Return of Organization Exempt From Income Tax

Form 990

Department of the Treasury
Internal Revenue Service

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

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

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

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

B Check if applicable:

☐ Address change
☐ Name change
☐ Initial return
☐ Final return

C Name of organization

SHELTERING ARMS CHILDREN AND FAMILY SERVICES, INC.

D Employer identification number

13-3709095

E Telephone number

212 675-1000

F Name and address of principal officer:

KENNETH M. KRAMER

305 SEVENTH AVENUE, NEW YORK, NY 10001

G Gross receipts:

99,556,235.

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☑ No

H(c) Group exemption number

I Tax-exempt status:

☑ 501(c)(3) ☐ 501(c)(4) ☐ (insert no.) 4947(a)(1) or 527

J Website:

WWW.SHELTERINGARMSNY.ORG

K Form of organization:

☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation:

1994 ☑ NY State of legal domicile

Part I | Summary

1 Briefly describe the organization's mission or most significant activities:

SHELTERING ARMS, FORMERLY EPISCOPAL SOCIAL SERVICES OF NEW YORK, INC., FOCUSES ON

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

3

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

1,741

6 Total number of volunteers (estimate if necessary)

1,000

7a Total unrelated business revenue from Part VIII, column (C), line 12

0

7b Net unrelated business taxable income from Form 990-T, line 38

0

8 Contributions and grants (Part VIII, line 1h)

Prior Year

69,307,408

Current Year

80,747,237

9 Program service revenue (Part VIII, line 2g)

19,085,197

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

581,743

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

77,649

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

89,051,997

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

69,880

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

56,625,445

16a Professional fundraising fees (Part IX, column (A), line 11e)

62,001,228

b Total fundraising expenses (Part IX, column (D), line 25)

209,116

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

32,161,906

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

88,857,231

19 Revenue less expenses. Subtract line 18 from line 12

194,766

20 Total assets (Part X, line 16)

40,913,143

21 Total liabilities (Part X, line 26)

28,268,672

22 Net assets or fund balances. Subtract line 21 from line 20

12,644,471

Part II | Signature Block

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

Signature of officer

ANTHONY B EDWARDS, CFO

Type or print name and title

Date

2020

Print/Type preparer's name

PATRICIA DIAZ, CPA

Preparer's signature

Date

5-6-2020

Check if self-employed

PTIN

P01362006

Preparer's EIN

22-1655803

Use Only

Firm's name

DORFMAN ABRAMS MUSIC, LLC

Firm's address

250 PEHLE AVE., SUITE 702

SADDLE BROOK, NJ 07663

Phone no.

201-403-9750

May the IRS discuss this return with the preparer shown above? (see instructions)

☑ Yes ☐ No

832001 12-31-18

For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2018)
SHELTERING ARMS CHILDREN AND FAMILY SERVICES, INC.  

Part 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:  
   AT SHELTERING ARMS, OUR GOAL IS TO FOSTER A SOCIETY WHERE EVERY CHILD AND FAMILY WE SERVE WILL HAVE THE OPPORTUNITY TO SUCCEED AND THRIVE. WE ADDRESS THE EFFECTS OF SOCIAL INEQUITY IN THE MOST CHALLENGED COMMUNITIES IN NEW YORK CITY. OUR INNOVATIVE PROGRAMS AND 

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.  
   □ Yes □ No  

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

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 $ 19,779,444. including grants of $ 106,006.) (Revenue $ 0.00)  
   EARLY CHILDHOOD EDUCATION PROGRAMS  
   FOR OVER THREE DECADES, SHELTERING ARMS HAS PROVIDED HIGH QUALITY ECE SERVICES THROUGH BOTH HOME- AND CENTER-BASED OPTIONS. IN THE PAST FOUR YEARS, WE MORE THAN DOUBLED THE SIZE OF OUR ECE PROGRAM, CURRENTLY HELPING AN ESTIMATED 1,425 CHILDREN (900 THROUGH TEN CENTERS AND 525 THROUGH FAMILY CHILD CARE) ANNUALLY TO BEAT THE ODDS IN LOW-INCOME COMMUNITIES ACROSS FOUR BOROUGHS. INFANTS AND TODDLERS UP TO 3 YEARS OF AGE RECEIVE HOME- OR CENTER-BASED CARE. IN HOME-BASED CARE, HOME VISITORS WORK WITH CHILDREN AND THEIR PARENTS, WHO ALSO ATTEND WEEKLY SOCIALIZATION GROUPS WITH OTHER SAME-AGE CHILDREN. PARENTS ARE OFFERED VARIOUS EDUCATIONAL WORKSHOPS, INCLUDING PRENATAL AND POSTNATAL CARE, NUTRITION, AND COMPREHENSIVE FAMILY SUPPORT SERVICES. OUR DEDICATED 

4b (Code: ) (Expenses $ 11,609,786. including grants of $ 3,523,944.) (Revenue $ 12,969,070.)  
   FAMILY FOSTER CARE, ADOPTION AND FOSTER CARE GROUP HOMES FOR TEENS - SACFS PROVIDES FOSTER HOMES FOR APPROXIMATELY 300 CHILDREN WHOSE BIRTH FAMILIES ARE UNABLE TO CARE FOR THEM BECAUSE OF SUCH PROBLEMS AS DRUG/ALCOHOL USE, ANGER MANAGEMENT ISSUES, UNSAFE HOUSING, POOR PARENTING SKILLS, OR DOMESTIC VIOLENCE. THEY ARE PLACED WITH APPROXIMATELY 200 FAMILIES RECRUITED AND TRAINED BY SACFS, WHILE THEIR BIRTH FAMILIES ARE HELPED TO DEAL WITH THE PROBLEMS THAT LED TO PLACEMENT. IN MOST CASES, CHILDREN ARE ABLE TO BE SAFELY REUNITED WITH THEIR PARENTS; OTHERS WILL BE ADOPTED BY THEIR FOSTER FAMILIES, RELATIVES, OR OTHERS. 

4c (Code: ) (Expenses $ 20,443,855. including grants of $ 0.00.) (Revenue $ 601,174.)  
   JUVENILE JUSTICE PROGRAMS  
   SACFS RUNS EIGHT JUVENILE JUSTICE RESIDENTIAL PROGRAMS FOR TEENS CHARGED WITH CRIMES, UNDER CONTRACTS WITH THE NYC ADMINISTRATION FOR CHILDREN'S SERVICES (ACS), OUR THREE NON-SECURE DETENTION (NSD) PROGRAMS SERVE TEENS IN RESIDENTIAL SETTINGS WHO ARE AWAITING JUVENILE DELINQUENCY PROCEEDINGS IN FAMILY COURT. THESE YOUTH ARE CLOSELY SUPERVISED, ATTEND SCHOOL, AND RECEIVE COUNSELING DURING THEIR SHORT STAY IN THE SACFS GROUP HOME, WHICH IS TYPICALLY LESS THAN 30 DAYS. OUR FOUR NON-SECURE PLACEMENT (NSP) PROGRAMS AND ONE LIMITED SECURE PLACEMENT (LSP) PROGRAM, THAT SPECIALIZES IN SERVING YOUTH DIAGNOSED AS SEVERELY EMOTIONALLY DISTURBED, SERVE TEENS WHO HAVE BEEN CONVICTED IN FAMILY COURT AND SENTENCED TO SERVE TERMS OF 12 TO 18 MONTHS. YOUTH IN 

4d Other program services (Describe in Schedule O.)  
   (Expenses $ 35,690,440. including grants of $ 0.00.) (Revenue $ 3,717,146.)  

4e Total program service expenses  
   $ 87,523,527.
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11d</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11e</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11f</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>12a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12b</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>13</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>14a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>14b</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>16</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>17</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>18</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>19</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>20a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>20b</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>21</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
SHELTERING ARMS CHILDREN AND FAMILY
SERVICES, INC.

Part IV Checklist of Required Schedules (continued)

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

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

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a 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

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

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

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

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations?

If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

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

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

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

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

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

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

1a Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable

b Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ........................................... 2a 1741

2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Yes No

Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .......................................................... 2b

3a Did the organization have unrelated business gross income of $1,000 or more during the year? Yes No

3b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O. ........................................ 3a 3b

4a At any time during the calendar year, did the organization have any interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes No

b If "Yes," enter the name of the foreign country: ________________________________ 4a

See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a

5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Yes No

c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Yes No

6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Yes No

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Yes No

7 Organizations that may receive deductible contributions under section 170(c).

a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? Yes No

b If "Yes," did the organization notify the donor of the value of the goods or services provided? Yes No

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Yes No

d If "Yes," indicate the number of Forms 8282 filed during the year .................................................. 7d

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

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

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? Yes No

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Yes No

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Yes No

9 Sponsoring organizations maintaining donor advised funds.

a Did the sponsoring organization make any taxable distributions under section 4966? Yes No

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Yes No

10 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12 ......................... 10a

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... 10b

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders .............................................................. 11a

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .................................................. 11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Yes No

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year ........ 12b

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Yes No

Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ........................................... 13b

c Enter the amount of reserves on hand ................................................................. 13c

14a Did the organization receive any payments for indoor tanning services during the tax year? Yes No

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. Yes No

15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? Yes No

If "Yes," see instructions and file Form 4720, Schedule N. 15

16 Is the organization an educational institution subject to the section 4958 excise tax on net investment income? Yes No

If "Yes," complete Form 4720, Schedule O.
### Section A. Governing Body and Management

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

### Section B. Policies

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

### Section C. Disclosure

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>List the states with which a copy of this Form 990 is required to be filed</td>
</tr>
<tr>
<td>18</td>
<td>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</td>
</tr>
<tr>
<td></td>
<td>Own website</td>
</tr>
<tr>
<td></td>
<td>Another's website</td>
</tr>
<tr>
<td></td>
<td>Upon request</td>
</tr>
<tr>
<td></td>
<td>Other (explain in Schedule O)</td>
</tr>
<tr>
<td>19</td>
<td>Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</td>
</tr>
<tr>
<td>20</td>
<td>State the name, address, and telephone number of the person who possesses the organization's books and records</td>
</tr>
<tr>
<td></td>
<td>305 SEVENTH AVENUE, NEW YORK, NY 10001</td>
</tr>
</tbody>
</table>
### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

![Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.](#)

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAMMI T. BUTLER</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CARL CONTIGUILLIA</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROBERT DINNSTEIN</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROBERT C. DAUM</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOLLY EPSSTEIN</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DANIEL KRAMER</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOMINIC FREUD</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GEORGE EVANS</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DANIEL GUTSCHEIN</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JULIA KAHN</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. PETER KRULEWITCH</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MALCOLM MACKAY</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STEPHEN S. MADSSEN</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KENNETH MUNEZ</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KIMBERLY MUSTIN</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JAMES PICKMAN</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAVID M. RUBIN</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. FREDERICK STILLMAN III DIRECTOR</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>JENNIFER M. WALLACE DIRECTOR</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SUSAN WEBSTER DIRECTOR</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MARGUERITE YOUNG DIRECTOR</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>WILLIAM D. ROGERS DIRECTOR</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>JULIA HILBERT DIRECTOR</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>HELEN CHENG DIRECTOR</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>KAREN DYER DIRECTOR</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>HEIDI A. TALLENTIRE DIRECTOR</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

1. Sub total: 1,493,644
2. Total from continuation sheets to Part VII, Section A: 1,493,644
3. Total (add lines 1b and 1c): 1,493,644

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>GUIDANCE AND PRODUCTIVITY STAFFING SOLUTIONS</td>
<td>QUALITY ASSURANCES</td>
<td>3310 NOSTRAND AVE APT 412, BROOKLYN, NY 11240 FOR DDS</td>
</tr>
<tr>
<td>MISSOURI YOUTH SERVICES INSTITUTE, 1906</td>
<td>STAFF COACHING &amp; TRAINING</td>
<td>HAYSELTON DR., JEFFERSON CITY, MO 65109</td>
</tr>
<tr>
<td>DENTRUST OPTIMIZED CARE SOLUTIONS</td>
<td>DENTISTRY</td>
<td>6097 EASTON ROAD, PIPERSVILLE, PA 18947</td>
</tr>
<tr>
<td>DORFMAN, ABRAMS, MUSIC, LLC, 250 PEHLE AVENUE SUITE 702, SADDLE BROOK, NJ 07663</td>
<td>ACCOUNTING</td>
<td>191,937.</td>
</tr>
<tr>
<td>CHARLES B. WANG COMMUNITY HEALTH CENTER, INC</td>
<td>CLIENT SUPPORT</td>
<td>268 CANAL STREET, NEW YORK, NY 10013</td>
</tr>
</tbody>
</table>

2. Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization: 24

---

**Section B. Independent Contractors**

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

---

**Form 990 (2018)**

---

**Part VII, Section A Continuation Sheets**

---

832408 12-31-18
<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(27) MARIELA FLORES</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(28) TORETHA MCQUIRE</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(29) KENNETH M. KRAMER</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(30) ELIZABETH P. MUNSON</td>
<td>2.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>VICE PRESIDENT &amp; SECRETARY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(31) DEBORAH B. SNYDER</td>
<td>2.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>VICE PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(32) GAIL COLEMAN</td>
<td>2.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TREASURER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(36) ELIZABETH MCCARTHY</td>
<td>40.00</td>
<td>X</td>
<td>311,242.</td>
<td>0.</td>
<td>21,894.</td>
</tr>
<tr>
<td>CHIEF EXECUTIVE OFFICER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(37) JANE GOLDEN</td>
<td>40.00</td>
<td>X</td>
<td>236,103.</td>
<td>0.</td>
<td>17,913.</td>
</tr>
<tr>
<td>CHIEF PROGRAM OFFICER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(38) ANTHONY B. EDWARDS</td>
<td>40.00</td>
<td>X</td>
<td>231,492.</td>
<td>0.</td>
<td>10,934.</td>
</tr>
<tr>
<td>CHIEF FINANCIAL OFFICER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(40) DAWN LEWIS</td>
<td>40.00</td>
<td>X</td>
<td>168,380.</td>
<td>0.</td>
<td>14,990.</td>
</tr>
<tr>
<td>CHIEF OPERATING OFFICER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(41) JOHN SHAW</td>
<td>40.00</td>
<td>X</td>
<td>147,784.</td>
<td>0.</td>
<td>21,173.</td>
</tr>
<tr>
<td>DIRECTOR OF HEALTH &amp; MH FO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(42) CAROLYN FRATTO</td>
<td>40.00</td>
<td>X</td>
<td>138,060.</td>
<td>0.</td>
<td>11,091.</td>
</tr>
<tr>
<td>CLINIC DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(43) ELIZABETH KIRKHAM</td>
<td>40.00</td>
<td>X</td>
<td>126,240.</td>
<td>0.</td>
<td>19,980.</td>
</tr>
<tr>
<td>MEDICAL DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(44) MEREDITH SOPHER</td>
<td>40.00</td>
<td>X</td>
<td>134,343.</td>
<td>0.</td>
<td>13,193.</td>
</tr>
<tr>
<td>VP OF CHILD WELFARE, JUVENILE JUSTIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total to Part VII, Section A, line 1c</td>
<td></td>
<td></td>
<td>1,493,644.</td>
<td>131,168.</td>
<td></td>
</tr>
</tbody>
</table>
## Part VIII Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
</tr>
<tr>
<td>1b Membership dues</td>
</tr>
<tr>
<td>1c Fundraising events</td>
</tr>
<tr>
<td>1d Related organizations</td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f: $</td>
</tr>
<tr>
<td>1h Total, Add lines 1a-1f: $</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a MEDICAID</td>
</tr>
<tr>
<td>2b PROGRAM FEES</td>
</tr>
<tr>
<td>2c</td>
</tr>
<tr>
<td>2d</td>
</tr>
<tr>
<td>2e</td>
</tr>
<tr>
<td>2f All other program service revenue</td>
</tr>
<tr>
<td>2g Total, Add lines 2a-2f: $</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investment income (including dividends, interest, and other similar amounts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
</tr>
</tbody>
</table>

| Income from investment of tax-exempt bond proceeds                         |
| 4                                                                          |

<table>
<thead>
<tr>
<th>Royalties</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross rents</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Less: rental expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>6b</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rental income or (loss)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6c</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net rental income or (loss)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6d</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross amount from sales of assets other than inventory</th>
</tr>
</thead>
<tbody>
<tr>
<td>7a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Securities</th>
</tr>
</thead>
<tbody>
<tr>
<td>7b</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Similar Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>7c</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gain or (loss)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7d</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net gain or (loss)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7d</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross income from fundraising events (not including $ 869,319 of contributions reported on line 1c). See Part IV, line 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>8a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Less: direct expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>8b</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net income or (loss) from fundraising events</th>
</tr>
</thead>
<tbody>
<tr>
<td>8c</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross income from gaming activities. See Part IV, line 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>9a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Less: direct expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>9b</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net income or (loss) from gaming activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>9c</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross sales of inventory, less returns and allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Less: cost of goods sold</th>
</tr>
</thead>
<tbody>
<tr>
<td>10b</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net income or (loss) from sales of inventory</th>
</tr>
</thead>
<tbody>
<tr>
<td>10c</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a MISCHELLESE R US REVENUE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>11b</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>11c</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>All other revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>11d</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total, Add lines 11a-11d: $</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
</tr>
</tbody>
</table>

### Business Codes

- **624200**
- **611710**
- **900099**
- **98,369,596**
- **103,673**
- **103,673**
- **103,673**
- **103,673**
- **17,287,390**
- **0**
- **334,969**

### Notes

- **13-3709095** Section 512-514
- **Form 990 (2018)**
- **12-31-18**
<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>3,629,950</td>
<td>3,629,950</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td>3,629,950</td>
<td>3,629,950</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td>869,610</td>
<td>869,610</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>869,610</td>
<td>869,610</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>49,415,072</td>
<td>45,999,170</td>
<td>2,952,839</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>1,343,700</td>
<td>1,288,020</td>
<td>42,665</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>6,161,176</td>
<td>6,097,826</td>
<td>63,350</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>4,211,670</td>
<td>3,890,668</td>
<td>281,688</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td>58,500</td>
<td>41,731</td>
<td>16,769</td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>134,951</td>
<td>96,267</td>
<td>38,684</td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>1,111,040</td>
<td>838,139</td>
<td>262,150</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>3,541,429</td>
<td>2,881,953</td>
<td>615,138</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>6,117,797</td>
<td>5,675,666</td>
<td>413,052</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>883,231</td>
<td>821,656</td>
<td>60,605</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td>115,443</td>
<td>82,351</td>
<td>33,092</td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>235,276</td>
<td>112,932</td>
<td>118,579</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td>564,879</td>
<td>412,207</td>
<td>140,288</td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>1,126,631</td>
<td>1,084,530</td>
<td>39,397</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>6,136,638</td>
<td>5,548,304</td>
<td>566,255</td>
</tr>
<tr>
<td>24</td>
<td>Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e amount that exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td>2,985,656</td>
<td>2,985,656</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>PURCHASE OF SERVICES</td>
<td>2,985,656</td>
<td>2,985,656</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>POSTER PARENT PAYMENTS</td>
<td>2,102,472</td>
<td>1,807,410</td>
<td>292,717</td>
</tr>
<tr>
<td>c</td>
<td>REPAIRS AND MAINTENANCE</td>
<td>1,637,053</td>
<td>1,617,430</td>
<td>18,657</td>
</tr>
<tr>
<td>d</td>
<td>FOOD AND CLOTHING</td>
<td>3,047,727</td>
<td>2,611,661</td>
<td>435,073</td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses, Add lines 1 through 24e</td>
<td>95,429,901</td>
<td>87,523,527</td>
<td>7,197,258</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check here □ if following SOP 98-2 (ASC 958-720)
<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>695,540</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>412,985</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>19,133,600</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>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 employees' beneficiary organizations (see instr). Complete Part II of Sch L</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>830,191</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>16,405,509</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>10,828,013</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>12,925,987</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>16,036</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>812,005</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>40,913,143</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>8,196,499</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>5,740,047</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>14,332,126</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>28,268,672</td>
</tr>
<tr>
<td>27</td>
<td>Organizations that follow SFAS 117 (ASC 958), check here [X] and complete lines 27 through 29, and lines 33 and 34.</td>
<td>6,966,503</td>
</tr>
<tr>
<td>28</td>
<td>Unrestricted net assets</td>
<td>1,326,576</td>
</tr>
<tr>
<td>29</td>
<td>Temporarily restricted net assets</td>
<td>4,351,392</td>
</tr>
<tr>
<td>30</td>
<td>Permanently restricted net assets</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
<td>12,644,471</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
<td>40,913,143</td>
</tr>
</tbody>
</table>
## Part XI Reconciliation of Net Assets

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Donation services and use of facilities</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Investment expenses</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>10</td>
</tr>
</tbody>
</table>

## Part XII Financial Statements and Reporting

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td>Cash, Accrual, Other</td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant?</td>
<td>(Yes) X</td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization’s financial statements audited by an independent accountant?</td>
<td>(Yes) X</td>
</tr>
<tr>
<td>2c</td>
<td>If “Yes” to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td>(Yes) X</td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td>(Yes) X</td>
</tr>
<tr>
<td>3b</td>
<td>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</td>
<td>(Yes) X</td>
</tr>
</tbody>
</table>
**SCHEDULE A**  
(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.  
Go to www.irs.gov/Form990 for instructions and the latest information.  

**Part I**  
Reason for Public Charity Status (All organizations must complete this part.) See instructions.

<table>
<thead>
<tr>
<th>Reason Description</th>
<th>Box</th>
<th>Activities/Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>A school described in section 170(b)(1)(A)(iii). (Attach Schedule E (Form 990 or 990-EZ).)</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12c, 12f, and 12g.</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Enter the number of supported organizations</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Provide the following information about the supported organization(s).</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

**Legend**  
(i) Name of supported organization  
(ii) EIN  
(iii) Type of organization (described on lines 1-10 above (see instructions))  
(iv) Amount of monetary support (see instructions)  
(vi) Amount of other support (see instructions)  

**Total**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 830201 10-11-18 Schedule A (Form 990 or 990-EZ) 2018
**Section A. Public Support**

<table>
<thead>
<tr>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>62,390,699</td>
<td>65,957,382</td>
<td>78,304,436</td>
<td>87,589,656</td>
<td>80,747,237</td>
</tr>
<tr>
<td>2. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>67,166</td>
<td>58,907</td>
<td>14,500</td>
<td>140,573</td>
<td></td>
</tr>
<tr>
<td>4. Total. Add lines 1 through 3</td>
<td>62,457,865</td>
<td>66,016,289</td>
<td>78,318,936</td>
<td>87,589,656</td>
<td>80,747,237</td>
</tr>
<tr>
<td>5. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section B. Total Support**

<table>
<thead>
<tr>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Amounts from line 4</td>
<td>62,457,865</td>
<td>66,016,289</td>
<td>78,318,936</td>
<td>87,589,656</td>
<td>80,747,237</td>
</tr>
<tr>
<td>8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>948,774</td>
<td>331,408</td>
<td>309,598</td>
<td>333,874</td>
<td>441,430</td>
</tr>
<tr>
<td>9. Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td>601,287</td>
<td>708,494</td>
<td>275,718</td>
<td>256,330</td>
<td>103,673</td>
</tr>
<tr>
<td>11. Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section C. Computation of Public Support Percentage**

| 14. Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 98.86% |
| 15. Public support percentage from 2017 Schedule A, Part II, line 14 | 98.77% |
| 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | X |
| 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | |
| 18. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | |
### SHELTERING ARMS CHILDREN AND FAMILY SERVICES, INC. 13-3709095 Page 3

**Part III** Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7b from line 7a)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

| Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | 15% |

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

| Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) | 17% |

| Investment income percentage from 2017 Schedule A, Part III, line 17 | 18% |

#### 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization |

#### 19b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization |

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

832023 10-11-18

Schedule A (Form 990 or 990-EZ) 2018
### Part IV  Supporting Organizations

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

#### Section A. All Supporting Organizations

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.

   - Yes
   - No

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).

   - 1

3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

   - Yes
   - No

   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.

   - 3a

   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.

   - 3c

4a. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.

   - Yes
   - No

   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.

   - 4b

   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.

   - 4c

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).

   - Yes
   - No

   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?

   - Type I
   - Type II

   c. Substitutions only. Was the substitution the result of an event beyond the organization's control?

   - Yes
   - No

6. 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.

   - Yes
   - No

7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

   - Yes
   - No

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

   - Yes
   - No

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.

   - Yes
   - No

   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.

   - Yes
   - No

   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.

   - Yes
   - No

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.

   - Yes
   - No

   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
### Part IV Supporting Organizations (continued)

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

### Section B. Type I Supporting Organizations

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

### Section C. Type II Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Were a majority of the organization's directors or trustees during the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>tax year also a majority of the directors or trustees of each of the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>organization's supported organization(s)? If &quot;No,&quot; describe in Part VI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>how control or management of the supporting organization was vested in</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the same persons that controlled or managed the supported organization(s).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section D. All Type III Supporting Organizations

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

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Check the box next to the method that the organization used to satisfy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the Integral Part Test during the year (see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The organization satisfied the Activities Test. Complete line 2 below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b The organization is the parent of each of its supported organizations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete line 3 below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c The organization supported a governmental entity. Describe in Part VI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>how you supported a government entity (see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Activities Test. Answer (a) and (b) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Did substantially all of the organization's activities during the tax</td>
<td></td>
<td></td>
</tr>
<tr>
<td>year directly further the exempt purposes of the supported organization(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to which the organization was responsive? If &quot;Yes,&quot; then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If &quot;Yes,&quot; explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Parent of Supported Organizations. Answer (a) and (b) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Did the organization have the power to regularly appoint or elect a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>majority of the officers, directors, or trustees of each of the supported</td>
<td></td>
<td></td>
</tr>
<tr>
<td>organizations? Provide details in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did the organization exercise a substantial degree of direction over the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>policies, programs, and activities of each of its supported organizations?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; describe in Part VI the role played by the organization in this regard.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part V: Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

#### Section A - Adjusted Net Income

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

#### Section B - Minimum Asset Amount

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

#### Section C - Distributable Amount

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

---

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18
### Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

<table>
<thead>
<tr>
<th>Section D - Distributions</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td>Total annual distributions. Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section E - Distribution Allocations (see instructions)</th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2018</th>
<th>(iii) Distributable Amount for 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2013 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2018 from Section D, line 7: $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2019. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990 or 990-EZ) 2018
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

(See instructions.)
Schedule B (Form 990, 990-EZ, or 990-PF) 
Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization
SHELTERING ARMS CHILDREN AND FAMILY SERVICES, INC.

Employer identification number
13-3709095

Organization type (check one):

Filers of:  

Form 990 or 990-EZ

☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 527 political organization
☐ 501(c)(3) taxable private foundation

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

Form 990-PF

☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

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

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

General Rule

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

Special Rules

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

☐ For an organization described in section 501(c)(7), (8), or (10) 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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) (2018)
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NYC - ADMIN FOR CHILDREN'S SERVICES</td>
<td>$56,337,069</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>150 WILLIAM ST</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>NEW YORK, NY 10038</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>NYC DEPARTMENT OF EDUCATION</td>
<td>$2,474,382</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>52 CHAMBERS ST</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>NEW YORK, NY 10007</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>NYC DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT</td>
<td>$18,557,136</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>156 WILLIAM ST 6TH FLOOR</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>NEW YORK, NY 10038</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part II  Noncash Property

(see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate) (See instructions.)</td>
<td>(d) Date received</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate) (See instructions.)</td>
<td>(d) Date received</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate) (See instructions.)</td>
<td>(d) Date received</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate) (See instructions.)</td>
<td>(d) Date received</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. from Part I</td>
<td>Purpose of gift</td>
<td>Use of gift</td>
<td>Description of how gift is held</td>
</tr>
<tr>
<td>----------------</td>
<td>-----------------</td>
<td>------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. Enter this info here: $.

Use duplicate copies of Part III if additional space is needed.
**SCHEDULE D**

**Supplemental Financial Statements**

*Complete if the organization answered "Yes" on Form 990, Part IV, line 6.*

**Part I**

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

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization’s exclusive legal control? □ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>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 conveying impermissible private benefit? □ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

**Part II**

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

1. Purpose(s) of conservation easements held by the organization (check all that apply).
   - [ ] Preservation of land for public use (e.g., recreation or education)
   - [ ] Protection of natural habitat
   - [ ] Preservation of open space
   - [ ] Preservation of a historically important land area
   - [ ] Preservation of a certified historic structure

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
   - 2a. Total number of conservation easements
   - 2b. Total acreage restricted by conservation easements
   - 2c. Number of conservation easements on a certified historic structure included in (a)
   - 2d. Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4. Number of states where property subject to conservation easement is located

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? □ Yes □ No

6. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
   - $

8. 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)? □ Yes □ No

9. 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.

1b. 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

2. 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
   - (b) Assets included in Form 990, Part X
**Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3. Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   - [ ] Public exhibition
   - [ ] Scholarly research
   - [ ] Preservation for future generations
   - [ ] Loan or exchange programs
   - [ ] Other

4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? [ ] Yes [ ] No

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

1a. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [ ] Yes [ ] No

b. If "Yes," explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2a. Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [ ] Yes [ ] No

b. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

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

1a. Beginning of year balance

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,711,791</td>
<td>4,966,790</td>
<td>4,513,554</td>
<td>4,693,040</td>
<td>404,748</td>
</tr>
</tbody>
</table>

b. Contributions

c. Net investment earnings, gains, and losses
   - 175,431
   - 225,001
   - 452,336
   - -49,710
   - 43,284

d. Grants or scholarships

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>490,000</td>
<td>480,000</td>
<td>123,476</td>
<td>163,557</td>
<td></td>
</tr>
</tbody>
</table>

f. Administrative expenses
   - 4,397,222
   - 4,711,791
   - 4,966,790
   - 4,513,854
   - 4,693,040

2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a. Board designated or quasi-endowment
      - 1.04%
   b. Permanent endowment
      - 98.96%
   c. Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a. Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   a. [ ] unrelated organizations
   b. [ ] related organizations

b. If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

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

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Land</td>
<td>216,374</td>
<td></td>
<td>216,374</td>
<td></td>
</tr>
<tr>
<td>b. Buildings</td>
<td>10,612,887</td>
<td>5,698,738</td>
<td>4,914,149</td>
<td></td>
</tr>
<tr>
<td>c. Leasehold improvements</td>
<td>3,069,672</td>
<td>2,783,231</td>
<td>286,441</td>
<td></td>
</tr>
<tr>
<td>d. Equipment</td>
<td>2,506,576</td>
<td>2,346,044</td>
<td>160,532</td>
<td></td>
</tr>
<tr>
<td>e. Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

| 5,577,496 |

Schedule D (Form 990) 2018
**Part VII** Investments - Other Securities.

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

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) INVESCO S&amp;P 500 EQUAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B) WEIGHT E (RSP)</td>
<td>2,309,292</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)** 2,309,292.

**Part VIII** Investments - Program Related.

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

<table>
<thead>
<tr>
<th>(a) Description of Investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)**

**Part IX** Other Assets.

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)**

**Part X** Other Liabilities.

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

1. **(a) Description of liability**

<table>
<thead>
<tr>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
</tr>
<tr>
<td>(2) ACCRUED PENSION EXPENSE 2,979,391</td>
</tr>
<tr>
<td>(3) DUE TO GOVERNMENTAL AGENCIES 6,386,555</td>
</tr>
<tr>
<td>(4)</td>
</tr>
<tr>
<td>(5)</td>
</tr>
<tr>
<td>(6)</td>
</tr>
<tr>
<td>(7)</td>
</tr>
<tr>
<td>(8)</td>
</tr>
<tr>
<td>(9)</td>
</tr>
</tbody>
</table>

**Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)** 9,365,946.

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) 2018
Part XI  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

1. Total revenue, gains, and other support per audited financial statements 1 98,471,018

2. Amounts included on line 1 but not on Form 990, Part VIII, line 12:
   a. Net unrealized gains (losses) on investments 2a 123,863
   b. Donated services and use of facilities 2b
   c. Recoveries of prior year grants 2c
   d. Other (Describe in Part XIII.) 2d -22,441
   e. Add lines 2a through 2d 2e 101,422

3. Subtract line 2e from line 1 3 98,369,596

4. Amounts included on Form 990, Part VIII, line 12, but not on line 1:
   a. Investment expenses not included on Form 990, Part VIII, line 7b 4a
   b. Other (Describe in Part XIII.) 4b
   c. Add lines 4a and 4b 4c 0

5. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 98,369,596

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

1. Total expenses and losses per audited financial statements 1 95,429,901

2. Amounts included on line 1 but not on Form 990, Part IX, line 25:
   a. Donated services and use of facilities 2a
   b. Prior year adjustments 2b
   c. Other losses 2c
   d. Other (Describe in Part XIII.) 2d
   e. Add lines 2a through 2d 2e 0

3. Subtract line 2e from line 1 3 95,429,901

4. Amounts included on Form 990, Part IX, line 25, but not on line 1:
   a. Investment expenses not included on Form 990, Part VIII, line 7b 4a
   b. Other (Describe in Part XIII.) 4b
   c. Add lines 4a and 4b 4c 0

5. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 95,429,901

Part XIII  Supplemental Information.

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

PART V, LINE 4:

THE BOARD OF DIRECTORS OF THE AGENCY IS RESPONSIBLE FOR THE LONG-TERM INVESTMENT POLICIES FOR DONOR-RESTRICTED ENDOWMENT FUNDS, UNLESS OTHERWISE SPECIFIED BY THE DONOR. THE BOARD OF DIRECTORS HAS ESTABLISHED A POLICY WHEREBY 100% OF AVERAGE EARNINGS ON DONOR-RESTRICTED ENDOWMENT FUNDS ARE TO BE DISTRIBUTED EACH YEAR TO FUND SPECIFIC PROGRAMS OF THE AGENCY. NO SUCH DISTRIBUTION SHALL BE MADE TO THE EXTENT IT WOULD REDUCE THE VALUE BELOW THE ENDOWED CORPUS.

PART X, LINE 2:

THE AGENCY IS A TAX-EXEMPT ORGANIZATION AS DEFINED BY SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED...
TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE AGENCY HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE AGENCY HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES NETTED AGAINST INVESTMENT RETURN -22,441.
### Part I: Fundraising Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - [ ] Mail solicitations
   - [ ] Internet and email solicitations
   - [ ] Phone solicitations
   - [ ] In-person solicitations
   - [ ] Solicitation of non-government grants
   - [ ] Solicitation of government grants
   - [ ] Special fundraising events

2. 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

   If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>SPRING BENEFIT</th>
<th>GOLF EVENT</th>
<th>OTHER EVENTS</th>
<th>TOTAL EVENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross receipts</td>
<td>948,078</td>
<td>186,531</td>
<td></td>
<td>1,134,609</td>
</tr>
<tr>
<td>2 Less: Contributions</td>
<td>802,569</td>
<td>66,750</td>
<td></td>
<td>869,319</td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>145,509</td>
<td>119,781</td>
<td></td>
<td>265,290</td>
</tr>
</tbody>
</table>

**Direct Expenses**

| 4 Cash prizes | 4,803 |
| 5 Noncash prizes | 25,902 |
| 6 Rent/facility costs | 85,000 | 33,953 | 118,953 |
| 7 Food and beverages | 60,509 | 3,865 | 64,374 |
| 8 Entertainment | 21,477 |
| 9 Other direct expenses | 129,072 | 14,596 | 143,668 |

10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ 379,177

11 Net income summary. Subtract line 10 from line 3, column (d) ▶ -113,887

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Bingo</th>
<th>Pull tabs/Instant bingo/progressive bingo</th>
<th>OTHER GAMING</th>
<th>TOTAL GAMING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Direct Expenses</th>
<th>Bingo</th>
<th>Pull tabs/Instant bingo/progressive bingo</th>
<th>OTHER GAMING</th>
<th>TOTAL GAMING</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td>Yes</td>
<td>%</td>
<td>Yes</td>
<td>%</td>
</tr>
</tbody>
</table>

6 Volunteer labor ▶

7 Direct expense summary. Add lines 2 through 5 in column (d) ▶

8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶

9 Enter the state(s) in which the organization conducts gaming activities:
   a Is the organization licensed to conduct gaming activities in each of these states? □ Yes □ No
   b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? □ Yes □ No
   b If "Yes," explain:

---

832082 10-03-18  Schedule G (Form 990 or 990-EZ) 2018
11 Does the organization conduct gaming activities with nonmembers? □ Yes □ 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:
   a. The organization’s facility ........................................ %
   b. An outside facility .................................................. %

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 ▶

       □ Director/officer □ Employee □ Independent contractor

17 Mandatory distributions:

   a. Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ No

   b. Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii) and (v); and Part III, lines 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Name of the organization: SHELTERING ARMS CHILDREN AND FAMILY SERVICES, INC.
Employer Identification number: 13-3709095

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

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ❌ No

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3. Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
## Part III
Grants and Other Assistance to Domestic Individuals

Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>STIPENDS</td>
<td>264</td>
<td>106,006</td>
<td>0</td>
<td>CASH PROVIDED BASED ON PREDETERMINED AMOUNTS</td>
<td></td>
</tr>
<tr>
<td>PROGRAM ALLOWANCES</td>
<td>246</td>
<td>3,523,944</td>
<td>0</td>
<td>CASH PROVIDED BASED ON PREDETERMINED AMOUNTS</td>
<td></td>
</tr>
</tbody>
</table>

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

**PART I, LINE 2:**

GRANTS ARE PROVIDED FOR PARTICIPANTS IN VARIOUS PROGRAMS. MONITORING OVER THE USAGE OF THE GRANTS IS DONE BY THE CASE WORKER ASSIGNED TO THE PARTICIPANT.
**Part I | Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- First-class or charter travel
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (such as maid, chauffeur, chef)

   - 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.

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
   - Receive a severance payment or change-of-control payment?
   - Participate in, or receive payment from, a supplemental nonqualified retirement plan?
   - Participate in, or receive payment from, an equity-based compensation arrangement?

   - If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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:
   - The organization?
   - Any related organization?

   - If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings:
   - The organization?
   - Any related organization?

   - If "Yes" on line 6a or 6b, describe in Part III.

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

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

9 If "Yes" on 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.
<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) ELIZABETH MCCARTHY</td>
<td>(i) 311,242.</td>
<td>0.</td>
<td>0.</td>
<td>12,410.</td>
<td>9,484.</td>
</tr>
<tr>
<td>CHIEF EXECUTIVE OFFICER</td>
<td>(ii) 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>333,136.</td>
</tr>
<tr>
<td>(2) JANE GOLDBERG</td>
<td>(i) 236,103.</td>
<td>0.</td>
<td>0.</td>
<td>11,329.</td>
<td>6,584.</td>
</tr>
<tr>
<td>CHIEF PROGRAM OFFICER</td>
<td>(ii) 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>254,016.</td>
</tr>
<tr>
<td>(3) ANTHONY S. EDWARDS</td>
<td>(i) 231,492.</td>
<td>0.</td>
<td>0.</td>
<td>10,934.</td>
<td>0.</td>
</tr>
<tr>
<td>CHIEF FINANCIAL OFFICER</td>
<td>(ii) 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>242,426.</td>
</tr>
<tr>
<td>(4) DAWN LEWIS</td>
<td>(i) 168,380.</td>
<td>0.</td>
<td>0.</td>
<td>8,406.</td>
<td>6,584.</td>
</tr>
<tr>
<td>CHIEF OPERATING OFFICER</td>
<td>(ii) 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>183,370.</td>
</tr>
<tr>
<td>(5) JOHN SHAW</td>
<td>(i) 147,784.</td>
<td>0.</td>
<td>0.</td>
<td>14,589.</td>
<td>6,584.</td>
</tr>
<tr>
<td>DIRECTOR OF HEALTH &amp; MH FO</td>
<td>(ii) 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>168,957.</td>
</tr>
</tbody>
</table>
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
STRENGTHENING CHILDREN, FAMILIES, AND ADULTS THROUGH FOSTER CARE AND
ADOPTION PROGRAMS, EARLY CHILDHOOD EDUCATION, AFTER SCHOOL PROGRAMS,
PROGRAMS FOR DEVELOPMENTALLY DISABLED ADULTS, AND ALTERNATIVES TO
INCARCERATION FOR JUVENILE OFFENDERS. ON DECEMBER 19, 2016, THE AGENCY
MERGED IN SAFE SPACE NYC, INC. THE MERGER EXPANDED THE AGENCY'S REACH
TO FOUR BOROUGHS. THROUGH ITS CLINICAL AND SUPPORTIVE PROGRAMS ACQUIRED
VIA THE MERGER, SHELTERING ARMS HELPS FAMILIES TO BECOME STRONGER AND
HEALTHIER, GAIN CRITICAL LIFE SKILLS AND HELPS CHILDREN TO THRIVE AND
GROW INTO SUCCESSFUL ADULTS. THE AGENCY MEANINGFULLY IMPACTS OVER
20,000 LIVES EVERY YEAR. SHELTERING ARMS IS FUNDED PRIMARILY BY
GOVERNMENT CONTRACTS WITH VARIOUS NEW YORK CITY AND NEW YORK STATE
AGENCIES AS WELL AS SERVICE FEES PAID BY MEDICAID AND OTHER PARTIES FOR
ITS CLINIC PROGRAMS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMPASSIONATE SERVICES MEASURABLY ENHANCE THE EDUCATION, WELL-BEING,
AND DEVELOPMENT OF CHILDREN, THEIR FAMILIES, AND COMMUNITIES. WE HAVE
MAINTAINED AN UNWAVERING COMMITMENT TO OUR MISSION FOR NEARLY 200
YEARS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
EDUCATORS GUIDE CHILDREN THROUGH HANDS-ON LEARNING ACTIVITIES AND A
CONSTANTLY GROWING SET OF INNOVATIONS, SUCH AS MENTAL HEALTH SUPPORT
AND EXPOSURE TO THE ARTS. OUR MODEL IS INFORMED BY THE NATIONALLY
RECOGNIZED CREATIVE CURRICULUM, WHICH ENSURES THAT CHILDREN GAIN THE
EARLY LITERACY, MATH, AND COGNITIVE SKILLS THEY WILL NEED TO SUCCEED IN KINDERGARTEN AND BEYOND.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
NEEDED TO BE SELF-SUFFICIENT IS THE GOAL OF THE SACFS TWO GROUP HOMES FOR FOSTER YOUTH IN THE BRONX. STAFF MEMBERS PROVIDE SURROGATE PARENTING IN THE GROUP HOMES, HELPING THE RESIDENTS ORGANIZE MEAL PREPARATION, THE ASSIGNMENT OF CHORES, AND OVERSEE THINGS LIKE HOMEWORK REVIEW AND DISCIPLINE. ACADEMIC ACHIEVEMENT, COLLEGE PREPARATION, AND JOB READINESS SKILLS ARE EMPHASIZED FOR ALL YOUTH, WHILE LOCAL WORKSHOPS BROADEN RESIDENTS' PERSPECTIVES AND LIFE COPING SKILLS.

SACFS OFFERS CRITICAL SUPPORT TO TEENS IN FOSTER CARE DURING THEIR OFTEN DIFFICULT TRANSITION TO ADULTHOOD. THROUGH PARTNERSHIPS WITH SKILLED MENTORS, INSPIRING ROLE MODELS, AND NATIONALLY RECOGNIZED FOUNDATIONS AND UNIVERSITIES, WE CLOSE THE GAPS LEFT BY PAST ABUSE OR NEGLECT, AND RESTORE THE SELF-ESTEEM THAT FUELS HARD WORK, PERSONAL DEVELOPMENT, AND SUCCESS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
NSP AND LSP RESIDENCES ARE CLOSELY SUPERVISED AND ALSO RECEIVE EDUCATION AND COUNSELING. SHELTERING ARMS UTILIZES NON-TRADITIONAL SOLUTIONS TO MEET THE CITY'S NEED FOR COMPREHENSIVE AND EFFECTIVE YOUTH REHABILITATION. FROM IMPLEMENTING A GROUNDBREAKING CREATIVE ARTS THERAPY PROGRAM TO NATIONALLY RECOGNIZED MODELS FOR TREATING MENTAL HEALTH, WE ARE TRANSFORMING THE WAY JUVENILE JUSTICE PROGRAMMING IS OPERATED.
DEVELOPMENTALLY DISABLED SERVICES

SACFS OPENED ITS FIRST COMMUNITY RESIDENCE FOR DEVELOPMENTALLY DISABLED INDIVIDUALS WHO HAD BEEN INSTITUTIONALIZED AT THE WILLOWBROOK SCHOOL IN STATEN ISLAND. THESE YOUNG PEOPLE WERE WELCOMED INTO A STRUCTURED, SUPPORTIVE HOME WHERE THEY WERE HELPED TO LIVE AS INDEPENDENTLY AS POSSIBLE, ASSISTED BY COUNSELORS AND OTHER SPECIALISTS. SOME OF THE INDIVIDUALS WHO CAME TO US FROM WILLOWBROOK AS CHILDREN ARE STILL CARED FOR BY US TODAY AS ADULTS. TODAY SACFS OPERATES SIX RESIDENCES FOR DEVELOPMENTALLY DISABLED ADULTS, SERVING MORE THAN 60 ADULTS EACH YEAR. SUPERVISED BY EXPERIENCED AND CARING STAFF, THESE RESIDENTS WORK ON INDEPENDENT LIVING GOALS ESTABLISHED INDIVIDUALLY FOR EACH PERSON. IN ADDITION TO DAY HABILITATION PROGRAMS AND EXCURSIONS, SOME OF THE RESIDENTS HOLD JOBS IN SUPERVISED WORK ENVIRONMENTS.

AFTERSCHOOL AND COMMUNITY SCHOOL PROGRAMS

SACFS AFTERSCHOOL PROGRAMS SERVE MORE THAN 3,000 STUDENTS IN TEN PUBLIC ELEMENTARY AND MIDDLE SCHOOLS EACH YEAR. OUR PROGRAMS UNLOCK STUDENT POTENTIAL BY PROVIDING A SAFE ENVIRONMENT FOR CHILDREN TO DEVELOP AWAY FROM THE NEGATIVE INFLUENCES ON THEIR STREETS. OUR UNIQUE COMBINATION OF PROJECT-BASED LEARNING, CHARACTER DEVELOPMENT, AND EYE-OPENING OPPORTUNITIES PUTS AT-RISK CHILDREN ON TRACK TO SUCCESS. WE OPERATE PROGRAMS IN FOUR ELEMENTARY SCHOOLS, FIVE MIDDLE SCHOOLS, AND WE WERE SELECTED TO PROVIDE THE CITY'S FIRST AFTERSCHOOL PROGRAM SPECIFICALLY DESIGNATED FOR YOUTH IN THE JUVENILE JUSTICE SYSTEM AT BRONX HOPE PASSAGES ACADEMY. WE ARE ALSO THE LEAD PROVIDER AT JHS 22, A COMMUNITY SCHOOL, PROVIDING COMPREHENSIVE WRAP-AROUND SERVICES FOR STUDENTS AND
THEIR FAMILIES, INCLUDING PHYSICAL AND MENTAL HEALTH SERVICES, A FOOD PANTRY, ADULT LITERACY CLASSES, AND MUCH MORE.

FOSTER CARE RECEPTION CENTER

THE SHELTERING ARMS RECEPTION CENTER IS A PRE-PLACEMENT SETTING FOR CHILDREN AGE 0-12 AWAITING IDENTIFICATION OF APPROPRIATE FOSTER HOME PLACEMENT.

PREVENTIVE SERVICES

FAMILIES REFERRED TO OUR PROGRAMS MAY BE AFFLICTED BY HOMELESSNESS, VIOLENCE, MENTAL ILLNESS, SUBSTANCE ABUSE, EXTREME POVERTY, TRAUMA, OR OTHER FACTORS THAT PUT THEIR CHILDREN AT RISK FOR FOSTER CARE PLACEMENT. WE PRIORITIZE THE SAFETY AND HEALTH OF THE CHILDREN IN OUR PROGRAM WHILE WORKING WITH PARENTS TO HEAL AND STRENGTHEN FAMILY BONDS THROUGH TARGETED THERAPY, REFERRALS, HOME VISITS, AND PARENTING CLASSES. OUTCOMES-FOCUSED RESEARCH INFORMS OUR METHODOLOGY AND LEADS TO SUCCESSFUL TRANSFORMATIONS FOR VULNERABLE CHILDREN AND FAMILIES.

YOUTH SERVICES FOR AT-RISK AND RUNAWAY AND HOMELESS YOUTH (RHY)

OUR YOUTH CENTERS AND RESIDENCES ARE HAVENS FOR YOUNG PEOPLE TO BE NURTURED, COUNSELED AND SUPPORTED WHEN THEY HAVE NOWHERE ELSE TO TURN. WITH SACFS, YOUNG PEOPLE FIND A REFUGE FROM THE CHALLENGES THEY FACE COMING OF AGE IN LOW-INCOME NEIGHBORHOODS - FROM HOMELESSNESS TO GANG VIOLENCE AND LIMITED JOB OPPORTUNITIES. OUR 'SAFE SPACE' YOUTH CENTERS AND 24/7 RESIDENCES ARE SECURE PLACES TO BUILD STRONG RELATIONSHIPS WITH STAFF AND PEERS, TO GET HELP WITH SCHOOL WORK, TO GAIN REFERRALS FOR FOOD OR HOUSING AND OTHER BASIC NEEDS, AND TO DEVELOP SKILLS AND BUILD PATHWAYS FOR CAREER SUCCESS.
RAPID RE-HOUSING

WE ARE PROUD TO BE AMONG THE FIRST IN NYC TO PROVIDE RAPID RE-HOUSING FOR YOUTH AGES 21-24, SERVING AS A BRIDGE TO INDEPENDENCE AND SELF-SUFFICIENCY. RRH PROVIDES RENTAL SUPPORT FOR AN APARTMENT IN THE YOUTH'S NAME, PAIRED WITH CASE MANAGEMENT AND LIGHT-TOUCH SUPPORT TO HELP YOUTH GAIN INCREASING INDEPENDENCE OVER THE COURSE OF A YEAR.

JAMAICA COMMUNITY PARTNERSHIP

OUR COMMUNITY PARTNERSHIP WORKS COLLABORATIVELY WITH PARTNER AGENCIES, ORGANIZATIONS, AND COMMUNITY MEMBERS TO CONNECT FAMILIES TO INFORMATION, SERVICES, RESOURCES, AND COMMUNITY SUPPORT AIMED AT STRENGTHENING FAMILY FUNCTIONING AND ADDRESSING ISSUES THAT MATTER TO OUR COMMUNITY, SUCH AS YOUTH EMPLOYMENT AND ENGAGEMENT OPPORTUNITIES.

ROCK SAFE STREETS (CURE VIOLENCE)

WE WERE ONE OF THE FIRST AGENCIES CALLED UPON BY THE NYC TO IMPLEMENT THE NATIONALLY-RECOGNIZED CURE VIOLENCE METHODOLOGY IN FAR ROCKAWAY, QUEENS. CURE VIOLENCE IS AN EVIDENCE-PROVEN PUBLIC HEALTH MODEL FOR "INTERRUPTING" GUN VIOLENCE WHICH WAS DEVELOPED IN CHICAGO'S GANG-PRONE NEIGHBORHOODS. LIKE THE VIOLENCE INTERRUPTERS IN CHICAGO, OUR ROCK SAFE STREETS STAFF LEVERAGE THEIR CREDIBILITY TO EFFECTIVELY DE-ESCALATE CONFLICT AND BUILD COMMUNITY MOMENTUM TOWARD PEACE AND ECONOMIC DEVELOPMENT. WE STAND WITH THE ENTIRE FAR ROCKAWAY COMMUNITY TO HEAL OUR NEIGHBORHOODS AND RECLAIM OUR STREETS FOR SAFER FUTURES.

CLINICAL MENTAL HEALTH SERVICES

SHELTERING ARMS TAKES A NON-TRADITIONAL APPROACH TO MEETING FAMILIES
WHERE THEY ARE WITH THE MENTAL HEALTH SERVICES THEY NEED MOST.

THROUGHOUT DECADES OF MENTAL WELLNESS LEADERSHIP, WE HAVE DEVELOPED
BEST PRACTICES WHICH HAVE CHANGED LIVES, REWRITTEN THE NARRATIVE AROUND
MENTAL HEALTH, AND LEVELED THE PLAYING FIELD. OUR FOUR ARTICLE 31
MENTAL HEALTH CLINICS ARE INTEGRATED WITHIN OUR FAMILY RESOURCE CENTERS
WHERE YOUTH AND FAMILIES REGULARLY VISIT FOR EVENTS, EDUCATION,
RESOURCES, AND OTHER PROGRAMS. WE ARE ALSO PIONEERS OF SCHOOL-BASED
MENTAL HEALTH CARE. OUR KIDWISE PROGRAM EMBEDS MENTAL HEALTH CARE
PROFESSIONALS IN LOW-INCOME ELEMENTARY AND MIDDLE SCHOOLS WHERE THEY
CAN REACH UNDERSERVED CHILDREN AND THEIR FAMILIES DESPITE LANGUAGE
BARRIERS, STIGMA, OR KNOWLEDGE GAPS.

FAMILY HEALTH CLINICS

SACFS HAS A HEALTH CLINIC IN THE BRONX THAT RECEIVES MEDICAID
REIMBURSEMENT FOR HEALTH CARE SERVICES PROVIDED TO THE CHILDREN IN OUR
FOSTER CARE AND JUVENILE JUSTICE RESIDENTIAL PROGRAMS.

MATERNAL CHILD HEALTH / HEALTHY FAMILIES

HEALTHY FAMILIES JAMAICA PROVIDES INTENSIVE HOME VISITING SERVICES FOR
PREGNANT AND PARENTING FAMILIES IN THE JAMAICA AREA IN ORDER TO PREVENT
CHILD ABUSE AND NEGLECT; PROMOTE POSITIVE PARENTING SKILLS AND
PARENT-CHILD INTERACTION; ENSURE OPTIMAL PRENATAL CARE AND CHILD HEALTH
AND DEVELOPMENT; AND ENHANCE FAMILY FUNCTIONING BY REDUCING RISK AND
BUILDING PROTECTIVE FACTORS.

MEDICAID REDESIGN SERVICES

NEW YORK STATE'S REDESIGN OF THE MEDICAID SYSTEM PRIORITIZES CARE
COORDINATION AND REMOVING BARRIERS TO CARE. SACFS PROVIDES CARE
MANAGEMENT FOR CHILDREN WITH THE GOALS OF HELPING THE CHILD AND CAREGIVER BE PROACTIVE AND ENGAGED IN HELPING THE CHILD TO REACH THEIR FULL HEALTH POTENTIAL; IMPROVING THE HEALTH AND WELL-BEING OF MEDICAID RECIPIENTS; REDUCING UNNECESSARY EMERGENCY DEPARTMENT VISITS AND INPATIENT STAYS; AND SHARING HEALTH RECORDS AMONG PROVIDERS TO THAT SERVICES ARE NOT DUPLICATED OR NEGLECTED.

EXPENSES $35,690,440. INCLUDING GRANTS OF $0. REVENUE $3,717,146.

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

THE CONTROLLER OR THE CHIEF FINANCIAL OFFICER IS PRIMARILY RESPONSIBLE FOR THE REVIEW OF THE FORM 990 WHICH IS PREPARED BY THE ORGANIZATION'S AUDITORS. THE INFORMATION ON THE FORM 990 IS COMPARED TO THE AUDITED FINANCIAL STATEMENTS LINE BY LINE. SUPPLEMENTAL INFORMATION WHICH DOES NOT APPEAR IN THE AUDITED FINANCIAL STATEMENTS ARE COMPARED TO THE SOURCE DOCUMENTATION WHICH WAS PREPARED FOR THE FORM 990 PREPARE. ALL OF THE OTHER QUESTIONS ARE REVIEWED FOR ACCURACY. AFTER THE FORM 990 IS APPROVED BY THE CHIEF FINANCIAL OFFICER OR CONTROLLER, THE CEC AND THE BOARD OF DIRECTORS REVIEWS THE FORM 990 AND IF IT IS SATISFACTORY, WILL APPROVE IT FOR SUBMISSION.

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

BOARD MEMBERS ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY ANNUALLY AND NOTE ANY CHANGES, IF ANY.

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

IN ORDER TO DETERMINE COMPENSATION OF OFFICERS, MANAGEMENT AND KEY EMPLOYEES, THE BOARD REVIEWS COMPENSATION LEVELS AT SIMILAR NOT FOR PROFIT ORGANIZATIONS.
FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST

-797,504.
<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unrelated business taxable income expected in the tax year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Tax on the amount on line 1. See instructions for tax computation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Alternative minimum tax for trusts. See instructions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Total. Add lines 2 and 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Estimated tax credits. See instructions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Subtract line 5 from line 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other taxes. See instructions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Total. Add lines 6 and 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Credit for federal tax paid on fuels. See instructions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Subtract line 9 from line 8. Note: If less than $500, the organization is not required to make estimated tax payments. Private foundations, see instructions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Enter the tax shown on the 2018 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>2019 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Installment due dates. See instructions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a &quot;large organization.&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>2018 Overpayment. See instructions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Payment due (Subtract line 13 from line 12)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LHA  For Paperwork Reduction Act Notice, see instructions.

Form 990-W (2019)