EXTENDED TO MAY 15, 2017

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.lrs.gov/form990.

Inspection

A	For th	e 2015 calendar year, or tax year beginning JUL 1, 2015 and	<u>ل ending </u>	UN 30, Z	OTP		
В	Check if applicab	C Name of organization		D Employer id	entifi	cation number	
	Addre		-				
	Name Chang	Doing business as] 1	3-1	991946	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone n	umbei	r	_
	Final	100 NORTH BROADWAY)591-7300	0
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		46,721	
	Amen		27	H(a) Is this a gr	oup re	1,752	
	Appli		-	for subord			X No
	pendi	SAME AS C ABOVE				ncluded? Yes	No
1	Tax-ex	empt status: X 501(c)(3)	or 527			list. (see instruct	
J	Websi	te: > WWW.ABBOTTHOUSE.NET		H(c) Group exe			•
		organization: X Corporation Trust Association Other	L Year			A State of legal don	nicile: NY
	art I	Summary	\				
-	1	Briefly describe the organization's mission or most significant activities: THE 1	MISSIO	N OF ABB	OTT	HOUSE IS	 3
Governance		TO PROVIDE COMPREHENSIVE AND CARING SERVI	Continued Control Control			NEGLECTE	
Ľ	2	Check this box if the organization discontinued its operations or dispos				sets.	
ove	3	Number of voting members of the governing body (Part VI, line 1a)			3		14
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)					13
S	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)					903
ij	6	Total number of volunteers (estimate if necessary)					75
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12					0.
⋖		Net unrelated business taxable income from Form 990-T, line 34					0.
				Prior Year		Current Ye	
Revenue	8	Contributions and grants (Part VIII, line 1h)	8	20,258,8	45.		
	9	Program service revenue (Part VIII, line 2g)	The state of the s	26,233,6		27,745	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	NAME OF TAXABLE PARTY.	100,1		The second secon	741.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		39,5			846.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		46,632,1		46,581	11 - 1537 - 15 4 - 174 - 1817
	13	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)				0.	
(n	1000	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		30,513,0	0.	30,318,	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.		0.
bei	b	Total fundraising expenses (Part IX, column (D), line 25) 231,30		1. PT 10	,1.	y a state	
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		15,211,1	74.	15,399	780.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		45,724,2		45,718	
		Revenue less expenses. Subtract line 18 from line 12		907.9			967.
20 58			Tours.	ginning of Current		End of Ye	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		15,756,8		15,867	
ASS	21	Total liabilities (Part X, line 26)		24,343,8		28,097	
₩Ē	22	Net assets or fund balances. Subtract line 21 from line 20		-8,587,0	1000000	-12,229	
	art II	Signature Block			0.7000	7000	
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the bes	t of my	y knowledge and be	elief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge).		
		Leve With		4	1/17	117	
Sig	n	Signature of officer		Date	1011		
Hei		JAMES KAUFMAN, PRESIDENT & CEO					
7/7/200	·· ·	Type or print name and title	(¥	00 00	N N		-
		Print/Type preparer's name Preparer's signature	D		eck	PTIN	-
Paid	d	GARRETT M. HIGGINS GARRETT M. HIGGI	INS 0	4/07/17 if sel	f-emplove	P005432	209
	parer	Firm's name PKF O'CONNOR DAVIES, LLP		Firm's EI		27-17289	
	Only	Firm's address 500 MAMARONECK AVENUE					
	3.50	HARRISON, NY 10528-1633		Phone no	.91	4-381-890	0.0
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		1		X Yes	No

	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEE SCHEDULE O
*	
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 15,673,967. Including grants of \$) (Revenue \$ 7,884,515. SCHEDULE O - REGULAR & TREATMENT FAMILY FOSTER CARE PROGRAMS
	SCHEDULE O - REGULAR & TREATMENT FAMILY FOSTER CARE PROGRAMS
4b	(Code:) (Expenses \$ 14,393,568. including grants of \$) (Revenue \$ 10,264,591.
40	
	SCHEDULE O - SERVICES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES (SPDD)
	THE CONTRACT OF THE CONTRACT O
4c	(Code:) (Expenses \$6,871,694. Including grants of \$) (Revenue \$5,467,241.
	SCHEDULE O - BRIDGES TO HEALTH (B2H)
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ 4,631,663. including grants of \$) (Revenue \$ 4,129,572.)
4e	Total program service expenses 41,570,892.
-	
32002 2-16-	

Form 990 (2015) ABBOTT HOUSE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			- 21
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			**
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	NOV de maior a	x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	X	(4 300)
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			HAY No.
	as applicable.			i i
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	^	
120	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			NEW TOTAL
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.46		v
15	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	14b		<u>X</u>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		- 23
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	- 29-7 1-1-0	Х
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	18	х	
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	19		X

Form 990 (2015) ABBOTT HOUSE

Part IV Checklist of Required Schedules (continued)

			¥	N
20-2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	00-	Yes	No X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			-
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	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	. 24.5	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	\$. A\$		
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			٠,,
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
31	contributions? If "Yes," complete Schedule M	30		<u> </u>
J.	If "Yes," complete Schedule N, Part I	,,		v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u> </u>
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		21
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2015) ABBOTT HOUSE Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					П
					Yes	No
1a Ent	er the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	118	7. W	40 (2) 40 (2)	
	er the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
	the organization comply with backup withholding rules for reportable payments to vendors and		ing			, i
	nbling) winnings to prize winners?		1900	1c	BO E GA	
	er the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			4.0		
	for the calendar year ending with or within the year covered by this return	2a	903	, k. (- 44
	least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?		2b	X	
	e. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction		4	8		
	the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
	es," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3b		
	ny time during the calendar year, did the organization have an interest in, or a signature or other		, a			
	ncial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
	es," enter the name of the foreign country: ►					100
	instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBA	R).			
	s the organization a party to a prohibited tax shelter transaction at any time during the tax year?		~	5a		X
	any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b	200	Х
	es," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a Doe	s the organization have annual gross receipts that are normally greater than \$100,000, and did	the organization	n solicit			
	contributions that were not tax deductible as charitable contributions?		I	6a		X
b If "\	es," did the organization include with every solicitation an express statement that such contribu	itions or gifts		300 E - \$1 G93	N N	S Storietti
wer	e not tax deductible?			6b		
7 Org	anizations that may receive deductible contributions under section 170(c).					
a Didi	the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and so	ervices provided	to the payor?	7a	Х	
b If "\	es," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
c Did	the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas required				
to fi	le Form 8282?			7c		X
d If "Y	'es," indicate the number of Forms 8282 filed during the year	7d		le .5.		w.
e Did	the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contract?		7e		X
	the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conf			7f		X
	e organization received a contribution of qualified intellectual property, did the organization file F			7g		
	e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		m 1098-C?	7h		
8 Spc	nsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by the		4 12		
spo	nsoring organization have excess business holdings at any time during the year?			8	erel ve	
9 S pc	nsoring organizations maintaining donor advised funds.		1			
	the sponsoring organization make any taxable distributions under section 4966?			9a		
b Did	the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
	tion 501(c)(7) organizations. Enter:	Lossa				
	ation fees and capital contributions included on Part VIII, line 12	10a				
	ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	tion 501(c)(12) organizations. Enter:	ΙΓ				
	ss income from members or shareholders	11a		4.		Action 1
	ss income from other sources (Do not net amounts due or paid to other sources against			3 1		
	ounts due or received from them.)	11b		47 1	102	I.,
	tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	-	12a	77-2	12 11 11
	'es," enter the amount of tax-exempt interest received or accrued during the year	12b				
	tion 501(c)(29) qualified nonprofit health insurance issuers.		-		2.59	S Sec
	ne organization licensed to issue qualified health plans in more than one state?			13a	3 535	Ya, Digi
	e. See the instructions for additional information the organization must report on Schedule O.					
	er the amount of reserves the organization is required to maintain by the states in which the	101			4.92	
	anization is licensed to issue qualified health plans	13b				
c Ente	er the amount of reserves on hand	13c				Х
	the organization receive any nauments for indeer tenning agained driving the favoure.					
14a Did	the organization receive any payments for indoor tanning services during the tax year?	io O	·····	14a 14b		72

Form 990 (2015) ABBOTT HOUSE 13-1991946 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 13-1991946 Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X		
Sec	tion A. Governing Body and Management						r		
		ï	Ĩ			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		14	11	50.2			
	If there are material differences in voting rights among members of the governing body, or if the governing		5			36 4			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	5					4		
b	Enter the number of voting members included in line 1a, above, who are independent	1b		13					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the								
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?		4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		X		
6	Did the organization have members or stockholders?				6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoin	one or	ĺ					
	more members of the governing body?				7a	p. 176-116	X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or						
	persons other than the governing body?				7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by t	ne following:						
а	The governing body?				8a	X			
b	Each committee with authority to act on behalf of the governing body?			- 1	8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	*******			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R								
			**	-		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			[10a		X		
	If "Yes," did the organization have written policies and procedures governing the activities of such cl								
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod				11a	Х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	.T0	2 5.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	-		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					37			
	in Schedule O how this was done			NAS STREET	12c	X	1		
13	Did the organization have a written whistleblower policy?			221 E 2010	13	Х			
14	Did the organization have a written document retention and destruction policy?				14	Х			
15	Did the process for determining compensation of the following persons include a review and approve								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		54 (* 125 d.) - 125 d. d. (* 125 d.) - 125 (* 125 d.)				Al v		
а	The organization's CEO, Executive Director, or top management official				15a	Х			
	Other officers or key employees of the organization				15b	Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				1 72-	71.7	7. 13		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment v	vith a						
	taxable entity during the year?			ľ	16a	40	Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					1985 P.G.			
****	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		SOFT PRODUCTION OF THE PROPERTY ASSESSMENT A	ľ	Ž.				
	exempt status with respect to such arrangements?			ŀ	16b				
Sec	tion C. Disclosure			*****	100				
17	List the states with which a copy of this Form 990 is required to be filed ▶NY								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	(Sec	ion 501(c)(3)s o	nlv) a	/ailahi	le			
. •	for public inspection. Indicate how you made these available. Check all that apply.	(000		₅ / u					
	Own website X Another's website X Upon request Other (explain	in Sc	hedule (1)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co			, and	financ	rial			
10	statements available to the public during the tax year.	mot (or interest policy	, and	HITCHIK	Hai			
20	State the name, address, and telephone number of the person who possesses the organization's bo	nke a	nd recorde:						
20	GERARD P. FINN - (914) 591-7300	uno di	iu recorus						
	100 NORTH BROADWAY, IRVINGTON, NY 10533					2 2 2			
	TAA MOTETTI DECOUDINGT, TELATINGTON, MI TAAAA				71.00				

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

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of				
	week (list any hours for related organizations below (line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) GREGORY T. MOONEY CHAIR	2.00	X		х				0.	0.	0.
(2) SCOTT D. RICHTER	2.00							2	- 0.	
VICE CHAIR		X		х				0.	0.	0.
(3) MARGARET MILLMAN	35.00					30.11.55				
SECRETARY (THRU 09/2015)		X		X				51,511.	0.	3,396.
(4) LORRAINE BULLIS	35.00									
SECRETARY		X	Щ	X				59,790.	0.	19,477.
(5) WILLIAM L. ELLIS, JR	2.00							-8	JA 800	
BOARD MEMBER		X						0.	0.	0.
(6) LAURENCE R. GOLDING	2.00									
BOARD MEMBER		X						0.	0.	0.
(7) ROBERT S. RUOTOLO	2.00								_	
BOARD MEMBER	2 22	X						0.	0.	0.
(8) MARY SMITH	2.00	37								0
BOARD MEMBER	2.00	X		\dashv				0.	0.	0.
(9) LAWRENCE W. THOMAS BOARD MEMBER	4.00	X		ļ				0.	0.	0.
(10) RONALD W. FILANTE	2.00	Λ							0.	0.
BOARD MEMBER	2.00	х			- 1			0.	0.	0.
(11) ALICE KENNY	2.00	21								V.
BOARD MEMBER		х						0.	0.	0.
(12) JOSEPH M. PASTORE	2.00									<u> </u>
BOARD MEMBER		X		ļ				0.	0.	0.
(13) DAVID BARANICK	2.00		5							
BOARD MEMBER		X						0.	0.	0.
(14) LEN MITCHELL	2.00					0.000		Îs.		
BOARD MEMBER		Х						0.	0.	0.
(15) REBECCA BORDEN	2.00							se (1946)00 - 22 - 6-5 (1-32-40)45		
BOARD MEMBER		X						0.	0.	0.
(16) JENNIFER PATTON	2.00				1					
BOARD MEMBER (THRU 02/2016)		X		_				0.	0.	0.
(17) JAMES KAUFMAN	35.00	ë G								
PRESIDENT / CEO				X				239,955.	0.	0.

532007 12-16-15

Form 990 (2015) ABBOTT									13-1991	946	Page 8
Part VII Section A. Officers, Directors,		ploy	rees			ghe	st C		es (continued)	1 .	
(A)	(B)			Pos	C) ition			(D)	(E)	(F	
Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable	Estim	
	week		, unle cer an					compensation from	compensation from related	amou	
	(list any	ä					Ī	the	organizations	comper	
	hours for	rdire				<u>5</u>		organization	(W-2/1099-MISC)	from	
	related	stee o	nstee			ensa		(W-2/1099-MISC)		organiz	
	organizations below	altru	onal t		oloyee	8 8 8				and re	
	line)	Individual trustee or director	Institutional trustee	Officer	кеу етріоуее	Highest compensated employee	Former			organiz	ations
(18) LUIS M. RODRIGUEZ, MD	35.00	<u> </u>	_		- *		-				
SENIOR VICE PRESIDENT				Х	ļ			221,500.	0.	8,	946
(19) GERARD FINN	35.00										
SR, VICE PRESIDENT & CFO				X				193,808.	0.	15,	237
(20) STEPHEN RIORDAN	35.00										
/ICE PRESIDENT (THRU 12/2015)				X				136,251.	0.	15,	237
(21) MOITRI DATTA	27.00			1							
PSYCHIATRIST						X		160,482.	0.	2,	970.
(22) MYRA GRAY	35.00										
VICE PRESIDENT - HR.						X		165,956.	0.	3,	600.
23) DANIEL BARCKHAUS	35.00										
DIRECTOR - SOCIAL SERVICE						X		134,154.	0.	15,	237.
24) TATYANA SARTAN	35.00										
EDICAL - PHYSICIANS						X		143,512.	0.	8,	946.
25) ELLEN WALKER	35.00					i 					
DIRECTOR - FINANCE	****					Х		130,778.	0.	15,	237.
1b Sub-total	***************************************							1,637,697.	0.	108,	283.
c Total from continuation sheets to Pa	rt VII, Section A							0.	0.		0.
d Total (add lines 1b and 1c)								1,637,697.	0.	108,	283.
2 Total number of individuals (including b	out not limited to th	ose	liste	d at	oove	e) wł	no re	ceived more than \$100	,000 of reportable		
compensation from the organization	<u> </u>										12
										Ye	s No
3 Did the organization list any former offi										l I"	
line 1a? If "Yes," complete Schedule J										3	X
4 For any individual listed on line 1a, is th											
and related organizations greater than										4 X	
5 Did any person listed on line 1a receive	•							•			
rendered to the organization? If "Yes,"	complete Schedul	e J fo	or su	ich į	oers	on .				5	X
Section B. Independent Contractors									h.co.oo. :		
 Complete this table for your five highes 	τ compensated inc	aepe	nde	nt c	ontr	acto	rs th	iat received more than S	\$100,000 of compens	ation from	1

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

(A) Name and business address	(B) Description of services	(C) Compensation
MATRIX QUALITY CARE, INC. 4 BRITISH AMERICAN BLVD, LATHAM, NY 12110	HEALTH SERVICES	302,927.
JOHN E, EYERMAN, P.C., 225 BROADWAY, SUITE 1800, NEW YORK, NY 10007	LEGAL SERVICES	173,081.
PKF O'CONNOR DAVIES, LLP, 500 MAMARONECK AVENUE, SUITE 301, HARRISON, NY 10528	104,250.	
2 Total number of independent contractors (including but not limited to those liste \$100,000 of compensation from the organization ▶ 3	d above) who received more than	

Form 990 (2015) ABBOTT HOUSE 13-1991946 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns Membership dues 1b c Fundraising events 1c 141,455 d Related organizations 1d Government grants (contributions) 1e 18,539,323 f All other contributions, gifts, grants, and similar amounts not included above 54,915 4.380 g Noncash contributions included in lines 1a-1f; \$ h Total. Add lines 1a-1f **Business Code** Program Service Revenue 26,385,684 623990 2 a MEDICAID 26,385,684 1,167,099 SOCIAL SECURITY INCOME 623990 1,167,099 623990 193,136 193,136 C SUPP. NUTRITION ASSISTANCE PROGRA All other program service revenue Total. Add lines 2a-2f 27,745,919 Investment income (including dividends, interest, and other similar amounts) 76,020 76,020. Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6 a Gross rents 84,334 b Less: rental expenses 56,634 c Rental income or (loss) 27,700 d Net rental income or (loss) . 27,700 27 700 (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 1,329 395 25,326 c Gain or (loss) d Net gain or (loss) 25,721 8 a Gross income from fundraising events (not Other Revenue including \$ 141,455, of contributions reported on line 1c). See Part IV, line 18a b Less: direct expenses c Net income or (loss) from fundraising events 35,395 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 900099 5,849 11 a OTHER INCOME

12 532009 12-16-15 99,895.

5,849 46,581,507

27.745.919

Total revenue. See instructions.

d All other revenue

e Total. Add lines 11a-11d

Form 990 (2015) ABBOTT HOUSE Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	705 30			
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	050 570	200 400	E40 140	
-	trustees, and key employees	850,570.	308,422.	542,148.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	23,779,554.	22,003,589.	1,617,137.	158,828.
7	Other salaries and wages Pension plan accruals and contributions (include	43,113,334.	22,003,303.	1,017,137.	130,020.
8	section 401(k) and 403(b) employer contributions)	415,759.	376,807.	36,246.	2,706.
9	Other employee benefits	3,356,943.	3,071,887.		
10	Payroll taxes	1,915,934.	1,737,708.	165,847.	
11	Fees for services (non-employees):	I, JIJ, JJI.	1,757,7001	100,017.	12,575
a	Management				
b	Legal	252,254.	162,406.	89,848.	
c	Accounting	88,915.	13,573.	75,342.	
d	Lobbying	00,513.	20/0101	,0,0111	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		NAME OF TAXABLE PARTY OF TAXABLE PARTY.		
	Other. (If line 11g amount exceeds 10% of line 25,				
٥	column (A) amount, list line 11g expenses on Sch O.)	930,934.	755,738.	169,526.	5,670.
12	Advertising and promotion	Magnos at the control of the control	19007		
13	Office expenses	2,452,059.	2,123,671.	300,601.	27,787.
14	Information technology	254,236.	216,118.	36,484.	1,634.
15	Royalties				
16	Occupancy	2,368,818.	2,269,550.	99,268.	1030,9627-39
17	Travel	392,026.	340,622.	51,369.	35.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3			
20	Interest	162,160.	151,233.	10,927.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	519,285.	507,488.	11,797.	
23	Insurance	1,045,978.	725,829.	320,149.	
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) amount, list line 24e expenses on Schedule 0.)				
а	FOSTER CARE PAYMENTS AN	4,889,991.	4,889,991.		
b	VEHICLES, FUEL, REPAIR	1,105,863.	1,064,778.	41,085.	
c	FOOD AND CLOTHING	605,115.	601,687.	3,148.	280.
d	CHILDREN'S EXPENSE	218,946.	218,871.	75.	
е	All other expenses	113,200.	30,924.	82,276.	
25	Total functional expenses. Add lines 1 through 24e	45,718,540.	41,570,892.	3,916,344.	231,304.
26	Joint costs. Complete this line only if the organization			1000	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)	440			
532010	12-16-15				Form 990 (2015

Ра	πX	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
		·	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	50,779.	1	47,700.
	2	Savings and temporary cash investments	3,298,277.	2	3,850,510.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	5,124,416.	4	4,758,605.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		- 4	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ÿ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	329,548.	9	360,958.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 16,876,525			
	b	Less: accumulated depreciation 10b 12,634,420	4,356,484.	10c	
	11	Investments - publicly traded securities		11	2,358,174.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	293,224.	15	249,504.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	15,756,850.	16	15,867,556.
	17	Accounts payable and accrued expenses	6,015,751.	17	6,293,570.
	18	Grants payable		18	
	19	Deferred revenue		19	1,056,997.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	130,629.	21	164,185.
88	22	Loans and other payables to current and former officers, directors, trustees,			
≝		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L	7 700 710	22	
_	23	Secured mortgages and notes payable to unrelated third parties	6,709,649.	23	6,231,654.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	10 205 757		14 350 060
		Schedule D	10,385,757.		14,350,862.
	26	Total liabilities. Add lines 17 through 25	24,343,890.	26	28,097,268.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
Ses	0-	complete lines 27 through 29, and lines 33 and 34.	-8,899,477.		12 472 460
lan	27	Unrestricted net assets		27	-12,473,469. 178,007.
8	28	Temporarily restricted net assets	65,750.	28 29	65,750.
Pun I	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶□		29	HE CONTRACTOR
드		and complete lines 30 through 34.			
Net Assets or Fund Balances	20	Capital stock or trust principal, or current funds	1	30	
se	30	Paid-in or capital surplus, or land, building, or equipment fund		31	
t As	31	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	32 33	Total net assets or fund balances	-8,587,040.		-12,229,712.
	34	Total liabilities and net assets/fund balances	15,756,850.	34	15,867,556.
	J*#	Total habilities and het assets/fully balances	1 10,700,000	- 54	Form 990 (2015)

Form	990 (2015) ABBOTT HOUSE	13	-1991946	Pa	age 12
Pa	rt XI Reconciliation of Net Assets	at onwi			
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	46,58	1,5	507.
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,71	8,5	540.
3	Revenue less expenses. Subtract line 2 from line 1	3	86	2,9	67.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-8,58	7,0	140.
5	Net unrealized gains (losses) on investments	5	<u>-4</u>	2,0	38.
6	Donated services and use of facilities	6		D00-0-1,7524.E-	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4,46	3,6	501.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	-12,22	9,7	112.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			-	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		7.7	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		are significant		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	i, 🧖		
	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	e audit			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (р. 📗		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Au	ıdit		
	Act and OMB Circular A-133?		3a	X	
					1

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

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Employer identification number Name of the organization 13-1991946 ABBOTT HOUSE \mathbf{T}

Pa	Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
he	organ	ization is not a private found						****
1	Ŏ	A church, convention of ch					YAYI).	
2		A school described in secti					7C-7C-7	
3	Ħ	A hospital or a cooperative					3	
4		A medical research organiza	,				•	the hospital's name
7		city, and state:	ation operated in co	njanoton with a noopito	11 40001100	G 111 360 6101	r trotojt theitiili euro	the hospital o hame,
_		An organization operated for	or the benefit of a co	illaga or university owne	d or opera	tod by a go	warnmantal unit dascrib	and in
5				mege or university owne	u or opera	ited by a go	Well illielitat ullit descrit	rea III
_		section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
6		·	-				•	14 1 9 4
1	X	An organization that norma		intial part of its support	trom a gov	/ernmental	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (Co	•					
8		A community trust describe						
9	ш	An organization that normal						
		activities related to its exem						
		income and unrelated busing		(less section 511 tax) fr	om busine	esses acqui	red by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	•					
10	\sqsubseteq	An organization organized a	•		•			
11	LJ	An organization organized a	and operated exclus	ively for the benefit of, t	o perform	the function	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2) . 9	See section 509(a)(3). C	Check the box in
	_	lines 11a through 11d that o	describes the type o	of supporting organization	on and con	nplete lines	11e, 11f, and 11g.	
a	L	Type I. A supporting orga	•		• •			
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the direc	tors or trustees of the s	upporting
	_	organization. You must c	omplete Part IV, Se	ections A and B.				
b	L	Type II. A supporting orga						
		control or management of	f the supporting org	anization vested in the s	same perse	ons that co	ntrol or manage the sup	ported
		organization(s). You must	t complete Part IV,	Sections A and C.				
C		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	nd functionally integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete	Part IV, Se	ections A, I	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization ope	rated in co	nnection w	ith its supported organi	zation(s)
		that is not functionally into	egrated. The organiz	zation generally must sa	tisfy a dist	ribution rec	luirement and an attent	iveness
		requirement (see instructi	ions). You must co r	nplete Part IV, Section	s A and D	, and Part \	<i>I</i> .	
е		Check this box if the orga	nization received a	written determination fro	om the IRS	Sthat it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi	zation.		
f	Ente	r the number of supported o	organizations			140001000000000		
g	Prov	ide the following information						
	(i	Name of supported	(ii) EIN			organization in your	(v) Amount of monetary	(vi) Amount of
		organization		(described on lines 1-9 above (see instructions))		document?	support (see	other support (see instructions)
				,,	Yes	No	instructions)	instructions)
						_ [
					· ·			
					Mi 7			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 ABBOTT HOUSE | Part II | Support Schedule for Organizations De (Form 990 or 990-EZ) 2015 ABBOTT HOUSE 13-1991946 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and			-			
	membership fees received. (Do not						
	include any "unusual grants.")	19,526,180,	18,884,557.	17,403,375,	20,258,845,	18,735,693,	94.808.650.
2	Tax revenues levied for the organ-			, ,			
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	19,526,180,	18,884,557.	17,403,375.	20,258,845,	18,735,693.	94 808 650
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	The later was a second of the					
	on line 1 that exceeds 2% of the		TANK				
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.		1000 711 200 1 2				94.808.650.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	19,526,180.	18,884,557.	17,403,375,	20,258,845.	18,735,693.	94,808,650,
8	Gross income from interest,	, ,	•	. ,			
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	430,653.	406,450.	186,519.	162,087.	160,354.	1,346,063.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	51,947.	175,366.	128,802.	44,184.	5,849.	406,148.
11	Total support. Add lines 7 through 10	Get Dest					96,560,861.
12	Gross receipts from related activities,	etc. (see instructi	ons)		***************************************	12 131	,952,701.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14						14	<u>98.19 %</u>
	Public support percentage from 2014					15	98.01 %
16a	33 1/3% support test - 2015. If the o	•					
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2014. If the o	_					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not d	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances"	•					
b	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not c	check a box on line	13, 16a, 16b, or	17a, and line 15 is 1	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a public	oly supported orga	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u>▶ </u>
					\$che	dule A (Form 990	or 990- EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 ABBOTT HOUSE Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support					8	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		W		. 19 30 300		
2	Gross receipts from admissions,	10	· · ·				
	merchandise sold or services per-						
	formed, 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	7					
4	Tax revenues levied for the organ-						1 10 di
	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						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received					7	
	from other than disqualified persons that						
6.5	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					1	
	Add lines 7a and 7b				2		
	Public support. (Subtract line 7c from line 6.)		No. 1.1.6	And the second of the second o	angen a tagaker	8 700 EN 150 PM	
	ction B. Total Support		Mineral Constitutes of the	1 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100	a para distribui di Lizi Universitati	24 1, 104	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6		10.000 m				
	Gross income from interest,						- (4)
	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	·		V. 1000	100		
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain		40				
	or loss from the sale of capital assets (Explain in Part VI.)						<u> </u>
13	Total support. (Add lines 9, 10c, 11, and 12.)						is-
14	First five years. If the Form 990 is for	r the organization's	first, second, thi	d, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here						>
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2015 (line 8, column (f) di	vided by line 13,	column (f))	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15	%
	Public support percentage from 2014					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage		***		
17	investment income percentage for 20	115 (line 10c, colum	nn (f) divided by li	ne 13, column (f))	***************************************	17	%
18	Investment income percentage from 2	2014 Schedule A, f	Part III, line 17		***************************************	18	%
19a	33 1/3% support tests - 2015. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2014. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio					= -	
53202	23 09-23-15		1000	V-17. 104	Sch	edule A (Form 990	or 990-EZ) 2015

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
		- Algo
2	9	Sha z
32	- 20	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
- 50		7. 10
3b		į.
30	Carl Ar	
- 00		
4a	1 1 1 1 1 1	- No.
4b	player o	\$ 1 mm
		gi ja
4c	CHORA	te II
		F 75%
	11.	
	2 45 45-8	
5a	58.1 55	
5b		
5c		
6		
	53.74	from the
7.	X 1 255 8	N.
8		
9a		1761
30		7. pl
9b		E
9c		ngi.
	J (E)	
10a	(g) 1A 6	t two
	, i	
10b		
90 or 99	Ю-EZ)	2015

532024 09-23-15

12370407 756359 1361665.000

Year al)
and the second s
Year al)
7000 A
COLO SIGNATURA
'ear

Schedule A (Form 990 or 990-EZ) 2015

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

emergency temporary reduction (see instructions)

instructions).

	i ype iii Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	าร	ļ
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	200		
6	Other distributions (describe in Part VI). See instructions.		· ·	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsiv	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Sect	ion E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
c				
	From 2013			
	From 2014			
	Total of lines 3a through e	Para Company (Company) (Company)		
			HEARDY SELVED THE HEAVEN DELVE	
	Applied to underdistributions of prior years		AND THE STATE OF A SOMETHING DESCRIPTION	. 1397 vA 10e Pääli edile viijaul
<u>n.</u>	Applied to 2015 distributable amount			
!	Carryover from 2010 not applied (see instructions)			
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	Twing of capeter theoretic retw		
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years		A V + 4 A V C	
	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).	TOTAL CONTROL OF THE PROPERTY	E. T. W. Andrew and a service of the	
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j		돌을 받았다 홍 글	
	and 4c.			
8	Breakdown of line 7:		· 图 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 ·	
а				
b			P arting and the control of the con	
С	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

,			
Part IV, Section A, I line 1; Part IV, Secti	102015 ABBOTT HOUSE Information. Provide the explanations required by Part II, line 10; Part II, line 17a or ines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 on D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition	and 2; Part IV, Section Section B, line 1e; Par	n C,
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:		
OTHER INCOME		-	
2011 AMOUNT: \$	7,068.	*	
2013 AMOUNT: \$	17,916.		7782-4
2014 AMOUNT: \$	44,184.		
2015 AMOUNT: \$	5,849.		
		· · · · · · · · · · · · · · · · · · ·	
PROPERTY INSURANCE	CE RECOVERY		
2011 AMOUNT: \$	44,879.		
2012 AMOUNT: \$	162,624.		
2013 AMOUNT: \$	73,065.		
			.
PARKING TICKET R	EIMBURSEMENT		
2012 AMOUNT: \$	6,792.	C 9 K	
TRAINING INCOME			
2012 AMOUNT: \$	5,950.	· • • n words	
PROPERTY TAX REI	MBURSEMENT		
2013 AMOUNT: \$	37,821.		
T-11-11-11-11-11-11-11-11-11-11-11-11-11		7 THE R. P. LEWIS CO.	

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

Employer identification number

ABBOTT HOUSE 13-1991946							
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ie. See instructions.					
General Rule							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	20 V V V V V V V V V V V V V V V V V V V					
Special Rules							
sections 509(a)(1) any one contributo	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
year, total contribu	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

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) (2015)

Name of organization

Employer Identification number

ABBOT	T HOUSE	13	3-1991946
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	3
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DUTCHESS COUNTY DEPARTMENT OF SOCIAL SERVICES 60 MARKET STREET POUGHKEEPSIE, NY 12601-3299	\$ 611,171.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NYC ADMINISTRATION FOR CHILDREN SERVICES 150 WILLIAM STREET NEW YORK, NY 10038	\$ <u>8,610,118</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NYS OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES 44 HOLLAND AVENUE ALBANY, NY 12229	\$ 794,407.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ORANGE COUNTY DEPARTMENT OF SOCIAL SERVICES 11 QUARRY ROAD, BOX Z GOSHEN, NY 10924-0678	\$1,602,621.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	SULLIVAN COUNTY DEPARTMENT OF SOCIAL SERVICES 16 COMMUNITY LANE, P.O. BOX 231 LIBERTY, NY 12754	\$ 754,379.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	WESTCHESTER COUNTY DEPARTMENT OF SOCIAL SERVICES 112 EAST POST ROAD, COUNTY OFFICE BUILDING #2 WHITE PLAINS, NY 10601-5113	\$ <u>4,753,802</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2015)

lama	ofor	annin	diam.		

Employer identification number

ABBOT	3-1991946		
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVENUE, SW ROOM 716G WASHINGTON, DC 20201	\$ 640,793.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	NYC DEPARTMENT OF EDUCATION 52 CHAMBERS STREET NEW YORK, NY 10007	\$ 506,197.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
0.00		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

ABBOTT HOUSE

13-1991946

(a) No. from Part I (a) No. from Part I (b) Description of noncash property given (a) No. from Part I (a) No. from Part I (b) Description of noncash property given (b) Description of noncash property given (c) Description of noncash property given (d) No. from Part I (a) No. from Description of noncash property given (b) Description of noncash property given (a) Description of noncash property given (b)	(c) FMV (or estimate) (see instructions) \$ (c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions)	(d) Date received (d) Date received (d) Date received
No. (b) Description of noncash property given (a) No. (b) From Description of noncash property given Part I (a) No. (b) Description of noncash property given (b) Description of noncash property given (c) Description of noncash property given (d) Description of noncash property given (e) Description of noncash property given	(c) FMV (or estimate) (see instructions) \$ (c) FMV (or estimate) (see instructions)	Date received
No. rom Description of noncash property given (a) No. rom Part I (b) Description of noncash property given Part I (a) No. (b) Description of noncash property given Part I (b) Description of noncash property given Part I (b) Description of noncash property given Part I	(c) FMV (or estimate) (see instructions) \$ (c) FMV (or estimate) (see instructions)	Date received
(a) No. Tom Description of noncash property given (a) (b) (a) No. Tom Description of noncash property given (b) Description of noncash property given (a) (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	*
No. (b) Description of noncash property given art I (a) No. (b) Description of noncash property given art I	(c) FMV (or estimate) (see instructions)	*
No. (b) rom Description of noncash property given eart I		
No. (b) rom Description of noncash property given art I		
	(c) FMV (or estimate) (see instructions)	(d) Date received
(a)	\$	
No. (b) rom Description of noncash property given art I	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(a) No. (b) rom Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	

Schedule B	(Form 990, 990-EZ, or 990-PF) (2015)		Page 4
Name of orga	anization		Employer identification number
3 DD 0 000	1101141		13 1001046
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	columns (a) through (e) and the following s, charitable, etc., contributions of \$1,000 or less	action 501(c)(7), (8), or (10) that total more than \$1,000 for line entry. For organizations for the year. (Enter this info. once.)
(a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		<u>.</u>	
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	- Company	(e) Transfer of gift	1 to the second of
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, al	nd ZIP + 4	Relationship of transferor to transferee
			The Author A

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

2015
Open to Public Inspection

Name of the organization Employer identification number ABBOTT HOUSE 13-1991946 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register _______ Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D (Form 990) 2015

Part VII Investments - Other Securities. Complete if the organization answered "Yes" of		ne 11h See Form 990	Part X line 12	1 1331310 1 ago
(a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives		1		
(2) Closely-held equity interests			to the second se	
(3) Other				
(A)				
(B)	* ***			
(C)				
(D)			eli alfeli sistem, in artifi	HE ACC - MACC -
(E)				
(F)				
(G)			· v	
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			e succipio	
Part VIII Investments - Program Related.			no nomentar a	
Complete if the organization answered "Yes" of	n Form 990, Part IV, li	ne 11c See Form 990.	Part X. line 13.	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				
(2)	W / W W			
(3)	1000			***************************************
(4)			¥.	
(5)	Eg.			
(6)				
(7)				
(8)				
(9)				· · · · · · · · · · · · · · · · · · ·
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.			V. M. At L. C. Frysky	
Complete if the organization answered "Yes" o	n Form 990 Part IV lis	ne 11d. See Form 990	Part X line 15	
	escription		1 01074 1110 101	(b) Book value
(1)				
(2)) (4) (4)		**	
(3)				
(4)				
(5)			7	"
(6)	70 Min			
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)			*
Part X Other Liabilities.	70./			
Complete if the organization answered "Yes" o	n Form 990 Part IV Jir	ne 11e or 11f See Forn	n 990 Part X line 25	
1. (a) Description of liability	111 01111 330,1 011 11,111	(b) Book value	11000,1 are x, iiio 20	
(1) Federal income taxes		(-)		
(2) ACCRUED PENSION	51 11	13,467,395.		
		883,467.		
	·	003,407.		
(4)				ar bed free
(5)				
(6)				
(7)				
(8)		-	The fight of	

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) 2015

14,350,862.

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

13616651

Schedule D (Form 990) 2015 ABBOTT HOUSE 13-1991946 Page 5 Part XIII Supplemental Information (continued)
PART X, LINE 2:
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, 2013.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
RENT EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B 56,634.
SPECIAL EVENT EXPENSES REPORTED ON FORM 990, PART VIII,
LINE 8B 81,779.
TOTAL TO SCHEDULE D, PART XI, LINE 2D 138,413.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
RENT EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B 56,634.
SPECIAL EVENT EXPENSES REPORTED ON FORM 990, PART VIII,
LINE 8B 81,779.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 138,413.
W. I. THERE WAS A STATE OF THE
×

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open to Public

➤ Attach to Form 990 or Form 990-EZ.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number ABBOTT HOUSE 13-1991946 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants a Internet and email solicitations b Phone solicitations Special fundraising events C In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2015

532081 09-14-15

12370407 756359 1361665.000

5320	82 09	9-14-15			Schedule G (Fo	m 990 or 990-EZ) 2015
		100				
b	If "	Yes," explain:				
10a	We	ere any of the organization's gaming licenses re	voked, suspended or te	erminated during the tax	year?	Yes No
t) If " —	No," explain:				
	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac	ctivities in each of these			Yes No
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	1	>	
	7	Direct expense summary. Add lines 2 through				
	Ü		<u>(</u>		520	
100	6	Volunteer labor	Yes%	Yes%	Yes%	
J	5	Other direct expenses	on demonstrate (COS)			
Direct Exp	4	Rent/facility costs				
ᇄ	3	Noncash prizes				

Sch	edule G (Form 990 or 990-EZ) 2015 ABBOTT HOUSE 13 -	<u> 1991946</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	U No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		2/2/20
	The organization's facility	13a	%
			//
	An outside facility	13b	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
		7	
	}		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
d	5-79-79-79-79-79-79-79-79-79-79-79-79-79-	Yes	☐ No
· ·	retain the state gaming license?	L res	NO
ь	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	lines 9, 9b, 10	0b, 15b,
- 			
		(in	
			*

Schedule G (Form 990 or 990-EZ) Part IV Supplemental Info	ABBOTT HOUSE		13-1991946 Page 4
Part IV Supplemental Info	rmation (continued)		
		***************************************	·
			AND PRODUCTION OF
3-3-3	****		
			*
5 5 5			
•			
		Assette we	
		· · · · · · · · · · · · · · · · · · ·	
	W N		

		8	
		*	
			the state of the s
			3
		*	
Marine and the second s			
		*	
	20.0000,0000		- WEST THOSPANIA CON TO SEE SCOOL S
	3		
	<u> </u>		

SCHEDULE (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

ABBOTT HOUSE

Employer identification number

13-1991946

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain _____ 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? X Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? X b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2015

Page 2

ABBOTT HOUSE

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2015

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

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denemis	(c)-(l)(g)	in column (b) reported as deferred on prior Form 990
(1) JAMES KAUFMAN	ε	224,955.	15,000.	0	0	0.	239,955.	0.
PRESIDENT / CEO	€	0.	0.	0.	0.	0	0	0
(2) LUIS M. RODRIGUEZ, MD	ε	221,50	.0	0.	2,970.	5,976.	230,44	0
SENIOR VICE PRESIDENT	≘	0.	0.	0.	0.	0.		0.
(3) GERARD FINN	Ξ	188,808.	5,000.	.0	0.	15,237.	209,045.	0
SR, VICE PRESIDENT & CPO	E	0	0.	0.	0.	0	0	0
(4) STEPHEN RIORDAN	Ξ	136,25	0.	0.	0.	15,237.	151,488.	0
VICE PRESIDENT (THRU 12/2015)	3	0.	0.	0	0	0	0	0
(5) MOITRI DATTA	(3)	160,482.	0.	0.	2,970.	0	163,452.	0
PSYCHIATRIST	Ξ		0.	0.	0	0	1	0
(6) MYRA GRAY	Θ	158,456	7,500.	0.	2,970.	630.	169,556.	0
VICE PRESIDENT - HR.	Ξ	0	0	0.	0	0	1	0
(7) TATYANA SARTAN	Ξ	143,51	.0	0.	2,970.	5,976.	152,45	0.
MEDICAL - PHYSICIANS	Ξ	0	0.	0.	0	0.	0	0
	Ξ							and traderona
	€							
	Ξ							
	€							
	Ξ							
	Ξ							
	Ξ					*		
A delication of the second of	≘							
	Ξ							
	€							And the second of the second o
	Ξ							
	⊞							entropy and and a second
	€					77	A CONTRACTOR OF THE STATE OF TH	
	Œ							
	Ξ							
A Control of the Cont	€				2			
	Ξ							
	₿							
582112 10-14-15							Schedu	Schedule J (Form 990) 2015

Schedule J (Form 990) 2015 \$5,000, AND \$7,500 BONUS RESPECTIVELY. JAMES KAUFMAN'S BONUS IS APPROVED BY CFO, AND MYRA GRAY, VICE PRESIDENT OF HUMAN RESOURCES, RECEIVED A \$15,000, JAMES KAUFMAN, PRESIDENT AND CEO, GERARD FINN, SENIOR VICE PRESIDENT AND THE BOARD. GERARD FINN'S AND MYRA GRAY'S BONUSES ARE APPROVED BY JAMES KAUFMAN, PRESIDENT AND CEO. THESE BONUSES ARE DETERMINED BASED ON THE PERFORMANCE OF THEIR ANNUAL REVIEW. PART I, LINE 7:

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Inspection Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990 **Employer identification number** 13-1991946 ABBOTT HOUSE FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND ABANDONED CHILDREN AND THEIR FAMILIES AND TO OFFER OUR SERVICES WITH COMPASSION, ALWAYS MINDFUL OF THE DIGNITY OF EACH PERSON SERVED, WITH A GOAL OF SECURING A SAFE, PERMANENT AND LOVING HOME FOR EACH CHILD WHO COMES TO US.

AS THE PROVIDER OF DAY AND RESIDENTIAL SERVICES FOR DEVELOPMENTALLY DISABLED CHILDREN AND ADULTS, WE CELEBRATE THE VALUE AND POTENTIAL OF EACH PERSON AS WE COMMIT OUR RESOURCES TO ENABLE EACH INDIVIDUAL TO DEVELOP TO HIS/HER POTENTIAL.

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

FOUNDED IN 1963, ABBOTT HOUSE IS A NONPROFIT ORGANIZATION SERVING FOSTER CHILDREN, CHILDREN AWAITING FAMILY REUNIFICATION, YOUTH WITH MENTAL HEALTH ISSUES, AND ADULTS WITH DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES. WE ARE COMMITTED TO PRESERVING FAMILY LIFE THROUGH EARLY INTERVENTION, QUALITY CARE, ADVOCACY, AND AFTER-CARE SERVICES. ABBOTT HOUSE IS 620 DEDICATED PROFESSIONALS, 183 FOSTER AND ADOPTIVE PARENTS, AND 75 VOLUNTEERS, ALL FOCUSED ON THE SINGULAR MISSION OF SERVING INDIVIDUALS AND FAMILIES ENTRUSTED TO ITS CARE. 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:

FOSTER CARE AND TREATMENT FAMILY FOSTER CARE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Employer identification number 13-1991946

THE ABBOTT HOUSE FAMILY FOSTER CARE (FFC) AND TREATMENT FAMILY FOSTER CARE (TFFC) PROGRAMS PROVIDE CHILDREN WHO HAVE EXPERIENCED TRAUMA FROM NEGLECT, PHYSICAL OR EMOTIONAL ABUSE, OR ABANDONMENT WITH A SAFE, NURTURING, TEMPORARY HOME TO BEGIN TO HEAL AND BUILD RESILIENCY. COMBINED WITH THE TRAUMA OF BEING REMOVED FROM THEIR HOME, THESE CHILDREN OFTEN HAVE LONG-LASTING THERAPEUTIC NEEDS. ABBOTT HOUSE'S FAMILIES ARE LICENSED FOSTER PARENTS WHO HAVE BEEN UNIQUELY TRAINED TO HELP CHILDREN BEGIN TO HEAL, BUILD RESILIENCY AND A PATH TOWARDS A BETTER FUTURE. THE PRIMARY GOAL OF THESE PROGRAMS IS TO SAFELY REUNITE THE CHILDREN WITH THEIR FAMILIES WHENEVER POSSIBLE. THROUGH SUPPORT SERVICES PROVIDED TO BIRTH PARENTS INCLUDING PARENTING SKILL TRAINING, SUBSTANCE ABUSE COUNSELING AND OTHER SERVICES, ABBOTT HOUSE IS ABLE TO SUCCESSFULLY REUNITE MANY FAMILIES OVER TIME. WHEN REUNIFICATION IS NOT POSSIBLE, WE STRIVE TO FIND A FAMILY MEMBER WHO IS WILLING AND ABLE TO PROVIDE A PERMANENT HOME THROUGH KINSHIP PLACEMENT, OR A LOVING FAMILY TO ADOPT. WHETHER THE CHILD IS PLACED IN A FOSTER, KINSHIP, OR ADOPTIVE FAMILY, ABBOTT HOUSE IS THERE TO PARTNER WITH THE FAMILY AND PROVIDE THE SERVICES AND RESOURCES REQUIRED TO MEET THE UNIQUE NEEDS OF EVERY CHILD. THESE SERVICES AND RESOURCES INCLUDE CASE MANAGEMENT, MEDICAL AND MENTAL HEALTH CARE, EDUCATIONAL SUPPORT, BEHAVIORAL SUPPORT, STRENGTH AND LIFE SKILLS, AND SOCIAL INTEGRATION AND COMMUNITY ENGAGEMENT. ABBOTT HOUSE RECOGNIZES THAT PROVIDING STRONG THERAPEUTIC FOSTER CARE IS THE BEST WAY TO PREVENT RESIDENTIAL PLACEMENT AND/OR PSYCHIATRIC HOSPITALIZATION FOR CHILDREN.

-503 CHILDREN AND TEENAGERS HAD A SAFE AND COMFORTABLE BED TO SLEEP IN

2016 OUTCOMES:

Employer identification number Name of the organization ABBOTT HOUSE 13-1991946 -26 CHILDREN WERE SUCCESSFULLY ADOPTED -130 NEW CHILDREN WERE WELCOMED INTO ABBOTT HOUSE'S FOSTER CARE PROGRAM -66 CHILDREN WERE SUCCESSFULLY REUNITED WITH THEIR BIOLOGICAL FAMILIES -DAYS OF CARE: FFC - 66,504 AND TFC - 44,521 FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: SERVICES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES (SPDD) ABBOTT HOUSE PROVIDES MULTIPLE SERVICES FOR ADULTS WITH DEVELOPMENTAL DISABILITIES INCLUDING RESIDENTIAL LIVING, MEDICAID SERVICE COORDINATION, SELF-ADVOCACY SKILLS, AND COMMUNITY INTEGRATION. OUR PROGRAM FOCUSES ON PROVIDING SAFE AND ENCOURAGING ENVIRONMENTS, OPPORTUNITIES, AND THE SUPPORT NEEDED TO LIVE FULFILLING AND INDEPENDENT LIVES. ABBOTT HOUSE BELIEVES EACH OF THE DEVELOPMENTALLY DISABLED ADULTS WE SERVE HAS THEIR OWN UNIQUE TALENTS, ABILITIES, GOALS AND DREAMS. WE ARE THEIR PARTNERS TO HELP THEM MAKE CHOICES, ENHANCE DAILY AND INDEPENDENT LIVING SKILLS, ESTABLISH COMMUNITY CONNECTIONS THROUGH EMPLOYMENT, VOLUNTEER WORK, AND PARTICIPATE IN RECREATIONAL ACTIVITIES THAT WILL HELP THEM ACHIEVE THESE PERSONAL OBJECTIVES. MANY OF THE ADULTS IN OUR PROGRAM HAVE BEEN WITH ABBOTT HOUSE FOR MOST OF THEIR LIVES, AND AS THEIR PARENTS CONTINUE TO AGE, OUR CARE PROVIDES PEACE OF MIND THAT THEIR ADULT CHILDREN ARE SAFE AND WELL TAKEN CARE OF. ABBOTT HOUSE PROVIDES SERVICES TO OVER 100 INTELLECTUALLY OR DISABLED ADULTS THROUGHOUT WESTCHESTER, ROCKLAND AND THE BRONX. WE OFFER 15 RESIDENTIAL PROGRAMS WHERE THE ADULTS LIVE SEMI-INDEPENDENTLY IN SMALL GROUPS WITH 24-HOUR GUIDANCE FROM SPECIALLY TRAINED STAFF. THEY HAVE A

532212 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

ABBOTT HOUSE

Employer identification number 13-1991946

PLACE TO CALL HOME AND RECEIVE THE SUPPORT THEY NEED 24/7. ABBOTT

HOUSE HAS 1 INTERMEDIATE CARE FACILITY (ICF) TO MEET THE NEEDS OF

DEVELOPMENTALLY DISABLED ADULTS WHO ARE MEDICALLY FRAIL AND ARE IN NEED

OF ON-SITE CLINICAL SERVICES. FOR THOSE DEVELOPMENTALLY DISABLED

ADULTS ABLE TO REMAIN AT HOME WITH THEIR FAMILY, WE OFFER 2

COMMUNITY-BASED DAY HABILITATION PROGRAMS WHICH ALSO INCLUDE SUPPORTIVE

EMPLOYMENT SERVICES, PATHWAYS TO EMPLOYMENT, PREVOCATIONAL TRAINING

SERVICES, MEDICAID SERVICE COORDINATION (MSC), SPECIAL OLYMPICS

PARTICIPATION, A SELF-ADVOCACY PROGRAM, A KIWANIS CLUB, AND WE

PARTICIPATE IN VARIOUS OTHER COMMUNITY ACTIVITIES.

2016 OUTCOMES:

- -103 INDIVIDUALS HAD A SAFE AND SUPERVISED HOME TO LIVE AND GROW IN
- -86 INDIVIDUALS RECEIVED MEDICAID SERVICE COORDINATION
- -36 INDIVIDUALS PARTICIPATED IN ABBOTT HOUSE'S DAY HABILITATION PROGRAM
- -26 INDIVIDUALS VOLUNTEERED IN THEIR COMMUNITY

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

BRIDGES TO HEALTH (B2H)

THROUGH OUR FAMILY FOSTER CARE AND THERAPEUTIC FAMILY FOSTER CARE

PROGRAMS WE ARE ABLE TO QUICKLY IDENTIFY CHILDREN WHO HAVE ONE OR MORE

MENTAL HEALTH DISORDERS, SUCH AS POST-TRAUMATIC STRESS, AND AT LEAST

ONE CHRONIC MEDICAL CONDITION OR DEVELOPMENTAL DISABILITY. THESE

CHILDREN WITH SERIOUS EMOTIONAL, DEVELOPMENTAL AND MEDICAL CHALLENGES

NEED ADDITIONAL SUPPORT. THE BRIDGES TO HEALTH (B2H) PROGRAM IS A NEW

YORK STATE INITIATIVE OF THE OFFICE OF CHILDREN AND FAMILY SERVICES

SUPPORTIVE SERVICES TO CHILDREN IN FOSTER CARE, CONTINUING WHEN THEY

THAT ENABLES ABBOTT HOUSE TO PROVIDE HEALTH CARE MANAGEMENT AND

Schedule O (Form 990 or 990-EZ) (2015)

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

HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION 532212 09-02-15 Schedule O (Form 990 or 990-EZ) (2015) 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:

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

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

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

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

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

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

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

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

EMPLOYEES, OFFICERS, AND BOARD MEMBERS.

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

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

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

BETWEEN ABBOTT HOUSE AND ANOTHER INDIVIDUAL OR ORGANIZATION. RECORDS OF

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

532212 09-02-16

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015) Page 2 Name of the organization Employer identification number ABBOTT HOUSE 13-1991946 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. FORM 990, PART VI, SECTION B, LINE 15: THE SALARIES FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER ARE DETERMINED BY A RECOMMENDATION FROM THE CHAIRMAN OF THE BOARD. THE PROCEDURES THAT THE CHAIRMAN FOLLOWS ARE: - REVIEWS THE PERFORMANCE OF THE CHIEF EXECUTIVE AS MEASURED AGAINST PREVIOUSLY AGREED OBJECTIVES GATHERS INFORMATION ON COMPENSATION PAID TO CHIEF EXECUTIVES OF COMPARABLE ORGANIZATIONS AND FROM AN INDEPENDENT STUDY OF CEO COMPENSATION COMMISSIONED BY COFCCA TO ENSURE COMPLIANCE WITH EXECUTIVE ORDER 38. MEETS WITH THE CHIEF EXECUTIVE TO DISCUSS AND DOCUMENT STRENGTHS. WEAKNESSES AND GOALS FOR THE UPCOMING YEAR. ONCE THESE STEPS HAVE BEEN COMPLETED, THE CHAIRMAN OF THE BOARD PRESENTS HIS OR HER FINDINGS AND RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE AND THEN PRESENTS THE COMPENSATION PROPOSAL TO THE BOARD OF DIRECTORS IN AN EXECUTIVE SESSION. THE BOARD'S APPROVAL IS DOCUMENTED IN THE MINUTES TO THE MEETING. 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

Name of the organization Employer identification number 13-1991946 ABBOTT HOUSE 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: 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 AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST AT 100 NORTH BROADWAY, IRVINGTON, NY 10533... OR BY CALLING THE ORGANIZATION DIRECTLY AT (914)591-7300. FORM 990, PART VII, EXPLANATION OF PAYMENT TO SECRETARY BOARD MEMBERS LORRAINE BULLIS AND MARGARET MILLMAN RECEIVE NO COMPENSATION IN THEIR CAPACITY AS SECRETARY. THEY RECEIVE COMPENSATION IN THEIR CAPACITY AS EXECUTIVE ASSISTANTS TO ABBOTT HOUSE. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: PENSION LIABILITY ADJUSTMENT -3,640,685. PENSION PENALTIES AND INTEREST -822,916.TOTAL TO FORM 990, PART XI, LINE 9 -4,463,601. FORM 990, PART XII, LINE 2C: THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

532212 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization ABBOTT HOUSE	Employer identification number 13-1991946
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SE	LECTION OF AN
INDEPENDENT ACCOUNTANT. THIS PROCESS DID NOT CHANGE FROM	THE PRIOR
YEAR.	
- 11-Mail	
	F 8 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Financial Statements

June 30, 2016 and 2015



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, 2016 and 2015, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Board of Directors Abbott House Page 2

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Abbott House as of June 30, 2016 and 2015, and the changes in its net assets (deficit) and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

At June 30, 2016, Abbott House has an unrestricted net asset deficit of approximately \$12.5 million which has resulted predominately from its defined-benefit pension plan (the "Plan") being underfunded by approximately \$13.5 million at June 30, 2016. In anticipation of the Plan filing for a distress termination with the Pension Benefit Guaranty Corporation ("PBGC"), Abbott House voluntarily ceased making payments to the Plan as of October 15, 2013. In October of 2014, the Plan's application for distress termination was filed with the PBGC. As a result of these non-payments, the PBGC has placed liens on all property and rights to property of Abbott House in the amount of approximately \$4.1 million as of October 27, 2016. The final decision from the PBGC has not been determined as of the date of this report. Our opinion is not modified with respect to this matter.

Report on Supplementary Information

PKF O'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 22 and 23 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.

Harrison, New York October 28, 2016

Statements of Financial Position

	Jun	e 30,
	2016	2015
ASSETS	<u> </u>	
Current Assets		
Cash and cash equivalents Accounts Receivable	\$ 3,716,850	\$ 3,125,333
Government agencies, net	4,743,406	5,098,972
Other	15,199	25,444
Prepaid expenses and other current assets	360,958	329,548
Total Current Assets	8,836,413	8,579,297
Investments	2,539,534	2,527,845
Other assets	249,504	293,224
Property, plant and equipment, net	4,242,105	4,356,484
	<u>\$ 15,867,556</u>	\$ 15,756,850
LIABILITIES AND NET ASSETS (DEFICIT) Current Liabilities		
Mortgages and other notes payable	\$ 3,872,467	\$ 530,204
Accounts payable and accrued expenses	3,105,914	3,638,791
Custodial funds	164,185	130,629
Deferred revenue	48,000	48,000
Accrued vacation and salaries	3,187,656	2,376,960
Total Current Liabilities	10,378,222	6,724,584
Mortgages and other notes payable, net of current portion	2,359,187	6,179,445
Deferred revenue, net of current portion	1,008,997	1,054,104
Accrued pension cost	13,467,395	9,404,564
Other liabilities	883,467	981,193
Total Liabilities	28,097,268	24,343,890
Net Assets (Deficit)		
Unrestricted	(12,473,469)	(8,899,477)
Temporarily restricted	178,007	246,687
Permanently restricted	65,750	65,750
Total Net Assets (Deficit)	(12,229,712)	(8,587,040)
	\$ 15,867,556	\$ 15,756,850

Statements of Activities

		Year Ended	lune 30, 2016			Year Ended	June 30, 2015	
		Temporarily	Permanently	200.00		Temporarily	Permanently	a same and
	Unrestricted	Restricted	Restricted	Total	Unrestricted	Restricted	Restricted	Total
PUBLIC SUPPORT AND REVENUE								
Governmental agencies	\$ 46,040,395	\$ -	\$ -	\$ 46,040,395	\$ 46,134,000	\$ -	\$ -	\$ 46,134,000
Contributions	225,814	16,940	-	242,754	258,990	23,944	-	282,934
Rental income	84,334	5.70	750	84,334	94,943	•	-	94,943
Other revenue	276,022	100 000	-	276,022	151,120	in in	***	151,120
Net assets released from restrictions	85,620	(85,620)			7,405	(7,405)		
Total Public Support and Revenue	46,712,185	(68,880)		46,643,505	46,646,458	16,539		46,662,997
EXPENSES								
Program services	41,619,692	-		41,619,692	41,940,438		180	41,940,438
Management and general	3,924,178	-		3,924,178	3,575,629	-		3,575,629
Fundralsing	313,083			313,083	339,155			339,155
Total Expenses	45,856,953			45,856,953	45,855,222			45,855,222
Excess (Deficit) of Public Support								
and Revenue over Expenses	855,232	(68,680)		786,552	791;236	16,539		807,775
NON-OPERATING ACTIVITIES								
Interest and dividends	76,020	-		76,020	67,144			67,144
Realized and unrealized (loss) gain on investments	(41,643)	<u> </u>		(41,643)	21,576			21,576
Total Non-Operating Activities	34,377	<u> </u>		34,377	88,720			88,720
OTHER CHANGES								
Pension penalties and interest	(822,916)	_		(822,916)		_		
Pension liability adjustment	(3,640,685)		-	(3,640,685)	(663,957)			(663,957)
A SIGNAL AND A STATE OF THE STA	and the second second	20,007 0,760,010				100000000000000000000000000000000000000		
Change in Net Assets (Deficit)	(3,573,992)	(68,680)	-	(3,642,672)	215,999	16,539	•	232,538
NET ASSETS (DEFICIT)				4. 0				
Beginning of year	(8,899,477)	246,687	65,750	(8,587,040)	(9,115,476)	230,148	65,750	(8,819,578)
End of year	\$ (12,473,469)	\$ 178,007	\$ 65,750	\$ (12,229,712)	\$ (8,899,477)	\$ 246,687	\$ 65,750	\$ (8,587,040)

See notes to financial statements

4

Abbott House

Statement of Functional Expenses

	<u> </u>	Year Ended .	June 30, 2016	
	Program Services	Management and General	Fundraising	Total
PERSONNEL	— OCI VICES	and Contrat	1 dilalalala	Total
Employee salaries	\$ 22,294,885	\$ 2,127,824	\$ 158,828	\$ 24,581,537
Employee fringe benefits	5,203,528	496,625	37,070	5,737,223
Total Personnel Costs	27,498,413	2,624,449	195,898	30,318,760
OTHER THAN PERSONNEL COSTS				
Transportation and workers' expense	340,622	51,369	35	392,026
Allowances, children	30,924	-	i i	30,924
Activities, children	218,871	75	-	218,946
Purchase of services	965,972	163,071	7,304	1,136,347
Food and clothing	601,687	3,148	280	605,115
Program and household supplies	1,281,801	124,018	1,325	1,407,144
Rent	1,514,314	24,962	=	1,539,276
Utilities and telephone	990,935	103,105	652	1,094,692
Vehicles, fuel, repairs and maintenance	1,064,778	41,085	_	1,105,863
Office and medical supplies	381,711	129,857	107,589	619,157
Professional fees	181,863	208,129	=	389,992
Insurance	725,829	320,149	-	1,045,978
Interest	375,693	27,145	=	402,838
Taxes and facility tax	48,800	9,543	-	58,343
Bad debt expense	5-	82,276	=	82,276
Depreciation and amortization	507,488	11,797	<u>-</u>	519,285
Total Expenses Before Foster-Parent Expenses	36,729,701	3,924,178	313,083	40,966,962
FOSTER-PARENT EXPENSES				
Foster-parent payments and stipends	4,889,991			4,889,991
Total Expenses	<u>\$ 41,619,692</u>	\$ 3,924,178	\$ 313,083	\$ 45,856,953

See notes to financial statements

Abbott House

Statement of Functional Expenses

		Year Ended .	lune 30, 2015	
	Program	Management		
	Services	and General	Fundraising	Total
PERSONNEL				
Employee salaries	\$ 22,762,548	\$ 2,019,308	\$ 187,550	\$ 24,969,406
Employee fringe benefits	5,053,691	448,321	41,639	5,543,651
Total Personnel Costs	27,816,239	2,467,629	229,189	30,513,057
OTHER THAN PERSONNEL COSTS				
Transportation and workers' expense	355,265	13,504	56	368,825
Allowances, children	53,370	17	<u>≅</u> 1	53,370
Activities, children	124,162			124,162
Tutoring, children	119,488		_	119,488
Purchase of services	622,570	153,620	9,375	785,565
Food and clothing	670,309	8,855	-	679,164
Program and household supplies	1,124,268	137,901	1,356	1,263,525
Rent	1,296,630	22,042	=	1,318,672
Utilities and telephone	1,040,916	87,206	₩.	1,128,122
Vehicles, fuel, repairs and maintenance	1,176,997	66,312	, * .3	1,243,309
Office and medical supplies	546,918	13,445	99,179	659,542
Professional fees	307,280	170,181	•	477,461
Insurance	693,795	166,999	-	860,794
Interest	342,094	22,160	-3	364,254
Taxes and facility tax	113,558	9,100	-	122,658
Bad debt expense	•	210,177	•	210,177
Depreciation and amortization	<u>583,171</u>	26,498		609,669
Total Expenses Before Foster-Parent Expenses	36,987,030	3,575,629	339,155	40,901,814
FOSTER-PARENT EXPENSES				
Foster-parent payments and stipends	4,953,408			4,953,408
Total Expenses	\$41,940,438	\$ 3,575,629	\$ 339,155	\$ 45,855,222

See notes to financial statements

Statements of Cash Flows

	Year Ended June 30,	
	2016	2015
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets (deficit)	\$ (3,642,672)	\$ 232,538
Adjustments to reconcile change in net assets (deficit) to		
net cash from operating activities		
Depreciation and amortization	519,285	609,669
Realized and unrealized loss (gain) on investments	41,643	(21,576)
Bad debt expense	82,276	210,177
Pension liability adjustment	3,640,685	663,957
Changes in operating assets and liabilities		
Accounts receivable, government agencies	273,290	244,365
Accounts receivable, other	10,245	(4,430)
Prepaid expenses and other assets	12,310	246,262
Accounts payable and accrued liabilities	(532,877)	1,085,624
Custodial funds	33,556	4,677
Deferred revenue	(45,107)	(48,000)
Accrued pension cost	422,146	238,092
Other liabilities	(97,726)	67,950
Accrued vacation and salaries	<u>810,696</u>	107,123
Net Cash from Operating Activities	1,527,750	3,636,428
CASH FLOWS FROM INVESTING ACTIVITIES		
Net activity from purchase and sale of investments	(53,332)	(43,968)
Purchase of equipment	(404,906)	-
Net Cash from Investing Activities	(458,238)	(43,968)
CASH FLOWS FROM FINANCING ACTIVITIES		
Payments of mortgages and other notes payable	(713,359)	(663,091)
Repayments on line of credit		(400,000)
Proceeds from other notes payable	235,364	
Net Cash from Financing Activities	(477,995)	(1,063,091)
Net Change in Cash and Cash Equivalents	591,517	2,529,369
CASH AND CASH EQUIVALENTS		
Beginning of year	3,125,333	595,964
End of year	\$ 3,716,850	\$ 3,125,333
SUPPLEMENTAL CASH FLOW INFORMATION		
Cash paid for interest	\$ 402,838	\$ 364,254

Notes to Financial Statements June 30, 2016 and 2015

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. Temporarily restricted net assets are those subject to donor imposed restriction that will expire through passage of time or actions of the Agency. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restrictions. Permanently restricted net assets are those which are received through donor gifts to be maintained in perpetuity by the Agency.

Operating Measure

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

Cash and Cash Equivalents

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

Notes to Financial Statements June 30, 2016 and 2015

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.

Impairment of Long-Lived Assets

Long-lived assets, such as property and equipment, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. The Agency records impairment losses on long-lived assets used in operations when the undiscounted cash flows estimated to be generated by those assets are less than the carrying amounts of those assets. There were no impairment charges recognized for the years ended June 30, 2016 and 2015.

Accrued Vacation

The Agency's obligation for accrued vacation is reported as an expense and liability in the accompanying financial statements and represents the cost of unused employee vacation time payable in the event of employee terminations. At June 30, 2016 and 2015, accrued vacation obligations were \$908,930 and \$1,042,510.

Notes to Financial Statements June 30, 2016 and 2015

2. Summary of Significant Accounting Policies (continued)

Revenue Recognition

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

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

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

Functional Allocation of Expenses

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

Reclassifications

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

Income Taxes

The Agency recognizes the effect of income tax positions only if those positions are more likely than not to be sustained. Management has determined that the Agency had no uncertain tax positions that would require financial statement recognition or disclosure. The Agency is no longer subject to examinations by applicable taxing jurisdictions for fiscal periods prior to June 30, 2013.

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 October 28, 2016.

Notes to Financial Statements June 30, 2016 and 2015

3. Concentration of Credit Risk.

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

For the years ended June 30, 2016 and 2015 approximately 53% of program revenue was received from the New York State Medicaid Program.

4. Accounts Receivable - Government Agencies

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

	2016	2015
New York State Medicaid	\$ 1,254,926	\$ 1,177,293
New York State agencies	1,499,652	1,445,427
New York City agencies	1,517,981	1,497,199
New York counties - other	870,206	833,517
Federal grant	-	462,214
Other	100,641	183,322
	5,243,406	5,598,972
Allowance for doubtful accounts	(500,000)	(500,000)
	\$ 4,743,406	\$ 5,098,972

5. Property, Plant and Equipment

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

	2016	2015
Land	\$ 1,697,474	\$ 1,697,474
Buildings and improvements	10,404,915	10,342,415
Vehicles	1,413,781	1,319,327
Equipment and software	2,264,444	2,308,978
Leasehold improvements	1,095,911	1,081,611
	16,876,525	16,749,805
Accumulated depreciation and amortization	(12,634,420)	(12,393,321)
	\$ 4,242,105	<u>\$ 4,356,484</u>

Notes to Financial Statements June 30, 2016 and 2015

6. Investments

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

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

	2016		20	15
	Cost	Fair Value	Cost	Fair Value
Level 1 Inputs Equity securities Mutual funds - equities	\$ 908,595 435,351	\$ 1,913,060 445,114	\$ 1,732,825 402,461	\$ 1,905,926 398,196
,	1,343,946	2,358,174	2,135,286	2,304,122
Cash	181,360	181,360	223,723	223,723
	<u>\$ 1,525,306</u>	\$ 2,539,534	\$ 2,359,009	\$ 2,527,845

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

	2016	2015
Interest and dividends Net realized gain on sale of investments	\$ 76,020 395	\$ 67,144 32,988
Net unrealized loss on investments	(42,038)	(11,412)
	\$ 34,377	\$ 88,720

7. Mortgages, Line of Credit and Other Notes Payable

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

	2016	2015
Mortgage notes payable, OPWDD and OMH (a) Mortgage notes payable, bank (b) Vehicle and equipment loans, due in varying installments through August 2020, bearing	\$ 136,676 5,901,439	\$ 229,215 6,463,370
interest from 3.2% to 6.99% (c)	193,539	17,064
Line of credit (d)	6,231,654	6,709,649
Current portion	(3,872,467)	(530,204)
	\$ 2,359,187	\$ 6,179,445

Notes to Financial Statements June 30, 2016 and 2015

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

- (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 30, 2016. Subsequent to year end, the bank extended the maturity date of this note to March 30, 2017. 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 principal amortizing at the same fixed rates over the terms of the loans and Swaps. The Counter-party makes payments to the mortgage note holder at a floating rate of interest based on LIBOR with payments being calculated on a notional amount which, throughout the life of the Swap, mirrors the balance of the outstanding debt.

The difference of the Swap fixed and floating rate of interest is settled on a monthly basis. The notional amount of the Swap (and outstanding principal balance of the mortgage note) was \$932,318 and \$1,058,457 at June 30, 2016 and 2015. The fair value of the Swap agreement at June 30, 2016 and 2015, was a liability of approximately \$118,900 and \$135,000 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.

Notes to Financial Statements June 30, 2016 and 2015

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

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

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

2017	\$ 3,940,954
2018	645,980
2019	934,969
2020	675,280
2021	34,471
	\$ 6,231,654

Interest expense on the above notes for 2016 and 2015, aggregated approximately \$403,000 and \$364,000.

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, 2016 and 2015, deferred revenue reported in the accompanying statements of financial position included \$672,000 and \$720,000, related to this agreement which represented easement fees received in advance, but not yet earned.

9. Pension Plan

The Agency has a defined-benefit pension plan (the "Plan") covering all of the eligible employees who elect to participate. 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.

Notes to Financial Statements June 30, 2016 and 2015

9. Pension Plan (continued)

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

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

		efits		
		2016		2015
Projected benefit obligation at June 30	\$	27,515,927	\$	24,296,098
Fair value of plan assets at June 30		14,048,532		14,891,534
Funded status	\$	(13,467,395)	\$	(9,404,564)
Accumulated benefit obligation	\$	27,515,927	\$	24,296,098
Net periodic cost recognized in statement of				,
activities		418,729		241,084
Amortization of amounts previously not recognized				
as a component of net periodic cost		-		-
Accrued pension cost recognized in statement of		40.407.005		0 404 504
financial position		13,467,395		9,404,564
Employer contributions to plan during the year		***		',ee
Employee contributions to plan during the year		044.050		704 474
Benefits paid during the year		914,952		784,174
	2016	2015		
Assumptions:				
Discount rate	3,94%	4.69%		
Expected long-term return on plan assets	8.50%	8.50%		
Rate of compensation increase	0.00%	0.00%		

The table above reflects the amounts recognized as changes in unrestricted net assets arising from the Plan at June 30, 2016 and 2015 that have not yet been recognized in net periodic pension cost. The actuarial loss expected to be amortized in 2017 is estimated to be \$525,000. There was no unrecognized prior service cost.

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

Notes to Financial Statements June 30, 2016 and 2015

9. Pension Plan (continued)

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.

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:

2017	\$1,136,500
2018	1,117,559
2019	1,131,234
2020	1,175,034
2021	1,196,743
2022 to 2026	6,553,908

Notes to Financial Statements June 30, 2016 and 2015

9. Pension Plan (continued)

The Agency's pension plan assets are investments in collective trusts composed of domestic and international fixed income, stocks, bonds, equity mutual funds and cash. The Agency's pension plan assets at June 30, 2016 and 2015 were valued using Level 2 inputs with in the fair value hierarchy.

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

	2016	2015
Stocks	\$ 7,091,896	\$ 4,780,100
Hedge funds	1,385,613	-
Real estate	787,294	-
Mutual funds	-	6,128,732
Exchange trade funds	-	806,652
Corporate bonds	4,465,004	1,979,763
Treasury-agency bonds		750,771
Cash and cash equivalents	318,725	445,516
	\$14,048,532	\$14,891,534

10. Temporarily Restricted Net Assets

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

	2016		2015	
Mentoring and training	\$	25,396	\$	28,786
Preventive services		14,900		14,900
Property and equipment		15,058		15,058
Other program services	<u> </u>	122,653		187,943
	\$	178,007	\$	246,687

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

	 2016	2015	
Mentoring and training	\$ 3,390	\$	-
Other program services	 82,230		7,405
	\$ 85,620	\$	7,405

Notes to Financial Statements June 30, 2016 and 2015

11. Permanently Restricted Net Assets

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

12. Accounting and Reporting for Endowments

The 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.

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.

Notes to Financial Statements June 30, 2016 and 2015

12. Accounting and Reporting for Endowments (continued)

Endowment Investment Composition by Type of Fund

	June 30, 2016					
		Temporarily	Permanently			
	Unrestricted	Restricted_	Restricted	Total		
Donor-restricted						
endowment funds	\$ -	\$ 18,660	\$ 65,750	\$ 84,410		
Board-designated	**.					
endowment funds	2,455,124	_ _	-	2,455,124		
Total funds	\$ 2,455,124	\$ 18,660	\$ 65,750	\$ 2,539,534		
	· · · · · · · · · · · · · · · · · · ·	June 30				
		Temporarily	Permanently	∓ or of		
	Unrestricted	Restricted	Restricted	Total		
Donor-restricted	*	6 45.000	in 05.750	0 04.440		
endowment funds	\$ -	\$ 18,660	\$ 65,750	\$ 84,410		
Board-designated	0.440.405			0 440 405		
endowment funds	2,443,435		<u>-</u>	2,443,435		
Total funds	\$ 2,443,435	\$ 18,660	\$ 65,750	\$ 2,527,845		
		A. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	÷			
Changes in Endowment In	vestments					
		Temporarily	Permanently			
	Unrestricted	Restricted	Restricted	Total		
		· · · · · · · · · · · · · · · · · · ·				
Endowment net assets,	6: 0.077.004	ው <u>40</u> .200	\$ 65,750	#0 4#0 004		
June 30, 2014	\$ 2,377,891	\$ 18,660	\$ 65,750	\$2,462,301		
Interest and dividends	66,450	-	-	66,450		
Net appreciation (realized	24 576			21,576		
and unrealized)	21,576	•	-			
Investment fees	(22,482)	<u> </u>		(22,482)		
Endowment investments,	- 1 - 1-1	10.000		0.000.045		
June 30, 2015	2,443,435	18,660	65,750	2,527,845		
Interest and dividends	75,589	-	•	75,589		
Net appreciation (realized				·		
and unrealized)	(41,643)	-	-	(41,643)		
Investment fees	(22,257)	-	-	(22,257)		
Endowment investments,						
June 30, 2016	\$ 2,455,124	\$ 18,660	\$ 65,750	\$2,539,534		

Notes to Financial Statements June 30, 2016 and 2015

12. Accounting and Reporting for Endowments (continued)

Return Objectives and Risk Parameters

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

Strategies Employed for Achieving Objectives

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

Spending Policy

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

13. Other Liabilities

The Agency derives substantially all of its revenue from local, state and federal governmental agencies. Reimbursement of expenses applicable to various programs conducted for, and on behalf of, governmental and other agencies are subject to the effect, if any, of the results of subsequent audits by such agencies. The Agency has provided a reserve for government and other agency adjustments. The reserve is adjusted based on audits by governmental agencies and management's annual evaluation of the remaining reserve for fiscal years not yet audited. In the opinion of management, a reserve of \$883,467 at June 30, 2016 is sufficient to cover any potential disallowances or adjustments for 2010 through 2016.

Notes to Financial Statements June 30, 2016 and 2015

14. Commitments and Contingencies

Operating Leases

The Agency leases 16 facilities as group homes and office space under operating leases that expire at various dates through 2022. The future minimum lease payments, exclusive of escalation charges, under such leases at June 30, 2016 are as follows for years ending June 30:

2017	\$ 1,243,832
2018	1,068,578
2019	1,101,532
2020	1,073,920
2021	1,102,486
Thereafter	542,627
	\$ 6,132,975

Rent expense under operating leases for years ended June 30, 2016 and 2015, amounted to approximately \$1,390,000 and \$1,167,000.

Contingencies

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

Supplementary Information

June 30, 2016 and 2015

Abbott House

Schedule of Functional Expenses - Program Services Year Ended June 30, 2016

	Family Foster Care	ОМН	SPDD	Bridges to Health	TRC	Congregate Care	Total
PERSONNEL							-
Employee salaries	\$ 5,763,200	\$ 567,990	\$ 8,931,183	\$ 4,898,727	\$ 332,665	\$ 1,801,120	\$ 22,294,885
Employee fringe benefits	1,345,105	132,567	2,084,499	1,143,341	77,643	420,373	5,203,528
Total Personnel Costs	7,108,305	700,557	11,015,682	6,042,068	410,308	2,221,493	27,498,413
OTHER THAN PERSONNEL COSTS							
Transportation and workers' expense	153,551	1,322	37,458	98,949	21,715	27,627	340,622
Allowances, children	30	404	4,958]=	443	25,089	30,924
Activities, children	62,960	5,803	97,770	902	8,111	43,325	218,871
Purchase of services	819,206	3,823	79,539	44,567	1,849	16,988	965,972
Food and clothing	9,478	31,855	408,037	3,081	21,292	127,944	601,687
Program and household supplies	630,579	50,643	452,275	32,137	9,063	107,104	1,281,801
Rent	709,030	2,046	233,128	333,692	3,180	233,238	1,514,314
Utilities and telephone	339,443	21,540	382,031	120,256	37,725	89,940	990,935
Vehicles, fuel, repairs and maintenance	252,589	51,771	526,149	51,129	21,499	161,641	1,064,778
Office and medical supplies	170,412	2,940	109,139	65,040	22,131	12,049	381,711
Professional fees	170,506	-	5,357	-	-	6,000	181,863
Insurance	212,163	16,339	379,674	26,046	22,180	69,427	725,829
Interest	73,167	18,635	239,862	23,198	=	20,831	375,693
Taxes and facility tax	25,349	855	9,316	8,155	1,710	3,415	48,800
Depreciation and amortization	47,208	3,245	413,193	22,474	- -	21,368	507,488
Total Expenses Before Foster-Parent Expenses	10,783,976	911,778	14,393,568	6,871,694	581,206	3,187,479	36,729,701
FOSTER-PARENT EXPENSES							
Foster-parent payments and stipends	4,889,991				_	-	4,889,991
Total Expenses	\$ 15,673,967	\$ 911,778	\$ 14,393,568	\$ 6,871,694	\$ 581,206	\$ 3,187,479	\$ 41,619,692

See independent auditors' report

Schedule of Functional Expenses - Program Services Year Ended June 30, 2015

	Family Foster Care	ОМН	SPDD	Bridges to Health	TRC	Congregate Care	Total
PERSONNEL) 	-	3.2		* *		
Employee salaries	\$ 5,667,054	\$ 436,246	\$ 8,806,295	\$ 4,421,214	\$ 1,748,208	\$ 1,683,531	\$ 22,762,548
Employee fringe benefits	1,258,187	96,854	1,955,155	981,588	388,133	373,774	5,053,691
Total Personnel Costs	6,925,241	533,100	10,761,450	5,402,802	2,136,341	2,057,305	27,816,239
OTHER THAN PERSONNEL COSTS							
Transportation and workers' expense	135,902	2,802	45,144	70,346	65,347	35,724	355,265
Allowances, children	14,863	1,311	4,496	1	6,048	26,652	53,370
Activities, children	28,862	12,144	43,331	1=1	8,503	31,322	124,162
Tutoring, children	3,167	245	101,049	80	12,090	2,857	119,488
Purchase of services	533,230	1,123	30,779	37,643	11,137	8,658	622,570
Food and clothing	20,522	36,622	398,360	2,242	80,608	131,955	670,309
Program and household supplies	434,911	22,534	387,331	38,197	144,451	96,844	1,124,268
Rent	543,541	1,540	223,180	289,267	13,678	225,424	1,296,630
Utilities and telephone	270,328	20,964	386,078	114,116	156,754	92,676	1,040,916
Vehicles, fuel, repairs and maintenance	155,305	38,617	614,979	44,434	172,331	151,331	1,176,997
Office and medical supplies	281,506	1,127	152,051	41,589	61,843	8,802	546,918
Professional fees	277,945	792	19,960	-		8,583	307,280
Insurance	212,137	11,017	310,296	29,791	71,871	58,683	693,795
Interest	57,977	12,830	231,230	19,833	-	20,224	342,094
Taxes and facility tax	23,808	814	65,679	8,144	11,857	3,256	113,558
Depreciation and amortization	94,092	14,511	383,664	55,270		35,634	583,171
Total Expenses Before Foster-Parent Expenses	10,013,337	712,093	14,159,057	6,153,754	2,952,859	2,995,930	36,987,030
FOSTER-PARENT EXPENSES							
Foster-parent payments and stipends	4,953,408						4,953,408
Total Expenses	\$ 14,966,745	\$ 712,093	\$ 14,159,057	\$ 6,153,754	\$ 2,952,859	\$ 2,995,930	\$ 41,940,438