### EXTENDED TO MAY 15, 2019

# Form **990**

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax** 

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

Do not enter social security numbers on this form as it may be made public.

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

2017
Open to Public Inspection

<u> </u>	ror in	and a calendar year, or tax year beginning 000 1, 201/ and	ending J	<u>UN 30, 2018</u>			
B	Check if applicab	c Name of organization		D Employer identif	ication number		
	Addre	e   ABBUTT HUUSE					
	Name chang	Doing business as		13-1	.991946		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er		
	Final return			(914	:)591-7300		
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	48,329,223.		
	Amen return	TRVINGION, NI 10000-1204		H(a) Is this a group r	eturn		
	Application	F Name and address of principal officer: JAMES KAUFMAN		for subordinate	s? Yes X No		
	pendi	9   SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No		
<u></u>	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	a list. (see instructions)		
		te: ► WWW.ABBOTTHOUSE.NET		H(c) Group exemption	on number		
		organization: X Corporation Trust Association Other ▶	L Year	of formation: 1963	M State of legal domicile: NY		
Pí	art I	Summary					
Φ	1	Briefly describe the organization's mission or most significant activities: $\ \overline{ ext{THE}}$ .					
Activities & Governance		TO PROVIDE COMPREHENSIVE AND CARING SERVI					
ž	2	Check this box 🕨 🔛 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as			
Š	3			3			
∞ ⊗	4	Number of independent voting members of the governing body (Part VI, line 1b)			16		
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)					
Ž	6	Total number of volunteers (estimate if necessary)			175		
Ş	7 a	Total unrelated business revenue from Part VIII, column (C), line 12					
_	b	Net unrelated business taxable income from Form 990-T, line 34	·····	7b	17,339.		
				Prior Year	Current Year		
ā	8	Contributions and grants (Part VIII, line 1h)		<u>17,735,311.</u>	23,125,306.		
ĕ	9	Program service revenue (Part VIII, line 2g)		26,322,598.	24,445,297.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		64,238.	111,591.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		33,926.	292,724.		
-		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		44,156,073.	47,974,918.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		30,307,021.	32,301,571.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	71	9,400.	0.		
Ä	) b	Total fundraising expenses (Part IX, column (D), line 25)		14 000 546	15 512 003		
_	'''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,089,546.	15,513,083.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	······	44,405,967.	47,814,654.		
- S		Revenue less expenses. Subtract line 18 from line 12		-249,894.	160,264.		
Net Assets or rund Balances	20	Total assets (Post V. line 4C)		inning of Current Year	End of Year		
SSE	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		<u>14,852,038.</u> 26,427,212.	16,470,386.		
let /	21 22	Net assets or fund balances. Subtract line 21 from line 20		20,427,212. 11,575,174.	26,418,855. -9,948,469.		
		Signature Block		11,3/3,1/4.	-3,340,403.		
2-700-00-00-0	// · · · · · · · · · · · · · · · · · ·	ties of perjury, I declare that I have examined this return, including accompanying schedules	and statemen	nte and to the heet of m	throughdan and haliat it is		
		t, and complete. Declaration of prefarer (other tran-officer) is based on all information of wh			Kilowieuge and belief, it is		
,	001100	And the	son proparer t	las any knowledge.	3/.0		
Sigr	,	Signature of officer		Date	4/1		
Here	J	GERARD FINN, SR. VP & CFO					
		Type or print name and title	<del> </del>				
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN		
Paid		GARRETT M. HIGGINS GARRETT M. HIGGI	ים פעד:	5/09/19 self-employ			
	arer	Firm's name PKF O'CONNOR DAVIES, LLP		Firm's EIN	27-1728945		
-	Only	Firm's address 500 MAMARONECK AVENUE	****	, , , , , , , , , , , , , , , , , , ,			
		HARRISON, NY 10528-1633		Phone no.91	4-381-8900		
May	the IF	S discuss this return with the preparer shown above? (see instructions)		1	X Ves No		

	n 990 (2017) ABBOTT HOUSE	13-1991946	Page 2
J.S	irt 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:		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ves	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?	Van	X No
•	If "Yes," describe these changes on Schedule O.		22 140
4	· · · · · · · · · · · · · · · · · · ·		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, ai	nd
	revenue, if any, for each program service reported.		1.50
4a	(Code:) (Expenses \$14,539,271. including grants of \$) (Revenue)		
	SCHEDULE O - SERVICES FOR PEOPLE WITH DEVELOPMENTAL DISAR	BILITIES (SP	DD)
			,
		<del> </del>	
46	/	0 000	112 .
4b	(Code: ) (Expenses \$ 14,216,100. including grants of \$ ) (Revenue COMPTED CARE DESCRIPTION OF THE CARE DESCRIPTION OF		1 <b>43.</b> )
	SCHEDULE O - REGULAR & TREATMENT FAMILY FOSTER CARE PROGE	LAMS	
			<del></del>
	***************************************		
4c	(Code: ) (Expenses \$ 6,058,840 • Including grants of \$ ) (Revenue	3,761,	835. v
	SCHEDULE O - BRIDGES TO HEALTH (B2H)	3, 01,	<del>033.</del> )
	Definition of Dividual to Humani (DZII)		
4d	Other program services (Describe in Schedule O.)		
-		36,850.)	
40	Total program service expenses 43,227,644.	<u> </u>	
7.5	Total Program on 1100 on portions P		~~

16500509 756359 1361665.000

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	ļ	Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?		l	
	If "Yes," complete Schedule D, Part IV	9	X	ļ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	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.		-	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١.,	х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	Λ	<del> </del>
Ü	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С		110		1 21
Ů	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	110	_	<u> </u>
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
40	column (A), lines 6 and 11e? /f "Yes," complete Schedule G, Part /	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		~	
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18	X	
			- 1	

complete Schedule G. Part III.

Form 990 (2017)

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35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

If "Yes," complete Schedule R, Part V, line 2

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

X

X

1	990 (2017) ABBOTT HOUSE		13-1991	<u>946</u>	P	age 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V		.,			
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	89			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	- A		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	•				
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					- 1
	filed for the calendar year ending with or within the year covered by this return	2a	885			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		<b>(</b> )
За	Diddle americal attack and a second at a s			За	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	o		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority o	over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a	L	Х
b	If "Yes," enter the name of the foreign country: ▶			7. 1		10
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (	FBAR).	4		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?	_		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?	•		6b		
7	Organizations that may receive deductible contributions under section 170(c).			4		. 1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provi	ded to the payor?	7a	Х	
b				7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					<u> </u>
	to file Form 8282?	-		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	1 1			¥	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			4	<u>.</u>	
	sponsoring organization have excess business holdings at any time during the year?	-,		8		33333
9	Sponsoring organizations maintaining donor advised funds.			- / <u>\$</u>	- 5	
а	Did the groupsying examination make any toyoble distributions under costing 4000			9a		***************************************
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			1		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against			2 L		
	amounts due or received from them.)	11b		- (-		- 4
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		,	ş.	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<del></del>	4.4		
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.		***************************************		i jiya	
b	Enter the amount of reserves the organization is required to maintain by the states in which the					-i
	organization is licensed to issue qualified health plans	13b				
^	Enter the amount of recence on hand	40-				

**14a** Did the organization receive any payments for indoor tanning services during the tax year?

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

	Check if Schedule O contains a response or note to any line in this Part VI					X	
Sec	tion A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16	3		# ##	
	If there are material differences in voting rights among members of the governing body, or if the governing			(c)	11-1	5	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					5	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16			7	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other					
	officer, director, trustee, or key employee?			2		Х	
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, or trustees, or key employees to a management company or other person?			3		х	
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		x	
5	Did the organization become aware during the year of a significant diversion of the organization's asset			5		Х	
6	Did the organization have members or stockholders?			6		X	
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
-	more members of the governing body?			7a		Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sta						
	persons other than the governing body?			7b		х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?	•		8a	X		
b	Each committee with authority to act on behalf of the governing body?			8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac		*****				
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev				·		
	(1100 0001077 0 1000000 111011100001 00001 0011000 1011000 00				Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such cha						
				10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	X		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				1	1 10 -	
12a							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?		12b	X		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe					
	in Schedule O how this was done			12c	X		
13	Did the organization have a written whistleblower policy?			13	X		
14	Did the organization have a written document retention and destruction policy?			14	X		
15	Did the process for determining compensation of the following persons include a review and approval	by independent				13	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					, F.	
а	The organization's CEO, Executive Director, or top management official			15a	X		
b	Other officers or key employees of the organization			15b	X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent with a		7			
	taxable entity during the year?	*************************		16a		_X_	
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation			27		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation's		<u> </u>			
	exempt status with respect to such arrangements?			16b			
<u>Sec</u>	tion 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 (or 1024 if applicable), $990$ , and $990$ -T	(Section 501(c)(3)s o	ın <b>i</b> y) av	ailable	)		
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website X Another's website X Upon request Other (explain	in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con-	flict of interest policy	, and	financi	al		
	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 book	ks and records: 🕨					
	GERARD P. FINN - (914) 591-7300	····					
	100 NORTH BROADWAY, IRVINGTON, NY 10533						

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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

X

#### 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.

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

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

(A)  Name and Title	(B) Average hours per week	(do box	not c	(C Posi heck r ss per	ition		one n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GREGORY T. MOONEY CHAIR	2.00	х		X				0.	0.	0.
(2) SCOTT D. RICHTER	2.00	Λ		Λ	<u> </u>			0.	0.	0.
VICE CHAIR	2.00	х		х				0.	0.	0.
(3) WILLIAM L. ELLIS, JR	2.00	Δ		Λ				0.	0.	
BOARD MEMBER	2.00	x						0.	0.	0.
(4) LAURENCE R. GOLDING	2.00	<u> </u>				╁-		0.	0.	<u>.</u>
BOARD MEMBER	2.00	Х			ŀ			0.	0.	0.
(5) ROBERT S. RUOTOLO	2.00				$\vdash$			0.		<u> </u>
BOARD MEMBER	2.00	x						0.	0.	0.
(6) MARY SMITH	2.00									
BOARD MEMBER		x						0.	0.	0.
(7) LAWRENCE W. THOMAS	2.00	<del></del>				<u> </u>	П	<u> </u>		
BOARD MEMBER		X			ŀ			0.	0.	0.
(8) RONALD W. FILANTE	2.00							·	•	
BOARD MEMBER		Х						0.	0.	0.
(9) ALICE KENNY	2.00								-	
BOARD MEMBER		X						0.	0.	0.
(10) JOSEPH M. PASTORE	2.00									
BOARD MEMBER		Х			l			0.	0.	0.
(11) DAVID BARANICK	2.00									
BOARD MEMBER		X						0.	0.	0.
(12) LEN MITCHELL	2.00									
BOARD MEMBER		X			<u> </u>			0.	0.	0.
(13) REBECCA BORDEN	2.00									
BOARD MEMBER		X			<u> </u>			0.	0.	0.
(14) DIANE Q. CURTIN	2.00					l		_	_	_
BOARD MEMBER		X					Ш	0.	0.	0.
(15) ALYSSA HENCK	2.00	l							_	_
BOARD MEMBER	1 2 2 2	Х				<u> </u>		0.	0.	0.
(16) ADRIAN VENUTO	2.00							_	_	•
BOARD MEMBER	25.00	X			_	<u> </u>		0.	0.	0.
(17) LORRAINE BULLIS	35.00			.,				72 020	_	00 704
SECRETARY				X	L		<u> </u>	73,938.	0.	22,724.

732007 11-28-17

Form 990 (2017)

13-1991946 Page 8

Part VIII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	ees,	and	d Hi	ghe	st C	Compensated Employee	s (continued)	<del></del>
<b>(A)</b> Name and title	(B) Average			Pos	C) (D) (E				<b>(E)</b> Reportable	(F) Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cerar	nd a d	lirecto	or/trus	itee)	from	from related	other
	(list any hours for	director						the	organizations	compensation
	related	or of	B			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	T Est		_ g	npen		(99-2/1099-191100)		and related
	below	Individual trustee or	Institutional trustee	L	ê	st cor				organizations
	line)	Indivi	lus#	Officer	Key employee	Highest compensated employee	Former			
(18) JAMES KAUFMAN	35.00									
PRESIDENT / CEO				X				226,523.	0.	1,581.
(19) LUIS M. RODRIGUEZ, MD	35.00		İ							
SENIOR VICE PRESIDENT		<u> </u>	<u> </u>	X	_			220,790.	0.	16,163.
(20) GERARD FINN	35.00	1					İ			
SR. VICE PRESIDENT & CFO				Х				191,064.	0.	24,287.
(21) MOITRI DATTA	27.00	1								
PSYCHIATRIST						X		177,621.	0.	6,910.
(22) MYRA GRAY	35.00									
VICE PRESIDENT - HR.		_		Ш		Х	_	161,188.	0.	10,300.
(23) DANIEL BARCKHAUS	35.00						ĺ			
DIRECTOR - SOCIAL SERVICE						X		142,435.	0.	24,287.
(24) JUSTINE R. CHRISTAKOS	35.00				f	ĺ				
ASST. EXECUTIVE DIRECTOR						Х	L_	128,274.	0.	9,321.
(25) LAUREN CANDELA-KATZ	35.00									
DIRECTOR - FUNDRAISING						Х	L	121,704.	0.	24,287.
	ļ									
					L	<u> </u>	Ļ	1 442 525	0	120 060
1b Sub-total								1,443,537.	0.	139,860.
c Total from continuation sheets to Part \								0.	0.	0.
d Total (add lines 1b and 1c)								1,443,537.	0.	139,860.
<ul> <li>Total number of individuals (including but</li> <li>compensation from the organization</li> </ul>	not limited to th	ose	liste	o ab	ove	) wn	o re	eceived more than \$100,	UUU of reportable	12
										Yes No
3 Did the organization list any former office	r, director, or tru	ıstee	, ke	y en	ıplo	yee,	or l	highest compensated en	nployee on	77.75
line 1a? If "Yes," complete Schedule J for	such individual									3 X
4 For any individual listed on line 1a, is the										
and related organizations greater than \$15	50,000? If "Yes,	" coi	mple	ete S	che	dule	Jf	or such individual		4 X
5 Did any person listed on line 1a receive or	accrue compen	satio	on fr	om a	any	unre	late	ed organization or individ	lual for services	
rendered to the organization? If "Yes." co	mplete Schedule	Jfo	or su	ch c	orso	on .				5 X
Section B. Independent Contractors										
<ol> <li>Complete this table for your five highest c</li> </ol>	ompensated ind	epei	nder	ıt co	ntra	actor	's tr	nat received more than \$	100,000 of compensat	tion from
the organization. Report compensation fo	r the calendar ye	ar e	ndin	g wi	ith o	r wil	thin	the organization's tax ye	ear.	
(A)								(B)	.   _	(C)
Name and busines							-	Description of se	ervices C	ompensation
JOHN R. EYERMAN, P.C., 2	25 BROAD	WA.	Y,	St	JI'	ľΕ	L			460 880
1800, NEW YORK, NY 10007							4	<u>LEGAL SERVICE</u>	SS	169,752.
ADP							L			
135 WEST 18TH STREET, NEW YORK, NY 10011 PAYROLL SERVICES							<u>166,912.</u>			
CLAUDIO VAZQUEZ, MD, 230 B, 7TH STREET,								140 555		
APT. C, BROOKLYN, NY 112			·			-	MEDICAL DOCTO	אר	140,775.	
							$\dashv$			· · · · · · · · · · · · · · · · · · ·
7 Total number of independent contractors	(including but a	+ /:	site d	to 4	has	م الما		abaya) who		7
2 Total number of independent contractors \$100,000 of compensation from the organ	_	, carr	nrea	io t	ਮਹਤਰ <b>3</b>		cu	above, who received mo	re ulan	

\$100,000 of compensation from the organization

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) (D) Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue Grants Federated campaigns 1a **b** Membership dues 1b c Fundraising events ..... 170,027. 1c Related organizations 1d 22,603,743, Government grants (contributions) 1e All other contributions, gifts, grants, and 351,536. similar amounts not included above 10,000 g Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f 23,125,306, Business Code 2 a MEDICAID 623990 23,416,707. 23,416,707 Program Service Revenue SOCIAL SECURITY INCOME 623990 859,572, 859,572 SUPP. NUTRITION ASSISTANCE PROGRA 623990 169,018. 169,018, All other program service revenue 24,445,297. Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 68,209. 68,209 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 48,000. 6 a Gross rents 33,849. b Less: rental expenses 14,151, c Rental income or (loss) ..... d Net rental income or (loss) 14.151 14,151 7 a Gross amount from sales of (i) Securities (ii) Other 269,377, 4,947. assets other than inventory b Less: cost or other basis 230,942, and sales expenses 38.435. 4.947. c Gain or (loss) d Net gain or (loss) ..... 43,382 43,382 8 a Gross income from fundraising events (not Other Revenue including \$ 170,027. of contributions reported on line 1c). See 44,949 Part IV, line 18 89,514. b Less: direct expenses ..... c Net income or (loss) from fundraising events 44,565 -44.565, 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold ..... Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MANAGEMENT FEE 900099 240,000 240,000 OTHER INCOME 900099 83,138 83,138, d All other revenue ...... 323,138. Total. Add lines 11a-11d Total revenue. See instructions 47 974 918 24,445,297. 404,315.

# Form 990 (2017) ABBOTT HOUSE Part X Statement of Functional Expenses

	Check if Schedule O contains a respon not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
<i>, ~,</i> 1	Grants and other assistance to domestic organizations		expenses	general expenses	T S S S
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				<b>克</b> 克 (1)
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
_	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	772,830.	229,547.	543,28 <u>3</u> .	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	24,746,064.	22,536,700.	1,986,489.	222,875
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	884,482.		86,277.	7,741
9	Other employee benefits	3,247,530.	2,942,394.	276,245.	28,891
0	Payroll taxes	2,650,665.	2,368,907.	258,559.	23,199
1	Fees for services (non-employees):				
а	Management				
b	Legal	321,149.	124,072.	197,077.	
C	Accounting	88,350.	34,133.	54,217.	
d	Lobbying				·
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	-			
9	Other. (If line 11g amount exceeds 10% of line 25,	4 050 505	264 242	050 505	45 650
	column (A) amount, list line 11g expenses on Sch O.)	1,263,705.	964,240.	253,787.	45,678
2	Advertising and promotion	1 750 054	1 415 660	206 201	EC 003
3	Office expenses	1,758,854.	1,415,660.	286,301.	56,893
4	Information technology	548,538.	460,291.	83,855.	4,392
5	Royalties	2,610,768.	2,521,760.	86,076.	2,932
6	Occupancy			13,873.	773
7	Travel	424,783.	410,137.	13,0/3.	113
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	115,631.	104,536.	11,095.	
:O	Interest Payments to affiliates	TTJ,001.	T04,330.	11,0900	
!1 !2	Payments to affiliates  Depreciation, depletion, and amortization	497,589.	484,065.	13,524.	<del></del>
2 3		748,686.	740,674.	5,490.	2,522
ა 4	Other expenses, Itemize expenses not covered	4 4			2,740
7	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				表 表 静 医二
а	UBI TAX EXPENSE	2,912.	2,912.		
b	FOSTER CARE PAYMENTS AN	4,647,876.	4,647,876.		
c	VEHICLES, FUEL, REPAIR	1,448,400.	1,422,710.	25,690.	
d	FOOD AND CLOTHING	831,405.	822,177.	9,151.	77
	All other expenses	204,437.	204,389.	-,	48
5	Total functional expenses. Add lines 1 through 24e	47,814,654.	43,227,644.	4,190,989.	396,021
<del>-</del> 6	Joint costs. Complete this line only if the organization	, , ,		,	
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

art X	Balance Sheet					
	Check if Schedule O contains a response or not	e to any	line in this Part X		<del></del>	
_				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			50,638.	1	51,472
2	Savings and temporary cash investments			2,246,645.	2	1,554,299
3	Pledges and grants receivable, net			3		
4	Accounts receivable, net			5,165,168.	4	6,958,716
5	Loans and other receivables from current and fo					
-	trustees, key employees, and highest compensa		· · · · · ·			
	Part II of Schedule L		F		5	
6	Loans and other receivables from other disquali					
•	section 4958(f)(1)), persons described in section	-	· .			
	employers and sponsoring organizations of sect			· 40 / 表 40 / 40 / 50 / 50 / 50 / 50 / 50 / 50 /		
	employees' beneficiary organizations (see instr).			***************************************	6	
7	Notes and loans receivable, net	T .	<del></del>	7		
7 8	Inventories for sale or use		8			
9			399,166.	9	541,76	
T	Land, buildings, and equipment: cost or other				* .	
.04	basis. Complete Part VI of Schedule D	10a	17.093.740.			
h	Less: accumulated depreciation	10b	12,973,394.	3,992,986.	10c	4,120,34
11	Investments - publicly traded securities		2,739,083.	11	2,982,89	
12	Investments - other securities. See Part IV, line 1				12	,,
13	Investments - program-related. See Part IV, line		T.	<del></del>	13	
14	Intangible assets	4		14		
15	Other assets. See Part IV, line 11	258,352.	15	260,88		
16	Total assets. Add lines 1 through 15 (must equ	14,852,038.	16	16,470,38		
17	Accounts payable and accrued expenses			5,837,328.	17	6,697,36
18	Grants payable			18		
19	Deferred revenue			969,517.	19	878,31
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete I			129,507.	21	120,83
22	Loans and other payables to current and former		·	更第 4 m 1 m 1 m 1 m 2 m 1 m 2 m 2 m 2 m 2 m 2		\$ \\ \{\bar{\pi}_{\alpha} \bar{\pi_{\alpha}} \
22	key employees, highest compensated employee				a e	
					22	e v -40 120
23	Secured mortgages and notes payable to unrela		l nartice	5,569,914.	23	4,748,98
24	Unsecured notes and loans payable to unrelated		T T	5,305,511.	24	17710750
25	Other liabilities (including federal income tax, pa					
20	parties, and other liabilities not included on lines	-				
	0 1 1 1 5		•	13,920,946.	25	13,973,37
26	Total liabilities. Add lines 17 through 25			26,427,212.	26	26,418,85
20	Organizations that follow SFAS 117 (ASC 958	) check	here X and		-e, =	
	complete lines 27 through 29, and lines 33 an		nore P (== ) and			
27	Unrestricted net assets		4	-11,891,471.	27	-10,310,29
28	Temporarily restricted net assets			250,547.	28	296,08
			ľ	65,750.	29	65,75
29	Organizations that do not follow SFAS 117 (A		check here	and the second s	25	28 2 3 3
	and complete lines 30 through 34.	· · · · · · · · · · · · · · · · · · ·	1			
90	· · · · · · · · · · · · · · · · · · ·				30	
30	Capital stock or trust principal, or current funds		T T			
31	Paid-in or capital surplus, or land, building, or ed				31 32	
32	Retained earnings, endowment, accumulated in			-11,575,174.	33	-9,948,469
27 28 29 30 31 32 33				14,852,038.		16,470,380
34	Total liabilities and net assets/fund balances			14,004,000.	34	Form <b>990</b> (20

	1990 (2011) ADDOTT 1100DE		<del></del>	<u> </u>	age -
Pa	TEXT Reconciliation of Net Assets		_		
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>918.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>654.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 264.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-11,5		
5	Net unrealized gains (losses) on investments	5	1	.81 <u>,</u>	<u>039.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,2	85,	402.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	-9,9	48,	<u>469.</u>
Pa	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			Taran tar	Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			3
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				T T
b	Were the organization's financial statements audited by an independent accountant?		2	ь Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis			3 6	- 2
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			3
	review, or compilation of its financial statements and selection of an independent accountant?		2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule Q.			75-
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	t		72.0
	Act and OMB Circular A-133?		3	a X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			b X	
			Fo	rm <b>99</b>	0 (2017)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** 13-1991946 ABBOTT HOUSE Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives; (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment

income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in

lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III,

functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (iii) Type of organization (ii) EIN (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17

# Schedule A (Form 990 or 990-EZ) 2017 ABBOTT HOUSE 13-1991 [Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						1
	membership fees received. (Do not						
	include any "unusual grants.")	17403375.	20258845.	<u> 18735693.</u>	<u> 17735311.</u>	<u> 23125306.</u>	<u>97258530.</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	:					
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	<u> 17403375.</u>	20258845.	18735693.	<u> 17735311.</u>	23125306.	97258530.
5	The portion of total contributions	5 30 46	4			5) 7 (6)	
	by each person (other than a	· 教育教育。					
	governmental unit or publicly	*					
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	<b>41</b>				7 T	
	column (f)					Annual F	
	Public support. Subtract line 5 from line 4.			e de			97258530 <b>.</b>
Sec	ction B. Total Support			······································	·		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	17403375.	20258845.	<u> 18735693.</u>	<u> 17735311.</u>	<u> 23125306.</u>	97258530.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	186,519.	162,087.	160,354.	123,856.	116,209.	749,025.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	400 000					
	assets (Explain in Part VI.)	128,802.	44,184.	5,849.	93,165.		
11	Total support. Add lines 7 through 10						98602693.
12	Gross receipts from related activities,	•					,592,675.
13	First five years. If the Form 990 is for	=	first, second, third	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)	. —
Sec	organization, check this box and store ction C. Computation of Publi	c Support Per	centage			***************************************	
	**************************************		-	aluma (fl)		44	98.64 %
	Public support percentage for 2017 (I					15	98.64 % 98.43 %
	Public support percentage from 2016 33 1/3% support test - 2017. If the o						
roa	stop here. The organization qualifies						. [77]
h	33 1/3% support test - 2016. If the o		•			or more shock th	
J	and stop here. The organization qual	_					
17a	10% -facts-and-circumstances test	• -	• • •	***************************************		and line 14 is 10%	
114	and if the organization meets the "fac	_					· · · · · · · · · · · · · · · · · · ·
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances test						
~	more, and if the organization meets th						
	organization meets the "facts-and-circ				,		<b>_</b>
18	Private foundation. If the organization			·		***************************************	
						edule A (Form 990	

# Schedule A (Form 990 or 990-EZ) 2017 ABBOTT HOUSE 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	n fails to
qualify under the tests listed below, please complete Part II.)	

Se	ction A. Public Support	ciow, picade com	biolo i are iii,				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	, ,	<b>,</b>				1
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in			İ			
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
•	are not an unrelated trade or bus-						
	iness under section 513					İ	
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
_					•		
5	The value of services or facilities						İ
	furnished by a governmental unit to						
	the organization without charge		:		1	ļ	
	Total. Add lines 1 through 5				1	<u> </u>	<del></del>
72	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	<u></u>					
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 fine 13 for the year						
C	Add lines 7a and 7b						
_8_	Public support. (Subtract line 7c from line 6.)	É	J. P. A. J.	3.45			
Sec	ction B. Total Support					.,	
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,				İ		İ
	and income from similar sources						
b	Unrelated business taxable income		1				
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	: Add lines 10a and 10b						
	Net income from unrelated business			· ·			
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)					<del></del>	
	First five years. If the Form 990 is for	the organization's	s first, second, thin	d. fourth, or fifth ta	ax vear as a section	n 501(c)(3) organiza	ation.
	check this box and stop here				-		
Sec	ction C. Computation of Public	c Support Per					
15	Public support percentage for 2017 (li	ne 8, column (f) di	ivided by line 13, c	olumn (f))		15	%
	Public support percentage from 2016					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage		_		
17	Investment income percentage for 20	17 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2017. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box an	=					. □
۲	33 1/3% support tests - 2016. If the		=				
	line 18 is not more than 33 1/3%, chec	-					
20	Private foundation. If the organization					=	
	23 10-06-17	, ala not oncoiga				edule A (Form 990	

### Part V 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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)? If "Yes." describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? # "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes Nο За 3с 4a 4b 4c 5b 5c 7 8 9a 9b 9¢ 10a 10b

Pa	TEV Supporting Organizations (continued)			
<u> </u>			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
				- 3
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		45,223	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			10
	controlled the organization's activities. If the organization had more than one supported organization,	Ŧ.		
	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	\$	r ir	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in	1		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			······
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		7	
	or management of the supporting organization was vested in the same persons that controlled or managed	#		Ŷ.
	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	2	4	
	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			- 2
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		200	7.
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		226
3	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	1	24	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		ă I	146
Sec	supported organizations played in this regard: tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	. <del></del>		
' a	The organization satisfied the Activities Test. Complete line 2 below.	,.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	tructionel		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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? If "Yes," then in Part VI identify			π. -
	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		4	1/2
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1		
	of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	10	2	- 7
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in P	art VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must of	complete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	277		
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3	•	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	•	
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4	B (1) 图 图 图 3 · · 多三	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions)	6	医伊尔曼学生的变体	
7	Check here if the current year is the organization's first as a non-function		ed Type III supporting organ	nization (see
-	instructions).	, ,	,, , , , , , , , , , , , , , , , , ,	•

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes				
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	S				
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.		_			
9	Distributable amount for 2017 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6		群 台 建飞出工程 岩岩			
2	Underdistributions, if any, for years prior to 2017 (reason-					
	able cause required- explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2017					
a		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
b	From 2013					
Ç	From 2014					
d	From 2015	osti.				
<u>e</u>	From 2016	<b>1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2017 distributable amount					
<u>i</u>	Carryover from 2012 not applied (see instructions)		理 15 75年16年至16			
j	Remainder, Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2017 from Section D,					
	line 7: \$		<b>建 到 28.48: 表 36.</b>			
а	Applied to underdistributions of prior years					
b	Applied to 2017 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2017, if	<b>1</b>				
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2017. Subtract lines 3h	5.00				
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.		华 達 注			
7	Excess distributions carryover to 2018. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2013					
b	Excess from 2014					
c	Excess from 2015					
d	Excess from 2016					
е	Excess from 2017		ROBERTON LEADER			

Schedule A (Form 990 or 990-EZ) 2017

13-1991946 Page 8 Schedule A (Form 990 or 990-EZ) 2017 ABBOTT HOUSE 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 2013 AMOUNT: \$ 17,916. 44,184. 2014 AMOUNT: 2015 AMOUNT: 5,849. 2016 AMOUNT: 13,165. 2017 AMOUNT: \$ 83,138. PROPERTY INSURANCE RECOVERY 73,065. 2013 AMOUNT: \$ PROPERTY TAX REIMBURSEMENT 2013 AMOUNT: \$ 37,821. MANAGEMENT FEE 2016 AMOUNT: \$ 80,000. 2017 AMOUNT: \$ 240,000.

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Employer identification number

13-1991946 ABBOTT HOUSE Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 [X] 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) filling 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) filling 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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

#### ABBOTT HOUSE

13-1991946

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	DUTCHESS COUNTY DEPARTMENT OF SOCIAL SERVICES  60 MARKET STREET  POUGHKEEPSIE, NY 12601-3299	\$872,026 <b>.</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NYC ADMINISTRATION FOR CHILDREN SERVICES  150 WILLIAM STREET  NEW YORK, NY 10038	\$ 9,820,322.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NYS OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES  44 HOLLAND AVENUE  ALBANY, NY 12229	\$ <u>1,041,751.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4  ORANGE COUNTY DEPARTMENT OF SOCIAL SERVICES  11 QUARRY ROAD, BOX Z  GOSHEN, NY 10924-0678	* 920,473.	Person X Payroll Noncash (Complete Part Il for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	SULLIVAN COUNTY DEPARTMENT OF SOCIAL SERVICES  16 COMMUNITY LANE, P.O. BOX 231  LIBERTY, NY 12754	\$536,692.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	WESTCHESTER COUNTY DEPARTMENT OF SOCIAL SERVICES 112 EAST POST ROAD, COUNTY OFFICE BUILDING #2 WHITE PLAINS, NY 10601-5113	\$ <u>3,617,8<b>4</b>0.</u>	Person X Payroll

Name of organization

Employer identification number

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13-1991946

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	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  200 INDEPENDENCE AVENUE, SW ROOM 716G  WASHINGTON, DC 20201	\$ <u>4,486,735</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8_	NYC DEPARTMENT OF EDUCATION  52 CHAMBERS STREET  NEW YORK, NY 10007	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Oncash Occash If for noncash contributions.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)		

Name of organization

Employer identification number

### ABBOTT HOUSE

13-1991946

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Part II	Noncash Property (see instructions), Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part l	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Employer identification number Name of organization 13-1991946 ABBOTT HOUSE 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.) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part 1 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## 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 Open to Public Inspection

Name of the organization

ABBOTT HOUSE

Employer identification number 13-1991946

Pai	t. Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose cor	nferring
	t II Conservation Easements. Complete if the org		t IV, line 7.
1	, ·		
	Preservation of land for public use (e.g., recreation or e	-	cally important land area
	Protection of natural habitat	Preservation of a certifie	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	7272
	day of the tax year.		Held at the End of the Tax Year
a			l I
b		abrus ingluded in /a\	
C	Number of conservation easements on a certified historic structure of conservation easements included in (c) acquired a		20
d			2d
3	listed in the National Register  Number of conservation easements modified, transferred, rel-		
•	year	cased, extingularied, or terminated by the or	garnzation during the tax
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the per	<del></del>	
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>&gt;</b>	-	
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	n easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the	organization's accounting for
W 8222	conservation easements.	And Historical Transcomer City	Circling Assets
Par		-	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	·	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes a respiration planted and provided statements.		d halanaa ahaat wada af ad biatadaal
þ	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	dication, or research in fartherance of public	service, provide the following amounts
			<b>~</b> e
2	If the organization received or held works of art, historical trea		
۷	the following amounts required to be reported under SFAS 1:	_	an, provide
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions	-	Schedule D (Form 990) 2017

732051 10-09-17

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,697,474.	月下2日 · 32 · 34 · 34 · 34 · 34 · 34 · 34 · 34	1,697,474.
<b>b</b> Buildings		10,429,783.	8,511,100.	1,918,683.
c Leasehold improvements		1,042,565.	967,515.	75,050.
d Equipment		2,264,444.	2,180,130.	84,314.
e Other		1,659,474.	1,314,649.	344,825.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)				

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests	<u> </u>		
(3) Other			
(A)			
(B)			
(C)			
(D)	***************************************		
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		line 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	id-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes"	an Form 000 Bort IV I	ing 11d See Form 000 Bort V line 15	
	Description	ine 11d. See Form 990, Part A, line 15.	(b) Book value
(1)			()
(2)			
(3)			
(4)	<del></del>		
(5)			
(7)			1
(8)			1
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) ACCRUED PENSION		12,056,536. 1,916,834.	
(3) DUE TO GOVERNMENT AGENCIES	3	1,916,834.	
(4)		1,010,001	
(5)			
(7)			
(8)			
			programme a continuo de la considera de la constanta de la con

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

13,973,370.

Sche	dule D (Form 990) 2017 ABBOTT HOUSE			13-	1991946	Page 4
Par	Reconciliation of Revenue per Audited Financial Statemen	ts With Re	evenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	<u>48,279,</u>	<u> 320.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			S		
а	Net unrealized gains (losses) on investments	2a	181,039.	5		
b	Donated services and use of facilities	2b				
C	Recoveries of prior year grants	2c	100 000			
d	Other (Describe in Part XIII.)	2d	123,363.		204	402
е	Add lines 2a through 2d			2e	47,974,	402.
3	Subtract line 2e from line 1			3	4 <i>/,3/4,</i>	910.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1				
	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4b		40		0.
	Add lines 4a and 4b			4c 5	47,974,	
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  **XIII Reconciliation of Expenses per Audited Financial Statement	nts With E	xpenses per R			<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	47,938,	017.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
c	Other losses	2c				
d	Other (Describe in Part XIII.)		123,363.			
	Add lines 2a through 2d			2e	123,	363.
3	Subtract line 2e from line 1			3	47,814,	654.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			W.		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4		
b	Other (Describe in Part XIII.)	4b				
C	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	47,814,	654.
4	Supplemental Information.					
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II			; Part >	K, line 2; Part X	l,
lines	2d and 4b; and Part XII, lines 2d and 4b. Aiso complete this part to provide any addit	ional informa	tion.			
ם אם	יים אוד אודי אוד.					
PAR	T IV, LINE 2B:					
FITN	DS ARE HELD BY ABBOTT HOUSE ON BEHALF OF C	LIENTS.	SUCH FU	NDS	REPRESE	NT.
1 01	DO MAI MIND DI MODOTI MODOLI CAI DIMINI CI C.		Doon 10	2142 22		
AMC	UNTS RECEIVED BY CLIENTS AND OTHER CLIENTS	' FUNDS	DEPOSITE	D W	ITH ABBO	TT
HOU	SE FOR SAFEKEEPING. THESE FUNDS ARE DISBU	RSED BY	ABBOTT H	ousi	E AT THE	!
REC	UEST OF, OR ON BEHALF OF, CLIENTS FOR THEIR	R PERSO	NAL USE.			
PAF	T V, LINE 4:	<u>.</u>				
THE	AGENCY'S ENDOWMENT CONSISTS OF INDIVIDUAL	FUNDS	ESTABLISH	ED 1	FOR A	
		0D DEG		D 01-11		m a
VAF	IETY OF PURPOSES WHICH CONSIST OF BOTH DON	OR-REST	RICTED EN	DOM	MENT FUN	IDS
7 27-	EINDO DEGIGNAMEN DO MUE DOADN OF DIDEGGOD	C DA 151	יארת דר אין	73. 76.7		
ANI	FUNDS DESIGNATED BY THE BOARD OF DIRECTOR	o TU FL	MUTION AS	AIN		
TIMIT	OMENIO					
TINT	OWMENT.	<del></del>				

Schedule D (Form 990) 2017 ABBOTT HOUSE	13-1991946 Page 5
Part XIII Supplemental Information (continued)	
PART X, LINE 2:	\$**
THE AGENCY RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONL	Y IF THOSE
POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEME	NT HAS
DETERMINED THAT THE AGENCY HAD NO UNCERTAIN TAX POSITIONS TH	AT WOULD
REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE A	GENCY IS NO
LONGER SUBJECT TO EXAMINATIONS BY APPLICABLE TAXING JURISDIC	TIONS FOR
FISCAL PERIODS PRIOR TO JUNE 30, 2015.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
RENT EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B:	33,849.
SPECIAL EVENT EXPENSE REPORTED ON FORM 990, PART VIII, LINE	
8B:	89,514.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	123,363.
·	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENT EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B:	33,849.
SPECIAL EVENT EXPENSE REPORTED ON FORM 990, PART VIII, LINE	
8B:	89,514.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	123,363.

#### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization 13-1991946 ABBOTT HOUSE Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e L Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes □No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) DId (vi) Amount paid to (or retained by) (iv) Gross receipts to (or retained by) (i) Name and address of individual nuncraiser have custody or control of contributions? (ii) Activity fundraiser from activity or entity (fundraiser) organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

732081 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

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

13-1991946 Page 2 chedule G (Form 990 or 990-EZ) 2017 ABBOTT HOUSE 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 NONE (add col. (a) through GALAGOLF OUTING col. (c)) (total number) (event type) (event type) 214,976. 126,485. 88,491. 1 Gross receipts 170,027. 106,061. 63,966. 2 Less: Contributions 44,949. 20,424. 24,525 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 23,599. 33,130. 56,729. Rent/facility costs 7 Food and beverages 8,130. 8,130. 8 Entertainment 16.356. 24,655 9 Other direct expenses ..... 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 5 Other direct expenses Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

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Schedule G (Form 990 or 990-EZ) 2017

Sch	edule G (Form 990 or 990-EZ) 2017 ABBOTT HOUSE	<u>13-19</u>	91	<u>946</u>	Page 3
.11	_ `			Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?	[		Yes	LINo
13	Indicate the percentage of gaming activity conducted in:	i		ĺ	
	The organization's facility		<u>13a</u>	_	%
	An outside facility	·····	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:			
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	unt			
	of gaming revenue retained by the third party > \$				
C	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name >				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?	[		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in				
	organization's own exempt activities during the tax year 🕨 \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, line	s 9, 9	9b, 10	b, 15b,
_					<del></del> -
		<del></del>			
			_		
				-	

Schedule G (Form 990 or 990-EZ) ABBOTT HOUSE	13-1991946 Page 4
Schedule G (Form 990 or 990-EZ) ABBOTT HOUSE  Part V Supplemental Information (continued)	
	_
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Vince .	
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### **SCHEDULE J** (Form 990).

# **Compensation Information**

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.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

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

ABBOTT HOUSE

**Employer identification number** 13-1991946

	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			Ē.
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	1		
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			1
		75		18 to
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	3,0		-3%
	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,	- 1	2	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	31	
3	Indicate which, if any, of the following the filing 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			1
	establish compensation of the CEO/Executive Director, but explain in Part III.	1		
	X Compensation committee	10		
	Independent compensation consultant  X Compensation survey or study		2	
	X 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	V15	7	
	organization or a related organization:			X
	Receive a severance payment or change-of-control payment?	<u>4a</u>		
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
¢	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	7.55	X
	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:	F_		X
	The organization?	<u>5a</u> 5b		X
D	Any related organization?	อม		-22
_	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:	6a		Х
	The organization?	6b		X
D	Any related organization?	OD	77.	75
7	If "Yes" on line 6a or 6b, describe in Part III.			
′	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		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	i i		
O		8		Х
9	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

Schedule J (Form 990) 2017

Regulations section 53,4958-6(c)?

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

Partil 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.

		(B) Breakdown of W-2 an	W-2 and/or 1099-MIS	nd/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(b)(a)	in column (B) reported as deferred on prior Form 990
(1) JAMES KAUFMAN	9	224,543.	0	1,980.	0	1,581.	228,104.	0.
PRESIDENT / CEO	: E	0	0	0	0	0		0
(2) LUIS M. RODRIGUEZ, MD	(i)	219,50	0	1,290.	6,910.	9,253.	236,953.	0.
SENIOR VICE PRESIDENT		0	0.	0.		0.		0
(3) GERARD FINN	(1)	189,163.	0.	1,901.	0	24,287.	215,351.	0.
SR. VICE PRESIDENT & CFO	(ii)	• 0	0	0	• 0	• 0	0	.0
(4) MOITRI DATTA	Θ	177,621.	0	0	6,910.	0	184,531.	0
PSYCHIATRIST	(ii)	• 0	0	• 0	• 0	.0		0
(5) MYRA GRAY	(0)	158,36	• 0	2,819.	6,910.	3,390.	171	
VICE PRESIDENT - HR.	(ii)		0.	0	• 0	0.		
(6) DANIEL BARCKHAUS	(0)	142,27	0	164.	0	24,287.	166	
DIRECTOR - SOCIAL SERVICE	€	0	0	0	0	0	0	0
	Θ							
	(II)							
	(i)							
	(ii)							
	Ξ							
	3							
	Ξ							
	(ii)							
	(0)							
	(1)							
	(3)							
	(II)							
	Θ							
	(ii)							
	(ii)							
	(E)							
	Ξ							
	(ii)							
	Ξ							
	(III)							
							Schedu	Schedule J (Form 990) 2017
732112 10-17-17								

## **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ABBOTT HOUSE

**Employer identification number** <u>13-1991946</u>

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND ABANDONED CHILDREN AND THEIR FAMILIES AND TO OFFER OUR SERVICES
WITH COMPASSION, ALWAYS MINDFUL OF THE DIGNITY OF EACH PERSON SERVED,
WITH A GOAL OF SECURING A SAFE, PERMANENT AND LOVING HOME FOR EACH
CHILD WHO COMES TO US.
AS THE PROVIDER OF DAY AND RESIDENTIAL SERVICES FOR DEVELOPMENTALLY
DISABLED CHILDREN AND ADULTS, WE CELEBRATE THE VALUE AND POTENTIAL OF
EACH PERSON AS WE COMMIT OUR RESOURCES TO ENABLE EACH INDIVIDUAL TO
DEVELOP TO HIS/HER POTENTIAL.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FOUNDED IN 1963, ABBOTT HOUSE BUILDS LASTING FOUNDATIONS UNDER
CHILDREN, FAMILIES AND ADULTS WITH COMPLEX NEEDS. WE SUPPORT NEARLY
2,500 CHILDREN IN FOSTER CARE, UNACCOMPANIED IMMIGRANT CHILDREN, ADULTS
WITH DEVELOPMENTAL DISABILITIES AND STRUGGLING FAMILIES IN THE NEW YORK
METROPOLITAN AREA AND THE HUDSON VALLEY BY PROVIDING SAFETY, PROMOTING
HEALING AND RESTORING HOPE. THE HEART OF OUR WORK IS DEDICATED TO
HELPING HUMAN BEINGS RECOVER FROM DEEP TRAUMA OR INTERVENING TO PREVENT
TRAUMA IN THE FIRST PLACE. FAMILY COMES FIRST AT ABBOTT HOUSE. WE WORK
HARD TO REUNITE FAMILIES, CREATE NEW ONES AND MAKE PROMISING FUTURES A
REALITY SO THOSE ENTRUSTED TO OUR CARE FEEL A SENSE OF BELONGING ROOTED
IN HOME AND COMMUNITY.

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

ABBOTT HOUSE PROVIDES MULTIPLE SERVICES FOR ADULTS WITH DEVELOPMENTAL

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

ABBOTT HOUSE

Employer identification number 13-1991946

DISABILITIES INCLUDING RESIDENTIAL LIVING, MEDICAID SERVICE COORDINATION, SELF-ADVOCACY AND COMMUNITY INTEGRATION, OUR PROGRAM FOCUSES ON PROVIDING A SAFE ENVIRONMENT WHERE THE INDIVIDUAL'S UNIQUE NEEDS CAN BE NURTURED AND SUPPORTED. ABBOTT HOUSE HAS BEEN HOME TO MANY OF OUR ADULTS FOR YEARS. SOME CAME DIRECTLY OUT OF FOSTER CARE, OTHERS FROM INSTITUTIONS LIKE WILLOW BROOK, AND OTHERS BECAUSE IT WAS DIFFICULT FOR THE FAMILY TO CARE FOR THEM. MANY NO LONGER HAVE ANY FAMILY INVOLVEMENT. OUR GOAL IS TO SUPPORT THESE ADULTS TO MAXIMIZE THEIR OWN CAPACITY IN WHATEVER WAYS THEY CAN. WE SUPPORT THEM TO MAKE THEIR OWN CHOICES, TO ENHANCE THEIR DAILY AND INDEPENDENT LIVING SKILLS, TO ESTABLISH COMMUNITY CONNECTIONS THROUGH EMPLOYMENT AND VOLUNTEERING, AND TO PARTICIPATE IN RECREATIONAL ACTIVITIES THAT WILL HELP THEM ACHIEVE THEIR PERSONAL OBJECTIVES. WE KNOW THE AGING PARENTS OF OUR ADULTS HAVE PEACE OF MIND THAT THEIR CHILDREN ARE SAFE AND WELL CARED FOR. ABBOTT HOUSE PROVIDES SERVICES TO OVER 100 INTELLECTUALLY AND/OR DEVELOPMENTALLY DISABLED ADULTS THROUGHOUT WESTCHESTER, ROCKLAND, AND THE BRONX. WE SUPPORT 15 RESIDENTIAL PROGRAMS WHERE THE ADULTS HAVE A PLACE TO CALL HOME, LIVE SEMI-INDEPENDENTLY IN SMALL GROUPS WITH 24/7 SUPPORT FROM SPECIALLY TRAINED STAFF. ABBOTT HOUSE HAS ONE INTERMEDIATE CARE FACILITY (ICF) TO MEET THE NEEDS OF DEVELOPMENTALLY DISABLED ADULTS WHO ARE MEDICALLY FRAIL AND ARE IN NEED OF ON-SITE CLINICAL SERVICES. FOR THOSE ADULTS WITH DEVELOPMENTAL DISABILITIES ABLE TO REMAIN AT HOME WITH THEIR FAMILY, WE OFFER TWO COMMUNITY-BASED DAY HABILITATION PROGRAMS WHICH ALSO INCLUDE SUPPORTIVE EMPLOYMENT SERVICES, PATHWAYS TO EMPLOYMENT, PREVOCATIONAL TRAINING SERVICES, MEDICAID SERVICE COORDINATION, SPECIAL OLYMPICS PARTICIPATION, A SELF-ADVOCACY PROGRAM, VOLUNTEER ENGAGEMENT, COMMUNITY INTEGRATION, SOCIALIZATION AND RECREATION.

**Employer identification number** Name of the organization 13-1991946 ABBOTT HOUSE 2018 OUTCOMES: 103 INDIVIDUALS HAVE A SAFE AND SUPERVISED HOME TO LIVE AND GROW IN 40% OF INDIVIDUALS IN OUR SUPERVISED HOMES HAVE SUCCESSFULLY INCREASED THEIR TIME ALONE IN THE HOME AS WELL AS IN THE COMMUNITY SO THEY CAN ENJOY A MORE INDIVIDUALLY DRIVEN LIFE. WE DECREASED 65% OF THE RESTRICTIONS IN PLACE (I.E. ALARMS ON DOORS, INCREASED SUPERVISION, PROTECTIVE GEAR, ETC.). THIS WAS ACCOMPLISHED BY ANALYZING BEHAVIOR DATA AND STRATEGICALLY FADING THE RESTRICTIONS AS A CLINICAL TEAM. THE NUMBER OF DAY HABILITATION PROGRAM OUTINGS HAS INCREASED BY 23%. THIS WAS ACCOMPLISHED USING BEHAVIOR SUPPORTS AND SYSTEMATIC SCHEDULING TO ENSURE THERE IS ENOUGH SUPPORT FOR EVERYONE TO BE SUCCESSFUL. 39 INDIVIDUALS PARTICIPATED IN THE DAY HABILITATION PROGRAM 26 INDIVIDUALS VOLUNTEERED IN THEIR COMMUNITY FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: THE ABBOTT HOUSE FAMILY FOSTER CARE (FFC) AND TREATMENT FAMILY FOSTER CARE (TFFC) PROGRAMS PROVIDE CHILDREN WHO HAVE EXPERIENCED TRAUMA FROM NEGLECT, PHYSICAL OR EMOTIONAL ABUSE, OR ABANDONMENT WITH A SAFE, NURTURING, TEMPORARY HOME TO BEGIN TO HEAL, BUILD RESILIENCY AND HOPE FOR THEIR FUTURE. THIS TRAUMA IS FURTHER COMPOUNDED WITH THE TRAUMA OF BEING REMOVED FROM THE ONLY HOME THEY HAVE EVER KNOWN. CONSEQUENTLY, MANY CHILDREN HAVE LONG-LASTING AND LIFE-LONG THERAPEUTIC NEEDS. IN ADDITION TO WORKING WITH THE CHILDREN, WE WORK WITH THE BIRTH FAMILIES TO SUPPORT THEM IN OVERCOMING THEIR CHALLENGES SO THEIR CHILDREN CAN BE RETURNED; INCLUDING PARENTING SKILL TRAINING, SUBSTANCE ABUSE COUNSELING, AND OTHER SERVICES. WHEN THIS IS NOT POSSIBLE WE WORK TO Schedule O (Form 990 or 990-EZ) (2017) 732212 09-07-17

Name of the organization **Employer identification number** 13-1991946 ABBOTT HOUSE FIND A PERMANENT HOME FOR THE CHILDREN OR HELP SUPPORT ADOLESCENTS IF THEY AGE OUT OF FOSTER CARE. ABBOTT HOUSE RECRUITS, LICENSES, TRAINS, AND SUPPORTS FOSTER PARENTS TO HELP CHILDREN REMOVED FROM THEIR THEY ARE TRAINED TO KEEP THE CHILDREN SAFE, SUPPORT THEM FAMILIES. THROUGH THE HEALING PROCESS, AND LIGHT FIRES OF HOPE FOR THEIR FUTURE. ABBOTT HOUSE IS ABLE TO SUCCESSFULLY REUNITE MANY FAMILIES OVER TIME. WHEN REUNIFICATION IS NOT POSSIBLE, WE STRIVE TO FIND A FAMILY MEMBER WHO IS WILLING AND ABLE TO PROVIDE A PERMANENT HOME THROUGH OUR KINSHIP PLACEMENT INITIATIVE, OR A LOVING FAMILY TO ADOPT. WHETHER THE CHILD IS PLACED IN A FOSTER, KINSHIP OR ADOPTIVE FAMILY, ABBOTT HOUSE IS THERE TO PARTNER WITH THE FAMILY AND PROVIDE THE SUPPORT AND RESOURCES REQUIRED TO MEET THE UNIQUE NEEDS OF EVERY CHILD; INCLUDING MEDICAL AND MENTAL HEALTH CARE, CASE MANAGEMENT, ACADEMIC SUPPORT, BEHAVIORAL SUPPORT, STRENGTH AND LIFE SKILLS, SOCIAL INTEGRATION, COMMUNITY ENGAGEMENT, AND CULTURAL ENRICHMENT. ABBOTT HOUSE RECOGNIZES THAT PROVIDING STRONG THERAPEUTIC FOSTER CARE IS THE BEST WAY TO PREVENT RESIDENTIAL PLACEMENT AND/OR PSYCHIATRIC HOSPITALIZATION FOR CHILDREN. 2018 OUTCOMES: 42 CHILDREN WERE ADOPTED. THIS REPRESENTS 114% ACHIEVEMENT OF OUR GOAL SET BY NYC ACS. 48 CHILDREN WERE ABLE TO BE PLACED WITH THEIR SIBLINGS. THIS REPRESENTS 92% SUCCESS IN KEEPING SIBLINGS TOGETHER. - 65 CHILDREN ACHIEVED PERMANENCY. THIS REPRESENTS AN INCREASE OF OVER 114% OF OUR GOAL SET BY NYC ACS. 437 CHILDREN AND ADOLESCENTS HAD A SAFE, COMFORTABLE PLACE TO LIVE. 121 CHILDREN WERE WELCOMED INTO ABBOTT HOUSE'S FOSTER CARE PROGRAM. DAYS OF CARE: FFC 68,384 AND TFFC 33,984

Employer identification number 13-1991946

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

THROUGH OUR FAMILY FOSTER CARE AND THERAPEUTIC FAMILY FOSTER CARE PROGRAMS WE ARE ABLE TO QUICKLY IDENTIFY CHILDREN WHO HAVE ONE OR MORE MENTAL HEALTH DISORDERS, SUCH AS POST-TRAUMATIC STRESS, AND AT LEAST ONE CHRONIC MEDICAL CONDITION OR DEVELOPMENTAL DISABILITY. THESE CHILDREN WITH MORE SERIOUS EMOTIONAL, DEVELOPMENTAL, AND MEDICAL CHALLENGES NEED ADDITIONAL SUPPORT. THE BRIDGES TO HEALTH (B2H) PROGRAM, A NEW YORK STATE INITIATIVE OF THE OFFICE OF CHILDREN AND FAMILY SERVICES ENABLES ABBOTT HOUSE TO PROVIDE HEALTH CARE MANAGEMENT AND SUPPORTIVE SERVICES TO CHILDREN IN FOSTER CARE AND TO CONTINUE SERVICES WHEN CHILDREN ARE REUNITED WITH THEIR BIRTH PARENTS OR WHEN THEY ARE ADOPTED BY KINSHIP OR ANOTHER FAMILY. **B2H SERVICES ARE** DESIGNED TO ADDRESS THE UNIQUE ISSUES THE CHILD AND THE FAMILY ARE EXPERIENCING TO PROMOTE AND STRENGTHEN PERMANENCY IN THE HOME; INCLUDING MAXIMIZING THE CHILD'S ABILITY TO FUNCTION IN THE HOME, COMMUNITY AND SCHOOL THROUGH THE AGE OF 21 WHEN THE CHILD LEAVES CARE. THE GUIDING PRINCIPLE OF B2H IS PARTNERING WITH THE CHILD AND THE FAMILY TO IDENTIFY ONGOING AND NEW SUPPORT NEEDS UNIQUE TO THEIR CONCERNS AND GOALS. ABBOTT HOUSE OFFERS A WIDE SPECTRUM OF SUPPORTIVE AND SPECIALIZED SERVICES TAILORED TO MEET EVERY CHILD'S NEEDS. THESE INCLUDE IN-HOME CRISIS INTERVENTION, DAY HABILITATION, PRE-VOCATIONAL TRAINING, SUPPORTED EMPLOYMENT, TRAINING FOR CAREGIVERS IN CRISIS AVOIDANCE AND MANAGEMENT, PLANNED AND EMERGENCY RESPITE CARE, SPECIAL NEEDS ADVOCACY AND THE PURCHASE OF ADAPTIVE EQUIPMENT. ABBOTT HOUSE IS THE ONLY ORGANIZATION THAT PROVIDES B2H SERVICES TO BOTH NEW YORK CITY AND THE LOWER HUDSON VALLEY REGION.

2018 OUTCOMES:

Name of the organization  ABBOTT HOUSE	13-1991946
- 252 CHILDREN AND ADOLESCENTS RECEIVED B2H SUPPORT SERVICE	ES
- 13 CHILDREN/FAMILIES HAVE SUCCESSFULLY GRADUATED FROM NE	EDING B2H
SERVICES	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
IN ADDITION TO THE PROGRAMS ABOVE, ABBOTT HOUSE PROVIDES A	DDITIONAL
RESIDENTIAL PROGRAMS FOR CHILDREN AND ADOLESCENTS IN FOSTE	R CARE,
UNACCOMPANIED IMMIGRANT CHILDREN SEEKING ASYLUM, ADOLESCEN	TS WAITING
ADJUDICATION IN OUR NON-SECURE DETENTION PROGRAM, AND PREV	ENTIVE AND
SUPPORT PROGRAMS TO KEEP STRUGGLING FAMILIES TOGETHER.	
WITH IN-HOME COUNSELING, TRAUMA INFORMED INTERVENTIONS, AD	VOCACY AND
REFERRALS, 100% OF PERMANENT PLACEMENTS WERE PRESERVED THR	OUGH OUR
PERMANENCY RESOURCE CENTER PROGRAM.	
100% OF YOUTH IN OUR NON-SECURE DETENTION CENTER WERE ABLE	TO RETURN TO
THEIR FAMILY OR PARTICIPATE IN A PROGRAM INSTEAD OF ENTERI	NG THE
CRIMINAL JUSTICE SYSTEM.	
THE COMMUNITY SCHOOLS PROGRAM SAW A 90% INCREASE IN MENTOR	ING,
INDIVIDUAL AND GROUP SESSIONS.	
100% OF CHILDREN IN OUR GROUP HOMES WERE PROMOTED TO THE N	EXT GRADE
THANKS TO THE SUPPORT AND INTERVENTION OF OUR STAFF TO ADV	OCATE FOR THE
CHILDREN'S NEEDS.	•
ABBOTT HOUSE WELCOMED 250 UNACCOMPANIED IMMIGRANT CHILDREN	SEEKING
ASYLUM AND SAFELY REUNITED THEM WITH FAMILY OR SPONSORS.	
EXPENSES \$ 8,413,433. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 5,836,850.
732212 09-07-17 Sched	dule O (Form 990 or 990-EZ) (2017

Employer identification number 13-1991946

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

ABBOTT HOUSE HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND

HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION

REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED,

REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE

SERVICE, IT IS ELECTRONICALLY SENT TO THE AUDIT COMMITTEE OF THE BOARD OF

DIRECTORS FOR ANY COMMENTS. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND

PROVIDED TO THE OUTSIDE ACCOUNTANTS. EACH ISSUE IS DOCUMENTED AND ADDRESSED

UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING. AT THE NEXT BOARD

MEETING, THE CEO AND CFO PRESENT THE FORM 990 TO THE ENTIRE BOARD. THE 990

IS ELECTRONICALLY SENT TO THE ENTIRE BOARD BEFORE THE MEETING.

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

EACH KEY EMPLOYEE, BOARD MEMBER AND OFFICER OF ABBOTT HOUSE SHALL COMPLETE

A CONFLICT OF INTEREST QUESTIONNAIRE AT THE TIME OF HIS/HER APPOINTMENT.

THE QUESTIONNAIRE FOR THE KEY EMPLOYEES WILL BE REVIEWED BY THE PRESIDENT

AND CEO, WHO WILL ATTEMPT TO RESOLVE ANY ACTUAL OR POTENTIAL CONFLICTS. IN

ADDITION, THE QUESTIONNAIRE FOR THE BOARD MEMBERS AND OFFICERS SHALL BE

REVIEWED BY THE CHAIRMAN OF THE BOARD IN CONSULTATION WITH THE PRESIDENT

AND CEO, WHO WILL ATTEMPT TO RESOLVE ANY ACTUAL OR POTENTIAL CONFLICTS.

THEREAFTER, THE QUESTIONNAIRE WILL BE COMPLETED ON AN ANNUAL BASIS FOR

EMPLOYEES, OFFICERS, AND BOARD MEMBERS.

A KEY EMPLOYEE, BOARD MEMBER OR OFFICER, WHO HAS AN INTEREST MUST

IMMEDIATELY DISCLOSE TO THE PRESIDENT AND CEO, THE EXISTENCE AND NATURE OF

HIS OR HER INTEREST IN THE PROPOSED NEGOTIATION, TRANSACTION OR ARRANGEMENT

BETWEEN ABBOTT HOUSE AND ANOTHER INDIVIDUAL OR ORGANIZATION. RECORDS OF

Employer identification number 13-1991946

SUCH DISCLOSURE SHALL INCLUDE THE NAME OF THE INTERESTED PERSON, THE NATURE

OF THE INTEREST, A RECORD OF ANY DETERMINATION MADE BY THE PRESIDENT AND

CEO. FOR BOARD MEMBERS AND OFFICERS, THE RECORD WILL ALSO INCLUDE ANY

DETERMINATION MADE BY THE BOARD AND THE NAMES OF PERSONS WHO WERE PRESENT

FOR THE DISCUSSIONS AND ANY VOTES.

AN INTERESTED PERSON MAY NOT PARTICIPATE IN THE PROPOSED NEGOTIATION,

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

TRANSACTION OR ARRANGEMENT.

THE SALARIES FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER ARE DETERMINED

BY A RECOMMENDATION FROM THE CHAIRMAN OF THE BOARD. THE PROCEDURES THAT

THE CHAIRMAN FOLLOWS ARE:

- REVIEWS THE PERFORMANCE OF THE CHIEF EXECUTIVE AS MEASURED AGAINST PREVIOUSLY AGREED OBJECTIVES
- GATHERS INFORMATION ON COMPENSATION PAID TO CHIEF EXECUTIVES OF

  COMPARABLE ORGANIZATIONS AND FROM AN INDEPENDENT STUDY OF CEO COMPENSATION

  COMMISSIONED BY COFCCA TO ENSURE COMPLIANCE WITH EXECUTIVE ORDER 38.
- MEETS WITH THE CHIEF EXECUTIVE TO DISCUSS AND DOCUMENT STRENGTHS,

WEAKNESSES AND GOALS FOR THE UPCOMING YEAR.

ONCE THESE STEPS HAVE BEEN COMPLETED, THE CHAIRMAN OF THE BOARD PRESENTS

HIS OR HER FINDINGS AND RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE AND THEN

PRESENTS THE COMPENSATION PROPOSAL TO THE BOARD OF DIRECTORS IN AN

EXECUTIVE SESSION. THE BOARD'S APPROVAL IS DOCUMENTED IN THE MINUTES TO

THE MEETING.

THIS PROCESS WAS LAST COMPLETED FEBRUARY 1, 2015.

THE SALARIES FOR THE OTHER OFFICERS AND KEY EMPLOYEES ARE DETERMINED BY THE
732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization  ABBOTT HOUSE	Employer identification number 13-1991946
CHIEF EXECUTIVE OFFICER. THE PROCEDURES THAT THE CEO FOLL	OWS ARE:
- REVIEWS THE PERFORMANCE OF THE OFFICERS AND KEY EMPLOYEE	S AS MEASURED
AGAINST PREVIOUSLY AGREED OBJECTIVES	
- GATHERS INFORMATION ON COMPENSATION PAID TO OFFICERS AND	KEY EMPLOYEES OF
COMPARABLE ORGANIZATIONS	
- MEETS WITH THE OFFICERS AND KEY EMPLOYEES TO DISCUSS AND	DOCUMENT
STRENGTHS, WEAKNESSES AND GOALS FOR THE UPCOMING YEAR.	
ONCE THESE STEPS HAVE BEEN COMPLETED, THE CEO THEN MAKES T	HE DETERMINATION
AS TO THE OFFICERS AND KEY EMPLOYEES SALARY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC I	NSPECTION AS
REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE.	THE RETURN IS
POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITE	S. IN ADDITION,
THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ART	ICLES OF
INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN	REQUEST AT 100
NORTH BROADWAY, IRVINGTON, NY 10533 OR BY CALLING THE O	RGANIZATION
DIRECTLY AT (914)591-7300.	
FORM 990, PART VII, EXPLANATION OF PAYMENT TO SECRETARY:	
BOARD MEMBER LORRAINE BULLIS DID NOT RECEIVE COMPENSATION	FOR HER
CAPACITY AS SECRETARY. SHE RECEIVED COMPENSATION IN HER CA	PACITY AS AN
EXECUTIVE ASSISTANT TO JAMES KAUFMAN, CEO.	
·	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PENSION LIABILITY ADJUSTMENT	1,979,079.
PENSION PENALTIES AND INTEREST	-693,677.
732212 09-07-17 Sched	ule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization  ABBOTT HOUSE	Employer identification number 13-1991946
TOTAL TO FORM 990, PART XI, LINE 9	1,285,402.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILI	TY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SEL	ECTION OF AN
INDEPENDENT ACCOUNTANT. THIS PROCESS DID NOT CHANGE FROM	THE PRIOR
YEAR.	· · · · · · · · · · · · · · · · · · ·
	*****
76-57 <u></u>	,

NOTICE 2018-100 Form **990-T** Exempt Organization Business Income Tax Return OMB No. 1545-0687 (and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning JUL 1, 2017 and ending JUN 30, 2018 ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Open to Public Inspection to 501(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service D Employer identification number Check box if Name of organization ( Check box if name changed and see instructions.) (Employees' trust, see instructions.) address changed ABBOTT HOUSE 13-1991946 B Exempt under section Print E Unrelated business activity codes X 501(c)(3) Number, street, and room or suite no. If a P.O. box, see instructions. (See instructions.) Type 408(e) 220(e) 100 NORTH BROADWAY 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) IRVINGTON, NY 10533-1254 C Book value of all assets F Group exemption number (See instructions.) at end of year 16,470,386. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust H Describe the organization's primary unrelated business activity. SEE STATEMENT 1 I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X No If "Yes," enter the name and identifying number of the parent corporation. The books are in care of GERARD P. FINN 591-7300 Telephone number ► (914 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance 10 Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 3 4 a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) Capital loss deduction for trusts 4c Income (loss) from partnerships and S corporations (attach statement) 5 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 18,339. 18,339 12 Other income (See instructions; attach schedule) STATEMENT 2 Total. Combine lines 3 through 12 18,339. 339 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) Part II (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 Salaries and wages 15 Repairs and maintenance 16 16 17 Bad debts 17 Interest (attach schedule) 18 18 Taxes and licenses 19 19 Charitable contributions (See instructions for limitation rules) 20 20 21 Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return 22 22b 23 23

Contributions to deferred compensation plans 24 24 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 27 28 Other deductions (attach schedule) 28 Total deductions, Add lines 14 through 28 29 0. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 18,339. Net operating loss deduction (limited to the amount on line 30) 31 31 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 18,339. 32 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 1,000. 33 33 34 Unrelated business taxable income. Subtract line 33 from line 32, If line 33 is greater than line 32, enter the smaller of zero or 17.339.

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

1	94	6	Page 2

Part I	252	Tax Computation							
35	Orga	nizations Taxable as Corporations. See instr	uctions for tax computation.						
	Contr	<b>(</b>							
а	Enter	your share of the \$50,000, \$25,000, and \$9,9	25,000 taxable income brackets (	in that or	der):				
	(1) \$ (2) \$ (3) \$								
b	Enter	organization's share of: (1) Additional 5% tax	k (not more than \$11,750)						
	(2) A	dditional 3% tax (not more than \$100,000)							
C	Incon	ne tax on the amount on line 34	3	▶ [	35c	3,117.			
36	Trust	s Taxable at Trust Rates. See instructions fo	r tax computation. Income tax on	the amou	nt on line 34 fron	1:	2000 2000 2000 2000		
		Tax rate schedule or Schedule D (Fo	rm 1041)				▶ [	36	
37		tax. See instructions					▶ [	37	
		native minimum tax					. С	38	
39	Tax o	n Non-Compliant Facility Income. See instru	ictions					39	
40	Total	Add lines 37, 38 and 39 to line 35c or 36, wh	nichever applies					40	3,117.
Part I		Tax and Payments							
41a	Foreig	gn tax credit (corporations attach Form 1118;	trusts attach Form 1116)		41a				
b	Other	credits (see instructions)			41b				
		ral business credit. Attach Form 3800							
d	Credi	t for prior year minimum tax (attach Form 880	)1 or 8827)		41d				
е		credits. Add lines 41a through 41d					. L	41e	
42	Subtr	act line 41e from line 40					. С	42	3,117.
43	Other	taxes. Check if from: Form 4255	Form 8611 Form 8697	Form	8866 Othe	If (attach schedule	e)	43	
44	Total	tax. Add lines 42 and 43					. Г	44	3,117.
45 a	Paym	ents: A 2016 overpayment credited to 2017					a.	1	
		estimated tax payments				5,846	5.	)	
		eposited with Form 8868						ē,	
d	Foreig	gn organizations: Tax paid or withheld at sour	ce (see instructions)		45d		21	£	
		up withholding (see instructions)							
f	Credi	t for small employer health insurance premiur	ns (Attach Form 8941)		451				
		gradite and navments.	orm 2/30						
•		Form 4136 0	ther	Totai	► 45g				
46		payments. Add lines 45a through 45g						46	5,846.
47	Estim	ated tax penalty (see instructions). Check if Fo	orm 2220 is attached 🕨 🔲		*************************			47	
		ue. If line 46 is less than the total of lines 44 :						48	
		payment. If line 46 is larger than the total of li					▶□	49	2,729.
		the amount of line 49 you want: Credited to 2			2,729. F	lefunded	▶□	50	0.
Part V		Statements Regarding Certain	Activities and Other In	format	t <b>ion</b> (see instr	uctions)			
51	At any	y time during the 2017 calendar year, did the o	organization have an interest in or	a signatu	ire or other autho	rity			Yes No
	over a	a financial account (bank, securities, or other)	in a foreign country? If YES, the	organizati	on may have to fi	le			1
	FinCE	N Form 114, Report of Foreign Bank and Fina	ncial Accounts. If YES, enter the r	name of th	ne foreig <mark>n</mark> country	•			- 5
	here	<b>&gt;</b>							X
52	Durin	g the tax year, did the organization receive a c	listribution from, or was it the gra	ntor of, o	r transferor to, a f	oreign trust?			X
	If YES	S, see instructions for other forms the organiz	ation may have to file.						- 55
53	Enter	the amount of tax-exempt interest received or	accrued during the tax year 🛌	3					2.7
0:	Ur	der penalties of perjury, I declare that I have examined frect, and complete. Declaration of preparer (other than	this return, including accompanying sch	edules and	statements, and to the	he best of my kno- lige.	wledge	and belief, it is tr	ue,
Sign		inot, and complete position of property (enter the	i angayor) io baoba on an inaninanina	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.50.	May t	the IRS discuss th	nis return with
Here		<b></b>		R VP	& CFO		the pr	reparer shown be	low (see
		Signature of officer	Date Title				Instru	ctions)? X	Yes No
		Print/Type preparer's name	Preparer's signature		Date	Check	if	PTIN	
Paid						self- employ	ed		
Prepa	rer	GARRETT M. HIGGINS	GARRETT M. HIGO	INS	)5/09/ <b>1</b> 9			P0054	
Use O			DAVIES, LLP			Firm's EIN	<u> </u>	27-17	<u> 28945</u>
	•		NECK AVENUE					_	
		Firm's address ► HARRISON,	NY 10528-1633			Phone no.	91	<u>4-381-8</u>	
								Farm (	990-T (2017)

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	aluation ▶ N/A			
1 Inventory at beginning of year			_	Inventory at end of yea	r		6
2 Purchases				Cost of goods sold. St			
3 Cost of labor			7	from line 5. Enter here		Part I,	
4a Additional section 263A costs			7	line 2			7
(attach schedule)	4a		8	Do the rules of section			Yes No
b Other costs (attach schedule)				property produced or a	cquired	l for resale) apply to	
5 Total Add lines 1 through 4h	5			the organization?			
Schedule C - Rent Income ( (see instructions)	(From Real	Property and	i Per	sonal Property L	ease	d With Real Prope	erty)
1. Description of property							
(1)							
(2)	,						
(3)							
(4)				· · · ·			
	2. Rent receiv	ed or accrued					<u></u>
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly of columns 2(a) and	connected with the income in I 2(b) (attach schedule)
(1)							
(2)							
(3)			•				
(4)							
Total	0.	Total			0.		<u> </u>
(c) Total Income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>0</b> .
Schedule E - Unrelated Deb	t-Financed	Income (see	instru	ctions)			
			2	. Gross income from or allocable to debt-		3. Deductions directly conne to debt-finance	d property
1. Description of debt-fir	nanced property			financed property	(a)	Straight line depreciation (attach schedule)	(D) Other deductions (attach schedule)
(1)				···			
(2)							
(3)	<del> </del>					· ·	
(4)							
Arnount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h 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)			1	%		'+	
(2)	-			%			· · · · · · · · · · · · · · · · · · ·
(3)			+	%			
(4)				%		···	
	<u> </u>		· ·			inter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
We also I a					'	0.	0.
Totals  Total dividends-received deductions in				<b>.</b>	Ц		0.
TOTAL GIVIDENUS-received deductions in	iciaasa ili colami	10					1

Schedule J - Advertising Income (see instructions)

#### Part Income From Periodicals Reported on a Consolidated Basis

	r t		than column 4).
	14 19 16 1 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
0.	0. 0.	0. 0.	

% **►** 

Total. Enter here and on page 1, Part II, line 14

Form 990-1 (2017) ABBUTT HO								エフフエフサ	O raye_
Part II Income From Perio columns 2 through 7 on a			a Separ	ate Basis (For ea	ch perio	odical listed	l in Pa	rt II, fill in	
1. Name of periodical	2. Gross advertising income	3.	. Direct or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.					7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)									
(2)									
(3)								,	
(4)									
Totals from Part	0.		0.				<b>.</b>	1 2 2	0.
	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, I, col. (B).						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.		0.						0.
Schedule K - Compensation	1 of Officers, D	Directo	rs, and	Trustees (see in	structio	ons)			
1. Name				2. Title		3. Percentime devote busines	ed to		ensation attributable related business
(1)							%		
(2)							%		
(3)							%		
(4)							%		
			•			•			

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

## QUALIFIED TRANSPORTATION FRINGE BENEFITS AND QUALIFIED PARKING

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
QUALIFIED TRANSPORTATION FF SECTION 512(A)(7) QUALIFIED PARKING PURSUANT	TO IRC SECTION 512(A)(7)	13,867. 4,472.
TOTAL TO FORM 990-T, PAGE 1	, LINE 12	18,339.

FORM	990-T LINE 35C TAX COMPUTA	TION		STATEMENT 3
1.	TAXABLE INCOME		17,339	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUN	г.,	17,339	
3.	LINE 1 LESS LINE 2		0	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOU	NT	0	
5.	LINE 3 LESS LINE 4		0	
6.	INCOME SUBJECT TO 34% TAX RATE		0	
7.	INCOME SUBJECT TO 35% TAX RATE		0	
8.	15 PERCENT OF LINE 2		2,601	
9.	25 PERCENT OF LINE 4		0	
10.	34 PERCENT OF LINE 6		0	
11.	35 PERCENT OF LINE 7		0	
12.	ADDITIONAL 5% SURTAX		0	
13.	ADDITIONAL 3% SURTAX		0	
14.	TOTAL INCOME TAX			2,601
			=	
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/20	17	3,641	
_**		DAYS =		
	TAX PRORATED FOR NUMBER OF DAYS IN 2017 TAX PRORATED FOR NUMBER OF DAYS IN 2018	184	1,311 1,806	
18.	TOTAL TAX PRORATED	365	, <u>.</u>	3,117

Financial Statements

June 30, 2018 and 2017

# Financial Statements June 30, 2018 and 2017

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## **Independent Auditors' Report**

# **Board of Directors Abbott House**

We have audited the accompanying financial statements of Abbott House, which comprise the statements of financial position as of June 30, 2018 and 2017, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Board of Directors Abbott House** Page 2

### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Abbott House as of June 30, 2018 and 2017, and the changes in its net assets (deficit) and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### Other Matters

At June 30, 2018, Abbott House has an unrestricted net asset deficit of approximately \$10.3 million which has resulted predominately from its defined-benefit pension plan (the "Plan") being underfunded by approximately \$12.1 million at June 30, 2018. In anticipation of the Plan filing for a distress termination with the Pension Benefit Guaranty Corporation ("PBGC"), Abbott House voluntarily ceased making payments to the Plan as of October 15, 2013. In October of 2014, the Plan's application for distress termination was filed with the PBGC. As a result of these non-payments, the PBGC has placed liens on all property and rights to property of Abbott House in the amount of approximately \$4.9 million as of November 29, 2018. Abbott House is currently in settlement discussions with the PBGC relating to the termination of the Plan and the resolution of liabilities relating to the Plan. Abbott House believes the PBGC's decision will be made in fiscal year 2019. Our opinion is not modified with respect to this matter.

Harrison, New York

PKF O'Connor Davies, LLP

November 29, 2018

## Statements of Financial Position

	June 30,		
	2018	2017	
ASSETS	**************************************		
Current Assets	4		
Cash and cash equivalents Accounts Receivable	<b>\$</b> 1,563,432	\$ 2,273,150	
Government agencies, net	6,914,660	5,101,913	
Other	44,056	63,255	
Prepaid expenses and other current assets	541,768	399,166	
Total Current Assets	9,063,916	7,837,484	
Investments	3,025,237	2,763,216	
Other assets	260,887	258,352	
Property, plant and equipment, net	4,120,346	3,992,986	
	<b>\$ 16,470,386</b>	\$ 14,852,038	
LIABILITIES AND NET ASSETS (DEFICIT)			
Current Liabilities			
Mortgages, line of credit and other notes payable	\$ 3,908,471	\$ 3,801,720	
Accounts payable and accrued expenses	3,631,173	3,319,014	
Custodial funds	120,831	129,507	
Deferred revenue	48,000	48,000	
Accrued vacation and salaries	3,066,187	2,518,314	
Total Current Liabilities	10,774,662	9,816,555	
Mortgages, line of credit and other notes payable,	ä.= <b>=</b>		
net of current portion	840,512	1,768,194	
Deferred revenue, net of current portion	830,311	921,517	
Accrued pension cost	12,056,536	13,151,133 769,813	
Other liabilities	1,916,834		
Total Liabilities	<u>26,418,855</u>	26,427,212	
Net Assets (Deficit) Unrestricted	(40 240 200 <u>)</u>	(11,897,701)	
	(10,310,299) 296,080	256,777	
Temporarily restricted Permanently restricted	65,750	65,750	
Total Net Assets (Deficit)	(9,948,469)	(11,575,174)	
i dial ital madala (admin)	•		
	<u>\$ 16,470,386</u>	<b>\$ 14,852,038</b>	

#### Statements of Activities

	Year Ended June 30, 2018			Year Ended June 30, 2017				
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
PUBLIC SUPPORT AND REVENUE							<del></del>	
Governmental agencies Contributions	\$ 46,607,647	\$ -	\$ -	\$ 46,607,647	\$ 42,980,137	\$	\$ -∖	\$ 42,980,137
Rental Income	257,736 48,000	90,010	-	347,746 48,000	195,169	98,120	¥	293,289
Other revenue	988,244	-		988,244	48,250 930,971		-	48,250 930,971
Net assets released from restrictions	56.958	(56,958)	_	-	25,580	(25,580)	-	200,811
Total Public Support and Revenue	47,958,585	33,052		47,991,637	44,180,107	72,540		44,252,647
EXPENSES								
Program services	43,261,493	-		43,261,493	40,332,831	•		40,332,831
Management and general	4,190,989	-	-	4,190,989	3,832,372	-		3,832,372
Fundraising	485,535		<del>`</del>	485,535	388,204	-		388,204
Total Expenses	47,938,017			47,938,017	44,553,407	*		44,553,407
Excess (Deficiency) of Public Support								
and Revenue over Expenses	20,568	33,052	<u> </u>	53,620	(373,300)	72,540	<del>-</del>	(300,760)
NON-OPERATING ACTIVITIES								
Interest and dividends	66,869	1,340	•	68,209	73,417	2,189	·	75,606
Realized and unrealized gain on investments	214,563	4,911		219,474	167,621	4,041		171,662
Total Non-Operating Activities	281,432	6,251	<u> </u>	287,683	241,038	6,230	<del> </del>	247,268
OTHER CHANGES								
Pension penalties and interest	(693,677)	•	-	(693,677)	(484,456)	· <del>-</del>	~	(484,456)
Pension liability adjustment	1,979,079	<del></del>	····	1,979,079	1,192,486	· · · · · · · · · · · · · · · · · · ·		1,192,486
Change in Net Assets (Deficit)	1,587,402	39,303	*	1,626,705	575,768	78,770	•	654,538
NET ASSETS (DEFICIT)								
Beginning of year	<u>(11,897,701)</u>	256,777	65,750	<u>(11,575,174</u> )	<u>(12,473,469</u> )	178,007	65,750	(12,229,712)
End of year	\$ (10,310,29 <del>9</del> )	\$ 296,080	s 65,750	\$ (9,948,469)	<b>\$ (11,897,701)</b>	\$ 256,777	<u>\$ 65,750</u>	\$ (11,575,174)

#### Statement of Functional Expenses Year Ended June 30, 2018

		·		Program Service	98					
	Family Foster			Bridges to		Congregate	Total Program	Management		
	Care	OMH	SPDD	Health	TRÇ	Care	Services	and General	Fundraising	Total
PERSONNEL COSTS									-	
Employee salaries	\$ 5,221,728	\$ 582,281	\$ 6,698,920	\$ 3,989,507	\$ 2,260,244	\$ 2.017,747	\$ 22,750,427	\$ 2,483,137	\$ 222,796	\$ 25,456,360
Employee fringe benefits	1,404,122	156,575	2,339,139	1,087,399	607,779	542,572	6,117,586	687,715	59,910	6,845,211
Total Personnel Costs	6,625,850	738,856	11,038,059	5,036,906	2,868,023	2,560,319	28,868,013	3,150,852	282,706	32,301,571
OTHER THAN PERSONNEL COSTS										
Transportation and workers' expense	146,768	1,490	52,387	92,442	92,023	25,007	410,137	13,873	773	424,783
Allowances, children	· •	631	4,427		8,716	23,929	37,703		•	37,703
Activities, children	58,939	5,675	67,667	3,818	11,778	18,809	166,686		48	166,734
Puichase of services	972,003	38,560	147,958	71,828	83,121	29,007	1,342,477	244,589	12,809	1,599,855
Food and clothing	13,415	38,313	462,744	1,972	181,971	123,762	822,177	9,151	77	831,405
Program and household supplies	266,753	12,303	344,998	19,354	78,256	92,334	611,998	52,577	9,087	873,662
Rent	585,856	2,114	250,617	502,725	32,033	247,500	1,620,844	22,116	465	1,643,425
Utilities and telephone	211,956	25,799	346,004	109,913	114,561	81,986	892,219	56,305	3,056	951,580
Vehicles, fuel, repairs and maintenance	182,819	51,214	770,177	57,909	151,018	209,673	1,422,710	25,690		1,448,400
Office and medical supplies	102,189	2,996	102,424	34,174	25,494	10,618	277,695	213,166	135,204	627,265
Professional fees	207,298		11,555	4,359		17,038	240,280	344,368	37,261	621,689
Insurance	238,638	19,536	380,634	81,749	97,504	79,330	895,391	6,637	3,049	905,077
Interest	79,049	3,854	153,587	25,251	44.44	16,649	278,390	29,547	•	307,937
Texes and facility tax	15,151	511	5,568	4,874	14,507	2,041	42,652	8,614	-	51,266
Depreciation and amortization	42,401	2,849	398,465	11,556		28,794	484,065	13,524		497,589
Total Expenses Before Foster-Parent Expenses	9,747,104	944,701	14,539,271	6,058,840	3,757,005	3,566,696	38,613,617	4,190,989	485,535	43,290,141
FOSTER-PARENT EXPENSES										
Foster-parent payments and stipends	4,468,996		_ <del></del>		178,880	<del></del>	4,647,876	<del></del>	<del></del> :	4,647,876
Total Expenses	\$ 14,216,100	\$ 944,701	\$ 14,539,271	\$ 6,058,840	\$ 3,935,886	\$ 3,566,698	\$ 43,261,493	\$ 4,180,989	\$ 485,535	\$ 47,938,017

#### Statement of Functional Expenses Year Ended June 30, 2017

				rogram Service	is .					
	Family Foster			Bridges to		Congregate	Total Program	Management		
	Care	OMH	SPDD	Health	TRC	Care	Services	and General	Fundraising	Total
PERSONNEL COSTS									1 arrandorm	7000
Employee salaries	\$ 5,458,734	\$ 557,094	\$ 8,716,391	\$ 4,611,456	\$ 482,567	\$ 1,687,957	\$ 21,494,499	\$ 2,203,005	\$ 169,138	\$ 23,866,642
Employee fringe benefits	1,473,031	150,331	2,352,105	1,244,394	130,301	450,096	5,800,258	594,477	45,842	6,440,377
Total Personnel Costs	6,931,765	707,425	11,068,495	5,855,850	613,168	2,118,053	27,294,757	2,797,462	214,780	30,307,019
OTHER THAN PERSONNEL COSTS										
Transportation and workers' expense	153,340	1,274	47,475	91,066	142	22.375	315.672	10,195		325,867
Allowances, children	-	1,408	4,392	•	2,375	26,938	35,113			35,113
Activities, children	57,090	6,870	89,268	1,432	.*	31,189	185,849			185,849
Purchase of services	634,683	35,757	88,182	38,314	13,124	16,573	1,026,633	182,696	28,413	1,237,742
Food and clothing	11,164	30,137	439,309	1,791	6,427	118,601	605,429	5.335	103	610,887
Program and household supplies	298,101	18,851	353,799	24,726	35,347	50,859	781,663	67,611	2,409	851,703
Rent	610,527	2,069	226,300	387,861	4,310	234,727	1,465,794	21,991	-	1,467,785
Utilities and telephone	316,561	25,309	386,723	120,852	29,766	93,351	974,562	88,533	1,300	1,064,395
Vehicles, fuel, repairs and maintenance	187,818	47,810	618,958	57,918	49,992	135,687	1,098,183	30,511	•	1,128,694
Office and medical supplies	81,924	3,255	124,234	52, <del>69</del> 0	13,002	11,252	286,357	194,546	140,311	621,214
Professional fees	211,324		2,161		•	-	213,485	371,091	•	584,576
Insurance	245,223	19,415	376,929	66,550	12,612	76,194	796,924	11,097	888	808,909
Interest	72,938	6,958	188,920	23,184	.₹.	19,552	311,550	27,126	-	338,678
Taxes and facility tax	30,886	1,042	11,351	9,937	1,308	4,161	58,686	11,627	-	70,313
Depreciation and emortization	48,402	2,148	427,808	20,802		20,187	517,345	12,529		<u>\$29,874</u>
Total Expenses Before Foster-Parent Expenses	10,089,746	909,727	14,458,303	6,752,973	781,574	2,977,699	35,968,022	3,832,372	388,204	40,188,598
FOSTER-PARENT EXPENSES										
Foster-parent payments and stipends	4,384,809	<del></del>	<u>:</u>	<del>-</del>			4,364,809		<del></del>	4,364,809
Total Expenses	<u>\$ 14,454,555</u>	\$ 909,727	\$ 14,456,303	\$ 6,752,973	\$ .781,574	\$ 2,977,699	\$ 40,332,831	\$ 3,832,372	\$ 388,204	\$ 44,653,407

## Statements of Cash Flows

	Year Ended June	
	2018	2017
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets (deficit)	\$ 1,626,705	<b>\$</b> 654,538
Adjustments to reconcile change in net assets (deficit) to		
net cash from operating activities	•	
Depreciation and amortization	497,589	529,874
Realized and unrealized gain on investments	(219,474)	(171,662)
Pension liability adjustment	(1,979,079)	(1,192,486)
Changes in operating assets and liabilities		
Accounts receivable, government agencies	(1,812,747)	(358,507)
Accounts receivable, other	19,199	(48,056)
Prepaid expenses and other current assets	(142,602)	(38,208)
Other assets	(2,535)	(8,848)
Accounts payable and accrued liabilities	312,159	213,100
Custodial funds	(8,676)	(34,678)
Deferred revenue	(91,206)	(87,480)
Accrued pension cost	884,482	876,224
Other liabilities	1,147,021	(113,654)
Accrued vacation and salaries	547,873	(669,342)
Net Cash from Operating Activities	778,709	(449,185)
CASH FLOWS FROM INVESTING ACTIVITIES		
Net activity from purchase and sale of investments	(42,547)	(52,020)
Purchase of equipment	(624,949)	(280,755)
Net Cash from Investing Activities	(667,496)	(332,775)
•		
CASH FLOWS FROM FINANCING ACTIVITIES		
Payments of mortgages and other notes payable	(942,376)	(835,568)
Proceeds from other notes payable	<u>121,445</u>	<u>173,828</u>
Net Cash from Financing Activities	(820,931)	(661,740)
Net Change in Cash and Cash Equivalents	(709,718)	(1,443,700)
CASH AND CASH EQUIVALENTS		
Beginning of year	2,273,150	3,716,850
End of year	<b>\$ 1,563,432</b>	\$ 2,273,150
SUPPLEMENTAL CASH FLOW INFORMATION	. The second second second second second second second second second second second second second second second	
Cash paid for interest	\$ 307,937	\$ 323,177

## Notes to Financial Statements June 30, 2018 and 2017

### 1a. Organization

Abbott House (the "Agency") is a not-for-profit organization which provides care for abandoned, neglected, abused, and developmentally disabled children and adults through family foster care, group homes and various in-home and preventive family services, in association with programs of New York City and other local jurisdictions, as well as with the New York State Office for Persons with Developmental Disabilities ("OPWDD"), Office of Mental Health ("OMH") and the Department of Health and Human Services for its federally funded program: the unaccompanied alien children program.

The Agency is qualified as a tax exempt organization under Section 501(c)(3) of the Internal Revenue Code and, accordingly, is not subject to Federal income taxes. The Internal Revenue Service has classified the Agency as an organization that is not a private foundation as defined in Section 509(a) of the Internal Revenue Code.

#### 1b. Financial Condition

At June 30, 2018, there is a deficiency in unrestricted net assets of approximately \$10.3 million which resulted predominantly from the Agency's defined-benefit pension plan (the "Plan") which is underfunded by approximately \$12.1 million at June 30, 2018 (see note 9)

In October 2013, the Agency voluntarily ceased making payments to the Plan. Management, in October of 2014, filed for a distress termination with the Pension Benefit Guaranty Corporation (the "PBGC"). The PBGC has determined that the Plan should be terminated and in fiscal year 2018 sent the Agency a proposed termination and trusteeship agreement for such a termination of the Plan. Abbott House is currently in settlement discussions with the PBGC relating to the termination of the Plan and the resolution of liabilities relating to the Plan. The settlement would include the elimination of \$2,000,000 of estimated IRS penalties and interest, \$12,050,000 of an unfunded pension benefit obligation and a settlement payment of \$2,275,000. As a result of non-payments and proposed termination, the PBGC placed liens on all property and rights to property of the Agency.

Management is engaged in continuous initiatives to improve the Agency's financial condition. The implementation of these initiatives is expected to have a direct positive impact on cash flow and increase revenue. The Agency's major initiatives have focused on:

- Settlement with the PBGC;
- Continuous monitoring of program staffing patterns;
- Actively pursuing new programs through government contracts and grants;
- Refinancing of debt

Management is aware of the need to continue to improve the financial condition of the Agency. Management believes its cash flow will be sufficient to cover its operating costs and other needs enabling the Agency to continue as a going concern.

Notes to Financial Statements
June 30, 2018 and 2017

## 2. Summary of Significant Accounting Policies

#### Basis of Presentation and Use of Estimates

The financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP"), which requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Net assets, revenues, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Unrestricted amounts are those currently available at the discretion of the Agency for use in its operations. Temporarily restricted net assets are those subject to donor imposed restriction that will expire through passage of time or actions of the Agency. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restrictions. Permanently restricted net assets are those which are received through donor gifts to be maintained in perpetuity by the Agency.

### Operating Measure

The Agency has elected to present an operating measure in its statements of activities. Accordingly, items affecting operations are segregated from those not affecting operations. All investment activity and other changes are treated as non-operating.

## Cash and Cash Equivalents

The Agency considers all highly liquid financial instruments with a maturity of three months or less at the time of purchase to be cash equivalents, with the exception of money-market funds, which are held as part of the investment portfolio.

#### Allowance for Doubtful Accounts

An allowance for doubtful accounts is estimated based on a combination of write-off history, aging analysis and specific known troubled accounts.

#### Fair Value Measurements

The Agency follows U.S. GAAP guidance on fair value measurements which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable inputs and are used to the extent that observable inputs do not exist.

### Notes to Financial Statements June 30, 2018 and 2017

## 2. Summary of Significant Accounting Policies (continued)

#### Investments

Investments are carried at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date. Realized and unrealized gains and losses are included in the determination of the change in net assets (deficit).

### Property, Plant and Equipment

Property, plant and equipment are stated at cost at the date of acquisition. Depreciation is provided using the straight-line method over the estimated useful lives of the respective assets, generally ranging from three to forty years. Leasehold improvements are capitalized and amortized using the straight-line method over the lesser of the term of the lease, or the estimated useful life of the improvement.

#### Impairment of Long-Lived Assets

Long-lived assets, such as property and equipment, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. The Agency records impairment losses on long-lived assets used in operations when the undiscounted cash flows estimated to be generated by those assets are less than the carrying amounts of those assets. There were no impairment charges recognized for the years ended June 30, 2018 and 2017.

#### Accrued Vacation

The Agency's obligation for accrued vacation is reported as an expense and liability in the accompanying financial statements and represents the cost of unused employee vacation time payable in the event of employee terminations. At June 30, 2018 and 2017, accrued vacation obligations were \$851,190 and \$908,767.

#### Revenue Recognition

Contributions are recorded as revenue upon the earlier of the receipt of cash or other assets or the receipt of unconditional pledges. Contributions are considered available for unrestricted use unless specifically restricted by the donor. The Agency records contributions as temporarily or permanently restricted if they are received with donor stipulations that limit their use through either purpose or time restrictions.

Revenue from government contracts and grants is recognized when costs are incurred or other services are performed and requisitions for reimbursement are submitted. The asset "accounts receivable, governmental agencies" represents revenues earned and either billed or unbilled pursuant to the terms of the contracts or grants.

Rental income is recognized as it accrues in accordance with the terms of the related leases. Advanced receipts of rental income are deferred and classified as liabilities until earned or recouped.

## Notes to Financial Statements June 30, 2018 and 2017

## 2. Summary of Significant Accounting Policies (continued)

## Functional Allocation of Expenses

Directly identifiable expenses are charged to programs and supporting services. Expenses related to more than one function are charged to programs and supporting services on the basis of periodic time and expense studies. Management and general expenses include those expenses that are not directly identifiable with any other specific function but provide for the overall support and direction of the Agency.

#### Reclassifications

Certain amounts in the prior year's financial statements have been reclassified to conform to the presentation in the current year's financial statements. These reclassifications had no effect on previously reported change in net assets (deficit).

#### Income Taxes

The Agency recognizes the effect of income tax positions only if those positions are more likely than not to be sustained. Management has determined that the Agency had no uncertain tax positions that would require financial statement recognition or disclosure. The Agency is no longer subject to examinations by applicable taxing jurisdictions for fiscal periods prior to June 30, 2015.

#### Subsequent Events Evaluation by Management

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through the date that the financial statements were available to be issued, which date is November 29, 2018.

#### 3. Concentration of Credit Risk

The financial instruments that potentially subject the Agency to concentration of credit risk consist primarily of cash and cash equivalents in banks and other major financial institutions that exceed the Federal Deposit Insurance Corporation ("FDIC") limit, accounts receivable that are expected to be collected in the normal course of business, and the investment portfolio, which is diversified by type of investment and industry concentrations so that no individual investment or group of investments represents a significant concentration of credit risk. At June 30, 2018 and 2017, the Agency exceeded FDIC limits by approximately \$1,000,000 and \$1,900,000.

For the years ended June 30, 2018 and 2017, approximately 53% of program revenue was received from the New York State Medicaid Program.

## Notes to Financial Statements June 30, 2018 and 2017

## 4. Accounts Receivable - Government Agencies

The Agency provides program services which are covered under various third-party payor agreements. Receivables for these services consist of the following at June 30:

	2018	2017
New York State Medicaid	\$ 1,121,468	\$ 1,229,176
New York State agencies	1,756,252	1,609,033
New York City agencies	3,189,506	1,953,234
New York counties - other	723,847	731,505
Federal grant	609,200	
Other	30	78,9 <u>65</u>
	7,400,303	5,601,913
Allowance for doubtful accounts	(485,643)	(500,000)
	\$ 6,914,660	<b>\$</b> 5,101,913

## 5. Property, Plant and Equipment

Property, plant and equipment consist of the following at June 30:

	2018	2017
Land	\$ 1,697,474	\$ 1,697,474
Buildings and improvements	10,429,783	10,458,155
Vehicles	1,659,474	1,508,028
Equipment and software	2,264,444	2,264,444
Leasehold improvements	1,042,565	1,106,686
	17,093,740	17,034,787
Accumulated depreciation and amortization	(12,973,394)	(13,041,801)
	\$ 4,120,346	\$ 3,992,986

For the year ended June 30, 2018, fully depreciated assets of \$565,996 were written off resulting in no gain or loss.

As discussed in note 1, the PBGC has placed liens on all property of the Agency.

#### 6. Investments

The Agency maintains an investment pool for its long-term investments which includes the Board Restricted Investment Fund and the endowment funds. The pool is managed to achieve the maximum prudent long-term return. The Agency's Board of Directors must authorize when the principal and investment income from the Board Restricted Investment Fund may be used for operations. The principal of the endowment funds are permanently restricted and investment income generated from them may only be used for educational purposes.

## Notes to Financial Statements June 30, 2018 and 2017

## 6. investments (continued)

The Agency's investments as of June 30, categorized by the fair value hierarchy for those investments valued at fair value are as follows:

	20	18	2017		
	Cost	Fair Value	Cost	Fair Value	
Level 1 Inputs Equity securities Mutual funds - equities	. \$ 1,557,996 872,530	\$ 2,110,143 872,755	\$ 1,561,966 805,800	\$ 1,925,034 814,049	
	2,430,526	2,982,898	2,367,766	2,739,083	
Cash, at cost	42,339	42,339	24,133	24,133	
	\$ 2,472,865	\$ 3,025,237	\$ 2,391,899	\$ 2,763,216	

Net investment income consists of the following for the years ended June 30:

	2018		2017	
Interest and dividends	\$	68,209	\$	75,606
Net realized gain (loss) on sale of investments		38,435		(24,740)
Net unrealized gain on investments	<u></u>	181,039	_	196,402
	<u>\$</u>	287,683	<u>\$</u>	247,268

## 7. Mortgages, Line of Credit and Other Notes Payable

Mortgages, line of credit and other notes payable consist of the following at June 30:

	2018	2017
Mortgage notes payable, OPWDD and OMH (a)	\$ -	\$ 46,030
Mortgage notes payable, bank (b)	4,465,179	5,247,110
Vehicle loans, due in varying installments		
through February 2022, bearing interest		
from 3.2% to 6.99% (c)	283,804	276,774
Line of credit (d)	-	
	4,748,983	5,569,914
Current portion	(3,908,471)	(3,801,720)
	\$ 840,512	<u>\$ 1,768,194</u>

(a) These obligations consisted of three nonrecourse mortgage notes that matured in fiscal 2018. They bore interest at rates ranging from 5.4% to 9.1%, per annum and required semi-annual debt-service payments ranging from \$17,479 to \$21,552, including interest. The notes were payable to OPWDD and OMH for the purchase of property in connection with mental-health programs and were collateralized by those properties.

## Notes to Financial Statements June 30, 2018 and 2017

## 7. Mortgages, Line of Credit and Other Notes Payable (continued)

(b) These obligations consist of a term loan and seven mortgage notes payable in monthly installments, bearing interest at rates ranging from 3.40% to 7.72%, per annum through 2021. The term loan was scheduled to mature on June 30, 2018. Subsequent to year end, the bank extended the maturity date of this note to March 31, 2019. Monthly principal and interest payments bearing interest at a rate per year equal to the LIBOR three month or six month fixed rate plus 300 basis points (currently 3.40%) remain in effect. The term loan requires a balloon payment of \$2,683,333 at the maturity date. The term loan is secured by a pledge on all assets and a first priority mortgage on real property located at 100 North Broadway, Irvington, New York. The seven mortgage notes are payable to a bank for the purchase and renovation of property in connection with mental-health programs and are collateralized by those properties.

The Agency entered into several interest rate swap agreements ("Swaps") with a major financial institution ("Counter-party") for certain mortgages on Agency owned properties. Under these agreements, the Agency has fixed the interest rates on five floating rate mortgages. The terms of these Swaps require the Agency to pay a fixed rate of interest ranging from 7.05% to 7.72%, per annum on outstanding loan balances, with principal amortizing at the same fixed rates over the terms of the loans and Swaps. The Counter-party makes payments to the mortgage note holder at a floating rate of interest based on LIBOR with payments being calculated on a notional amount which, throughout the life of the Swap, mirrors the balance of the outstanding debt.

The difference of the Swap fixed and floating rate of interest is settled on a monthly basis. The notional amount of the Swap (and outstanding principal balance of the related mortgage notes) was \$714,478 and \$827,213 at June 30, 2018 and 2017. Management does not expect to terminate the contract during its time and believes the Agency will not be exposed to any financial risk, therefore, no liability related to the contract is recorded in the accompanying financial statements.

- (c) These obligations are collateralized by various vehicles.
- (d) The line of credit and overdraft line limit bear per annum interest rates equal to the LIBOR daily floating rate plus 2.25% and LIBOR daily floating rate plus 2.50%. The line of credit and overdraft line limit require monthly interest payments with the entire outstanding principal balance due 364 days after closing. The line of credit is secured by a pledge on all assets and a second priority mortgage on real property located at 100 North Broadway, Irvington, New York.

### Notes to Financial Statements June 30, 2018 and 2017

## 7. Mortgages, Line of Credit and Other Notes Payable (continued)

The annual principal payments are as follows for the years ending June 30:

2019			\$	3,908,471
2020	•			765,366
2021	-			60,633
2022			********	14,513
		•	\$	4,748,983

Interest expense on the above notes for 2018 and 2017, aggregated approximately \$308,000 and \$323,000.

### 8. Conveyance of Property

In July 2005, the Agency entered into an agreement with an unrelated party to provide a communication easement and an access to utility, of a portion of its rooftop property. The conveyance provides for easement income of approximately \$1,200,000 for a period not to exceed 25 years. At June 30, 2018 and 2017, deferred revenue reported in the accompanying statements of financial position included \$576,000 and \$624,000, related to this agreement which represented easement fees received in advance, but not yet earned.

## 9. Pension Plan

The Agency has a defined-benefit pension plan (the "Plan") covering all of the eligible employees who elect to participate. Plan assets are held in an investment account administered by a Third Party Administrator. In accordance with the provisions of the Plan, three directors of the Agency serve as trustees empowered to invest and reinvest the Plan's assets in accordance with the funding policy established by the Board of Directors of the Agency. Effective September 30, 2009, the Plan was frozen. Participants as of that date no longer receive future service credits. Employees who did not meet the eligibility requirements as of that date will not be eligible in the future. It was the policy of the Agency annually to fund normal pension cost, as determined on an actuarial basis.

In October 2014, the Plan filed for a distress termination with the Pension Benefit Guaranty Corporation ("PBGC"). The final decision from the PBGC has not been determined. The Agency did not make its scheduled October 15, 2013 contribution to the Plan nor has the Agency made any contributions subsequent to that date.

## Notes to Financial Statements June 30, 2018 and 2017

## 9. Pension Plan (continued)

The following table sets forth the Plan's funded status and other pension-related amounts and assumptions for the years ended June 30:

	Pension Benefits			
	2018	2017		
Projected benefit obligation at June 30	\$ 26,286,292	\$ 27,802,573		
Fair value of plan assets at June 30	14,229,756	14,651,440		
Funded status	\$ (12,056,536)	<b>\$</b> (13,151,133)		
Accumulated benefit obligation	\$ 26,286,292	\$ 27,802,573		
Net periodic cost recognized in statements of				
activities	884,482	876,224		
Amortization of amounts previously not recognized				
as a component of net periodic cost	•	-		
Accrued pension cost recognized in statement of				
financial position	12,056,536	13,151,133		
Employer contributions to plan during the year	•			
Employee contributions to plan during the year	•	<b>-</b>		
Benefits paid during the year	1,117,559	828,769		
	2018	2017		
Assumptions:	<u> </u>	.,—————————————————————————————————————		
Discount rate	4.25%	3.94%		
Expected long-term return on plan assets	7.50%	7.50%		
Rate of compensation increase	0.00%	0.00%		

The table above reflects the amounts recognized as changes in unrestricted net assets arising from the Plan at June 30, 2018 and 2017 that have not yet been recognized in net periodic pension cost. The actuarial loss expected to be amortized in 2019 is estimated to be \$641,000. There was no unrecognized prior service cost.

Plan investments are made for the purpose of providing retirement reserves for the present and future benefit of participants of the Plan. The assets will be invested with the care, skill and diligence that a prudent person acting in this capacity would exercise to comply with all objectives outlined herein, the Investment Advisors Act of 1940, the Employee Retirement Income Security Act of 1974 ("ERISA") and all other governing statutes.

The benchmark investment objective will be to minimally achieve an ongoing annual average return of 7.5% or better among all the pension assets. This is the actuarial objective the Agency must achieve to meet its long-term pension obligations.

## Notes to Financial Statements June 30, 2018 and 2017

#### 9. Pension Plan (continued)

The primary objective for the Agency Board of Directors will be to provide a balance among capital appreciation, preservation of capital and the production of current income. The objectives of the Plan will be pursued as a long-term goal designed to meet the benchmark objective for the Plan without undue risk.

The Agency Board of Directors recognizes that risk (i.e., the uncertainty of future events), volatility (i.e., the potential for variability of asset values) and the possibility of loss in purchasing power (due to inflation) are present to some degree in all types of investment vehicles. While high levels of risk are to be avoided, the assumption of risk is warranted in order to allow the investment manager the opportunity to achieve satisfactory long-term results consistent with the objective of the Plan.

The following table shows estimated future benefit distributions expected to be paid from the Plan for each of the years ending June 30, and for the five years thereafter in the aggregate:

2019	\$1,215,241
2020	1,235,494
2021	1,263,100
2022	1,268,655
2023	1,286,179
2024 to 2028	7,090,227

The Agency's pension plan assets are investments in collective trusts composed of domestic and international fixed income, stocks, bonds, equity mutual funds and cash. The Agency's pension plan assets at June 30, 2018 and 2017 were valued using Level 2 inputs with in the fair value hierarchy.

The fair values of the investments comprising the collective trusts' assets at June 30 are as follows:

	2018	2017
Stocks	\$ 4,282,293	\$ 7,375,351
Hedge funds	<b>.</b>	1,463,488
Real estate	•••	675,425
Corporate bonds	8,536,199	4,666,561
Cash and cash equivalents	1,411,264	470,615
	<u>\$14,229,756</u>	\$14,651,440

## Notes to Financial Statements June 30, 2018 and 2017

## 10. Temporarily Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at June 30:

	2018		2017	
Mentoring and training	\$	24,496	\$	24,496
Preventive services		14,900		14,900
Property and equipment		15,058		15,058
Other program services		241,626		202,323
	<u>\$</u>	296,080	\$	256,777

Net assets released by satisfying the time or purpose restrictions for the years ended June 30, specified by donors were as follows:

	; <del></del>	2018	2017	
Mentoring and training	\$	₩	\$	900
Other program services		56,958	**********	24,680
	\$	56,958	\$	25,580

## 11. Permanently Restricted Net Assets

Permanently restricted net assets consist of the historical value of contributions which require the corpus to be invested in perpetuity to produce income for educational purposes.

## 12. Accounting and Reporting for Endowments

#### The Endowment

The Agency's endowment consists of individual funds established for a variety of purposes which consist of both donor-restricted endowment funds and funds designated by the Board of Directors to function as an endowment.

#### Interpretation of Relevant Law

During 2010, New York State adopted its version of the Uniform Prudent Management of Institutional Funds Act ("NYPMIFA"). NYPMIFA includes provisions that differ from previous law, including elimination of the historic dollar value with respect to endowment spending, establishment of new standards governing the expenditure and modification of restrictions on endowment funds, and revision of the prudence standard for the management and investment of endowment funds.

# Notes to Financial Statements June 30, 2018 and 2017

## 12. Accounting and Reporting for Endowments (continued)

## Interpretation of Relevant Law (continued)

The Board of Directors of the Agency has interpreted NYPMIFA as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Agency classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Agency in a manner consistent with the standard of prudence prescribed by NYPMIFA.

### Endowment Investment Composition by Type of Fund

				June 3	0, 201	88		
	Unresti	ricted	Temporarily Restricted		Permanently Restricted			Total
Donor-restricted endowment funds	\$		\$	12,481	\$	65,750	\$	78,231
Board-designated endowment funds	2,94	7,006	<del>-</del>		***	<b>**</b> (		2,947,006
Total Funds	\$ 2,94	7,006	\$	12,481	\$	65,750	\$_	3,025,237
	June 30, 2017				~ ·			
	Unrestr	icted		nporarily stricted		manently estricted		Total
Donor-restricted endowment funds Board-designated	\$		\$	6,230	\$	65,750	\$	71,980
endowment funds	2,69	1,236	Auto	*			*****	2,691,236
Total Funds	\$ 2,69	1,236	\$	6,230	\$	65,750	<u>\$</u>	2,763,216

# Notes to Financial Statements June 30, 2018 and 2017

## 12. Accounting and Reporting for Endowments (continued)

#### Changes in Endowment Investments

	Unrestricted	Temporarily Permaner  Unrestricted Restricted Restricte		Total
Endowment net assets,				
June 30, 2016	\$ 2,473,784	\$ -	\$ 65,750	\$2,539,534
interest and dividends	73,417	2,189	**	75,606
Net depreciation (realized				
and unrealized)	166,991	4,671	-	171,662
Investment fees	(22,956)	(630)	•	(23,586)
Endowment investments,	*			
June 30, 2017	2,691,236	6,230	65,750	2,763,216
Interest and dividends	66,794	1,340	<b>№</b>	68,134
Net appreciation (realized	·	•		·
and unrealized)	213,877	5,597		219,474
Investment fees	(24,901)	(686)	<b>₩</b>	(25,587)
Endowment investments,	<del></del> ;	· ·		
June 30, 2018	\$ 2,947,006	\$ 12,481	\$ 65,750	\$3,025,237

### Return Objectives and Risk Parameters

The Agency has adopted investment and spending policies for endowment assets that attempt to increase the value of the endowment and only to use it for educational purposes with Board of Directors consent. Endowment assets include those assets of donor-restricted funds that the Agency must hold in perpetuity or for a donor-specified period(s) as well as board-designated funds. Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce results that exceed the price and yield results of the S&P 500 index while assuming a moderate level of investment risk. The Agency expects its endowment funds, over time, to provide an average rate of return of approximately 6 percent annually. Actual returns in any given year may vary from this amount.

#### Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Agency relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Agency targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

## Notes to Financial Statements June 30, 2018 and 2017

### 12. Accounting and Reporting for Endowments (continued)

### Spending Policy

The overall goal for the Agency's Board Restricted Investment Fund is to preserve the real (inflation adjusted) capital base and, over time, to cause the total value of funds to appreciate, exclusive of growth derived from donations. The Board Restricted Investment Fund and any returns on investment are not to be used to support the daily operations of the Agency. However, from time to time, the Board of Directors may vote and elect to release funds from the portfolio to support operations.

#### 13. Other Liabilities

The Agency derives substantially all of its revenue from local, state and federal governmental agencies. Reimbursement of expenses applicable to various programs conducted for, and on behalf of, governmental and other agencies are subject to the effect, if any, of the results of subsequent audits by such agencies. The Agency has provided a reserve for government and other agency adjustments. The reserve is adjusted based on audits by governmental agencies and management's annual evaluation of the remaining reserve for fiscal years not yet audited. In the opinion of management, a reserve of \$1,916,834 at June 30, 2018 is sufficient to cover any potential disallowances or adjustments for 2011 through 2018.

### 14. Commitments and Contingencies

#### Operating Leases

The Agency leases 16 facilities as group homes and office space under operating leases that expire at various dates through 2024. The future minimum lease payments, exclusive of escalation charges, under such leases at June 30, 2018 are as follows for years ending June 30:

2019	\$ 1,374,296
2020	1,278,153
2021	1,254,695
2022	1,161,049
2023	995,647
2024	215,907
	\$ 6,279,747

Rent expense under operating leases for years ended June 30, 2018 and 2017 amounted to approximately \$1,340,000 and \$1,328,000.

#### Contingencies

The Agency is involved in various claims and legal actions arising in the ordinary course of business. Management believes that the amount of loss that might be sustained beyond existing insurance coverage if any would not be material to the financial statements.

Abbott House
Supplementary Information
June 30, 2018

## **Independent Auditors' Report on Supplementary Information**

# Board of Directors Abbott House

We have audited the financial statements of Abbott House as of and for the years ended June 30, 2018 and 2017, and our report thereon dated November 29, 2018, which expressed an unmodified opinion on those financial statements appears on page 1. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The Pro Forma Statement of Financial Position reflects the proposed settlement adjustments with the Pension Benefit Guaranty Corporation relating to the termination of Abbott House's defined benefit plan. These proposed settlement adjustments include the elimination of \$2,000,000 of estimated IRS penalties and interest, \$12,050,000 of an unfunded pension benefit obligation and a settlement payment \$2,275,000. This statement is the responsibility of management and is presented for purposes of additional analysis and is not a required part of the financial statements. Such information has not been subjected to the auditing procedures applied in the audits of the financial statements, and, accordingly, we do not express an opinion or provide any assurance on it.

PKF O'Connor Saures, LLP
Harrison, New York

November 29, 2018

### Pro Forma Statement of Financial Position June 30, 2018

	Pro Forma
ASSETS	
Current Assets	
Cash and cash equivalents	\$ 1,563,432
Accounts Receivable	
Government agencies, net	6,914,660
Other	44,056
Prepaid expenses and other current assets	541,768
Total Current Assets	9,063,916
Investments	750,237
Other assets	260,887
Property, plant and equipment, net	4,120,346
	\$14,195,386
LIABILITIES AND NET ASSETS	
Current Liabilities	
Mortgages, line of credit and other notes payable	\$ 3,908,471
Accounts payable and accrued expenses	1,631,173
Custodial funds	120,831
Deferred revenue	48,000
Accrued vacation and salaries	3,066,187
Total Current Liabilities	8,774,662
Mortgages, line of credit and other notes payable, net of current portion	840,512
Deferred revenue, net of current portion	830,311
Accrued Pension - Long Term Portion	6,536
Other Liabilities	<u>1,916,834</u>
Total Liabilities	12,368,855
Net Assets	
Unrestricted	1,464,701
Temporarily restricted	296,080
Permanently restricted	65,750
Total Net Assets	1,826,531
	<u>\$14,195,386</u>

This Pro Forma Statement of Financial Position includes the proposed settlement adjustments with the Pension Benefit Guaranty Corporation relating to the termination of Abbott House's defined benefit plan. These settlement adjustments include the elimination of \$2,000,000 of estimated IRS penalties and interest, \$12,050,000 of an unfunded pension benefit obligation and a settlement payment of \$2,275,000.