAIVER AND FAMILY SUPPORT SERVICES FOR SERIOUSLY EMOTIONALLY DISTURBED CHILDREN. NYS OFFICE OF MENTAL HEALTH LICENSED COMMUNITY RESIDENCES FOR SERIOUSLY EMOTIONALLY DISTURBED YOUTH AND ADULTS. GOVERNMENT GRANTS RELATED TO THIS PROGRAM WERE \$2,685,210, FOR TOTAL PROGRAM REVENUE OF \$6,732,386.

4b (Code: ) (Expenses \$ 3,440,360. including grants of \$ ) (Revenue \$ 984,074. ) DRUG AND ALCOHOL SERVICES -OUR HICKSVILLE AND HEMPSTEAD FAMILY RECOVERY AND TREATMENT CENTERS ARE DESIGNED TO MEET THE UNIQUE NEEDS OF THEIR COMMUNITIES, INCLUDING BILINGUAL COUNSELING AND SUPPORT SERVICES FOR ADOLESCENTS, ADULTS AND VETERANS WITH A SPECIAL EMPHASIS ON FAMILIES. THESE TREATMENT CENTERS ARE LICENSED BY THE NYS OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES (OASAS) AND EACH PROVIDES INDIVIDUAL, GROUP, AND FAMILY TREATMENT FOR THOSE STRUGGLING WITH THE USE OF DRUGS AND/OR ALCOHOL. PSYCHIATRIC EVALUATION AND MEDICATION MANAGEMENT IS AVAILABLE. IN ADDITION TO THESE NYS-LICENSED ADDICTION TREATMENT CENTERS, FCA OFFERS EVIDENCE-BASED PREVENTION SERVICES AND OPERATES "THRIVE", LONG ISLAND'S FIRST ADDICTION RECOVERY CENTER PROVIDING SUPPORT, ACTIVITIES AND EDUCATION TO INDIVIDUALS IN RECOVERY AND THEIR

4c (Code: ) (Expenses \$ 2,342,433. including grants of \$ ) (Revenue \$ 25,983. ) SERVICES FOR THE SENIORS AND ADULTS - THE MISSION OF FCA'S SENIOR AND ADULT SERVICES IS TO PROTECT AND STRENGTHEN SENIORS AND ADULTS THROUGH SERVICES THAT ENSURE SAFETY WHILE MAXIMIZING INDEPENDENCE, RESPECTING THE RIGHT TO SELF-DETERMINATION AND IMPROVING OVERALL QUALITY OF LIFE. THESE SERVICES INCLUDE ALZHEIMER'S CAREGIVER SUPPORT, MENTAL HEALTH SUPPORT, FINANCIAL COUNSELING, AND FRIENDLY VISITORS FOR HOMEBOUND SENIORS, CASE MANAGEMENT AND IN-HOME ASSISTANCE AND NURSING HOME ADVOCACY. GOVERNMENT GRANTS RELATED TO THIS PROGRAM WERE \$2,234,267, FOR TOTAL PROGRAM REVENUE OF \$2,260,250.

4d Other program services (Describe on Schedule O.) (Expenses \$ 5,359,502. including grants of \$ 84,120.) (Revenue \$ 73,173.)

4e Total program service expenses 15,759,003.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		423
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
<b>4a</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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		7d
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X



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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 32		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 32		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **MARY ANN VASSALLO - 516-746-0350**  
**100 EAST OLD COUNTRY ROAD, MINEOLA, NY 11501**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFFREY REYNOLDS, PHD CHIEF EXECUTIVE OFFICER/PRESIDENT	41.00 0.00			X			271,527.	0.	52,744.	
(2) LISA BURCH CHIEF OPERATING OFFICER	41.00 0.00				X		147,003.	0.	22,245.	
(3) MARYANN VASSALLO CHIEF FINANCIAL OFFICER	40.00 0.00			X			139,830.	0.	13,282.	
(4) DONALD HOLDEN CHIEF DEVELOPMENT OFFICER	42.00 0.00				X		125,911.	0.	6,724.	
(5) DREW S. CROWLEY CHAIRMAN	3.00 0.00	X		X			0.	0.	0.	
(6) PATRICIA PRYOR BONICA PAST CHAIR	1.00 0.00	X		X			0.	0.	0.	
(7) H. RICHARD GRAFER VICE CHAIR	1.00 0.00	X		X			0.	0.	0.	
(8) ROBERT G. SCHWERDEL TREASURER	1.00 0.00	X		X			0.	0.	0.	
(9) JUDY SANFORD GUISE SECRETARY	1.00 0.00	X		X			0.	0.	0.	
(10) DONALD ABRAMS BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(11) WILLIAM BAUM BOARD MEMBER UNTIL 6/30/19	1.00 0.00	X					0.	0.	0.	
(11) DONNA BACON BOARD MEMBER AS OF 12/31/19	1.00 0.00	X					0.	0.	0.	
(12) ADAM BLANK BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(13) PETER J. BOGAN BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(14) MICHAEL J. BRENNAN BOARD MEMBER UNTIL 6/30/19	1.00 0.00	X					0.	0.	0.	
(15) DANIEL E. BROWN BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(16) JEFFERY R. CAPAZZI BOARD MEMBER UNTIL 6/30/19	1.00 0.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) RICHARD CAVALLARO BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(18) ROSANNE CAVALLARO BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(19) JOHN A. CERRATO, D.M.D. BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(20) JONI HOWE BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(21) APRIL INTRABARTOLA BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(22) DOROTHY JACOBS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(23) ANGELA JAGGAR BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(24) GERARD JONES BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(25) BERNARD KENNEDY BOARD MEMBER	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								684,271.	0.	94,995.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								684,271.	0.	94,995.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NETWORK OUTSOURCE INC. 135 DENTON AVENUE, NEW HYDE PARK, NY 11040	COMPUTER/IT SERVICES	742,029.
BAKER TILLY VIRCHOW KRAUSE, LLP 125 BAYLIS ROAD, MELVILLE, NY 11747	AUDIT/TAX SERVICES	143,300.
FARRELL FRITZ, P.C. 400 RXR PLAZA, UNIONDALE, NY 11556-1320	LEGAL	111,396.
KBD STRATEGIC CONSULTING, 734 FRANKLIN AVE #241, GARDEN CITY, NY 11530	CONSULTING SERVICES	101,913.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>	43,223.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	410,452.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	12,355,741.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	4,033,699.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 3,320,000.				
	<b>h Total.</b> Add lines 1a-1f .....			16,843,115.			
Program Service Revenue	<b>2 a</b> MEDICAID	Business Code					
		624100	4,822,341.	4,822,341.			
	<b>b</b> OTHER PROGRAM FEES	624100	176,985.	176,985.			
	<b>c</b> PATIENT FEES	624100	119,627.	119,627.			
	<b>d</b> MEDICARE	624100	11,453.	11,453.			
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			5,130,406.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		62,327.			62,327.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	118,532.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	354,201.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	-235,669.				
	<b>d</b> Net rental income or (loss) .....			-235,669.	22,200.	-257,869.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	895,504.	1,102.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	858,848.	25,396.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	36,656.	-24,294.			
<b>d</b> Net gain or (loss) .....			12,362.		12,362.		
<b>8 a</b> Gross income from fundraising events (not including \$ 410,452. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		114,637.				
			114,637.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>		10,570.				
			2,792.				
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....			7,778.		7,778.		
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> MANAGEMENT FEE	Business Code					
		624100	47,236.	47,236.			
	<b>b</b> TRAINING WORKSHOPS	900099	37,315.	37,315.			
	<b>c</b> BILINGUAL COUNSELING SVC	900099	27,752.	27,752.			
	<b>d</b> All other revenue .....	624100	10,708.	10,708.			
<b>e Total.</b> Add lines 11a-11d .....			123,011.				
<b>12 Total revenue.</b> See instructions .....			21,943,330.	5,275,617.	-257,869.	82,467.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	84,120.	84,120.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	477,383.		477,383.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	10,963,375.	9,757,567.	892,881.	312,927.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	533,458.	334,949.	156,177.	42,332.
<b>9</b> Other employee benefits .....	1,365,936.	1,326,704.	28,545.	10,687.
<b>10</b> Payroll taxes .....	924,343.	781,481.	117,927.	24,935.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	94,977.	86,918.	182.	7,877.
<b>c</b> Accounting .....	194,410.	158,448.	30,161.	5,801.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	16,006.		16,006.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,201,164.	842,354.	331,323.	27,487.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	319,420.	271,566.	41,109.	6,745.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	950,252.	712,346.	223,574.	14,332.
<b>17</b> Travel .....	141,641.	131,643.	9,917.	81.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	45,188.	39,384.	5,759.	45.
<b>20</b> Interest .....	66,092.	6,035.	50,938.	9,119.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	385,224.	282,821.	98,681.	3,722.
<b>23</b> Insurance .....	148,417.	111,259.	34,920.	2,238.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> CLIENT ACTIVITIES	222,755.	222,755.		
<b>b</b> BAD DEBT	183,785.	177,701.	5,441.	643.
<b>c</b> FOOD AND CLOTHING	166,688.	158,370.	8,098.	220.
<b>d</b> REPAIRS AND MAINTENANCE	138,717.	120,443.	13,966.	4,308.
<b>e</b> All other expenses	218,846.	152,139.	48,485.	18,222.
<b>25</b> Total functional expenses. Add lines 1 through 24e	18,842,197.	15,759,003.	2,591,473.	491,721.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	760,873.	<b>1</b>	900,109.
	<b>2</b> Savings and temporary cash investments .....	15,693.	<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	4,684,554.	<b>4</b>	4,569,287.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	153,805.	<b>9</b>	95,899.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 12,844,292.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 5,410,873.	<b>10c</b>	7,433,419.
	<b>11</b> Investments - publicly traded securities .....	2,167,635.	<b>11</b>	2,462,048.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	253,660.	<b>12</b>	297,464.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,827,444.	<b>15</b>	156,723.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	13,442,176.	<b>16</b>	15,914,949.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,949,809.	<b>17</b>	2,228,598.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	516,857.	<b>19</b>	198,461.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,268,012.	<b>23</b>	2,334,130.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,314,653.	<b>25</b>	1,043,870.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	5,049,331.	<b>26</b>	5,805,059.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	7,107,773.	<b>27</b>	9,712,058.
	<b>28</b> Net assets with donor restrictions .....	1,285,072.	<b>28</b>	397,832.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	8,392,845.	<b>32</b>	10,109,890.
	<b>33</b> Total liabilities and net assets/fund balances .....	13,442,176.	<b>33</b>	15,914,949.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,943,330.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,842,197.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,101,133.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,392,845.
5	Net unrealized gains (losses) on investments	5	255,404.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1,639,492.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,109,890.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	





**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	12738538.	12112335.	12593552.	13043707.	16843115.	67331247.
<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 .....	12738538.	12112335.	12593552.	13043707.	16843115.	67331247.
<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) .....						1927121.
<b>6 Public support.</b> Subtract line 5 from line 4.						65404126.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	12738538.	12112335.	12593552.	13043707.	16843115.	67331247.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	295,566.	288,564.	223,921.	177,743.	180,859.	1166653.
<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 VI.) .....	221,149.	190,921.	178,908.	432,055.	123,011.	1146044.
<b>11 Total support.</b> Add lines 7 through 10						69643944.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	26,912,440.
<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 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	93.91 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	96.30 %
<b>16a 33 1/3% support test - 2019.</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 checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2018.</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 - 2019.</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 VI 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 - 2018.</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 VI 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<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 .....						
<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 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<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 VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**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 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>	<b>(iii) Distributable Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

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

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:****OTHER INCOME**

2015 AMOUNT: \$ 115,919.

2016 AMOUNT: \$ 24,816.

2017 AMOUNT: \$ 91,656.

2018 AMOUNT: \$ 140,662.

2019 AMOUNT: \$ 10,680.

**EARNINGS OF AFFILIATE**

2015 AMOUNT: \$ 105,230.

2016 AMOUNT: \$ 60,175.

2017 AMOUNT: \$ 87,252.

2018 AMOUNT: \$ 222,580.

**MANAGEMENT FEE**

2016 AMOUNT: \$ 55,410.

2019 AMOUNT: \$ 47,236.

**VETERANS HOUSING INCOME**

2016 AMOUNT: \$ 50,520.

**GUARDIANSHIP PROGRAM**

2018 AMOUNT: \$ 68,813.

2019 AMOUNT: \$ 28.

**ALPHA TRAINING WORKSHOPS**

2019 AMOUNT: \$ 37,315.



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

BILINGUAL COUNSELING SVC

2019 AMOUNT: \$ 27,752.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

**FAMILY AND CHILDREN'S ASSOCIATION, INC.**

Employer identification number

**11-3422018**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization <b>FAMILY AND CHILDREN'S ASSOCIATION, INC.</b>	Employer identification number <b>11-3422018</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NASSAU COUNTY DEPT. OF HUMAN SERVICES-CHEMICAL DEPENDENCY  60 CHARLES LINDBERGH BLVD., SUITE 200  UNIONDALE, NY 11553	\$ 1,633,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NASSAU COUNTY DEPT. OF HUMAN SERVICES-MENTAL HEALTH  60 CHARLES LINDBERGH BLVD., SUITE 200  UNIONDALE, NY 11553	\$ 1,029,392.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NASSAU COUNTY DEPT. OF HUMAN SERVICES-OFFICE OF THE AGING  60 CHARLES LINDBERGH BLVD., SUITE 200  UNIONDALE, NY 11553	\$ 1,977,217.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NASSAU COUNTY DEPT OF SOCIAL SERVICES  60 CHARLES LINDBERGH BLVD., SUITE 200  UNIONDALE, NY 11553	\$ 670,505.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	NASSAU COUNTY DEPT OF HUMAN SERVICES-OFFICE OF YOUTH SERVICE  60 CHARLES LINDBERGH BLVD., SUITE 200  UNIONDALE, NY 11553	\$ 901,994.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	NYS DIVISION OF CRIMINAL JUSTICE SERVICES  80 SOUTH SWAN STREET  ALBANY, NY 12210	\$ 742,609.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FAMILY AND CHILDREN'S ASSOCIATION, INC.</b>	Employer identification number <b>11-3422018</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NASSAU COUNTY PROBATION DEPT 400 COUNTY SEAT DR #1 MINEOLA, NY 11501	\$ 389,123.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	NASSAU COUNTY OFFICE OF DISTRICT ATTORNEY 262 OLD COUNTRY RD MINEOLA, NY 11501	\$ 995,867.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	US DEPT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVENUE SW WASHINGTON, DC 20201	\$ 410,176.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	NYS OFFICE OF ALCOHOL AND SUBSTANCE ABUSE 1450 WESTERN AVENUE ALBANY, NY 11203-3526	\$ 775,538.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	ADMINISTRATION FOR CHILDREN, YOUTH & FAMILIES, YOUTH & FAMILY SERV DEVISION 26 FEDERAL PLAZA, ROOM 4114 NEW YORK, NY 10278	\$ 442,576.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	NYS DEPARTMENT OF LABOR W. AVERELL HARRIMAN STATE OFFICE CAMPUS, BLDG #12, RM 436 ALBANY, NY 11240	\$ 387,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>FAMILY AND CHILDREN'S ASSOCIATION, INC.</b>	Employer identification number  <b>11-3422018</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	COMMUNITY SERVICE SOCIETY OF NY, HEALTH INITIATIVES DEPARTMENT  633 THIRD AVENUE, 10TH FLOOR  NEW YORK, NY 10017	\$ 536,778.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	TREIBER REAL ESTATE CO. LLC  377 OAK STREET  GARDEN CITY, NY 11530	\$ 3,320,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>FAMILY AND CHILDREN'S ASSOCIATION, INC.</b>	Employer identification number  <b>11-3422018</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
14	OFFICE CONDO _____ _____ _____	\$ 3,320,000.	12/31/19
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <b>FAMILY AND CHILDREN'S ASSOCIATION, INC.</b>	Employer identification number <b>11-3422018</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019 Open to Public Inspection

Name of the organization: FAMILY AND CHILDREN'S ASSOCIATION, INC. Employer identification number: 11-3422018

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 7/25/06), and questions 3-9 regarding monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, and 2 regarding reporting of art and historical treasures.



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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	430,675.	428,956.	428,900.	429,486.	430,541.
b Contributions					
c Net investment earnings, gains, and losses	551.	1,719.	56.	-586.	-1,055.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	431,226.	430,675.	428,956.	428,900.	429,486.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  58.00 %
  - b Permanent endowment  42.00 %
  - c Term endowment  .00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes                      | No                                  |
|-----------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 3b
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		762,782.		762,782.
b Buildings		10,191,392.	4,270,920.	5,920,472.
c Leasehold improvements				
d Equipment		1,440,550.	815,059.	625,491.
e Other		449,568.	324,894.	124,674.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>7,433,419.</b>

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>LIABILITIES - DISCONTINUED</b>	
(3) <b>OPERATIONS</b>	1,031,120.
(4) <b>OTHER LONG TERM LIABILITIES</b>	12,750.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,043,870.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	20,543,236.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	255,404.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-1,655,498.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-1,400,094.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	21,943,330.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	21,943,330.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	18,826,191.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	18,826,191.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	16,006.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	16,006.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	18,842,197.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE ORGANIZATION HAS ADOPTED AN INVESTMENT POLICY STATEMENT FOR ENDOWMENT ASSETS THAT ATTEMPTS TO PROVIDE A PREDICTABLE STREAM OF RETURNS THAT CAN BE UTILIZED TO FUND ITS PROGRAMS WHILE MAINTAINING THE PURCHASING POWER OF THE ENDOWMENT ASSETS.

UNDER THIS POLICY, AS APPROVED BY THE FINANCE COMMITTEE, THE ENDOWMENT ASSETS ARE INVESTED IN A MANNER THAT IS INTENDED TO ACHIEVE INVESTMENT RETURNS THAT ARE COMPETITIVE VERSUS POOLS OF ASSETS OF SIMILAR NATURE AND CIRCUMSTANCES.

**PART X, LINE 2:**

**Part XIII** Supplemental Information (continued)

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX PROVISIONS THAT REQUIRE ADJUSTMENT TO THE COMBINED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF FASB ACCOUNTING STANDARDS CODIFICATION NO. 740.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT FEES	-16,006.
LOSS FROM DISCONTINUED OPERATIONS	-1,639,492.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-1,655,498.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		HOLIDAY BALL	GOLF OUTING	2	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	260,972.	140,625.	123,492.	525,089.
	2	Less: Contributions	214,340.	80,451.	115,661.	410,452.
	3	Gross income (line 1 minus line 2)	46,632.	60,174.	7,831.	114,637.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	27,050.	59,177.	5,446.	91,673.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	19,582.	997.	2,385.	22,964.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				114,637.
11	Net income summary. Subtract line 10 from line 3, column (d)				0.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: NY

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_







**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **FAMILY AND CHILDREN'S ASSOCIATION, INC.** Employer identification number **11-3422018**

**Part I General Information on Grants and Assistance**

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

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

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

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ \_\_\_\_\_

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

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	44	84,000.	0.		

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

**PART I, LINE 2:**

DOCUMENTATION FOR ALL GRANTS ARE MAINTAINED BY EACH RESPECTIVE PROGRAM  
 MANAGER IN INDIVIDUAL CLIENT FILES THAT CONTAIN ALL OF THE SUPPORTING  
 EVIDENCE THAT IS REQUIRED TO ESTABLISH ELIGIBILITY FOR ASSISTANCE IN  
 ACCORDANCE WITH PROGRAM AND FUNDING REGULATIONS.

ACADEMIC SCHOLARSHIP AWARDS ARE PAID DIRECTLY TO THE RECIPIENT BASED ON  
 DOCUMENTATION CLIENT PROVIDES TO PROGRAM MANAGER DOCUMENTING THE  
 SATISFACTORY COMPLETION OF A SEMESTER AFTER APPROVAL IS OBTAINED FROM THE



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **FAMILY AND CHILDREN'S ASSOCIATION, INC.**  
 Employer identification number: **11-3422018**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ..... **1b**

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? ..... **2**

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? ..... **5a**
- b** Any related organization? ..... **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? ..... **6a**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III ..... **7**

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III ..... **8**

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? ..... **9**

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2019

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JEFFREY REYNOLDS, PHD CHIEF EXECUTIVE OFFICER/PRESIDENT	(i)	271,527.	0.	0.	14,271.	38,473.	324,271.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LISA BURCH CHIEF OPERATING OFFICER	(i)	147,003.	0.	0.	8,705.	13,540.	169,248.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARYANN VASSALLO CHIEF FINANCIAL OFFICER	(i)	139,830.	0.	0.	7,729.	5,553.	153,112.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE BOARD OF TRUSTEES' FINANCE COMMITTEE REVIEWS THE ANNUAL BUDGET AND IT IS SUBSEQUENTLY APPROVED BY THE ENTIRE BOARD.

COMPENSATION FOR THE PRESIDENT/CEO IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD AND IS BASED ON ACADEMIC/PROFESSIONAL CREDENTIALS, AGENCY LONGEVITY, RELEVANT EXPERIENCE, PERFORMANCE EVALUATIONS, AVAILABILITY OF FUNDS AND COMPARATIVE DATA FROM MULTIPLE SOURCES INCLUDING NON-PROFIT SALARY SURVEYS AND THE 990S OF SIMILARLY SITUATED ORGANIZATIONS.

COMPENSATION FOR KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT/CEO IN CONSULTATION WITH THE BOARD EXECUTIVE COMMITTEE AND IS BASED ON MULTIPLE FACTORS INCLUDING ACADEMIC/PROFESSIONAL CREDENTIALS, AGENCY LONGEVITY, RELEVANT EXPERIENCE, PERFORMANCE EVALUATIONS, AVAILABILITY OF FUNDS AND COMPARATIVE DATA FROM HEALTH AND HUMAN SERVICE SALARY SURVEYS.

ANY MAJOR CHANGES TO THE BENEFITS PACKAGE ARE REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **FAMILY AND CHILDREN'S ASSOCIATION, INC.** Employer identification number **11-3422018**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial	X	1	3,320,000.	
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 1

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		





**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

FAMILY AND CHILDREN'S ASSOCIATION, INC.

Employer identification number

11-3422018

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

LIFESPAN. EACH OF OUR PROGRAMS ARE PROFESSIONALLY MANAGED WITH A  
LASER-LIKE FOCUS ON OUTCOMES AND A HIGH EMPHASIS ON PARTNERSHIPS THAT  
ENGAGE ALL VOICES AND ADVANCE EQUITY IN OUR REGION. BACKED BY 130-PLUS  
YEARS OF SERVICE, FCA REMAINS ONE OF LONG ISLAND'S MOST INNOVATIVE,  
EFFECTIVE AND ASPIRATIONAL NONPROFITS.

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

FAMILIES. GOVERNMENT GRANTS RELATED TO THIS PROGRAM WERE \$3,090,774.  
FOR TOTAL REVENUE OF \$4,074,848.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RUNAWAY AND HOMELESS YOUTH SERVICES - THE WALKABOUT PROGRAM IS A  
TRANSITIONAL RESIDENCE SERVING HOMELESS YOUNG MEN AND WOMEN BETWEEN THE  
AGES OF 16-20. THE PROGRAM PROVIDES SHORT TERM SHELTER AND SUPPORT  
SERVICES FOR UP TO 18 MONTHS IN ORDER TO PREPARE THESE YOUNG PEOPLE FOR  
LIVING INDEPENDENTLY IN THE COMMUNITY. THE PROGRAM HAS A CAPACITY OF  
12. GOVERNMENT GRANTS RELATED TO THIS PROGRAM WERE \$1,712,111 FOR TOTAL  
PROGRAM REVENUE OF \$1,712,111.

IN ADDITION TO THIS PROGRAM WE ALSO PROVIDE TEMPORARY SHELTER TO  
RUNAWAY HOMELESS YOUTH, JUVENILE JUSTICE SERVICES AND A LEARNING CENTER  
THAT IS FOCUSED ON DEVELOPING INDEPENDENT LIVING SKILLS, EDUCATIONAL  
SUPPORTS TO AT RISK YOUTH.

EXPENSES \$ 1,835,049. INCLUDING GRANTS OF \$ 0. REVENUE \$ 37,177.

Name of the organization <b>FAMILY AND CHILDREN'S ASSOCIATION, INC.</b>	Employer identification number <b>11-3422018</b>
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**FAMILY SERVICES - COOP NURSERY CARE FOR PRESCHOOL AGE CHILDREN. US  
DEPT OF HUD - HOMELESSNESS PREVENTION SERVICES - RENT SUBSIDY PROGRAM  
SERVING FAMILIES/INDIVIDUALS WITH MENTAL HEALTH OR CHEMICAL DEPENDENCY  
DISABILITIES. FAMILY PREVENTION/CASE MANAGEMENT SERVICES PROVIDED TO  
HIGH RISK FAMILIES REFERRED TO AGENCY VIA LOCAL CHILD PROTECTIVE  
SERVICES. FAMILY PRESERVATION AND PREVENTION SERVICES. FAMILY SERVICES  
TO PREVENT YOUTH REFERRAL TO JUDICIAL SYSTEM. GOVERNMENT GRANTS  
RELATED TO THIS PROGRAM WERE \$1,707,623, FOR TOTAL PROGRAM REVENUE OF  
\$1,743,618.**

**EXPENSES \$ 1,711,587. INCLUDING GRANTS OF \$ 0. REVENUE \$ 35,996.**

**OTHER PROGRAM SERVICES: SERVICES TO SENIORS, GROUP HOME SERVICES,  
INDEPENDENT LIVING SERVICES, ADULT AND CHILDREN AND GENERAL COUNSELING  
SERVICES, CRISIS INTERVENTION & ADVOCACY SERVICES AND VOLUNTEERS AND  
SERVICES FOR OTHER AGENCIES. GOVERNMENT GRANTS RELATED TO THIS PROGRAM  
WERE \$766,048, FOR TOTAL PROGRAM REVENUE OF \$766,048.**

**EXPENSES \$ 1,708,431. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

**SCHOLARSHIP**

**EXPENSES \$ 104,435. INCLUDING GRANTS OF \$ 84,120. REVENUE \$ 0.**

**FORM 990, PART VI, SECTION A, LINE 2:**

**TRUSTEES RICHARD CAVALLARO AND ROSANNE CAVALLARO ARE RELATED, AND THEY,  
ALONG WITH FCA, TAKE AFFIRMATIVE STEPS TO AVOID PERCEIVED OR ACTUAL  
CONFLICTS OF INTEREST.**

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

**THE CFO AND CEO DO A REVIEW OF THE FORM 990 AND THEN PROVIDE A COPY TO THE**

Name of the organization

FAMILY AND CHILDREN'S ASSOCIATION, INC.

Employer identification number

11-3422018

BOARD'S AUDIT COMMITTEE WHO REVIEWS WITH THE AGENCY'S INDEPENDENT AUDITORS AND MANAGEMENT. A COPY OF THE FORM 990 IS PROVIDED TO THE FULL BOARD BEFORE FILING WITH THE IRS.

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

EVERY EMPLOYEE HAS AN OBLIGATION TO AVOID ANY EMPLOYMENT, ACTIVITY, AGREEMENT, BUSINESS INVESTMENT OR INTEREST, OR OTHER SITUATION THAT COULD BE CONSTRUED AS A CONFLICT WITH THE AGENCY'S BEST INTERESTS. IF AN EMPLOYEE ENGAGES IN ANY ACTIVITY OR TRANSACTION WHICH MAY CAUSE AN ACTUAL OR PERCEIVED CONFLICT BETWEEN PERSONAL AND AGENCY INTERESTS, INFORMATION ABOUT THAT POTENTIAL CONFLICT MUST BE DISCLOSED IN ADVANCE TO THE PRESIDENT & CEO AND/OR THE CHIEF OPERATING OFFICER AS SOON AS THE EMPLOYEE BECOMES AWARE OF THE POTENTIAL CONFLICT. ANY EMPLOYEE WHO IS UNCERTAIN ABOUT WHETHER A POTENTIAL CONFLICT OF INTEREST EXISTS SHOULD CONSULT WITH THE PRESIDENT & CEO OR THE CHIEF OPERATING OFFICER. THE AUDIT COMMITTEE SHALL OVERSEE THE ADOPTION, IMPLEMENTATION OF, AND COMPLIANCE WITH ANY CONFLICT OF INTEREST POLICY OR WHISTLEBLOWER POLICY ADOPTED BY THE CORPORATION.

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

THE BOARD OF TRUSTEES' FINANCE COMMITTEE REVIEWS THE ANNUAL BUDGET AND IT IS SUBSEQUENTLY APPROVED BY THE ENTIRE BOARD.

COMPENSATION FOR THE PRESIDENT/CEO IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD AND IS BASED ON ACADEMIC/PROFESSIONAL CREDENTIALS, AGENCY LONGEVITY, RELEVANT EXPERIENCE, PERFORMANCE EVALUATIONS, AVAILABILITY OF FUNDS AND COMPARATIVE DATA FROM MULTIPLE SOURCES INCLUDING NON-PROFIT SALARY SURVEYS AND THE 990'S OF SIMILARLY SITUATED ORGANIZATIONS.

Name of the organization <b>FAMILY AND CHILDREN'S ASSOCIATION, INC.</b>	Employer identification number <b>11-3422018</b>
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COMPENSATION FOR KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT/CEO IN CONSULTATION WITH THE BOARD EXECUTIVE COMMITTEE AND IS BASED ON MULTIPLE FACTORS INCLUDING ACADEMIC/PROFESSIONAL CREDENTIALS, AGENCY LONGEVITY, RELEVANT EXPERIENCE, PERFORMANCE EVALUATIONS, AVAILABILITY OF FUNDS AND COMPARATIVE DATA FROM HEALTH AND HUMAN SERVICE SALARY SURVEYS.

ANY MAJOR CHANGES TO THE BENEFITS PACKAGE ARE REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION C, LINE 19:  
FCA VALUES TRANSPARENCY AND MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST. A STEWARDSHIP REPORT, SEVERAL YEAR'S WORTH OF IRS 990 FORMS AND OTHER REPORTS ARE POSTED ON OUR WEBSITE AND VIA SOCIAL MEDIA.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  
LOSS FROM DISCONTINUING AFFILIATION -1,639,492.

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2019**

For calendar year 2019 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>FAMILY AND CHILDREN'S ASSOCIATION, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>100 EAST OLD COUNTRY ROAD</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>MINEOLA, NY 11501</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>11-3422018</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)  <b>531110</b></p>
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<p><b>C</b> Book value of all assets at end of year  <b>15,914,949.</b></p>	<p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
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**H** Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **LESSOR OF COMMERCIAL BUILDING**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **MARY ANN VASSALLO** Telephone number ▶ **516-746-0350**

<b>Part I Unrelated Trade or Business Income</b>	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>	<b>296,354.</b>	<b>-198,106.</b>
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	<b>98,248.</b>	<b>-198,106.</b>

<b>Part II Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)			
<b>14</b> Compensation of officers, directors, and trustees (Schedule K)			<b>14</b>
<b>15</b> Salaries and wages			<b>15</b>
<b>16</b> Repairs and maintenance			<b>16</b>
<b>17</b> Bad debts			<b>17</b>
<b>18</b> Interest (attach schedule) (see instructions)			<b>18</b>
<b>19</b> Taxes and licenses			<b>19</b>
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>		
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>		<b>21b</b>
<b>22</b> Depletion			<b>22</b>
<b>23</b> Contributions to deferred compensation plans			<b>23</b>
<b>24</b> Employee benefit programs			<b>24</b>
<b>25</b> Excess exempt expenses (Schedule I)			<b>25</b>
<b>26</b> Excess readership costs (Schedule J)			<b>26</b>
<b>27</b> Other deductions (attach schedule)		<b>SEE STATEMENT 1</b>	<b>27</b>
<b>28 Total deductions.</b> Add lines 14 through 27			<b>28</b>
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13			<b>29</b>
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>SEE STATEMENT 2</b>	<b>30</b>
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29			<b>31</b>

Part III Total Unrelated Business Taxable Income	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) <span style="float:right">32</span> <span style="float:right">-199,356.</span>
33	Amounts paid for disallowed fringes <span style="float:right">33</span>
34	Charitable contributions (see instructions for limitation rules) <span style="float:right">34</span> <span style="float:right">0.</span>
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33 <span style="float:right">35</span> <span style="float:right">-199,356.</span>
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) <b>STMT 3</b> <span style="float:right">36</span> <span style="float:right">0.</span>
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 <span style="float:right">37</span> <span style="float:right">-199,356.</span>
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) <span style="float:right">38</span> <span style="float:right">1,000.</span>
39	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 <span style="float:right">39</span> <span style="float:right">-199,356.</span>

Part IV Tax Computation	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) <span style="float:right">40</span> <span style="float:right">0.</span>
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) <span style="float:right">41</span>
42	Proxy tax. See instructions <span style="float:right">42</span>
43	Alternative minimum tax (trusts only) <span style="float:right">43</span>
44	Tax on Noncompliant Facility Income. See instructions <span style="float:right">44</span>
45	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies <span style="float:right">45</span> <span style="float:right">0.</span>

Part V Tax and Payments	
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) <span style="float:right">46a</span>
b	Other credits (see instructions) <span style="float:right">46b</span>
c	General business credit. Attach Form 3800 <span style="float:right">46c</span>
d	Credit for prior year minimum tax (attach Form 8801 or 8827) <span style="float:right">46d</span>
e	<b>Total credits.</b> Add lines 46a through 46d <span style="float:right">46e</span>
47	Subtract line 46e from line 45 <span style="float:right">47</span> <span style="float:right">0.</span>
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) <span style="float:right">48</span>
49	<b>Total tax.</b> Add lines 47 and 48 (see instructions) <span style="float:right">49</span> <span style="float:right">0.</span>
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 <span style="float:right">50</span> <span style="float:right">0.</span>
51a	Payments: A 2018 overpayment credited to 2019 <span style="float:right">51a</span>
b	2019 estimated tax payments <span style="float:right">51b</span>
c	Tax deposited with Form 8868 <span style="float:right">51c</span>
d	Foreign organizations: Tax paid or withheld at source (see instructions) <span style="float:right">51d</span>
e	Backup withholding (see instructions) <span style="float:right">51e</span>
f	Credit for small employer health insurance premiums (attach Form 8941) <span style="float:right">51f</span>
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <span style="float:right">51g</span>
52	<b>Total payments.</b> Add lines 51a through 51g <span style="float:right">52</span>
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> <span style="float:right">53</span>
54	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed <span style="float:right">54</span>
55	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid <span style="float:right">55</span>
56	Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input checked="" type="checkbox"/> <span style="float:right">56</span>

Part VI Statements Regarding Certain Activities and Other Information (see instructions)			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <input type="checkbox"/>	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. <input type="checkbox"/>		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$		X

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	ELLEN M. LABITA, CPA CHIEF FINANCIAL OFFICER			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed
	ELLEN M. LABITA, CPA BAKER TILLY US, LLP		ELLEN M. LABITA, CPA 1/22/2020	PTIN P00140777
	125 BAYLIS ROAD SUITE 300 MELVILLE, NY 11747		Firm's EIN 39-0859910 Phone no. 631.752.7400	

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year .....	1		6	Inventory at end of year .....	6			
2	Purchases .....	2		7	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....				
3	Cost of labor .....	3		7					
4a	Additional section 263A costs (attach schedule) .....	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....			Yes	No
b	Other costs (attach schedule) .....	4b							
5	<b>Total.</b> Add lines 1 through 4b .....	5							

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule) <b>STATEMENT 6</b>	(b) Other deductions (attach schedule) <b>STATEMENT 7</b>	
(1) 100 EAST OLD COUNTRY ROAD,				
(2) MINEOLA, NY	98,248.	12,597.	283,757.	
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2) 583,038.	362,367.	100.00%	98,248.	296,354.
(3)		%		
(4)		%		
<b>STATEMENT 4</b>		<b>STATEMENT 5</b>		
<b>Totals</b> .....		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
		98,248.		296,354.
<b>Total dividends-received deductions</b> included in column 8 .....				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b>			<b>0.</b>	<b>0.</b>

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b>		<b>0.</b>		<b>0.</b>

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
<b>Totals</b>		<b>0.</b>	<b>0.</b>			<b>0.</b>

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		<b>0.</b>	<b>0.</b>			<b>0.</b>



**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 26. <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREP FEES		1,000.
TOTAL TO FORM 990-T, PAGE 1, LINE 27		1,000.

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	162,825.	0.	162,825.	162,825.
NOL CARRYOVER AVAILABLE THIS YEAR			162,825.	162,825.

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/03	128,723.	0.	128,723.	128,723.
12/31/04	160,599.	0.	160,599.	160,599.
12/31/05	161,740.	0.	161,740.	161,740.
12/31/06	124,448.	0.	124,448.	124,448.
12/31/07	152,264.	0.	152,264.	152,264.
12/31/08	230,106.	0.	230,106.	230,106.
12/31/09	284,565.	0.	284,565.	284,565.
12/31/10	188,206.	0.	188,206.	188,206.
12/31/11	251,267.	0.	251,267.	251,267.
12/31/12	215,475.	0.	215,475.	215,475.
12/31/13	194,811.	0.	194,811.	194,811.
12/31/14	74,772.	0.	74,772.	74,772.
12/31/15	88,934.	0.	88,934.	88,934.
12/31/16	119,671.	0.	119,671.	119,671.
12/31/17	111,879.	0.	111,879.	111,879.
NOL CARRYOVER AVAILABLE THIS YEAR			2,487,460.	2,487,460.

FORM 990-T                      SCHEDULE E - UNRELATED DEBT-FINANCED INCOME                      STATEMENT 4  
 AVERAGE ACQUISITION DEBT

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
100 EAST OLD COUNTRY ROAD, MINEOLA, NY	1	
BEGINNING FIRST MONTH		595,548.
BEGINNING SECOND MONTH		593,307.
BEGINNING THIRD MONTH		591,057.
BEGINNING FOURTH MONTH		588,798.
BEGINNING FIFTH MONTH		586,528.
BEGINNING SIXTH MONTH		584,249.
BEGINNING SEVENTH MONTH		581,961.
BEGINNING EIGHTH MONTH		579,662.
BEGINNING NINTH MONTH		577,234.
BEGINNING TENTH MONTH		575,036.
BEGINNING ELEVENTH MONTH		572,708.
BEGINNING TWELFTH MONTH		570,370.
TOTAL OF ALL MONTHS		6,996,458.
NUMBER OF MONTHS IN YEAR		12
AVERAGE AQUISITION DEBT		583,038.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

FORM 990-T                      SCHEDULE E - UNRELATED DEBT-FINANCED INCOME                      STATEMENT 5  
 AVERAGE ADJUSTED BASIS

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT
100 EAST OLD COUNTRY ROAD, MINEOLA, NY	1	
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR		377,465.
AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		347,268.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		362,367.

TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5

## FORM 990-T

## SCHEDULE E - DEPRECIATION DEDUCTION

## STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION EXPENSE		12,597.	
- SUBTOTAL -	1		12,597.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			12,597.

## FORM 990-T

## SCHEDULE E - OTHER DEDUCTIONS

## STATEMENT 7

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
PAYROLL TAXES & BENEFITS		18,194.	
MAINTENANCE SALARIES		68,270.	
REPAIRS AND MAINTENANCE		31,628.	
OFFICE EXPENSES		33,386.	
INTEREST EXPENSE		30,423.	
OCCUPANCY, INSURANCE, AND UTILITIES		66,277.	
CONTRACTED SERVICES		35,438.	
BAD DEBT		141.	
- SUBTOTAL -	1		283,757.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			283,757.

# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CT-13

FOR THE YEAR ENDING  
DECEMBER 31, 2019

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**PREPARED FOR:**

FAMILY AND CHILDREN'S ASSOCIATION, INC.  
100 EAST OLD COUNTRY ROAD  
MINEOLA, NY 11501

---

**PREPARED BY:**

BAKER TILLY US, LLP  
125 BAYLIS ROAD  
SUITE 300  
MELVILLE, NY 11747

---

**TO BE SIGNED AND DATED BY:**

NOT APPLICABLE

---

**AMOUNT OF TAX:**

TOTAL TAX	\$	250
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
BALANCE DUE	\$	250

---

**OVERPAYMENT:**

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

---

**MAKE CHECK PAYABLE TO:**

NEW YORK STATE CORPORATION TAX

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM TR-579-CT TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE NYSDTF. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE NYSDTF.

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

YOUR PAYMENT SHOULD BE MADE AS INSTRUCTED BELOW ON OR BEFORE NOVEMBER 16, 2020.

SEPARATELY MAIL NEW YORK FORM CT-200-V WITH A CHECK OR MONEY  
ORDER FOR \$250, PAYABLE TO NEW YORK STATE CORPORATION TAX.

MAIL TO: NYS DEPT OF TAXATION & FINANCE  
CORP-V  
P.O. BOX 15163  
ALBANY, NY 12212-5163

# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

**FOR THE YEAR ENDING**

DECEMBER 31, 2019

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**PREPARED FOR:**

FAMILY AND CHILDREN'S ASSOCIATION, INC.  
100 EAST OLD COUNTRY ROAD  
MINEOLA, NY 11501

---

**PREPARED BY:**

BAKER TILLY US, LLP  
125 BAYLIS ROAD  
SUITE 300  
MELVILLE, NY 11747

---

**AMOUNT OF TAX:**

BALANCE DUE OF \$775

---

**MAKE CHECK PAYABLE TO:**

DEPARTMENT OF LAW

---

**MAIL TAX RETURN TO:**

NYS OFFICE OF ATTORNEY GENERAL  
CHARITIES BUREAU REGISTRATION SECTION  
28 LIBERTY STREET  
NEW YORK, NY 10005

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOVEMBER 16, 2020

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**SPECIAL INSTRUCTIONS:**

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED  
INDIVIDUAL(S).

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED  
AND DATED.





# 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 you 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). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

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 \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

### Calculate Your Fee

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

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

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked 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

### Send Your Filing

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

NYS Office of the Attorney General  
 Charities Bureau Registration Section  
 28 Liberty Street  
 New York, NY 10005

#### Need Assistance?

Visit: [www.CharitiesNYS.com](http://www.CharitiesNYS.com)  
 Call: (212) 416-8401  
 Email: [Charities.Bureau@ag.ny.gov](mailto:Charities.Bureau@ag.ny.gov)

#### Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**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.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm 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)).

# CHAR500

Schedule 4b: Government Grants  
www.CharitiesNYS.com

## 2019

Open to Public  
Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

**Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

### 1. Organization Information

Name of Organization:	NY Registration Number:
FAMILY AND CHILDREN'S ASSOCIATION, INC.	06-16-26

### 2. Government Grants

Name of Government Agency	Amount of Grant
1. NASSAU COUNTY PROBATION DEPT	1. 389,123.
2. SOCIAL SECURITY ADMINISTRATION	2. 178,315.
3. NASSAU COUNTY YOUTH BOARD	3. 901,994.
4. NASSAU COUNTY DEPT OF MENTAL HEALTH	4. 1,029,392.
5. NASSAU COUNTY DEPT OF DRUG AND ALCOHOL	5. 1,633,750.
6. NASSAU COUNTY DEPT OF SOCIAL SERVICES	6. 670,505.
7. NYS DIVISION OF CRIMINAL JUSTICE	7. 742,609.
8. NYS OFCS - BUREAU OF PROGRAM AND COMMUNITY DEV	8. 274,578.
9. NASSAU COUNTY DEPT OF SENIOR CITIZENS	9. 1,977,214.
10. NASSAU COUNTY OFFICE OF DISTRICT ATTORNEY	10. 995,867.
11. NASSAU COUNTY DEPT OF HOUSING	11. 131,040.
12. OFFICE OF TEMPORARY DISABILITY ASSISTANCE	12. 181,930.
13. OFFICE OF AGING	13. 198,889.
14. DEPARTMENT OF HEALTH	14. 536,778.
15. NYS OFFICE OF ALCOHOL AND SUBSTANCE ABUSE	15. 775,538.
Total Government Grants:	Total:

# CHAR500

Schedule 4b: Government Grants  
www.CharitiesNYS.com

## 2019

**Open to Public  
Inspection**

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

**Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

### 1. Organization Information

Name of Organization:	NY Registration Number:
<b>FAMILY AND CHILDREN'S ASSOCIATION, INC.</b>	<b>06-16-26</b>

### 2. Government Grants

Name of Government Agency	Amount of Grant
1. NYS DEPARTMENT OF LABOR	1. 387,100.
2. SUFFOLK COUNTY DEPT OF SOCIAL SERVICES	2. 320,598.
3. US DEPT OF HEALTH AND HUMAN SERVICES	3. 410,176.
4. SUFFOLK COUNTY DEPT OF MENTAL HEALTH	4. 177,769.
5. NYS DEPT OF HEALTH & HUMAN SERVICES	5. 442,576.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 12,355,741.



# CT-2

Department of Taxation and Finance

## Corporation Tax Return Summary

**THIS FORM MUST  
BE FILED WITH  
YOUR RETURN**

1 Legal name of corporation

1. FAMILY AND CHILDREN'S ASSOCIATION, IN

Payment enclosed

2. 250.00

3 Return type

3. CT13

4 Employer ID number (EIN)

4. 11-3422018

5 File number (FCC)

5. MM2

6 Period beginning date (mm-dd-yy)

6. 01-01-19

7 Period ending date (mm-dd-yy)

7. 12-31-19

8 Amended (Y=1; N=0)

8. 0

9 Address change (Y=1; N=0)

9. 0

10 Final (Y=1; N=0)

10.

11 NAICS code

11. 531110

12 MTA indicator (None = 0, Y = 1, N = 2, Both = 3)

12.

13 Federal 1120-H filed (Y = 1, N = 0)

13.

14 REIT/RIC indicator (Y=1, N=0)

14.

15 Tax due/MTA surcharge

15. 250.00

16 Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000

16.

17 Balance due

17. 250.00

18 Amount of overpayment credited to next period - NYS

18.

19 Refund of overpayment

19.

20 Refund of unused tax credits

20.

21 Tax credits to be credited as an overpayment to next year's return

21.

22 Amount of overpayment credited to next period - MTA

22.

23 Amount of MTA surcharge retaliatory tax credit to be refunded

23.

24 Fixed dollar minimum

24.

25 Designated agent's (Article 9-A) or combined parent's (Article 33) EIN

25. -

26 New York receipts

26.

27 Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section 195.20)?

27.

28 Paid preparer's EIN

28. 39-0859910

29 Preparer's NYTPRIN

29.

30 Excl. code

30. 03

541001191019



984951  
12-11-19

1019

For office use only

Form CT-186-E filers only

31	Excise tax on telecommunication services - NYS	31.	<input type="text"/>	<input type="text"/>
32	Excise tax on mobile telecommunication services subject to the 2.9% rate	32.	<input type="text"/>	<input type="text"/>
33	Total excise tax on telecommunication services	33.	<input type="text"/>	<input type="text"/>
34	Tax on gross income - NYS	34.	<input type="text"/>	<input type="text"/>
35	MTA surcharge related to non-mobile telecommunication services	35.	<input type="text"/>	<input type="text"/>
36	MTA surcharge related to telecommunication services subject to the 0.721% tax rate	36.	<input type="text"/>	<input type="text"/>
37	Total MTA surcharge related to telecommunication services	37.	<input type="text"/>	<input type="text"/>
38	MTA surcharge on gross income	38.	<input type="text"/>	<input type="text"/>
39	Balance due - NYS	39.	<input type="text"/>	<input type="text"/>
40	Balance due - MTA	40.	<input type="text"/>	<input type="text"/>
41	Provided telecommunication services in the MCTD this year? (None = 0, Y = 1, N = 2, Both = 3)	41.	<input type="text"/>	<input type="text"/>
42	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None = 0, Y = 1, N = 2, Both = 3)	42.	<input type="text"/>	<input type="text"/>
43	Overpayment credited to next year's tax - NYS	43.	<input type="text"/>	<input type="text"/>
44	Overpayment credited to next year's tax - MTA	44.	<input type="text"/>	<input type="text"/>
45	Refund of overpayment - NYS	45.	<input type="text"/>	<input type="text"/>
46	Refund of overpayment - MTA	46.	<input type="text"/>	<input type="text"/>
47	Refund of unused tax credits - NYS	47.	<input type="text"/>	<input type="text"/>
48	Refund of unused tax credits - MTA	48.	<input type="text"/>	<input type="text"/>
49	Refundable tax credits to be credited to next year's tax - NYS	49.	<input type="text"/>	<input type="text"/>
50	Refundable tax credits to be credited to next year's tax - MTA	50.	<input type="text"/>	<input type="text"/>





# CT-200-V

Department of Taxation and Finance

## Payment Voucher for E-Filed Corporation Tax Returns and Extensions

Employer identification number <b>11-3422018</b>	Primary return type <b>CT13</b>	Tax period beginning (mm-dd-yyyy) <b>01-01-2019</b>	Tax period ending (mm-dd-yyyy) <b>12-31-2019</b>
Legal name of corporation <b>FAMILY AND CHILDREN'S ASSOCIATION, INC.</b>			
Mailing name (if different from legal name) c/o			
Number and street or PO box <b>100 EAST OLD COUNTRY ROAD</b>			
City <b>MINEOLA</b>	State <b>NY</b>	ZIP code <b>11501</b>	Business telephone number <b>(516) 746-035</b>

<b>Type of form e-filed</b> (mark correct box; see instructions)	
Return .....	<input checked="" type="checkbox"/>
Extension .....	<input type="checkbox"/>
Mandatory first installment (MFI) ...	<input type="checkbox"/>
<b>Amount(s) due</b>	
NYS amount	<b>250.00</b>
MTA amount	<b>.00</b>

Make your check or money order payable in U.S. funds to: <i>New York State Corporation Tax.</i> Do not staple or clip your check or money order. Detach all check stubs.  <b>Enter payment enclosed ...</b>	<b>250.00</b>
---	---------------

**File this entire page with your payment**

### Where to mail

Mail your payment along with this **entire page** to:

**NYS DEPT OF TAXATION & FINANCE  
CORP - V  
PO BOX 15163  
ALBANY NY 12212-5163**





For Certain Corporation Tax Returns and Estimated Tax Payments for Corporations

Electronic return originator (ERO)/paid preparer: Do not mail this form to the Tax Department. Keep it for your records.

Legal name of corporation: FAMILY AND CHILDREN'S ASSOCIATION, INC.

Return type (mark an X for all that apply): CT-3 CT-3-A CT-3-M CT-3-S CT-13 X CT-33 CT-33-A CT-33-C CT-33-M CT-33-NL CT-183 CT-183-M CT-184 CT-184-M CT-186-E CT-300 CT-400

Purpose

Form TR-579-CT must be completed to authorize an ERO to e-file a corporation tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return before the ERO transmits the electronically filed Form CT-3, General Business Corporation Franchise Tax Return; CT-3-A, General Business Corporation Combined Franchise Tax Return; CT-3-M, General Business Corporation MTA Surcharge Return; CT-3-S, New York S Corporation Franchise Tax Return; CT-13, Unrelated Business Income Tax Return; CT-33, Life Insurance Corporation Franchise Tax Return; CT-33-A, Life Insurance Corporation Combined Franchise Tax Return; CT-33-C, Captive Insurance Company Franchise Tax Return; CT-33-M, Insurance Corporation MTA Surcharge Return; CT-33-NL, Non-Life Insurance Corporation Franchise Tax Return; CT-183, Transportation and Transmission Corporation Franchise Tax Return on Capital Stock; CT-183-M, Transportation and Transmission Corporation MTA Surcharge Return; CT-184, Transportation and Transmission Corporation Franchise Tax Return on Gross Earnings; CT-184-M, Transportation and Transmission Corporation MTA Surcharge Return; CT-186-E, Telecommunications Tax Return and Utility Services Tax Return; CT-300, Mandatory First Installment (MFI) of Estimated Tax for Corporations; or CT-400, Estimated Tax for Corporations.

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in TSB-M-05(1)C, Alternative Methods of Signing for Tax Return Preparers. Go to our website at www.tax.ny.gov to find this document.

Do not mail this form to the Tax Department. EROs/paid preparers must keep this form for three years and present it to the Tax Department upon request.

Do not use this form for electronically filed Form CT-5, Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both); CT-5.3, Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge return, or both); CT-5.4, Request for Six-Month Extension to File New York S Corporation Franchise Tax Return; CT-5.6, Request for Three-Month Extension to File Form CT-186 (for utility corporation franchise tax return, MTA surcharge return, or both); CT-5.9, Request for Three-Month Extension to File (for certain Article 9 tax returns, MTA surcharge, or both); or CT-5.9-E, Request for Three-Month Extension to File Form CT-186-E (for telecommunications tax return and utility services tax return). Instead use Form TR-579.1-CT, New York State Authorization for Electronic Funds Withdrawal For Tax Year 2019 Corporation Tax Extensions.

Financial institution information (required if electronic payment is authorized)
1 Amount of authorized debit
2 Financial institution routing number
3 Financial institution account number

Part A - Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, CT-183, CT-183-M, CT-184, CT-184-M, CT-186-E, CT-300, or CT-400
Under penalty of perjury, I declare that I have examined the information on this 2019 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete.

Signature of authorized officer of the corporation: MARY ANN VASSALLO, CHIEF FINANCIAL OF
Date: 10/27/2020

Part B - Declaration of ERO and paid preparer
Under penalty of perjury, I declare that the information contained in this 2019 New York State electronic corporate tax return is the information furnished to me by the corporation.

ERO's signature: ELLEN M. LABITA, CPA
Print name: ELLEN M. LABITA, CPA
Date
Paid preparer's signature: ELLEN M. LABITA, CPA
Print name: ELLEN M. LABITA, CPA
Date



# CT-13

## Department of Taxation and Finance Unrelated Business Income Tax Return

All filers enter tax period:

beginning **01-01-19** ending **12-31-19**

Employer identification number (EIN) <b>11-3422018</b>	File number <b>MM2</b>	Business telephone number <b>516-746-0350</b>	If you claim an overpayment, mark an X in the box <input checked="" type="checkbox"/>
Legal name of corporation <b>FAMILY AND CHILDREN'S ASSOCIATION, INC.</b>		Trade name/DBA	
Mailing name (if different from legal name above) c/o	State or country of incorporation <b>NY</b>	Date received (for Tax Department use only)	
Number and street or PO box <b>100 EAST OLD COUNTRY ROAD</b>	Date of incorporation <b>01-15-98</b>		
City <b>MINEOLA, NY</b>	State <b>NY</b>	ZIP code <b>11501</b>	Foreign corporations: date began business in NYS <b>06-30-13</b>
NAICS business code number (from federal return) <b>531110</b>	If address/phone above is new, mark an X in the box <input type="checkbox"/>	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.	Audit (for Tax Department use only)
Principal unrelated business activity (see instructions) <b>LESSOR OF COMMERCIAL BU</b>			

### Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit

Organization - Have you filed this New York State application for exemption? (see instructions) ..... Yes  No

Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a) .....

Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions) .....

<b>A.</b> Pay amount shown on line 22. Make payable to: <i>New York State Corporation Tax</i> Attach your payment here. Detach all check stubs. (See instructions for details.)	Payment enclosed <b>250.</b>
--	---------------------------------

### Computation of income and tax

1 Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction	1	-199,356.
2 New York State Article 13 and Article 23 tax deducted on federal return	2	
3 Additions required for shareholders of federal S corporations (see instructions)	3	
4 Grossed-up taxes for shareholders of New York S corporations (see instructions)	4	
5 Other additions (see instructions)	5	
6 Add lines 1 through 5	6	-199,356.
7 Other income (see instructions)	7	
8 Federal S corporation shareholder subtractions (see instructions)	8	
9 Other subtractions (see instructions)	9	
10 Total subtractions (add lines 7, 8, and 9)	10	
11 Taxable income before net operating loss deduction (subtract line 10 from line 6)	11	-199,356.
12 New York net operating loss deduction (attach federal and NYS computations; see instructions)	12	
13 Taxable income (subtract line 12 from line 11)	13	-199,356.
14 Allocated taxable income (multiply line 13 by _____% from line 42; or enter amount from line 13 if allocation is not claimed)	14	-199,356.
15 Tax based on income (multiply line 14 by 9% (.09))	15	0.
16 Minimum tax	16	250.00
17 Tax (line 15 or line 16, whichever is larger)	17	250.
18 Total prepayments from line 46	18	
19 Balance (if line 18 is less than line 17, subtract line 18 from line 17)	19	250.
20 Interest on late payment (see instructions)	20	
21 Late filing and late payment penalties (see instructions)	21	
22 Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above)	22	250.
23 Overpayment (if line 17 is less than line 18, subtract line 17 from line 18)	23	
24 Amount of overpayment on line 23 to be credited to next year	24	
25 Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23)	25	

See page 3 for third-party designee, certification, and signature entry areas.

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Have you been audited by the Internal Revenue Service in the past 5 years? Yes  No  If Yes, list years: \_\_\_\_\_

Federal return was filed on: 990-T  Other:  Attach a complete copy of your federal return.

**Schedule A - Unrelated business allocation**

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Average value of:	A New York State	B Everywhere	
26 Real estate owned (see instructions) .....	26		
27 Gross rents (attach list; see instructions) .....	27		
28 Inventories owned .....	28		
29 Other tangible personal property owned (see instructions) .....	29		
30 Total (add lines 26 through 29) .....	30		
31 Percentage in New York State (divide line 30, column A, by line 30, column B) .....	31		%

**Receipts in the regular course of business from:**

32 Sales of tangible personal property shipped to points within New York State .....	32		
33 All sales of tangible personal property .....	33		
34 Services performed .....	34		
35 Rentals of property .....	35		
36 Other business receipts .....	36		
37 Total (add lines 32 through 36) .....	37		
38 Percentage in New York State (divide line 37, column A, by line 37, column B) .....	38		%
39 Wages, salaries, and other compensation of employees (except general executive officers; see instructions) .....	39		
40 Percentage in New York State (divide line 39, column A, by line 39, column B) .....	40		%
41 Total of New York State percentages (add lines 31, 38, and 40) .....	41		%
42 Business allocation percentage (divide line 41 by three or by the number of percentages) .....	42		%

**Composition of prepayments claimed on line 18\***

		Date paid	Amount
43 Payment with extension request, Form CT-5, line 5 .....	43	05-15-20	
44a Second installment from Form CT-400 .....	44a		
44b Third installment from Form CT-400 .....	44b		
44c Fourth installment from Form CT-400 .....	44c		
45 Amount of overpayment credited from prior years .....	45		
46 Total prepayments (add lines 43 through 45; enter here and on line 18) .....	46		

\* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

**Amended return information**

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination .....  If marked, enter date of determination: • \_\_\_\_\_

Capital loss carryback .....  Federal return filed ..... Form 1139 •

Amended Form 990-T .....

400002191019



<b>Third-party designee</b> (see instructions)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Designee's name (print) <b>ELLEN LABITA</b>	Designee's phone number <b>212-697-6900</b>
	Designee's email address <b>ELLEN.LABITA@BAKERTILLY.COM</b>		PIN

**Certification:** I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

<b>Authorized person</b>	Printed name of authorized person <b>MARY ANN VASSALLO</b>	Signature of authorized person	Official title <b>CHIEF FINANCIAL OFFICER</b>	
	Email address of authorized person		Telephone number	Date

<b>Paid preparer use only</b> (see instr.)	Firm's name (or yours if self-employed) <b>BAKER TILLY US, LLP</b>		Firm's EIN <b>39-0859910</b>	Preparer's PTIN or SSN <b>P00140777</b>	
	Signature of individual preparing this return	Address <b>125 BAYLIS ROAD SUITE 300</b>		City <b>MELVILLE, NY</b>	State ZIP code <b>11747</b>
	Email address of individual preparing this return <b>ELLEN.LABITA@BAKERTILLY.COM</b>		Preparer's NYTPRIN or Excl. code <b>03</b>	Date	

See instructions for where to file.

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## FOOTNOTES

## STATEMENT 1

## FAMILY AND CHILDREN'S ASSOCIATION, INC.

EIN: 11-3422018

## NOL DEDUCTION CARRYOVER

NET OPERATING LOSS FROM 2003	128,723.
NET OPERATING LOSS FROM 2004	160,599.
NET OPERATING LOSS FROM 2005	161,740.
NET OPERATING LOSS FROM 2006	124,448.
NET OPERATING LOSS FROM 2007	152,264.
NET OPERATING LOSS FROM 2008	230,106.
NET OPERATING LOSS FROM 2009	284,565.
NET OPERATING LOSS FROM 2010	188,206.
NET OPERATING LOSS FROM 2011	251,267.
NET OPERATING LOSS FROM 2012	215,475.
NET OPERATING LOSS FROM 2013	194,811.
NET OPERATING LOSS FROM 2014	74,772.
NET OPERATING LOSS FROM 2015	88,934.
NET OPERATING LOSS FROM 2016	119,671.
NET OPERATING LOSS FROM 2017	111,879.
NET OPERATING LOSS FROM 2018	162,825.
NET OPERATING LOSS FROM 2019	199,356.

NET OPERATING LOSS CARRYFORWARD TO 2020

2,849,141.