Form 990

Department of the Treasury

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.

2013

Open to Public Inspection

Form 990 (2013)

Information about Form 990 and its instructions is at www.irs.gov/form990. internal Revenue Service and ending JUN 30, 2014 A For the 2013 calendar year, or tax year beginning JUL 1, 2013 D Employer identification number C Name of organization В Check if applicable: Adoress change ABBOTT HOUSE Name ohange 13-1991946 Doing Business As E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite (914)591-7300 Termin-100 NORTH BROADWAY 46,835,686. Amended return G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Applica-IRVINGTON, NY 10533-1254 H(a) is this a group return pending for subordinates? Yes X No F Name and address of principal officer: JAMES KAUFMAN H(b) Are all subordinates included? Yes SAME AS C ABOVE) (insert no.) L If "No." attach a list, (see instructions) Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or J Website: ➤ WWW.ABBOTTHOUSE.NET H(c) Group exemption number Form of organization: X Corporation Trust Association Other -L Year of formation: 1963 M State of legal domicile; NY Part Summary 1 Briefly describe the organization's mission or most significant activities: THE MISSION OF ABBOTT HOUSE IS Activities & Governance TO PROVIDE COMPREHENSIVE AND CARING SERVICES FOR ABUSED, NEGLECTED 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 Number of voting members of the governing body (Part VI, line 1a) 15 Number of Independent voting members of the governing body (Part VI, line 1b) 940 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 129 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** <u> 17,403,375.</u> 18,884,557. Contributions and grants (Part VIII, line 1h) 24,982,308. 26,845,226. Program service revenue (Part VIII, line 2g) 147,8<u>39</u>. 316,106. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 178,534. <u>464,283.</u> 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 44,478,987. 44,743,241. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 29,830,392. 28,<u>516,882.</u> 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundralsing expenses (Part IX, column (D), line 25)
336,267. 14,777,963. 15,495,142 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 45,3<u>25,534</u> 43,294,845. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -846,547. 1,448,396. 19 Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year End of Year 14,644,010. 1<u>4,467,</u>980. 20 Total assets (Part X, line 16) 23,765,560. 23,287,558. 21 Total liabilities (Part X, line 26) -9.121.550 -8,819<u>,5</u>78. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign <u>JAMES KAUFMAN, PRESIDENT & CEO</u>
Type or print name and title Here Date Check Preparer's signature Print/Type preparer's name P00543209 0 4 / 28 / 15 self-employed GARRETT M. HIGGINS Paid GARRETT M. HIGGINS Firm's name O'CONNOR DAVIES, LLP 27-1728945 Firm's EIN Preparer Firm's address ▶ 500 MAMARONECK AVENUE Use Only Phone no. 914-381-8900 HARRISON, NY 10528-1633 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

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 of 990-EZ7
3	if "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	25 154 745 Including greats of \$) (Revenue \$ 10,494,699.)
44	SCHEDULE O - REGULAR & THERAPEUTIC FAMILY FOSTER CARE PROGRAMS
	(Code:)(Expenses \$ 13,829,095. Including grants of \$) (Revenue \$ 15,340,776.)
4b	SCHEDULE O - SERVICES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES (SPDD)
	(Code:) (Expenses \$ 732,259 - Including grants of \$) (Revenue \$) (Revenue \$)
40	(Code:) (Expenses \$ 732,259. Including grants of \$ SCHEDULE O - EMOTIONALLY DISTURBED YOUTH
	SCHEDULE C - EMOTIONADE DECEMBER -
4d	Flevioria \$
	(Expenses \$ including graits or \$ 39, 716, 099.
<u>4e</u>	Form 990 (2013)
3320 10-2	SEE SCHEDULE O FOR CONTINUATION(S)
19-2	9-10

## Yes, complete Schedule A 2	1 !	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	X .	
2 is the organization regulated to complete Schedule B, Schedule G Continuous Control	- 1	f "Yes," complete Schedule A			
public officer? If "Yes," complete Schedule C, Part II X Section 501 (1969) ergenization. Did the organization engage in lobbying activities, or have a section 501(1) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization as action 501(6)(4), 601(6)(5); 007 (5)(6); 007 (5)(6) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	2	s the organization required to complete Schedule B, Schedule of Contributors?			
public officer? If "Yes," complete Schedule C, Part II X Section 501 (1969) ergenization. Did the organization engage in lobbying activities, or have a section 501(1) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization as action 501(6)(4), 601(6)(5); 007 (5)(6); 007 (5)(6) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	3 [Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to california to	a	1	X
Section 801(s)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(s) space promise Schedule C, Part II is the organization a section 501(s)(4), 501(s)(5), or 501(s)(6), organization that receives membership dues, assessments, or similar amounts as offined in Revenue Procedure 98-1917 if "Yes," complete Schedule C, Part II is the organization assessment in control organization and the section 501(s)(4), 501(s)(5), or 501(s)(6), organization that receives membership dues, assessments, or similar amounts as offined in Revenue Procedure 98-1917 if "Yes," complete Schedule C, Part II is provide activition or investment of amounts in such funds or accounts for which donors have the right to provide activition or investment of amounts in such funds or accounts in "Yes," complete Schedule D, Part II is Did the organization maintain collections of works of art, historical treasures, or other similar sessor? If "Yes," complete Schedule O, Part II is Did the organization maintain collections of works of art, historical researce, or delite repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV is Did the organization engot an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part IV if the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part IV if the organization report an amount for investments or their securities in Part X, line 107 If "Yes," complete Schedule D, Part IV is Did the organization report an amount for investments or their securities in Part X, line 107 If "Yes," complete Schedule D, Part IV is Did the organization report an amount for threatments or the securities in Part X, line 108 If the last Schedule D, Part X in 108 If Yes, complete Schedule D, Part IV is Did the organization apport an amount for other assets in Part X, line 107 If Yes, complete Schedule D, Part X in 108 If Yes, complete Schedule D, Part X in 108 If Yes, complete					_==_
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Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or oustodial account fability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization or quasi-endowments? If "Yes," complete Schedule D, Part V endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization senser to any of the following questions is "Yes," then complete Schedule D, Part SV, VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VII Did the organization report an amount for unsetments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other sessets in Part X. line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other sessets in Part X. line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other isabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16 If "Yes," complete Schedule D, Part VIII Did the organization seport an amount for other isabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16 If "Yes," complete Schedule D, Part X III Did the organization is paparate, independent audited financial statements for the tax year include a clonitor that is a control to the organization orbin asparate, independent audited financial attenments for the tax year? If		Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_	İ	47
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or more? If "Yes," complete Schedule F, Parts I and IV 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 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b	D	investment, and program service activities outside the United States, or aggregate foleign investments values at \$1000 per			
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foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b		Did the exemplation report on Part IX, column (A), line 3, more than \$5,000 or grants or differ assistance to or for any	1		
Did the organization report on Part IX, column (A), line 3, more than \$5,000 or aggregate grants of other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	15	· · · · · · · · · · · · · · · · · · ·	15	┷	<u> </u>
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Complete Schedule G, Part III 20a X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X		foreign organization? If res, complete consecution, a supplied to the state of the same than \$5.000 of aggregate grants or other assistance to			ļ
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services differently, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b	16		<u>16</u>	_	X
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 10 and 8a? If "Yes," complete Schedule G, Part II 11 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		or for foreign individuals? If "res," complete conscions 11 to one sees for professional fundraising services on Part IX,			
Did the organization report more than \$15,000 total of fundraising event gross income and contributions of real viri, inico 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," complete Schedule G, Part III 20a X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	17		. 17		X
1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Zoa Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Z		column (A), lines 6 and 11e? If "Yes," complete scriedule G, Fart 7]	
1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Zoa Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Z	18	Did the organization report more than \$15,000 total or fundralising event gross mostly	18	X	
complete Schedule G, Part III			· -		
complete Schedule G, Part III	19	Did the organization report more than \$15,000 of gross income from garning activities of the activitie	19	,	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete scriedule if					X
and the state of the suidited financial state (1911) and the suidited financial state	2 0a		===		1
	k	If "Yes" to line 20a, did the organization attach a copy of its audited financial state(fiertis to this return)	For		0 (201

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization of	21		X _
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
04-	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		1	
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		Ì	
	Schoolule V. If Phila are to line 25a	24a		X
£	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
þ	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		i	
G	any tax-exempt bonds?	24c		
.4	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
Q	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
258	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
-	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete		ļ	
	Schedule L, Part I	25b		<u>X</u>
~~	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
^-	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	and the same	<u>X</u>
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	170		
28	Instructions for applicable filing thresholds, conditions, and exceptions):	福度		N SAME
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X_
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete scriedule L, Fart 14	28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
C	director, trustee, or direct or Indirect owner? If "Yes," complete Schedule L, Part IV	28c		X_
	Did the examination receive more than \$25,000 in non-cash contributions? If "Yes," complete scredule W	29	<u> </u>	X
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	İ		
30	contributions? If "Yes," complete Schedule M	30	<u> </u>	X
0.4	Did the organization liquidate, terminate, or dissolve and cease operations?			
31	# #Man # name into Cohoduje N. Port I	31	<u> </u>	<u> X </u>
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32	Schedule N, Part II	32	<u> </u>	X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	201 7701 2 and 201 7701-32 if "Ves." complete Schedule R. Part	33	ļ	X
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		
34	Park V. lino 1	34	<u> </u>	X
05-	Did the exemptation have a controlled entity within the meaning of section 512(b)(13)?	35a	—	X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1	İ	
D	with the manning of continue 512(b)(13)2 if "Yes " complete Schedule B. Part V, line 2	35b	<u> </u>	ļ <u> </u>
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1	1	
36	K IV I samplete Cohodule D. Pert V. line 2	36	ļ	X
c-	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		-	
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Scredule R, Part VI	37		<u> </u>
••	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		ļ
38	Note, All Form 990 filers are required to complete Schedule O	38		
	MOIG' WII LAND III 200 III 2 die tedaned to combiate contente a manufacture de la ma	For	m 990	(2013

				1	Yes	No
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	154			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0			春才
ņ	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	able gaming	200		關係制
U	(gambling) winnings to prize winners?	į,	4*******	1c		7 Sec. (6)
25	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Za	filed for the calendar year ending with or within the year covered by this return	2a	940	多素		到於
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?.		2b	X	ontar o
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)		13.00	E 88	
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3b		
40	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a		i	
744	financial account in a foreign country (such as a bank account, securities account, or other financial	acco	.mt)?	4a	XXIIIX	<u>X</u> _
h	If "Yes." enter the name of the foreign country:					
	See Instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Acco	unts.		Jes.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	******	******************	<u>5a</u>	-	<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action	?	<u>5b</u>		X
c	If "Ves " 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 to	he or	ganization solicit			
	any contributions that were not tax deductible as charitable contributions?		**********	6a		<u> X</u>
h	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions	or gifts			1
_	were not tax deductible?		******************	6b	Selvición	SEC. 189 -2
7	Organizations that may receive deductifile contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	ervices	provided to the payor?	7a_	X	-
b	If "Yes." did the organization notify the donor of the value of the goods or services provided?	.,,,,,,		7b	_X_	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	vas re	quired		ļ	42
	to file Form 8282?	······		7c	ndiár í s	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_7d	<u> </u>		(C. 120)	47
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contr	act?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	tract?	B++++++++++++++++++++++++++	//	—	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file I	orm 8	3899 as required?	7g	 	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organi-	zation	tile a Form 1098-07	7h	EUS AV	
8	Spongaring argenizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	DIG THE	supporting	A 454	体。韩.	(2 53°).
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	it any i	ime during the year?	8		STATE OF
9	Sponsoring organizations maintaining donor advised funds.				(100 · 40)	
a	Did the organization make any taxable distributions under section 4966?	••••		9a	-	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		****	9b	E-My E	
10	Section 501(c)(7) organizations. Enter:		_ f			176
a	Initiation fees and capital contributions included on Part VIII, line 12	10				
b		10	9			
11	Section 501(c)(12) organizations. Enter:	111	_1			
а	Gross Income from members or shareholders	13	a		NAV.	(2 a) (a)
b		1	_	200		
	amounts due or received from them.)	11 10/		12a	X (SLEWY)	#\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For	102	h	5.2	1 (Se)	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12	<u> </u>			₩.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a	<u> </u>	18.552
а	Is the organization licensed to issue qualified health plans in more than one state?	.,	***************************************	. 108	\$ 4.324	
	Note. See the instructions for additional information the organization must report on Schedule 0.			以	482	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	13	ا م		Maria Maria	
	organization is licensed to issue qualified health plans	· 13			2000年 新疆	36
C	Enter the amount of reserves on hand	. 13		148		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	inde A		. 14k		- **
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheo	idle O	***************************************			0 (0040

	Check it Schedule O contains a response or note to any line in this Part VI				****		X
iec'	ion A. Governing Body and Management				T		
			1	ات د	essenting the fa	Yes	No_
10	Enter the number of voting members of the governing body at the end of the tax year	1a		15			W 100
ıa	If there are material differences in voting rights among members of the governing body, or if the governing			١			3 (1) (3) (4)
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	Ì	ļ				
	Enter the number of voting members included in line 1a, above, who are independent	1b_		1,5		* (a)	
_	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				要 的 。
2	officer, director, trustee, or key employee?			******	2		X
_	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervisio	î		i	
3	of officers, directors, or trustees, or key employees to a management company or other person?				3		X
	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?		4		X
4	Did the organization make any significant changes to its governing determined the properties of the organization as a significant diversion of the organization's as	sets?			5		<u> </u>
5	Did the organization become aware during the year of a significant attention become aware during the year of a significant attention become aware during the year of a significant attention become aware during the year of a significant attention become aware during the year of a significant attention become aware during the year of a significant attention become aware during the year of a significant attention become aware during the year of a significant attention become aware during the year of a significant attention become aware during the year of a significant attention become aware during the year of a significant attention become aware during the year of a significant attention become aware attention at the year of a significant attention become aware attention at the year of a significant attention attention at the year of a significant attention attention at the year of a significant attention				6		<u>X</u>
6	Did the organization have members of stockholders, or other persons who had the power to elect or a	ppoint	t one or		[
7a	more members of the governing body?				7a		X
	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or				
b	Persons other than the governing body?				7b		_X_
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year.	ar by t	he following:		M	A CRI	
8	Did the organization contemporaneously document the meetings had or written detects broad daring the pro-				8a	X	
a	The governing body? Each committee with authority to act on behalf of the governing body?	********			8b	X	
þ	Each committee with authority to act on benail of the governing body:	ached	at the				
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re		3		9		X
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	Peveni	ie Code.)			<u></u>	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	1040110	70 00007			Yes	No
					10a		X
10a	Did the organization have local chapters, branches, or affiliates?	hante	re offillatee	*********	19-		
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	n iapra	no, annacos		10b	ļ	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	du haf	are filing the	form?	11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	uy Dei	OLD HINNING THE	1011111	54 (A)		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				1 2a		P. 1873 - 80° - 1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	on to go	nflicte?		12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	1200 II.	ภายแบบจะ ต่อกละเกิด	*********			1
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	162,	Q9301IDG		12c	X	
	in Schedule O how this was done		****************	**********		X	_
13	Did the organization have a written whistleblower policy?	*********	* 1 * * * * * * * * * * * * * * * * * *		14	X	
14	Did the organization have a written document retention and destruction policy?				- S	1 (1) (1) (1) (1) (1) (1)	
15	Did the process for determining compensation of the following persons include a review and appro	vai by	maebenden	•	- A		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	16				X	
а	The organization's CEO. Executive Director, or top management official				15b		X
b	Other officers or key employees of the organization				(Ant. 2)	13/3/2	998×3
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		حالالين		1		
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ernerii	. with a		16a	Nacial Street	X
	المعرف وماغ مسانديك باللغب والماسية		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	108	1800	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to eval	ate its	s participatioi	1	1.20		
	in joint venture arrangements under applicable federal tax law, and take steps to sareguard the organization	jai iizai	uon s		166	. 1.	. 4 19341111112
	exempt status with respect to such arrangements?		****	-	100		
Se	otion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►NY		-N FO1/-\/	0\a +n\	A malle		
18	Section 6104 regulres an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	V•1 (⊘6	301101 OUT(0)(oja omy	, availe	101 0	
	for public inspection. Indicate how you made these available. Check all that apply.						
	V Another's website X Unon request Other (explicit	ain in S	Schedule O)	nn	ممط فاس	an-!-1	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents,	confli	ct of interest	policy,	atici tin	anciai	
	and the second state of the mobile during the tay year						
20	State the name, physical address, and telephone number of the person who possesses the books	and r	ecords of the	organi	zation:		
•	GERARD P. FINN - (914) 591-7300						
	100 NORTH BROADWAY, IRVINGTON, NY 10533						0 (2013
_						IIII 85	U IZU IJ

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.

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

Check this box if neither the organizati (A) Name and Title	(B) Average hours per week	(do i	not ci unles	(C Posit reck n ss per d a dir	ion nore i son li	than c	ene nan	(D) Reportable compensation from	(E) 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	2.00	X		X	_			0.	0.	0.
CHAIR 2) WILLIAM L. ELLIS, JR	2.00	X						0.	0.	0.
BOARD MEMBER (3) DAWN M. FASANO	2.00							0.	0.	0.
30ARD MEMBER (4) LAURENCE R. GOLDING	2.00	X	-			-	-			
OARD MEMBER	2.00	X	-		-	-	-	0.	0.	0.
(5) ANN E. GROW, PH.D BOARD MEMBER		X		_		↓_	-	0.	0.	0
(6) C. EDWARD MIDGLEY BOARD MEMBER	2.00	x				_		0.	0.	0
(7) ROBERT S. RUOTOLO	2.00	X						0.	0.	0
BOARD MEMBER (8) MARY SMITH	2.00	_						0.	0.	0_
BOARD MEMBER (9) LAWRENCE W. THOMAS	2.00							0	0.	0
BOARD MEMBER (10) SCOTT D. RICHTER VICE CHAIR	2.00	_		x				0	0.	0
(11) RONALD W. FILANTE BOARD MEMBER	2.00	X						0	. 0.	0
(12) ALICE KENNY BOARD MEMBER	2.00	X						0	. 0.	. 0
(13) JOSEPH M. PASTORE BOARD MEMBER	2.00) <u>x</u>						0	. 0.	. 0
(14) DAVID BARANICK BOARD MEMBER	2.00	X	:					0	. 0	. 0
(15) MARGARET MILLMAN SECRETARY	2.00	<u>צ</u>		x				0	. 0	
(16) ROBERT M. COSTELLO	35.00)		X				199,130	. 0	14,46
EXECUTIVE VP AND COO (17) LUIS M. RODRIGUEZ, MD SENIOR VICE PRESIDENT	35.00	2		X				210,130		5,270 Form 990 (20

Name and title	Average hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)					n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	Individual trustee or director	Institutional trustee	Officer	Кеу етраоуве	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(18) GERARD FINN 35.00										14 465
CHIEF FINANCIAL OFFICER X 173,794.										14,465.
(10) TAMBE VALUE AND 35.00									0.	0.
PRESIDENT / CEO	25 00	 		X	-	┼	-	184,097.	<u> </u>	
(20) MOITRI DATTA	35.00	ł				x		143,654.	٥,	0.
PSYCHIATRIST	35.00	├	-	├-	-	1	-	73370023		
(21) TATYANA SARTAN, MD	35.00	1		[x	1	146,458.	0,	5;467.
PEDIATRICIAN	35.00	┼─	 	┼		1	 			
(22) MYRA GRAY	33.00		Ì			X	1	143,014.	0.	246.
ASST EXEC. DIRECTOR - HR (23) DAN R. MARGOSHES	35.00		ऻ	T -		T				
DIR, OF FINANCE THROUGH AUG. 2013		1			1	X		121,466.	0.	9,711.
(24) MAURIZIO ZAMBENEDETTI	35.00				T	Γ			_	
PSYCHIATRIST		<u> </u>	L	L	<u> </u>	X		128,220.	0,	0.
									Į.	·
		<u> </u>	_	┡	-	_	╀			
		L								
1b Sub-total				.,				1,449,963.		
c Total from continuation sheets to Part V	/II, Section A							0.		
at Tatal (add lines th and to)								1,449,963.		49,624.
2 Total number of individuals (including but	not limited to t	hose	e list	ed a	loov	/e) W	no r	eceived more than \$10	0,000 of reportable	11
compensation from the organization								•		Yes No
3 Did the organization list any former office	r, director, or tr	uste	e, k	ey ə	mpl	oyee	e, or	highest compensated	employee on	3 X
line 1a? If "Yes," complete Schedule J for	such individua	!					ad of	her compensation from	the organization	
4 For any individual listed on line 1a, is the sand related organizations greater than \$15	sum of reportat	ole c	omn Hillo	Jei ic Jete	anu Sof	nodu rodu	ю о. Љ.Т	for such individual	, into organiament	4 X
a and a sure that an time it a receive of	COUNTY TO	noa	tion.	fror	n an	w un	reia	ted organization or indi	vidual for services	
5 Did any person listed on line 12 receive of	molete Schadu	ile J	for	such	פס נ	rson				5 X
Section B. Independent Contractors	rendered to the organization? If "Yes," complete Schedule 3 for such person									
The state of the s										
the organization. Report compensation for the calendar year ending with or within the organization's tax year.										
(A)							(B)		(C)	
Name and business address Description of services Compensation										
QUINLAN & FIELDS, 245 SA SUITE 106, HAWTHRONE, NY	W MILL 7 10532	RI	VE	R	RC	AL	,	LEGAL SERVI	CES	297,656.
CAMP VENTURE INC., 25 SMITH STREET, SUITE										
512, NANUET, NY 10954 DAY HAB SERVICES 226,634.										
MATRIX QUALITY CARE, INC.										
4 BRITISH AMERICAN BLVD, LATHAM, NY 12110 HEALTH SERVICES 220,227.										
ABS STAFF SOLUTIONS, LLC, 261 MADISON AVE, HUMAN										
STH FLOOR, NEW TORK, NI 10010										
O'CONNOR DAVIES LLP		.	ът°	, 1	וחו	5 26	}	AUDIT SERVI	CES	131,095.
500 MAMARONECK AVENUE, I 2 Total number of independent contractors	HAKKISUP (including but	not	<u>IN 3</u> limi	ted	to tr	1088	liste			
\$100,000 of compensation from the orga	nization -					6				- 000
										Form 990 (2013)

は特別					Total revenue	Related or exempt function revenue	Unrelated business revenue	tevenue excluded from tax under sections 512 - 514
4	گذاشت ا و	Federated campaigns	1a					
١.		Membership dues	1b					
1		Fundraising events	1 - 1	199.524.				
		Related organizations	4.1			er year and		
ĺ		Government grants (contribution		17,100,514.				
1		All other contributions, gifts, grants,				建工工业 工		
		similar amounts not included above		103.337.	1. 3. 2. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			建筑建筑
		Noncesh contributions included in lines 1a-						
	g	Total, Add lines 1a-1f	TI. 0	—	17.403.3 7 5.	企业的企业		
-	<u>n_</u>	Total, Aud intes 12 11	******	Business Code	网络大大海经济的人员 古名教育 建金	A super in	在基础的	
	_			623990	25 444 965.	25 444 965		
2		MEDICAID TO THE THOUSE		623990	1,225,073.	1.225.073.		
2		SOCIAL SECURITY INCOME	CE DROCES	623990	175.188	175 188.		
	C	SUPP. NUTRITION ASSISTAN	CE PROGRA	023330	<u> </u>			
	ď							
	e							
		All other program service revenu			26 845 226	NAC STATE OF	THE PROPERTY OF	网络斯克克克
<u> </u>	Я	Total. Add lines 2a-2f			26,045,229			
3	}	Investment income (including di	vidends, inter	est, and	AT 077			47_27
		other similar amounts)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	47,277.			
4		Income from investment of tax-e						
5	,	Royalties			Proceedings The Care	NOT ASSESSED BY	THE PROPERTY AND	
ľ		<u>_</u>	(i) Real	(ii) Personal				
e	a	Gross rents	139,242					
1	b	Less: rental expenses	76,432	·	引张海达等 等。			
		Rental income or (loss)	62,810		CALACT WORK	建 的 2.6 包括5 包括日		的可以是可以的。 20.04
	d	Net rental income or (loss)		<u></u>	62,810.	No. 100 of Control of Control	N	62,81
Ι,	••	a	(i) Securities	(ii) Other				
'		assets other than inventory	2,203,064	1			great facility	
	h	Less: cost or other basis						
		and sales expenses	1 968 235	. ا				
Ì	_	Gain or (loss)				7 件,对于12号,13		
	C	Net gain or (loss)			268.829			268,82
١.	_ a	Gross income from fundraising	ovante (not					区的 1982年 1985年 19
1	3 a				A STANTAGE			
		including \$ 199						
'		contributions reported on line 1		20 150				
1		Part IV, line 18		a 28,150	[1] "我的你们的你没有一句。""一样!"			
	b	Less: direct expenses	*****	b 47.778	-19.628		4	-19 62
1		Net income or (loss) from funds		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	19,040	San Assertion		
	9 a	Gross income from gaming act						
		Part IV, line 19			The state of the state of the			
	b	Less: direct expenses		b0			ellinin filmin erele deenimesen	6.5
1	C	Net Income or (loss) from gami	ng activities		6,550		VARIANETINIA LIET	NATURAL SERVICES
1	0 a				N. W. Attended			
		and allowances		a			生物类型形态	
	b	Less: cost of goods sold		b				
		Net income or (loss) from sales			more than the control	VII (50 Y) 10 / 20 / 20 / 20 / 20 / 20 / 20 / 20 /	AN THE SUITER ARTH	M. Saskinski
1		Miscellaneous Revenue		Business Cod				PROPERTY COM
-	11 ~	INSURANCE RECOVERY		900099	73,065	5,		73.0
1	_		(RNT	900099	37,821	<u> </u>		37,8
	þ			900099	17.91	1		17,9
	¢			-				0 22.40.23 200.004
		All other revenue			128,80	2. 4 10 12 15 1	7世纪1966	
1	е	Total. Add lines 11a-11d Total revenue. See instructions.			44 743 24		5. 0	494 6
- 1		Table to the contract of the c			1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*******		Form 990 (2

	Oneuk ii ochedule O contains a respon		this Part IX	(C)	(U)
Do r 7b, i	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		,		
	organizations in the United States. See Part IV, line 21				The second secon
2	Grants and other assistance to individuals in				Maria de Maria
	the United States. See Part IV, line 22	<u></u>			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	İ		CHEN THE WAY	
	United States. See Part IV, lines 15 and 16				TO THE STATE OF TH
4	Benefits paid to or for members				等国际企业的企业的主意的主义
5	Compensation of current officers, directors,	[F04 001	
	trustees, and key employees	737,873.	216,852.	521,021.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		;		
	persons described in section 4958(c)(3)(B)			1 010 063	171 004
7	Other salaries and wages	22,384,749.	20,894,802.	1,318,863.	171,084.
8	Pension plan accruais and contributions (include			40 000	1 007
	section 401(k) and 403(b) employer contributions)	254,670.	232,804.	19,979.	1,887.
9	Other employee benefits	3,335,243.	3,074,547.	235,731.	24,965.
10	Payroll taxes	1,804,347.	1,649,427.	141,550.	<u>13,370.</u>
11	Fees for services (non-employees):				
а	Management			14 000	
b	Legal	412,972.	371,639.	41,333.	
C	Accounting	99,380.		99,380.	
d	Lobbying		Same of Series of Standard Market Carlot		
e	Professional fundraising services. See Part IV, line 17		73.1	**************************************	
f	investment management fees		<u></u>		
g	Other. (If line 11g amount exceeds 10% of line 25,			440 000	4.4.4.4.4
	column (A) amount, list line 11g expenses on Sch 0.)	932,823.	744,441.	143,935.	44,447.
12	Advertising and promotion			006 174	70 174
13	Office expenses	1,800,123.	1,424,595.	296,154.	79,374.
14	Information technology				
15	Royalties			110 700	
16	Occupancy	2,215,901.	2,073,193.	142,708.	4 440
17	Travel	408,227.	392,945.	14,142.	1,140.
18	Payments of travel or entertainment expenses	ľ			
	for any federal, state, or local public officials		<u> </u>		
19	Conferences, conventions, and meetings				
20	Interest	172,277.	161,287.	10,990.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	696,698.			
23	Insurance	646,584.	541,930.	104,654.	
24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	业等。 "解决"	Paragrama.	TO THE WALL THE	以可以《 文》。第5页
	amount, list line 24e expenses on Schedule 0.)	NO SERVICE DE LA COMPANSION DE LA COMPAN		TO DESCRIPTION OF	PRESIDENT SECTION
a	BOOMER CARR DAVIDENTE AN	5,103,013.		00 550	
b		1,164,271	1,140,603		
C		630,439.			
d	CHILDREN'S EXPENSE	334,555.	T		
e	All other expenses	160,700.			336 365
25	Total functional expenses, Add lines 1 through 24e	43,294,845.	39,716,099	3,242,479.	336,267.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)		<u> </u>		
					Form 990 (2013)

		{	(A) Beginning of year	(B) End of year
			54,100. 1	E 4 F 0 0
\neg	1	Cash - non-interest-bearing	1,376,655. 2	1,011,856.
-	2	Savings and temporary cash investments	1,570,033, 2	
1	3	Pledges and grants receivable, net	4,768,903. 4	5,574,528.
	4	Accounts receivable, net	10 (200 (200 (200 (200 (200 (200 (200 (2	
	5	Loans and other receivables from current and former officers, directors,		
1		trustees, key employees, and highest compensated employees. Complete	5	Additional and Advantages in the second
İ		Rot II of Schedule]	PROBLEM STATE STATE STATE STATE	A CONTRACTOR OF THE STATE OF TH
	6	Loans and other receivables from other disqualified persons (as defined under		
ŀ		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		
		employers and sponsoring organizations of section 501(c)(9) voluntary	8	3,79,20,000
23 '		employees' beneficiary organizations (see instr). Complete Part II of Sch L	7	
Assets	7	Notes and loans receivable, net	8	
4	8	Inventories for sale or use	567,904. 9	478,999.
-	9	Prepaid expenses and deferred charges		TO SECURITY OF A
	10a	Land, buildings, and equipment: cost or other		
		basis. Complete Part VI of Schedule D 10a 16,749,805.	5,508,491.10	4,966,153.
	þ	Less: accumulated depreciation	1,964,930.1	
	11	Investments - publicly traded securities		2
	12	Investments - other securities. See Part IV, line 11	1	3
]	13	Investments - program-related. See Part IV, line 11	1	
	14	Intangible assets	403,027. 1	
	15	Other assets. See Part IV, line 11	11 611 010	6 <u>14,467,980.</u>
	16	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses	6,288,901 1	7 4,823,004.
	17	Accounts payable and accrued expenses		8
	18	Grants payable Deferred revenue	816,000.1	9 1,150,104.
	19	Tax-exempt bond liabilities		20
	20	Escrow or custodial account liability. Complete Part IV of Schedule D	154,356. 2	125,952.
	21	Loans and other payables to current and former officers, directors, trustees,	一型電影力学型がは今日を含むしいが続き	
Liabilities	22	key employees, highest compensated employees, and disqualified persons.		
遷	ŀ	Complete Part II of Schedule L		22 740
<u>.e</u>	00	Secured mortgages and notes payable to unrelated third parties	1,303,000	$\frac{7,772,740}{}$
	23	Unsecured notes and loans payable to unrelated third parties		24
	25	Other takilities (Including federal income tax, payables to related third		
	20	parties, and other liabilities not included on lines 17-24). Complete Part X of	0 740 203	9,415,758.
		Schodule D		
	26	and the state of t	23,765,560.	26 23,287,558.
	-	Organizations that follow SFAS 117 (ASC 958), check here		
ø		complete lines 27 through 29, and lines 33 and 34.	0 276 256	9,115,476.
ည်	27	Unrestricted net assets	100 OF C	27 -9,115,476. 28 230,148.
<u> </u>	28	Temporarily restricted net assets	·	29 65,750.
- 1	29	Demonatty restricted net assets		
를		Organizations that do not follow SFAS 117 (ASC 958), check here		
ě	1	and complete lines 30 through 34.		30
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	.,	31
SSS	31	Paid in or capital surplus, or land, building, or equipment fund	.,	32
A A	32	Retained earnings, endowment, accumulated income, or other tunds	" 0 101 EEO	33 -8,819,578.
ž	33	Total net assets or fund balances	14,644,010.	34 14,467,980.
	34	Total liabilities and net assets/fund balances	<u> </u>	Form 990 (2013)

3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed lits method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an Independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis or it "Yes," theok 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 or it "Yes," theok 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 if "Yes," theok a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate bas	1	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	2 3	44,743 43,294 1,448	.84	<u>5.</u>
Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule C) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments	5			
Other changes in net assets or fund balances (explain in Schedule C) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an Independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an Independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	7	Investment expenses	7 8			
Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an Independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an Independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	9	Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
1 Accounting method used to prepare the Form 990:	Par	#3XIII Financial Statements and Reporting		<u></u>		X No
Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	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	О.	-		
Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:		<u>2a</u>		<u>X</u>
consolidated basis, or both: X Separate basis C If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compliation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	b	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	e basis,		X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule C. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	c	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis It "You" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		X	
ACT SIG CIME CITCURAL AS LOD (If the organization changed either its oversight process or selection process during the tax year, explain in Sci As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	3a	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits Form 990 (2)	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ilred audit			2013)

➤ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer Identification number

1	-4 -4-	AFRICA	aivetian.
enie	OI RIG	VIYA	nization

41110 O1 W	or gar	·	OTIGE						<u> 13</u>	-1991946
1204 A B	Bosson fo	ABBOTT F	y Status (All organizat	ions must o	complete 1	his part.) S	ee instru	ctions.		
arti	Negati 10	which foundation b	ecause it is: (For lines 1 t	hrough 11.	check on	y one box	.)			
	a son el noltes	ontion of churches	or association of church	es describ	ed in sect	ion 170(b)	(1)(A)(i).			
1	A church, conv	ibad in coetion 170	(b)(1)(A)(ii). (Attach Sche	edule E.)	• • •					
		**	d – anda a mendentian do	poribad in 1	section 1	70(b)(1)(A)	(iii).			
3 🛁	A nospital or a	Cooperative mostice of	il service organization de perated in conjunction w	ith a hospit	al describ	ed in secti	on 170(b)(1)(A)(iii).	Enter th	e hospital's name,
_ —	city, and state:	onersted for the h	enefit of a college or univ	versity own	ed or ope	rated by a	governme	ental unit c	iescribe	d in
5 📖	An organization)(1)(A)(iv), (Complet	a Part II)	, , , , , , , , , , , , , , , , , , , ,	•					•
<u></u>			-4 removed unit (tescribed i	n section	170(b)(1)(/	4)(v).			
6	A federal, state	, or local government	nt or governmental unit of ives a substantial part of	its suppor	t from a g	overnment	al unit or	from the g	eneral p	ublic described in
7 X	An organizatio	n that normally rece	o Port II)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•					•
)(1)(A)(vi), (Complet	x 470(6)/4)/6/1\ (C	Complete P	art II.)					
8			1	190% af ita e	unnall fra	m contribu	itions, me	mbership	fees, an	d gross receipts from
9 📖			asiana auhioot to cortail	a evcention	19. 9NO (2)	no more u	Tan 30 1/4	0 / p O1 100 0	mppo	THE BLUE OF THE STATE OF
	activities relate	o to us exempt iun	xable income (less section	nn 511 tax)	from busi	nesses ac	quired by	the organi	ization a	fter June 30, 1975.
	income and ur	related pusitiess is	Nable lifebille (1999 200	211 2 1 1 7			•			
		09(a)(2), (Complete	avalant avaluation to too	t for public	safety. Se	e section	509(a)(4)			
10 ==		مرم المحرج المحربين	arated exclusively for the	a henetit ot	. to perior	m the lake	RIUNIO OI, I	n LO Gally	out the j	purposes of one or
11	An organization	n organized and op	tions described in section	n 509(a)(1)	or section	1 509(a) (2).	See sect	ion 509(a)	(3). Che	ck the box that
	more publicly	supported organiza	organization and comple	te lines 11	through	11h.				
			- 11 1 I T/v	na III . Fund	ntionally in	maarated	d	□ Туре	III - Non	rfunctionally integrated
	a Type I	سمال فالمساور المامي	t the everyleption is not	controlled (tirectly or	indirectly b	y one or	more disq	ualified p	persons other than
e	By checking t	nis pox, i certify the	nan one or more publicly	supported	organizat	ions descr	ibed in se	ction 509	(a)(1) or s	section 509(a)(2).
	foundation ma	anagers and outer t	ten determination from t	ne IRS that	it is a Typ	e I, Type I	l, or Type	111		
· f	if the organiza	ation received a will	nis box	10 11 10 11 11						
	supporting or	ganization, crieck ii	rganization accepted an	v aift or co	ntribution	from any c	of the follo	wing pers	ons?	
g	Since August	77, 2006, rias trie C	irectly controls, either ald	one or tode	ther with I	persons de	scribed in	n (ii) and (ii	i) below,	Yes No
	(i) A persor	wno directly of ind	upported organization?	J. 10 U. 1- g-		·				11g(i)
	the gove	rning body of the s	n described in (i) above?							11g(ii)
	(ii) A family	member of a person	person described in (i) o	r (li) above	7				*********	11g(iii)
	(lii) A35% C	ontrolled entity of a	person described at ty c	ranization(s	s).			,		
h	Provide the fo	ollowing information	about the supported org	gerneentone	-,.					
				(iv) is the or	rganization	(v) Did you	notify the	(vi) is organizatio (i) organiz	the	(vii) Amount of monetary
	e of supported	(11) EIN	(iii) Type of organization (described on lines 1-9	lin col. (i) lis	ted in vour	organizati	on in col.	organizado (i) organiz	ed in the	support
org	anization		above or IRC section	governing o	locument?	(i) of your	support?	U.S.	?	
			(see instructions))	Yes	No	Yes	No	Yes	No	
					,				<u> </u>	
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		The Section of the Section			1.3		12:50			\$

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

Schedule A (Form 990 or 990-EZ) 2013

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Section A. Public Support		<u> </u>	,		f=10010	(f) Total
alendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(I) IOIAI
1 Gifts, grants, contributions, and			1			
membership fees received. (Do not						
include any "unusual grants.")		· · · · · · · · · · · · · · · · · · ·	<u> </u>			
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-					1	1
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to				ļ		
the organization without charge			<u> </u>			
6 Total, Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						1
3 received from disqualified persons					 	
b Amounts included on tines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b				<u> </u>		
8 Public support (Subtractline 7c from line 6.)	HTV/INCE/OX/SCA	7年70年3年前2			The second	7
Section B. Total Support	ST 12.5 (1.11)	··				<u> </u>
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
t0a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income		-				
(less section 511 taxes) from businesses						
acquired after June 30, 1975					 	
c Add lines 10a and 10b					 	<u> </u>
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)						<u> </u>
14 First five years, If the Form 990 is for	or the organization	i's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3) orgar	nization,
shook this hav and stan hare			*14141+****************			
Section C Computation of Pub	olic Support Po	ercentage			-, - ,	
#5 Bublic support percentage for 2013	(line 8. column (f)	divided by line 18	3, column (f))		. 15	
48 Public support percentage from 201	2 Schedule A, Pa	rt III, line 1 <u>5</u>	************	<u> </u>	16	
Section D. Computation of Inve		ne Percentag	je			
	estment Incon			-	am	
17 Investment income percentage for 2	estment Incom 2013 (line 10c, cal	umn (f) divided by	y line 13, column (i)))	. 17	
17 Investment income percentage for 2	estment Incom 2013 (line 10c, colu	umn (f) divided by Nort III. line 17	y line 13, column (i)		1 10 1	
17 Investment income percentage for 2 18 Investment income percentage from	estment Incom 2013 (line 10c, colu 1 2012 Schedule A	umn (f) divided by Part III, line 17 i not check the b	y line 13, column (i) ox on line 14, and 1	ine 15 is more tha	n 33 1/3%, and lin	e 17 is not
17 Investment income percentage for 2 18 Investment income percentage from 19a 33 1/3% support tests - 2013. If the	estment Incom 2013 (line 10c, colu 1 2012 Schedule A ne organization did	umn (f) divided by A, Part III, line 17 I not check the bu	y line 13, column () ox on line 14, and I	ine 15 is more tha ly supported organ	n 33 1/3%, and line	
17 Investment income percentage for 2 18 Investment income percentage from 19a 33 1/3% support tests - 2013. If the more than 33 1/3%, check this box	estment Incom 2013 (line 10c, colu 2012 Schedule A ne organization did and stop here. The	umn (f) divided by A, Part III, line 17 I not check the be he organization q I not check a box	ox on line 14, and I ualifies as a public	ine 15 is more tha ly supported orgal 19a, and line 16 is	n 33 1/3%, and lin nization more than 33 1/39	6, and
17 Investment income percentage for 2 18 Investment income percentage from 19a 33 1/3% support tests - 2013. If the more than 33 1/3%, check this box b 33 1/3% support tests - 2012. If the	estment Incom 2013 (line 10c, column 2012 Schedule A de organization did and stop here. The de organization did	umn (f) divided by A, Part III, line 17 I not check the bi he organization q I not check a box	ox on line 14, and I ualifies as a public on line 14 or line 1	ine 15 is more tha ly supported orgal 19a, and line 16 is es as a publicly su	n 33 1/3%, and lin- nization	6, and ►
17 Investment income percentage for 2 18 Investment income percentage from 19a 33 1/3% support tests - 2013. If the	estment Incom 2013 (line 10c, column 2012 Schedule A de organization did and stop here. The de organization did	umn (f) divided by A, Part III, line 17 I not check the bi he organization q I not check a box	ox on line 14, and I ualifies as a public on line 14 or line 1	ine 15 is more tha ly supported orgal 19a, and line 16 is es as a publicly su k this box and see	n 33 1/3%, and lin- nization	6, and on

qualify under the tests listed below, please complete Part II.)

SCHEDULE A, PART II, LINE IO, EXPLANATION FOR CIMEN 25.493
OTHER INCOME
2009 AMOUNT: \$ 256,338.
2010 AMOUNT: \$ 30,659.
2011 AMOUNT: \$ 7,068.
2013 AMOUNT: \$ 17,916.
2010 123003.1
PROPERTY INSURANCE RECOVERY
2010 AMOUNT: \$ 113,479.
2012 AMOUNT: \$ 162,624.
2013 AMOUNT: \$ 73,065.
FEE REIMBURSEMENT
2010 AMOUNT: \$ 56,740.
PARKING TICKET REIMBURSEMENT
2012 AMOUNT: \$ 6,792.
TRAINING INCOME
2012 AMOUNT: \$ 5,950.
PROPERTY TAX REIMBURSEMENT
2013 AMOUNT: \$ 37,821.

nternal Revenue Service	its instructions is at www.it	rs.gov/form990.	
Name of the organization			Employer Identification number
1	ABBOTT HOUSE		13-1991946
Organization type (chec			
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not trea	ited 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		
For an organiza	ation filing Form 990, 990-EZ, or 990-PF that received, du emplete Parts I and II.	iring the year, \$5,000 or more (i	n money or property) from any one
Special Rules	•		
X For a section 5	01(c)(3) organization filing Form 990 or 990 EZ that met t 70(b)(1)(A)(vi) and received from any one contributor, du on (i) Form 990, Part VIII, line 1h, or (ii) Form 990 EZ, line	IND the Assit's countraction of	regulations under sections the greater of (1) \$5,000 or (2) 2%
total contribut	io1 (c)(7), (8), or (10) organization filing Form 990 or 990-E ions of more than \$1;000 for use <i>exclusively</i> for religious, of cruelty to children or animals. Complete Parts I, II, an	CUSULADIS, Scientific, literary, or	ontributor, during the year, r educational purposes, or
contributions If this box is o	501(c)(7), (8), or (10) organization filing Form 990 or 990-E for use exclusively for religious, charitable, etc., purposes hecked, enter here the total contributions that were rece tot complete any of the parts unless the General Rule as itable, etc., contributions of \$5,000 or more during the ye	s, out these contributions did no lived during the year for an excli oplies to this organization becau	usively religious, charitable, etc., use it received nonexclusively
but it must answer "Ne	ion that is not covered by the General Rule and/or the Sp " on Part IV, line 2, of its Form 990; or check the box on meet the filing requirements of Schedule B (Form 990, 96	HILLS IN OIL ITS LOUIS SOUTE OF OU	dule B (Form 990, 990-EZ, or 990-PF), 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) (2013)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) Type of contribution (a) Total contributions Name, address, and ZIP + 4 No. DUTCHESS COUNTY DEPARTMENT OF SOCIAL X Person SERVICES 1 Payroll Noncash 995,033. 60 MARKET STREET (Complete Part II for noncash contributions.) POUGHKEEPSIE, NY 12601-3299 (d) (c) Type of contribution (a) Total contributions Name, address, and ZIP + 4 No. NYC ADMINISTRATION FOR CHILDREN \mathbf{x} Person <u>SERVICES</u> 2 Payroll Noncash 9,516,68<u>5.</u> 150 WILLIAM STREET (Complete Part II for noncash contributions.) NEW YORK, NY 10038 (c) (a) Type of contribution **Total contributions** Name, address, and ZiP + 4 No. ORANGE COUNTY DEPARTMENT OF SOCIAL X Person SERVICES 3 Payroll Noncash 1,306,529. 11 QUARRY ROAD, BOX Z (Complete Part II for noncash contributions.) GOSHEN, NY 10924-0678 (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. SULLIVAN COUNTY DEPARTMENT OF SOCIAL X Person SERVICES Payroli 638,611. Noncash 16 COMMUNITY LANE, P.O. BOX 231 (Complete Part II for noncash contributions.) LIBERTY, NY 12754 (d) (c) (d) Type of contribution (a) Total contributions Name, address, and ZIP + 4 No. WESTCHESTER COUNTY DEPARTMENT OF X Person SOCIAL SERVICES Payroll 112 EAST POST ROAD, COUNTY OFFICE Noncash 4,140,097. BUILDING #2 (Complete Part II for noncash contributions.) WHITE PLAINS, NY 10601-5113 (d) (c) (b) Type of contribution Total contributions Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part ii for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

2013.05080 ABBOTT HOUSE

13-1991946

ABBOTT HOUSE

BOTT H	OUSE Exclusively religious, charitable, etc., indivi- ear. Complete columns (a) through (e) and the he total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additiona	dual contributions to section 501(c)(7), e following line entry. For organizations o , contributions of \$1,000 or less for the I space is needed.	13-1991946 (8), or (10) organizations that total more than \$1,000 for the completing Part III, enter year. (Enterthis information ence) \$\begin{align*} \begin{align*} \				
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee				
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, at	nd ZIP + 4	Relationship of transferor to transferee				
No. com art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee				
a) No. from art I	(b) Purpose of gift (c) Use o		(d) Description of how gift is held				
	(e) Transfer of glft						
-	Transferee's name, address, s	and ZIP + 4	Relationship of transferor to transferee				

	avenue service ▶ Information about Schedule D (For of the organization	m 990) and its instructions is at www	Embloket identification unimper
Amile (ARROTT HOISE	· · · · · · · · · · · · · · · · · · ·	13-1991946
Part		d Funds or Other Similar Fun	ids or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	9 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1 T	otal number at end of year		
2 A	ggregate contributions to (during year)		
3 A	ggregate grants from (during year)		
4 A	ggregate value at end of year	·	
5 D	old the organization inform all donors and donor advisors in	writing that the assets held in donor ac	dvised funds
а	re the organization's property, subject to the organization's	exclusive legal control?	
6 D	lid the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can	pe used only
	or charitable purposes and not for the benefit of the donor of		
in A See A	npermissible private benefit?	- Indian analysis (Var) to Form (O	
	Conservation Easements. Complete if the org		O, Fair IV, mio 1.
1 P	urpose(s) of conservation easements held by the organizati		historically important land area
ļ	Preservation of land for public use (e.g., recreation or e	•	certified historic structure
ļ	Protection of natural habitat	Preservation of a c	Cel filled tilatotto attactma
l.	Preservation of open space	er da a a a a a a a a a a a a a a a a a a	orm of a concentation expendent on the last
	complete lines 2a through 2d if the organization held a quali	lied conservation commontton in the id	STATE OF STA
þ	ay of the tax year.		Held at the End of the Tax Year
_			
	otal number of conservation easements		
b 1	otal acreage restricted by conservation easements lumber of conservation easements on a certified historic str	austura includad in (9)	2c
C N	lumber of conservation easements on a certified historic sti- lumber of conservation easements included in (c) acquired	offer 8/17/06, and not on a historic str	ricture
H	sted in the National Register lumber of conservation easements modified, transferred, re	leased extinguished or terminated by	44.11111.1111
		louded, overlagate teat, average as	, and an grant and a second and a second and a second and a second and a second and a second and a second and a
	ear ► lumber of states where property subject to conservation ea	sement is located	
4 N	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling	 Lof
5 E	ibilations, and enforcement of the conservation easements	it holds?	Yes No
6 8	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easemen	ts during the year
7 8	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements du	ring the year > \$
8 [Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section	170(h)(4)(B)(l)
	and section 170(h)(4)(B)(ii)?		
9 k	n Part XIII, describe how the organization reports conservat	ion easements in its revenue and expe	ense statement, and balance sheet, and
ווייי	notude, if applicable, the text of the footnote to the organiza	ation's financial statements that descri	bes the organization's accounting for
	oneoniation operments		
Part	Organizations Maintaining Collections	of Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8.	<u> </u>
1a i	f the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue st	latement and balance sheet works of art,
, ,	nistorical treasures, or other similar assets held for public ex	chibition, education, or research in furt	herance of public service, provide, in Part XIII,
ŧ	he text of the footnote to its financial statements that descri-	ribes these items.	
h i	f the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue states	ment and balance sheet works of art, historica
t	reasures, or other similar assets held for public exhibition,	education, or research in furtherance o	of public service, provide the following amount
	relating to these items:		
- 1	n Revenues included in Form 990. Part VIII, line 1	***************************************	
-	ii) Assets included in Form 990, Part X		
2 i	f the organization received or held works of art, historical tr	easures, or other similar assets for fina	ancial gain, provide
- 1	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	:
ا م	Revenues included in Form 990, Part VIII, line 1	***************************************	
b /	Assets included in Form 990, Part X	**************************************	> \$
	The state of the s		
I HA	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Schedule D (Form 990) 201
	s		

	(check all that apply):	_	 1.					
а	Public exhibition	ď	_	hange programs				
þ	Scholarly research	е	Other					
C	Preservation for future generations			t atauta		a in Davi	VIII	
4	Provide a description of the organization's col					e in Pan	VIII.	
5	During the year, did the organization solicit or to be sold to raise funds rather than to be mai					<u></u>	l Yes	□No
Rã	Escrow and Custodial Arrang reported an amount on Form 990, Part	jements. Comple						
1a	is the organization an agent, trustee, custodia on Form 990, Part X?					🗀	Yes [X No
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:							
G	Beginning balance				10			
	Additions during the year				1 4 4 1			
	Distributions during the year				1.1			
f	Ending balance				1 1			
	Did the organization include an amount on Fo					X	Yes	No
	if "Yes," explain the arrangement in Part XIII.						_	X _
	tV Endowment Funds. Complete if							
- Secretary	State of the state	(a) Current year	(b) Prior year	(c) Two years back		ars back	(e) Four yea	ırş back
10	Beginning of year balance	2.055.947.			7	9,750.		7.259
b	Contributions							4.157.
c	Net investment earnings, gains, and losses	425,388.	248 744.	-62.078	31	1 380.		8 194.
ď	Grants or scholarships	¥20,500.	230, 132,		, , , , , , , , , , , , , , , , , , ,			<u> </u>
	Other expenditures for facilities							
•	and programs						33	5.000.
	Administrative expenses	19 034.	17.034.	1,236	1	3.579.		4.860.
	l e	2,462,301.	2.055.947.			7 551.		9.750.
g	End of year balance				<u>, </u>	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		<u> </u>
2		96.57	%	2)/ 1101G ED.				
	Board designated or quasi-endowment Permanent endowment 2.67	%						
þ								
G	Temporarily restricted endowment							
_	The percentages in lines 2a, 2b, and 2c shoul		ation that are bold o	and administered for	the ergenize	tion		
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are neld a	nio aciministereo foi	uie organiza	Į,(O)	Ye	s No
	by:	•					3a(i)	X
	(I) unrelated organizations					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		X
	(ii) related organizations							 ^ -
b	If "Yes" to 3a(ii), are the related organizations			**********************			3b	
4	Describe in Part XIII the intended uses of the		wment tunas.					
173	tVI Land, Buildings, and Equipm		Dark B. J. Hara 44a C	Form 900 Dent V	/ line 40			
	Complete if the organization answered						/ B D = 1-1	<u> </u>
	Description of property	(a) Cost or o basis (investr	nent) basis	(other) d	Accumulated epreciation		(d) Book va	
1a	Land						<u>1,697,</u>	
b	Buildings				<u>,588,91</u>		<u>2,753,</u>	
C	Leasehold improvements			1,611.	903,60			008.
đ	Equipment				<u>,974,93</u>			047.
	Other				<u>,316,20</u>			<u>122.</u>
	. Add lines 1a through 1e. (Column (d) must ed		X, column (B), line	10(c).)		<u> </u>	<u>4,966,</u>	<u> 153.</u>

<u>★ 4,966,153</u> Schedule D (Form 990) 2013

(a) property or security or category (including name of security)	(b) Book value	(c) Method of V	aluation: Cost or end-	or-year market value
1) Financial derivatives			<u> </u>	<u> </u>
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)			The second of th	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			是"美国"的"大学"。	
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c. See Form 990, I	Part X, line 13.	- E
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end-	or-year market value
(1)			····	
(2)				<u> </u>
(3)				
(4)				
(5)		<u> </u>		
(6)				
(7)				
(8)		ļ	<u> </u>	
(9)		Temate is Described to the	and the state of the second state of the	of the Book of the Section of
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>			
Part IX Other Assets.				•
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990,	Part X, line 15.	(b) Book value
(a)	Description			(D) BOOK VAILAB
(1)				
(2)		<u> </u>		
(3)		<u></u>		
(4)				
(5)				
(6)				
(7)				
(8)				<u> </u>
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line	119 or 111. See Ford	n 990, Part X, line 25.	de Wasco de Malada Maria de Maria.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes		0 F00 F1F		
(2) ACCRUED PENSION		8,502,515		
(3) DUE TO GOVERNMENT AGENCIE	4S	913,243	4	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		0 415 550		
Total, (Column (b) must equal Form 990, Part X, col. (B) Ili	ne 25.)	9,415,758		· 1000年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,1900年,

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) 2013

332053 09-25-13

			ı	4	45,011,154.
1	(Otot (A.c.) and (A.c.)			7.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.1	143,703.		•
a	Net unrealized gains on investments		_ <u></u>), Y	
b	Donated services and use of facilities				
C	Recoverles of prior year grants	20	124,210.		
d	Other (Describe in Part XIII.)	2d		SX.Y.S.	267,913.
e	Add lines 2a through 2d	********	.,	2e	44,743,241.
3	Subtract line 2e from line 1			3	44, 143, 4411
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		Î		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			n ·
	Add lines 4e and 4h		.,	4c	44,743,241.
_	Towns 000 Bort Line 121			5	
Рa	TXIII Reconciliation of Expenses per Audited Financial Statem	ents with	Expenses per	Hetu	ırn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			1	43,419,055.
1	Total expenses and losses per audited financial statements		************	25/87	43,413,0331
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		Ţ.		
a	n to the supplier of feelities	. <u>2a</u>			
b	Prior year adjustments	. 2b			1
c	Other Inces			7	
d		2d	124,210.		404 040
	A 1 1 M Blancoule Cal	*****		2e	124,210.
e	Subtract line 2e from line 1		****************	3	43,294,845.
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
4		4a			
a		4b			
þ		·		40	
C	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		*****************	5	43,294,845.
5	Total expenses. Add lines 3 and 4c. (Inis must equal Form 550, Fatt), into 163				
14.5	TEXIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	t IV. lines 1ba	and 2b; Part V, line	4; Par	t X, line 2; Part XI,
Prov	ide the descriptions required for Part II, lines 3, 5, and 9, Fart III, lines 12 and 4, 1 and 14 and 15 and	ditional inform	nation.	·	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	GIBOTION INTO			
<u>PA</u>	RT IV, LINE 2B:				
	PLANATION: FUNDS ARE HELD BY ABBOTT HOUSE	ON BEH	ALF OF CLI	EN	rs. Such
EX	PLANATION: FUNDS ARE HELD BY ABBOTT HOUSE	<u> </u>			
	NDS REPRESENT AMOUNTS RECEIVED BY CLIENTS	AND OT	HER CLIENT	rs'	FUNDS
שמ	POSITED WITH ABBOTT HOUSE FOR SAFEKEEPING	. THES	E FUNDS AF	RE !	DISBURSED BY
					•
AΡ	BOTT HOUSE AT THE REQUEST OF, OR ON BEHALD	F OF, C	LIENTS FOR	3 T	HEIR
<u>ar</u>	DOTI MOODE III IIII III III				
DΨ	RSONAL USE.				
<u>. 1.</u>	ALD VALLED V VALLE				
PΑ	RT V, LINE 4:	<u></u>			
			**** ********* *** ** ** **	Tale 22.7	TDC
EX	PLANATION: THE AGENCY'S ENDOWMENT CONSIST	S OF IN	DIVIDUAL .	<u>FUN</u>	D8
ES	TABLISHED FOR A VARIETY OF PURPOSES WHICH	CONSIS	or Or BOTH		
					OARD OF
DC	NOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS	THE TOTAL	<u> </u>	<u></u>	
	TO THE TAXABLE TO AN INTO COMPANIES				
<u>D</u>]	RECTORS TO FUNCTION AS AN ENDOWMENT.			Scl	hedule D (Form 990) 2013
332 00-	954 5-13			-	

PART X, LINE 2:	
EXPLANATION: THE AGENCY RECOGNIZES THE EFFECT OF INCOME TAX	
IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED.	MANAGEMENT
HAS DETERMINED THAT THE AGENCY HAD NO UNCERTAIN TAX POSITION	S THAT 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, 2011.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
RENT EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B	76,432.
SPECIAL EVENT EXPENSES REPORTED ON FORM 990, PART VIII,	
LINE 8B	47,778.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	124,210.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENT EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B	76,432.
SPECIAL EVENT EXPENSES REPORTED ON FORM 990, PART VIII,	
LINE 8B	47,778.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	124,210.
	-
	Schedule D (Form 990) 2013

key employees lited in Form 990, Part VII) or entity in connection with processional uniterialists which the fundralser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entitis (iii) Activity in the fundralser) (iii) Activity in the fundralser is to be compensated at least \$5,000 by the organization. (ii) Activity in the fundralser is to be fund at least \$5,000 by the organization. (iii) Activity in the fundralser is to be fund at least \$5,000 by the organization. (iv) Amount paid to (or retained by fundralser) the fundralser is to constitution and the fundralser is to constitution and the fundralser is to constitution and the fundralser is to constitution and the fundralser is to constitution and the fundralser is to be compensated at least \$5,000 by the organization is registered or ilcensed to solicit contributions or has been notified it is exempt from registration or ilcensing.	eparlment of the Treasury ternal Revenue Service information ab	► Attach to Form 990 Sout Schedule G (Form 990 or 990-EZ):		- nac	1_ピプ	ov/form 990.	pen To Public spection tification number
Fig. 1: Fundationing Activities. Complete the organization answered "Yes" to Form 99.0 part M, line 17. Form 99.0 EZ mere are not required to complete this part. 1: Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations Solicitation of organization as Solicitation of organization as Solicitations Solicitation of organization as Solicitations Solicitation of organization have a written or oral agreement way individual group organization have a written or oral agreement way individual group organization and the following officers, discourse, trustees or key employees leted in Form 90.0 Part Vito or entitly in connection with professional fundrialing services? Yes No 10) Name and address of individual (II) Activity Solicitation of organization Solicitation of organization Solicitation of organization Solicitation of organization Solicitation of organization Solicitation organization Solicitation organization Solicitation organization Solicitation organization Solicitation organization Solicitation organization Solicitation organization Solicitation organization Solicitation organization Solicitation organization Solicitation organization Solicitation organization Solicitation organization Solicitation Solici		HOHEE				13-1991	946
1 Indicate whether the organization raised funds through any of the following estivities. Check at that apply, a Mell solicitations	Fundraising Activities.	Complete If the organization answe	red "Ye	s" to	Form 990, Part IV, III	ne 17. Form 990-EZ	filers are not
(ii) Name and address of individual or entity (fundralser) (iii) Activity Control	 Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P If "Yes," list the ten highest paid indicated 	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	ion o f r ion of g fundra (includ rofessi	on-go govern ising of ling of onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees or Yes	
Total 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.		(ii) Activity	(iii) funding have or or con- contribu	Did elser atody trol of utions?		to (or retained by) fundralser	(vi) Amount pald to (or retained by) organization
3 List all states in which the organization is registered or licensed to solicit contributions of has been notified it is exampt from the organization or licensing.							
3 List all states in which the organization is registered or licensed to solicit contributions of has been notified it is exampt from each or licensing.							
3 List all states in which the organization is registered or licensed to solicit contributions of has been notified it is exempt from registered or licensing.							
3 List all states in which the organization is registered or licensed to solicit contributions of has been notified it is exampt from each or licensing.							
3 List all states in which the organization is registered or licensed to solicit contributions of has been notified it is exempt from registered or licensing.							
3 List all states in which the organization is registered or licensed to solicit contributions of has been notified it is exempt from registered or licensing.							
3 List all states in which the organization is registered or licensed to solicit contributions of has been notified it is exempt from registered or licensing.				<u> </u>			
3 List all states in which the organization is registered or licensed to solicit contributions of has been notified it is exampt from each or licensing.							
3 List all states in which the organization is registered or licensed to solicit contributions of flas been floring and flashing.				-			
3 List all states in which the organization is registered or licensed to solicit contributions of flas been floring.							
3 List all states in which the organization is registered or licensed to solicit contributions of flas been floring.	Total		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>		133 10 000000	registration
	3 List all states in which the organizat	lon is registered or licensed to solici	t contri	butio	ns or has been notifi	ed it is exempt from	registration
Schedule G (Form 990 or 990-EZ.							
Schedule G (Form 990 or 990-EZ.							
Schedule Q (Form 990 or 990-EZ.							
Schedule G (Form 990 or 990-EZ.							
Schedule G (Form 990 or 990-EZ.							
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-E	LHA For Paperwork Reduction Act N	otice, see the instructions for For	n 990	or 991	0-E Z.	Schedule G (Form	990 or 990-EZ) 20

((a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
1		CATA	GOLF OUTING	·	col. (c))
		GALA (event type)	(event type)	(total number)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		(event type)	(0,0,11,0,7,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0	-] _ _
١.	Gross receipts	164,118.	63,556.		227,674.
֡֟֟֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֡֓֓֓֡֓֡֓		141,768.	57,756.		199,524.
2	2 Less: Contributions			:	28,150.
ئا	3 Gross income (line 1 minus line 2)	22,350.	5,800.		20,1301
ı					
4	4 Cash prizes	1,120	136.		1,256.
	5 Noncash prizes	1,7 = 10			25 409
	6 Rent/facility costs	23,098	2,400.		25,498.
		No.			
	7 Food and beverages				
		l	800		17,870.
-	8 Entertainment	17,070 1,449	1,705		3,154.
1		1,449	<u>• + ; 0 0 </u>		47,778.
- 1	9 Other direct expenses	gh 9 in column (a))	-19,628
Т	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Leverine		(4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4	Disign/progressive same		
ž	1 Gross revenue				
8	2 Cash prizes				
Direct Expenses	3 Noncash prizes	.,			
rect t	4 Rent/facility costs				
Ω	5 Other direct expenses			2/ 2/2	%
	8 Office direct exposices management	Yes	7	% YesNo	
	6 Volunteer labor	No No	No No	(NO	
	7 Direct expense summary, Add lines 2 thro				>
	7 Direct expense summary. Add lines 2 thro	ough a in column (e)			
	8 Net gaming income summary. Subtract III	ne 7 from line 1, column	(d)	, <u> 169 - 1 - 10 4 - 40</u>	
	4 G Prot garming most and a				
			11		
9	Enter the state(s) in which the organization of a is the organization licensed to operate gamin	g activities in each of the	ese states?	Delitaa eesti beaartespisseessi assarss	169
٠	b If "No," explain:				
Ŭ	E 16 "DIA " AVAIGIO"				
Ŭ	D II NO, explain		•		
					1 1
		es revoked, suspended	or terminated during the	tax year?	Yes
	on Were any of the organization's gaming licens	ses revoked, suspended	or terminated during the	tax year?	Yes
		ses revoked, suspended	or terminated during the	tax year?	Yes
	on Were any of the organization's gaming licens	ses revoked, suspended	or terminated during the		Yes G (Form 990 or 990-EZ)

		Yes	No No
to administer charitable gaming?			%
	13a		
	130		
An outside facility			
Name >		_	
Address >			
Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	l No
if "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
of gaming revenue retained by the third party >\$			
If "Yes," enter name and address of the third party:			
Name >			
Address >		····	
Gaming manager information:			·
Name >			
Gaming manager compensation > \$			
Description of services provided			
Description of services provided -			
Director/officer Employee Independent contractor			
Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yəs	<u> </u>
retain the state gaming license?	3		
organization's own exempt activities during the tax year > \$	II, lines	9, 9b,	10b, 15b
organization's own exempt activities during the tax year \$\ \forall \\$\ \\$\ \\$\ \\$\ \\$\ \\$\ \\$\ \\$\ \\$\ \)		
15c, 16, and 17b, as applicable. Also complete this part to provide any assistant			
	p		
Schedule G	(Form !	990 or	990-EZ)

Department of the Treasury internal Revenue Service

► Complete in the organization answered "res" on Form 990, Part IV, line 20.
 ► Attach to Form 990.
 ► See separate instructions.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Name of the organization

13-1991946 ABBOTT HOUSE

	ABBOTT HOUSE			
Par		10.20 TO 10.	Yes	No
	heck the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		229 8 3	
a C	theck the appropriate box(es) if the organization provides any relevant information regarding these items. For the complete Part III to provide any relevant information regarding these items.			
F	eart VII, Section A, line 1a. Complete Part III to provide any relevant international design allowance or residence for personal use		6	
Ę	Provinces of Original Mary	37.5	常	
	Taylet for companions			
[Tax indemnification and gross-up payments		建 基	Ži.
[Discretionary spending account		建榜	1
	the second in a name of the second in a name of the second in a name of the second in a se			
b l	f any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1b	,=-1,501	
	and the state of all of the expenses described above it. No. Complete the state of the expenses described above it.		\$ 100 P	4
		1 1	142-54 Fill	```
	Did the organization require substantiation prior to fairboring of an arrangement of the lacked in line 1a? rustees, and officers, including the CEO/Executive Director, regarding the Items checked in line 1a?	1325		100
			Mary Sta	She Y
	ndicate which, if any, of the following the filing organization used to establish the compensation of the organization's		(基) (1)	
3	ndicate which, if any, of the following the filling organization does to obtain the methods used by a related organization to DEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			14.
	- the black appropriation of the CEO/Executive Director, but explain in Fair III.	CANAL SE		
í	Stabilish compensation committee Written employment contract		M.S.	
!	Compensation commenced Compensation survey or study		No. of	
	Independent compensation committee	1000		
	X Form 990 of other organizations	1300 P	\$3.4 \$4.5	
	and the Common Port VII. Section A. line 1a, with respect to the filing	The All	Su Mis	
ŀ	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	23	2.4	(P.
	organization or a related organization: Possive a severance payment or change-of-control payment?	4a		
a	Receive a severance payment or change-of-control payment?	46	<u> </u>	7
b	Receive a severance payment or change-or-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4c		7
	an admitty-based compensation arrangement;			
	Participate in, or receive payment from, an equity based competition of reach item in Part III. 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) and 501(c)(4) organizations must complete lines 5-9.			
5	Only section 501(c)(3) and 501(c)(4) organizations must compete small statement of the section pay or accrue any compensation For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the revenues of:	State -	A Childre	
_	The organization?	<u>5a</u>	+	
a	Any related organization?	5b	1 / X N	
b	The second secon	5.10.3 5.63.	本會	
	If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6	For persons listed in Point 950, Part VIII, Cooksett VIIII			K S
	contingent on the net earnings of:	<u>6a</u>		4
а	The organization?	6b		
b	Any related organization?			
	if "Yes" to line 6a or 6b, describe in Part III.			齓
7	if "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	7	_	
8]
	the standard in Descriptions section be 4800 (4800) in 100)		100	
9	to live all the line 8, did the organization also follow the rebuttable presumption procedure described in	9		
3		nedule J (F		

13-1991946

ABBOTT HOUSE

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, or Partill Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2013

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. Do not list any individuals that are not listed on Form 990, Part VII.

						Г	an Tetal of columns	
	(a) Pres	M-Man of W-	Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	- - 	(E) Total Of Columns	reported as
(A) Name and Title	edimoo	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	n de la company		in prior F
		<u>!</u>			c	14.465.	213,595.	
- 1	199,1	,130.	0	o		4	4	
277		0	0	0		5.27	215,400.	
TITVE VE AND CO.		210,130.	0.					
		Ö	0	0.		14.46	188,25	
SENIOR VICE FARMS	173,	3, 794.	0	5				
OFFICER	_	0	ò				184,09	
	(i) 184,	္ဂ	0,0			0	0.	
		0	0			5,46	151,925.	
M Nemers canada	(I) 14	146,458.	.				0	
Senten,	(ii)	0	, O	0				
PEDIATRICIAN					-			_
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13-1991946

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number 13-1991946 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,
ABBOTT HOUSE FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND ABANDONED CHILDREN AND THEIR FAMILIES AND TO OFFER OUR SERVICES
ND ABANDONED CHILDREN AND THEIR FAMILIES AND TO OFFER OUR SERVICES
ND ABANDONED CHILDREN AND THEIR FAMILIES AND TO OFFER OUR SERVICES
7/T/ \$120 B. (B.)
COMPACATOM ATMAVE MINIBILL DE LANGUALE VA PRESENTA
TTH COMPASSION, ALWAIS MINDIGS OF THE PARTY HONE FOR FACE
ITH A GOAL OF SECURING A SAFE, PERMANENT AND LOVING HOME FOR EACH
HILD WHO COMES TO US.
·
AS THE PROVIDER OF DAY AND RESIDENTIAL SERVICES FOR DEVELOPMENTALLY
TALLE AND DOUBNITAL OF
/IUADIIID OMPENIA
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:
V-11
FOUNDED IN 1963, ABBOTT HOUSE IS A NONPROFIT ORGANIZATION SERVING
FOSTER CHILDREN, CHILDREN AWAITING FAMILY REUNIFICATION, YOUTH WITH
MENTAL HEALTH ISSUES, AND ADULTS WITH DEVELOPMENTAL DISABILITIES AND
DESCRIPTION TO DESCRIPTING FAMILY LIFE THROUGH
THEIR FAMILIAD. WE THE CENTRE
EARDI INIBRUDATION, EST.
ABBOTT HOUSE IS 675 DEDICATED PROFESSIONALS, 350 FOSTER AND ADOPTIVE
PARENTS, AND 120 VOLUNTEERS, ALL FOCUSED ON THE SINGULAR MISSION OF
SERVING UPWARDS OF 7,000 INDIVIDUALS AND FAMILIES ENTRUSTED TO ITS CARE
SERVING UPWARDS OF 7,000 INDEXTON PASED HUMAN SERVICES AGENCY WITH
ANNUALLY. ABBOTT HOUSE IS A COMMUNITY-BASED HUMAN SERVICES AGENCY WITH
PROGRAMS THROUGHOUT THE LOWER HUDSON VALLEY AND NEW YORK CITY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
FURM 330, 1001 150,
TOTAL TOTAL TOTAL PROVIDE SAFETY AND

THE GOAL FOR CHILDREN AND YOUTH IN FOSTER CARE IS TO PROVIDE SAFETY AND

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

Schedule O (Form 990 or 990-EZ) (2013)

CREATE PERMANENCY - WHETHER THAT MEANS WORKING WITH FAMILIES TO HEAL
AND REUNITE OR CAREFULLY FINDING THE RIGHT FOSTER OR ADOPTIVE FAMILY
FOR EACH YOUNG PERSON.
- ABBOTT HOUSE PROVIDES SOCIAL SUPPORT SERVICES AS WELL AS MEDICAL AND
MENTAL HEALTH CARE FOR ABUSED, NEGLECTED AND EMOTIONALLY DISTURBED
CHILDREN AND TEENAGERS, AND THEIR FAMILIES.
- BRIDGES TO HEALTH PROVIDES HEALTHCARE MANAGEMENT AND SUPPORTIVE
SERVICES TO FOSTER CHILDREN WITH COMPLEX MEDICAL, DEVELOPMENTAL, AND
MENTAL HEALTH NEEDS IN BOTH THEIR LOCAL COMMUNITY AND THEIR HOMES.
- ABBOTT HOUSE ALSO PROVIDES POST ADOPTION SERVICES TO FAMILIES FOLLOWING THE ADOPTION PROCESS.
- ABBOTT HOUSE USES MODELS OF CASE AND FAMILY MANAGEMENT THAT ARE PROVEN TO WORK IN IMPROVING FAMILY DYNAMICS AND OUTCOMES FOR CHILDREN.
TRANSITIONAL RESOURCES FOR CHILDREN - SHORT-TERM RESIDENTIAL CARE FOR
CHILDREN AWAITING FAMILY REUNIFICATION
THE GOAL FOR THESE CHILDREN IS TO PLACE THEM WITH FAMILY MEMBERS OR
SPONSORS WITHIN 30 TO 60 DAYS OF ARRIVAL IN OUR RESIDENTIAL CENTER IN
IRVINGTON.
- CHILDREN RECEIVE ROOM AND BOARD, CASE MANAGEMENT, INDIVIDUAL
COUNSELING, MEDICAL AND EDUCATIONAL SERVICES, RECREATION/LEISURE
ACTIVITIES, ACCULTURATION, LEGAL SERVICES, TRANSPORTATION, AND ACCESS 332212 Schedule O (Form 990 or 990-EZ) (201:

TO RELIGIOUS SERVICES.	
ACCULTURATION IS ENHAN	CED BY MULTI-LINGUAL AND MULTICULTURAL STAFF
AND VOLUNTEERS.	
FORM 990, PART III, LINE	4B, PROGRAM SERVICE ACCOMPLISHMENTS:
THE GOAL FOR THE DEVELOR	PMENTALLY DISABLED PERSONS AT ABBOTT HOUSE HOMES
IS TO CRAFT THEIR SKILLS	S, INTERESTS, AND ABILITIES TO EMPOWER THEM TO
1	S POSSIBLE.
APPOUT HOUSE PROVIDES	RESIDENTIAL CARE, MEDICAID SERVICE
-	ABILITATION SERVICES FOR ADULTS WITH
_ ,	
···	IES.
	TO CONTRACT MEACURE
	: SELF-ADVOCACY, A PROGRAM THAT TEACHES
	SKILLS WHILE EMPOWERING THEM TO SPEAK ABOUT
	ANT; AND THE ABBOTT HOUSE SPECIAL OLYMPICS, A
NON-COMPETITIVE, SKILL-	BUILDING ATHLETIC PROGRAM.
·	
BORM 990 PART III. LIN	NE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
	COUTH AND YOUTH OFFENDERS - RESIDENTIAL CARE AND
TARGETED COUNSELING SEF	(VICES
	TOTAL BENTALE TOTAL BENTALE
N	NG PEOPLE IS TO ADDRESS THE ISSUES THAT BROUGHT
THEM INTO CARE, WHILE J	LIVING IN A FAMILY-LIKE ENVIRONMENT IN
NEIGHBORHOOD SETTINGS.	

HEALTH, PROVIDES RESIDENTIAL CARE FOR EMOTIONALLY DISTURBED
ADOLESCENTS.
- THE NON-SECURE DETENTION PROGRAM PROVIDES TEMPORARY RESIDENTIAL CARE
FOR YOUTH ACCUSED OF COMMITTING DELINQUENT OR CRIMINAL ACTS. THE
PRIMARY AIM OF THE PROGRAM IS TO PROVIDE YOUTH WITH NEW SKILLS AND
OPPORTUNITIES SO THAT THEIR FIRST CONTACT WITH THE JUSTICE SYSTEM WILL
BE THEIR LAST.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: 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 BOARD MEETING FOLLOWING THE FILING OF THE FORM 990, 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:
EXPLANATION: 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 Schedule O (Form 990 or 990-EZ) (2013

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.
ANNUAL BASIS FOR EMIDGIDED, GIFTON FOR STATE OF THE STATE
A KEY EMPLOYEE, BOARD MEMBER OR OFFICER, WHO HAS AN INTEREST MUST
A KEY EMPLOYEE, BOARD MEMBER OF THE PRESIDENT AND CEO, THE EXISTENCE AND NATURE OF
HIS OR HER INTEREST IN THE PROPOSED NEGOTIATION, TRANSACTION OR ARRANGEMENT
HIS OR HER INTEREST IN THE PROPOSED REGOTIZETORY, OR ORGANIZATION, RECORDS OF
BETWEEN ABBOTT HOUSE AND ANOTHER INDIVIDUAL OR ORGANIZATION. RECORDS OF
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,
TRANSACTION OR ARRANGEMENT.
TRANSACTION OR ARRANGEMENT
BORN 990 PART VI. SECTION B, LINE 15A:
FORM 990, PART VI, SECTION B, LINE 15A: EXPLANATION: THE SALARIES FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER ARE
DETERMINED BY A RECOMMENDATION FROM THE CHAIRMEN OF THE CHAIRMEN OF
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
- MEETS WITH THE CHIEF EXECUTIVE TO DISCUSS AND DOCUMENT STRENGTHS,
WEAKNESSES AND GOALS FOR THE UPCOMING YEAR. Schedule O (Form 990 or 990-EZ) (2013 09-04-13

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.
THE MEETING.
THE SALARIES FOR THE OTHER OFFICERS AND KEY EMPLOYEES ARE DETERMINED BY THE
CHIEF EXECUTIVE OFFICER. THE PROCEDURES THAT THE CEO FOLLOWS ARE:
- REVIEWS THE PERFORMANCE OF THE OFFICERS AND KEY EMPLOYEES 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 THE DETERMINATION
AS TO THE OFFICERS AND KEY EMPLOYEES SALARY.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC
INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE
RETURN IS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN
ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES
OF INCORPORATION, FORM 990, FORM 1023, AND BY-LAWS ARE ALSO AVAILABLE UPON
WRITTEN REQUEST OR BY CALLING THE ORGANIZATION DIRECTLY.
WRITTEN REQUEST OK BI CADDING INC.
OUNDER IN NET ASSETS:
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: -1,290,127.
PENSION LIABILITY ADJUSTMENT
332212 Schedule O (Form 990 or 990-EZ) (2013)

FORM 990, PART XII, LINE 2C:
FORM 990, PART ALL, DING AV.
EXPLANATION: THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS
AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS DID NOT
CHANGE FROM THE PRIOR YEAR.

Financial Statements

June 30, 2014 and 2013

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, 2014 and 2013, 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 epinion. 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, 2014 and 2013, 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.

Report on Supplementary Information

D'Connor Davies, LLP

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information on pages 23 and 24 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America, In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

November 24, 2014

Statements of Financial Position

	June 30,		
·	2014	2013	
ASSETS Current Assets	\$ 595,964	\$ 1,339,738	
Cash and cash equivalents Accounts Receivable Government agencies, net Other Prepaid expenses and other current assets Total Current Assets	5,553,514 21,014 478,999 6,649,491 2,462,301	4,723,349 45,554 567,904 6,676,545 2,055,947	
Investments Other assets Property, plant and equipment, net	390,035 4,966,153 \$ 14,467,980	403,027 5,508,491 \$ 14,644,010	
Current Liabilities Line of credit Mortgages and other notes payable Accounts payable and accrued expenses Custodial funds Deferred revenue Accrued vacation and salaries Total Current Liabilities Mortgages and other notes payable, net of current portion Deferred revenue, net of current portion Accrued pension cost Other liabilities Total Liabilities	\$ 400,000 520,885 2,553,167 125,952 48,000 2,269,837 5,917,841 6,851,855 1,102,104 8,502,515 913,243 23,287,558	\$ 645,220 3,666,415 154,356 48,000 2,329,390 6,843,381 7,317,780 1,061,096 7,208,720 1,334,583 23,765,560	
Net Assets (Deficit) Unrestricted Temporarily restricted Permanently restricted Total Net Assets (Deficit)	(9,115,476) 230,148 65,750 (8,819,578 \$ 14,467,980	189,056 65,750 (9,121,550	

Statements of Activities

					•	Year Ended Ju	ine 30, 2013	
		Year Ended Ju	ne 30, 2014			Temporarily	Permanently	Total
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Unrestricted	Restricted	Restricted	\$ 43,487,221
PUBLIC SUPPORT AND REVENUE Governmental agencies	\$ 43,219,222 307,839	52,467	\$	\$ 43,219,222 360,296 139,242	\$ 43,487,221 111,682 357,873	50,970	\$ ·	162,652 357,873 437,602
Contributions Rental Income Other revenue Net assets released from restrictions	139,242 866,604 11,365 44,544,272	(11,365) 41,092		866,804 44,585,384	437,502 102,734 44,497,012	(102,734) (61,764)		44,445,248
Total Public Support and Revenue EXPENSES Program services Management and general	39,792,531 3,242,480 384,044	-		39,792,631 3,242,480 384,044 43,419,055	41,590,974 3,672,006 150,215 45,413,195			41,590,974 3,872,008 150,216 45,413,195
Fundraising Total Expenses Excess (Deficiency) of Public Support	43,419,055 1,125,217	41.092		1,188,309	(916,183)	(51,764)	<u></u>	(967,947)
and Revenue over Expenses NON-OPERATING ACTIVITIES Interest and dividends Realized and unrealized gain on investments	47,258 378,532 425,790			47,258 378,532 425,790	43,398 205,815 249,213			43,388 205,815 249,213
Total Non-Operating Activities OTHER CHANGES Pension liability adjustment	(1,290,127) 260,880	41,092		<u>(1,290,127)</u> 301,972	1,724,702 1,057,732	(51,764	·	1,724,702 1,005,968
Change in Net Assets (Deficit) NET ASSETS (DEFICIT)	(9,376,356)	189,056	65,7 50	(9,121,550				
Beginning of year	5 (0,115,476)	\$ 230,148	\$ 65,750	\$ (8,819,578	\$ (9,376, <u>356</u>	\$ 189,05	0 4 10,100	

See notes to financial elatements

Abbott House

Statement of Functional Expenses

• •	Year Ended June 30, 2014			
	Program Services	Management and General	Fundralsing	Total
PERSONNEL Employee salaries	\$ 21,106,281 4,962,151	\$ 1,811,302 425 <u>,842</u>	\$ 171,084 40,222	\$ 23,088,667 5,428,215
Employee fringe-benefits Total Personnel Costs	26,068,432	2,237,144	211,306	28,516,882
OTHER THAN PERSONNEL COSTS Transportation and workers' expense Allowances, children Activities, children Tutoring, children Purchase of services	392,945 76,696 94,852 239,703 744,142 623,928	14,142 - - - 117,194 6,512	1,140 - - - - 44,447	408,227 76,698 94,852 239,703 905,783 630,440
Food and clothing Program and household supplies Rent Utilities and telephone	805,781 1,163,748 883,543 1,140,603	127,158 23,588 118,022 23,668	743	933,682 1,187,336 1,001,565 1,164,271
Vehicles, fuel, repairs and maintenance Office and medical supplies Professional fees Insurance	395,605 371,938 541,930 425,975	139,180 167,454 104,654 29,027	126, 408 - - -	661,193 539,392 646,584 455,002
Interest Taxes and facility tax Bad debt expense Depreciation and amortization Total Expenses Before Foster-Parent Expenses	60,855 658,842 34,689,518	12,877 84,004 37,856 3,242,480	384,044	73,732 84,004 696,698 38,316,042
FOSTER-PARENT EXPENSES Foster-parent payments and stipends	5,103,013 \$ 39,792,531	\$ 3,242,480	\$ 384,044	5,103,013 \$ 43,419,055
Total Expenses	<u> </u>	•		

See notes to financial statements

Statement of Functional Expenses

Statem	ent of Functional Expenses	Year Ended Jur	ne 30, 2013	
	Program Services	Management and General	Fundraising	Total
PERSONNEL Employee salaries	\$ 22,020,867 5,209,863	\$ 2,016,470 477,073	\$ 85,799 20,299	\$ 24,123,136 5,707,255
Employee fringe benefits Total Personnel Costs	27,230,760	2,493,543	106,098	29,830,391
OTHER THAN PERSONNEL COSTS	449,599	10,630	1,472	461,701 118,766
Transportation and workers' expense	118,766	•	-	91.512
Allowances, children	91,512	•	-	186,879
Activities, children	186,879	128,422	1,242	1,135,663
Tutoring, children	1,005,999	5,740	61	605,234
Purchase of services	599,433	120,039	877	917,230
Food and clothing	796,314 1,137,180	26,624	300	1,164,104
Program and household supplies	895,140	79,847	351	975,338
Rent Utilities and telephone	893,375	76,774	15	970,164
Vehicles, fuel, repairs and maintenance	288,492	238,055	37,312	563,859 505,229
Office and medical supplies	351,000	154,229	-	641,805
Professional fees	610,736	31,069	0.407	464,219
Insurance	433,533	28,199	2,487	67,930
Interest	56,485	11,445	•	225,034
Taxes and facility tax	-	225,034	-	713,502
Rad debt expense	671,146		150,215	39,638,560
Depreciation and amortization Total Expenses Before Foster-Parent Expenses	35,816,339	3,672,006	100,210	
FOSTER-PARENT EXPENSES	5,774,380	-	•	5,774,380
Foster-parent payments and stipends	255			255
initial clothing and special payments	5,774,635			5,774,636
Total Foster-Parent Expenses			\$ 150,215	\$ 45,413,19 <u>5</u>
	\$ 41,590,974	\$ 3,672,006	φ 100 ₁ 210	
Total Expenses	-			

See notes to financial statements

Statements of Cash Flows

Statements of Cash Flows				
	Year Ended Jun		1e 30,	
		2014 .		2013
CASH FLOWS FROM OPERATING ACTIVITIES	\$	301,972	\$	1,005,968
Change in net assets Change in net assets to net cash				
Change in net assets Adjustments to reconcile change in net assets to net cash				713,502
comparating activities		696,698	•	(205,815)
		(378,532)		(21,260)
Dealized and unrealized gain on interest		_		225,034
Gain on disposal of equipment		84,004		(1,724,702)
Bad debt expense		1,290,127		(1,124,102)
. v_t.!!#v_adiustmetill				2,338,431
		(914,169)		(33,549)
Accounts receivable, governments		24,540		(640,837)
· ····································		101,897		644,853
11 June 2000 and Oillel assure		(1,113,248)		(4,458)
Prepaid expenses and socrued liabilities Accounts payable and accrued liabilities		(28,404)		(48,000)
Custodial funds		41,008		(540,993)
Deferred revenue		3,668		86,671
Accrued pension cost		(421,340)		41,782
Other liabilities		(59,553)		1,936,627
A seried vacation and salaries		(371,332)		1,930,027
Net Cash from Operating Activities				
INC. COOK TO THE PARTING ACTIVITIES		(154,360)		(64,094)
CASH FLOWS FROM INVESTING ACTIVITIES		(104,000)		21,260
Purchases of property, plant and equipment Proceeds from sale of property, plant and equipment		(2,230,886)	Į.	(760,583)
proceeds from sale of proporty, pro-		2,203,064		734,688
n		(182,182)		(68,729)
Proceeds from sale of investments		(102,102	,	
Net Cash from Investing Activities				(ACD 205)
CASH FLOWS FROM FINANCING ACTIVITIES		(590,260		(668,395)
Payments of mortgages and other notes payable		400,000)	(600,000)
Net borrowings on line of credit		(190,260	<u>)</u>)	(1,268,395)
Net Dorrowings Criminal Net Cash from Financing Activities		(743,77	<i>A</i> \	599,503
Net Cash flow		(143,11	7)	·
Net Change in Cash and Cash Equivalents				740,235
CASH AND CASH EQUIVALENTS		1,339,73	8	740,200
Beginning of year		\$ 5 <u>95,96</u>	14	\$ 1,339,738
		\$ 200,00	<u> </u>	
End of year				\$ 464,219
SUPPLEMENTAL CASH FLOW INFORMATION		\$ 455,0	02	\$ 464,219
Cash paid for interest				
Capit ham to an				

Notes to Financial Statements June 30, 2014 and 2013

1. 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.

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. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement 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 statement 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.

Notes to Financial Statements June 30, 2014 and 2013

2. Summary of Significant Accounting Policies (continued)

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.

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.

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.

Accrued Vacation

Employees accrue vacation beginning on their date of hire, with a provision to carry over a maximum of one year's vacation to future periods. 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, 2014 and 2013, accrued vacation obligations were \$1,013,942 and \$1,145,008.

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.

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Notes to Financial Statements June 30, 2014 and 2013

2. Summary of Significant Accounting Policies (continued)

Revenue Recognition (continued)

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 based upon service rendered in accordance with contractual provisions.

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.

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, 2011.

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 24, 2014.

3. Concentration of Credit Risk

The financial instruments that potentially subject the Agency to concentration of credit risk consist primarily of accounts receivable, cash accounts and temporary cash investments in financial institutions.

For the years ended June 30, 2014 and 2013, approximately 52% of program revenue was received from the New York State Medicaid Program.

Notes to Financial Statements June 30, 2014 and 2013

4. Accounts Receivable - Governmental Agencles

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:

	2014	2013
New York State Medicaid New York State agencies New York City agencies New York counties - other Federal Grant	\$ 1,394,868 1,296,812 1,691,264 938,731 580,939 60,900	\$ 1,168,936 1,601,269 1,769,594 941,611 41,939
Other Allowance for doubtful accounts	5,963,514 (410,000)	5,523,349 (800,000)
Allowance for godostal apparatu	\$ 5,553,514	\$ 4,723,349

5. Property, Plant and Equipment

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

11000.311	2014	2013
Land Buildings and improvements Vehicles Equipment and software Leasehold improvements Accumulated depreciation and amortization	\$ 1,697,474 10,342,415 1,319,327 2,308,978 1,081,611 16,749,805 (11,783,652) \$ 4,966,153	\$ 1,697,474 10,333,965 1,319,327 2,194,589 1,052,791 16,598,146 (11,089,655) \$ 5,508,491

Notes to Financial Statements June 30, 2014 and 2013

6. Investments

The Agency maintains an investment pool for its long-term investments which includes the Board Restricted 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 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.

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

	2014		20	
•	Cost	Fair Value	Cost	Fair Value
Level 1 Inputs Equity securities Mutual funds - equities Mutual funds -fixed income	\$ 1,525,580 293,210	\$ 1,697,480 294,229	\$ 832,833 535,555 570,710	\$ 1,000,369 385,809 578,752
Mutual funds -lixed income	1,818,790	1,991,709	1,939,098	1,964,930
Cook	470,592	470,592	91,017	91,017
Cash	\$ 2,289,382	\$ 2,462,301	\$ 2,030,115	\$ 2,055,947

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

	2014	2013
Interest and dividends Net realized gain on sale of investments Net unrealized gain (loss) on investments	\$ 47,258 234,829 143,703 \$ 425,790	\$ 43,398 .78,002 .127,813 \$ 249,213

ADDOLL HOUSE

Notes to Financial Statements June 30, 2014 and 2013

7. Mortgages and Other Notes Payable

Mortgage and other notes payable consist of the following at June 30:

·	2014	2013
Mortgage notes payable, OPWDD and OMH (a) Mortgage notes payable, bank (b) Vehicle and equipment loans, due in varying	\$ 323,223 7,010,578	\$ 353,098 7,513,084
installments through April 2016, bearing Interest from 3.2% to 6.99% (c) Line-of-credit borrowings (d)	38,939 400,000 7,772,740	96,818 - 7,963,000
Current portion	(920,885)	(645,220)
	\$ 6,851,855	\$ 7,317,780

- (a) These obligations consist of three nonrecourse mortgage notes maturing in 2017. They bear interest at rates ranging from 5.4% to 9.1%, per annum and require semi-annual debt-service payments ranging from \$17,479 to \$21,552, including interest. The notes are payable to OPWDD and OMH for the purchase of property in connection with mental-health programs and are collateralized by those properties.
- (b) These obligations consist of a term loan and 12 mortgage notes payable in monthly installments, bearing interest at rates ranging from 2.43% to 7.72%, per annum through 2020. The term loan was scheduled to mature on September 28, 2014. Subsequent to year end, the bank extended the maturity date of this note to September 28, 2015. 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 \$3,600,000 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 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 principle amortizing at the same fixed rates over the terms of the loan 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.

Notes to Financial Statements June 30, 2014 and 2013

7. Mortgages and Other Notes Payable (continued)

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 principle balance of the mortgage note) was \$1,201,661 and \$1,364,240 at June 30, 2014 and 2013. The fair value of the Swap agreement at June 30, 2014 and 2013 was a liability of approximately \$153,000 and \$200,000 in favor of the bank valued utilizing level 2 inputs. While U.S. GAAP requires recognition of the fair value of this Swap, management has not recorded this liability as they consider it to be immaterial and intend to hold the Swap through its maturity date at which time the fair value of the Swap is expected to be zero.

- (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 30-day daily floating rate plus 225 basis points and 250 basis points. 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.

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

2015	\$ 920,885
	4,149,250
2016	547,467
2017	577,493
2018	878,403
2019	699,242
Thereafter	
	<u>\$ 7,772,740</u>
	 -

Interest expense on the above notes for 2014 and 2013 aggregated approximately \$455,000 and \$464,000.

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, 2014 and 2013, deferred revenue reported in the accompanying statements of financial position was \$768,000 and \$816,000, which represented easement fees received in advance, but not yet earned.

Notes to Financial Statements June 30, 2014 and 2013

9. Pension Plan

The Agency has a defined-benefit pension plan (the "Plan") covering all of the eligible employees who elect to participate. Employees who participate in the plan are required to make minimum contributions as defined by the Plan. 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 is the policy of the Agency annually to fund normal pension cost, as determined on an actuarial basis.

In fiscal year 2013, the Agency, on the recommendation of its actuarial consultants, changed the Plan's discount rate assumption which resulted in an increase from 4.68% to 5.10%. This increase was caused by Abbott House changing from the Pension Benefit Guaranty Corporation ("PBGC") discount model to a bond discount rate model. The actuarial assumption decrease of \$1,848,559 affected a significant component of the projected benefit obligation calculation resulting in a \$755,488 net decrease in the project benefit obligation.

In October 2014, the Plan filed for a distress termination with the PBGC. 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.

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			
	2014 2013			
Projected benefit obligation at June 30 Fair value of plan assets at June 30 Funded status	\$ 24,191,659 \$ 21,255,00 15,689,144 14,046,28 \$ (8,502,515) \$ (7,208,72 \$ 24,191,659 \$ 21,256,00	3 <u>0</u> 2 <u>0</u>)		
Accumulated benefit obligation Net periodic cost recognized in statement of activities Amortization of amounts previously not recognized as a component of net periodic cost	\$ 24,191,659 \$ 21,255,00 254,671 445,30 197,160 481,9	55		
Accrued pension cost recognized in statement of financial position Employer contributions to plan during the year Employee contributions to plan during the year Benefits paid during the year	8,502,515 7,208,7 251,003 986,3 737,901 761,1	48		

Notes to Financial Statements June 30, 2014 and 2013

9. Pension Plan (continued)

	2014	2013
Assumptions: Discount rate Expected long-term return on plan assets Rate of compensation increase	4.68% 8.50% 0.00%	5.10% 8.50% 0.00%

The table below reflects the amounts recognized as changes in unrestricted net assets arising from the Plan at June 30, 2014 and 2013 that have not yet been recognized in net periodic pension cost. The actuarial loss expected to be amortized in 2015 is estimated to be \$350,000. There was no unrecognized prior service cost.

	2014	2013
Unrecognized actuarial losses	\$ 8,062,928	\$ 8,427,187

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 8.5% or better among all the pension assets. This is the actuarial objective the Agency must achieve to meet its long-term pension obligations.

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.

Notes to Financial Statements June 30, 2014 and 2013

9. Pension Plan (continued)

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

2015	\$1,695,548
2016	1,010,200
2017	1,147,315
2018	936,222
2019	1,219,194
2020 to 2024	6,338,372

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

The fair value of the pension plan assets at June 30 are as follows:

	2014	2013	
Aggressive growth portfolio	\$ -	\$ 506,257	
Stocks	6, 504, 554	•	
Fixed income index portfolio		4,862,867	
Mutual funds	5,10 7 ,724	-	
Fundamental value portfolio	•	970,954	
Exchange trade funds	960,374	-	
International growth portfolio	-	910,735	
Corporate bonds	1,954,815	-	
Large company value portfolio	•	1,004,694	
Treasury-agency bonds	409,811	-	
Mid cap fundamental value portfolio	•	744,256	
Cash and cash equivalents	751,866	-	
Multi asset portfolio	•	1,397,567	
Overseas equity portfolio	•	874,037	
Small company growth portfolio	-	469,934	
Small company value portfolio	*	373,192	
Strategic growth portfolio		1,931,787	
	\$15,689,144	\$ 14 , 046,280	

Notes to Financial Statements June 30, 2014 and 2013

10. Temporarily Restricted Net Assets

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

	2014	2013		
Mentoring and training	\$ 48,829	\$ 48,954		
Preventive services	14,900	-		
Property and equipment	15,058	15,058		
Other program services	151,361	125,044		
	<u>\$ 230,148</u>	\$ 189,056		

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

		2014	2013	
Mentoring and training	\$	125	\$	89
Preventive services Other program services		3,800 7,440	10	2,645
· ·	\$	11,365	\$ 10	02,734

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 general purposes.

12. Accounting and Reporting for Endowments

The Endowments

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 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.

In accordance with the adoption of NYPMIFA, the Agency reviewed all of its endowment funds and determined that a net asset reclassification was not necessary.

12. Accounting and Reporting for Endowments (continued)

Interpretation of Relevant Law (continued)

The Board of Directors of the Agency has interpreted the 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 30, 2014					
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total		
Donor-restricted endowment funds	\$ -	\$ 18,660	\$ 65,750	\$ 84,410		
Board-designated endowment funds	2,377,891			2,377,891		
Total funds	\$ 2,377,891	\$ 18,660	\$ 65,750	\$2,462,301		
•		June 30				
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total		
Donor-restricted endowment funds	\$ -	\$ 18,660	\$ 65,750	\$ 84,410		
Board-designated endowment funds	1,971,537	-	*	1,971,537		
Total funds	<u>\$ 1,971,537</u>	\$ 18,660	\$ 65,750	\$2,055,947		

12. Accounting and Reporting for Endowments (continued)

Changes in Endowment Investments

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	
Endowment net assets, June 30, 2012 Investment income	\$ 1,739,817 42,860	\$ 18,6 70 69	\$ 65,750	\$1,824,237 42,929	
Net appreciation (realized and unrealized) Investment fees	205,815 (16,955)	<u>(79</u>)	*	205,815 (17,034)	
Endowment investments, June 30, 2013	1,971,537	18,660	65,750	2,055,947	
Investment income	46,856	-	-	46,856	
Net appreciation (realized and unrealized) Investment fees	378,532 (19,034)			378,532 (19,034)	
Endowment investments, June 30, 2014	\$ 2,377,891	<u>\$ 18,660</u>	\$ 65,750	\$2,462,301	

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 operational 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.

Abbott House

Schedule of Functional Expenses - Program Services Year Ended June 30, 2014

	Foster Boarding Homes	OMH Program	SPDD Program	Medical	Preparing Youth for Adulthood	Group Homes	Total
PERSONNEL Employee selaries Employee fringe benefits Total Personnel Costs OTHER THAN PERSONNEL COSTS Transportation and workers' expense	\$ 4,471,774 1,051,328 5,523,102 248,154	\$ 451,171 106,072 557,243 2,331 1,309	\$ 8,453,648 1,987,478 10,441,126 37,061 4,797	\$ 5,793,048 1,361,963 7,155,011 67,468	\$ 139,877 32,886 172,763 1,884 9,860	\$ 1,796,763 422,424 2,219,187 38,047 29,277	\$ 21,106,281 4,962,161 26,068,432 392,945 76,696 94,862
Atlowances, children Activities, children Tutoring, children Purchase of services Food and clothing Program and household supplies	31,463 15,545 5,247 236,089 58,938 117,867 423,079	9,460 895 153 33,669 17,232 1,153	40,811 231,760 27,716 392,826 306,489 218,621	478,067 5,172 298,977 299,334	13,440 205 15 1,250 25 -	15,596 1,596 4,102 132,273 68,411 221,561 94,558	239,703 744,142 623,928 805,781 1,163,748 883,543
Rent Utililles and telephone Vehicles, fuel, repairs and maintenance Office and medical supplies Professional fees Insurance	245,839 317,228 95,307 357,386 163,429 63,301	23,889 40,360 1,094 36 9,611 16,204	380,746 594,267 149,931 13,810 270,715 262,957	138,504 53,034 136,704 405 46,977 38,622 17,135	131 10	135,716 12,438 291 51,198 24,891 4,608	1,140,503 395,805 371,938 541,930 425,976 60,856
Interest Taxes and facility tax Depreciation and amortization Total Expenses Before Foster-Parent Expenses	25,384 96,989 8,022,135	1,152 16,468 732,259	12,676 4 <u>24,108</u> 13,829,095	72,789		48,490 3,102,240	658,842 34,689,518 5,103,013
FOSTER-PARENT EXPENSES Foster-parent payments and stipends Total Expenses	5,103,013 \$ 13,125,148	\$ 732,259	\$ 13,829,095	\$ 8,804,199	\$ 199,590	\$ 3,102,240	

Abbott House

Schedule of Functional Expenses - Program Services Year Ended June 30, 2013

	Residential Tresiment Center	Foster Boarding Homes	OMH Program	SPDD Program	Medical	Preparing Youth for Adulthood	Group Homes	Total
PERSONNEL Employee salaries Employee fringe benefits Total Personnel Costs	\$ 9,328 2,063 11,391	\$ 5,364,523 1,486,433 6,550,956	\$ 387,124 85,617 472,741	\$ 9,166,058 2,027,191 11,193,247	\$ 5,018,408 1,109,885 6,128,293	\$ 143,114 31,652 174,766	\$ 1,886,509 417,226 2,303,735	\$ 22,020,887 5,209,883 27,230,750
OTHER THAN PERSONNEL COSTS Transportation and workers' expense Allowances, children Activities, children Tutoring, children Tutoring, children Prochase of services Food and clothing Program and household supplies Rent Utilities and telephone Vehicles, fuel, repairs and maintenance Office and medical supplies Professional fees Insurance Interest Taxes and facility tex Depreciation and amortization Total Expenses Before Foster-Parent Expenses	1,129	261,794 24,432 33,238 7,519 108,632 62,633 76,976 510,839 311,574 191,227 83,831 339,138 175,635 74,130 18,770 119,101 8,847,325	4,028 577 9,800 571 7 25,054 13,922 898 15,140 37,854 1,072 4,608 5,686 18,439 13,081 623,276	56,410 4,933 38,300 1,609 25,856 374,612 322,806 206,495 339,078 643,168 100,989 46,971 253,850 307,858 66,484 480,544	52,555 489,193 4,114 328,510 189,163 125,441 48,878 36,034 44,951 3,161 3,161 3,162 60,016 7,552,466	2,886 22,860 2,735 12,721 4 1,723 - 150 67 180	41,511 20,791 17,658 1,040 1,909 138,902 57,240 209,632 98,098 163,103 11,247 563 54,102 29,886 3,618 51,437 3,206,370	449,599 118,786 91,512 186,879 1,005,999 599,433 796,314 1,137,180 895,140 893,376 288,492 351,000 610,736 433,533 56,485 671,146 35,816,339
FOSTER-PARENT EXPENSES Foster-parent payments and stipends Initial clothing and spacial payments Total Foster-Parent Expanses Total Expanses	\$ 12,768	5,774,380 255 5,774,635 \$ 14,721,960	\$ 623,278	\$ 14,476,20B	\$ 7.582.46B	3 218,162	§ 3,205,370	5,774,380 255 5,774,635 \$ 41,590,974