Form **990**

(Rev. January 2020)

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

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

<u>ОМВ №. 1545-0047</u>

Open to Public

AF	or th	ne 2019 calendar year, or tax year beginning 07/01, 201	9. and 4	endina		0 F	5/30,20	20	
	0. 01	C Name of organization	-, and 6		D Employer				
B	Check if a	applicable: ASSOCIATION TO BENEFIT CHILDREN				30308			
	Addre	ress Doing business as			0	00000	-		
	chang	Number and street (or P.O. box if mail is not delivered to street address)	Room	/suite	E Telephon	e number			
	-	al return 1841 PARK AVENUE			(646)	459-6	5121		
	Final	I return/ City or town, state or province, country, and ZIP or foreign postal code			(010)				
	Amer	ninated NEW YORK NY 10035			G Gross red	eints \$	28.	,445,2	276.
		lication F Name and address of principal officer: GRETCHEN BUCHENHOL!	2		H(a) Is this				X No
	pend	1841 PARK AVENUE, NEW YORK, NY 10035	-		subordi H(b) Are all s		ncluded?	Yes	No
	Тах-ех	xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	``		list. (see inst		
		$\frac{1}{2} = \frac{1}{2} = \frac{1}$	1)01	527	H(c) Group		•	uouono)	
		of organization: X Corporation Trust Association Other	1	Vear of form	nation: 1985			micile	NY
	artl		•				or regar do		
	1		ROVID	E SERV	ICES TO C	HTLDR	EN ANI	<u> </u>	
a)		FAMILIES IN THE NEW YORK METROPOLITAN AREA AND							
ance		FORCE TO CHALLENGE AND CHANGE THE MYRIADS OF AS							
erné	2	Check this box if the organization discontinued its operations or dispo							
Governance	3	Number of voting members of the governing body (Part VI, line 1a)							19.
ంర	4	Number of independent voting members of the governing body (Part VI, line 1a)							19.
Activities	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a).							333.
ivit	6	Total number of volunteers (estimate if necessary)							00.
Act	-	Total unrelated business revenue from Part VIII, column (C), line 12							0.
		• Net unrelated business taxable income from Form 990-T, line 39							0.
				· · · · · ·	Prior Yea		Cur	rent Yea	
	8	Contributions and grants (Part)/III line 1b)			19,525,			031,2	
Revenue	9	Contributions and grants (Part VIII, line 1h)				3,281,907.		4,122,265.	
ver	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).			271,098.		11,474.		
R	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).				,343.		121,4	
	12				23,109,		26	286,4	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12			20,100,	0.	201	20071	0.
	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)				0.			0.
	4.5	Salaries, other compensation, employee benefits (Part IX, column (A), line 5–10			15,235,		16.	714,9	
Expenses	16 2	Professional fundraising fees (Part IX, column (A), line 11e)			10,200,	0.	101	/ 1 1 / 5	0.
pen	h	p Total fundraising expenses (Part IX, column (A), line Te) $341, 62$	4	· · ·					
ň	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			7,729,	356	7.	976,8	121
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			22,965,		•	691,8	
	19	Revenue less expenses. Subtract line 18 from line 12				446.		594,6	
es					ginning of Curr			l of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			21,633,			424,1	22.
Ass Bal	21	Total liabilities (Part X, line 26)			2,458,			283,9	
Vet.	22	Net assets or fund balances. Subtract line 21 from line 20.		· · ·	19,175,			140,1	
	rt II	Signature Block							
		enalties of perjury, I declare that I have examined this return, including accompanying sch ect, and complete. Declaration of preparer (other than officer) is based on all information of v	edules and	d statements	s, and to the be	st of my l	knowledge	and belie	ef, it is
true	e, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of v	hich prep	parer has an	y knowledge.				
		h Jack				5/17/2	21		
Sig	n	Signature of officer			Date				
Не	re	Matthew Manger; Chief Financial Officer							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	Da	ate	Check	if F	PTIN		
Paic		PAUL HAMMERSCHMIDT TOTAL	with 5	5/17/20			P013	84178	
	parer	Firm's name BDO USA, LLP			Firm's EIN	▶13-5			
Use	Only	Firm's address ▶100 PARK AVENUE NEW YORK, NY 10017-50)1		Phone no.		885-8		
Ma	v the	IRS discuss this return with the preparer shown above? (see instruction						es	No
	-	erwork Reduction Act Notice, see the separate instructions.	,				· ·	m 990 (i	
							1 011)

For	rm 990 (2019) Page 2
Ρ	art 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: ATTACHMENT 1
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
40	(Code:) (Exponence f = colors including grapts of f =) (Boyonus f = colors)
40	(Code:) (Expenses \$13,097,403. including grants of \$) (Revenue \$1,674,300.) EARLY CHILDHOOD PROGRAMS: INCLUDE BOTH EDUCATION AND DAYCARE
	PROGRAMS PROVIDED TO THE CHILDREN OF ABC AND THE VAST SERVICES
	THAT ARE PROVIDED THROUGHOUT THE DAY.
4b	(Code:) (Expenses \$9,443,523. including grants of \$) (Revenue \$2,447,965.)
	WRAP AROUND SERVICES: INCLUDES THE MYRIAD OF PROGRAMS THAT PROVIDE
	SUPPORT TO THE CHILDREN AND THE FAMILIES OF THE COMMUNITY
	INCLUDING A MENTAL HEALTH CLINIC, PREVENTIVE SERVICES AND FAMILY SERVICES AND TRAINING.
40	: (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	I Other program services (Describe on Schedule O.)
<u></u>	(Expenses \$ including grants of \$)(Revenue \$) a Total program service expenses ► 22,540,926.
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9E1	

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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
•	complete Schedule A.	1	X X	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_	~	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	J		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
0	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	Х	
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4.4%		Х
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		Л
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24 -	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	0.4-		Х
	through 24d and complete Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
L		200		Х
~~	"Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
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.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
5	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
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 333									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?									
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,									
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or									
	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	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?	7a	Х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	required to file Form 8282?	7c		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
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?									
9	Sponsoring organizations maintaining donor advised funds.									
	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12									
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:									
	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources									
	against amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
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.	40-								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
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									
	Enter the amount of reserves on hand	140		X						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a								
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b								
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?	1 =		х						
	excess parachute payment(s) during the year?	15								
40	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10								

Form **990** (2019)

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Form 9 Part	90 (2019) ASSOCIATION TO BENEFIT CHILDREN 13-3303 VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,			⁻ age 6 "No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI		• •	Х
Sect	ion A. Governing Body and Management		Yes	No
	Enter the number of vetting members of the governing body at the and of the toy year $\begin{bmatrix} 1a \\ 1 \end{bmatrix}$		Tes	No
	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1a 19 19 19 19 19 19 19 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	,	Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue (Code.	/	Na
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	4.01		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? \dots	10b	Х	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Λ	<u> </u>
b		40-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Λ	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		.,	
	describe in Schedule O how this was done	12c	Х	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	Х	<u> </u>
15	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?		37	
а	The organization's CEO, Executive Director, or top management official	15a	Х	v
b	Other officers or key employees of the organization	15b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright ^{NY} ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)	(Sect	ion 5	01(c)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► MATTHEW MANGER, 1841 PARK AVENUE, NEW YORK, NY 10035 646-459-6121

Page 7 Highest Componented Employee

	Compensation Independent C	ontr	actors			-		•	-			
	Check if Schedul	eΟ	contains a r	esponse or n	ote to any lin	e in this	s Part VII					Х
Section A	. Officers, Direc	ctors	s, Trustees	s, Key Empl	oyees, and	Highe	est Compensa	ated Empl	oyees			
1a Comple	ete this table for	all	persons rea	quired to be	listed Rep	ort co	mpensation fo	r the cale	ndar vear en	dina wi	ith or withi	n the

ersons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box,	unles	Pos heck ss pe	erson	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) ADAM LECZYCKI	35.00									
CLINICAL DIRECTOR	0.					X		237,184.	0.	68,973.
(2) GRETCHEN BUCHENHOLZ	35.00							20171011		
PRESIDENT/CEO	5.00			х				146,423.	0.	110,998.
(3) ERI NOGUCHI	35.00							110,1201		
CHIEF OPERATING OFFICER	5.00				X			155 , 511.	0.	45,223.
(4) MATTHEW MANGER	35.00									
CHIEF FINANCIAL OFFICER	5.00			Х				135,000.	0.	39,258.
(5) LENY BOLIVAR	35.00							,		,
CLINICAL DIRECTOR	0.					X		107,023.	0.	31,122.
(6) MICHELLE TORO	35.00									
SPEECH THERAPIST	0.					X		104,265.	0.	30,320.
(7) TOM STYRON	5.00									
BOARD CHAIRMAN	2.00	Х		Х				Ο.	0.	0.
(8) ANIL STEVENS	5.00									
TREASURER	0.	Х		Х				Ο.	0.	0.
(9)REBECCA BANYASZ	5.00									
BOARD DIRECTOR	0.	Х						Ο.	0.	0.
(10)MITCH BERNARD	5.00									
BOARD DIRECTOR	0.	Х						Ο.	0.	0.
(11) HON. DAVID DINKINS	5.00									
BOARD DIRECTOR	0.	Х						Ο.	0.	0.
(12) MARIAN WRIGHT EDELMAN	5.00									
BOARD DIRECTOR	0.	Х						Ο.	0.	0.
(13) HELEN FREEDMAN	5.00									
BOARD DIRECTOR	0.	Х						Ο.	0.	0.
(14) KARENNA GORE	5.00									
BOARD DIRECTOR	0.	Х						Ο.	0.	0.

JSA 9E1041 2.000 Form 990 (2019)

ASSOCIATION TO BENEFIT CHILDREN

Form	990	(2019)	
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BOARD DIRECTOR 0. x 0. 0. 0. C Total from continuation sheets to Part VII, Section A > 0. 0. 325,89 C Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 6 33 3 BOId the organization list any former officer, director, or trustee, key employee,		(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos neck ss pe d a d	rson irect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compension
Import For Street Corps 0 <th></th> <th></th> <th>organizations below dotted</th> <th>ndividual trustee r director</th> <th>nstitutional trustee</th> <th>Officer</th> <th>(ey employee</th> <th>lighest compensated</th> <th>ormer</th> <th></th> <th>(W-2/1099-MISC)</th> <th>organization and related</th>			organizations below dotted	ndividual trustee r director	nstitutional trustee	Officer	(ey employee	lighest compensated	ormer		(W-2/1099-MISC)	organization and related
5) STEPHEN GRAHM 5.00 x 0 0 BOARD DIRECTOR 0 0 0 0 0 BOARD DIRECTOR 0 0 0 0 0 0 BOARD DIRECTOR 0 0 0 0 0 0 0 BOARD DIRECTOR 0 0 0 0 0 0 0 0 BOARD DIRECTOR 0 </td <td></td>												
BOARD DIRECTOR 0. 0. 0. 1) BLANCHE JOHNSON 5.00 0. 0. BOARD DIRECTOR 0. 0.<				Х						0.	0.	
2) BLANCE JOHNSON 5.00 0. x 0. 0. BOARD DIRECTOR 0. 0. 0. 0. 0. BOARD DIRECTOR 0. X 0. 0. 0. BOARD DIRECTOR 0. X <td></td>												
BOARD DIRECTOR 0. 0. 0. 0. MEREDITH KANE 5.00 0. 0. 0. BOARD DIRECTOR 0. X 0. 0. </td <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td></td>				X						0.	0.	
a) MEREDITH KANE 5.00 0.0. BOARD DIRECTOR 0.0. 0.0.<										0	0	
BOARD DIRECTOR 0 0. 0. 0. BOARD DIRECTOR 0. X 0. 0. Statumber of Individuals (Including but not limited to those listed above) who received m				A						0.	0.	
2) GREGORY LEE 5.00 x 0 0. BOARD DIRECTOR 0. x 0. 0. 0. 0. BOARD DIRECTOR 0. x 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.				v							0	
BOARD DIRECTOR 0. 0. 0. 0. 0. BOARD DIRECTOR 0. X 0. 0. 0. 0. BOARD DIRECTOR 0. X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td></td>										0.	0.	
b) KENNETH LERER 5.00 0. 0. 0. 0. BOARD DIRECTOR 0. X 0. 0. 0. 0. BOARD DIRECTOR 0. X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. </td <td></td> <td></td> <td></td> <td>x</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td></td>				x						0.	0.	
D LIGA LYN 5.00 0. x 0.) KENNI	ETH LERER										
BOARD DIRECTOR 0. </td <td>BOARI</td> <td>DIRECTOR</td> <td>0.</td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td></td>	BOARI	DIRECTOR	0.	Х						0.	0.	
2) AMIE NUTTALL 5.00 0. X 0. 0. BOARD DIRECTOR 0. X 0. 0. Cotal from continuation sheets to Part VII, Section A 885,406. 0. 325,89 Cotal number of individual Inclusion on reganization <td>l) OLGA</td> <td>LYN</td> <td>5.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	l) OLGA	LYN	5.00									
BOARD DIRECTOR 0. X 0 0. BOARD DIRECTOR 5.00 0 0 0 BOARD DIRECTOR 0. X 0 0. C Total from continuation sheets to Part VII, Section A 885,406. 0. 325,89 C Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 6	BOARI	D DIRECTOR	0.	Х						0.	Ο.	
3) ROSE STYRON 5.00 x 0 0. BOARD DIRECTOR 0. x 0 0. 0. b Sub-total 0. 0. 0. 0. 0. 0. c Total from continuation sheets to Part VII, Section A > 885, 406. 0. 325, 89 c Total from continuation from the organization 6 6 325, 89 33 25 For any individual is (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organizations greater than \$150,000? 17 Yes," complete Schedule J for such individual 3 25 b Did any person listed on line 1a receive or accrue compensation from any unrelat	2) AMIE	NUTTALL	5.00									
BOARD DIRECTOR 0. x 0. 0. 0. 1) DERMOT SULLIVAN 5.00 0. x 0. 0. BOARD DIRECTOR 0. x 0. 0. 0. b Sub-total 0. 0. 0. 0. 0. 0. c Total from continuation sheets to Part VII, Section A > 0. 0. 0. 325,89 c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 2 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization? If "Yes," complete Schedule J for such individ				Х						0.	0.	
1) DERMOT SULLIVAN BOARD DIRECTOR 5.00 0. x 0. 0. 3) MICHAEL WOLITZER BOARD DIRECTOR 0. x 0. 0. b SUB-total b Sub-total. 0. 0. 0. 0. c Total from continuation sheets to Part VII, Section A 0. 0. d Total (add lines 1b and 1c) 0. 0. 2: Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 6 4: Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 4: For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 3 2 b Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) Description of services (C) Compensation												
BOARD DIRECTOR 0. x 0. 0. 0. 5) MICHAEL WOLITZER 5.00 x 0. 0. 0. BOARD DIRECTOR 0. x 0. 0. 0. b Sub-total 0. 0. 0. 0. 0. c Total from continuation sheets to Part VII, Section A 885,406. 0. 325,89 c Total (add lines 1b and 1c) 885,406. 0. 325,89 c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization b 6 c Total number of individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . 3 2 a Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . 5 2 Section B. Independent Contractors 5 2 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation's tax year. 6 (A) (B) (C) Compensation's tax year.				X						0.	0.	
3) MICHAEL WOLITZER 5.00 x 0 0. BOARD DIRECTOR 0. x 0 0. 0. b Sub-total 0. 0. 0. 0. 0. 0. c Total from continuation sheets to Part VII, Section A > 0. 0. 0. 0. 0. 0. c Total from continuation sheets to Part VII, Section A > 0. 0											0	
BOARD DIRECTOR 0. x 0. 0. 0. b Sub-total > 885,406. 0. 325,89 c Total from continuation sheets to Part VII, Section A > 0. 0. 0. d Total (add lines 1b and 1c) > 885,406. 0. 325,89 c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization b 6 c Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Yes N c For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X c Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 2 Section B. Independent Contractors 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. (C) (A) (B) (C) Compensation <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td></td>				X						0.	0.	
b Sub-total > 885, 406 0 325, 89 c Total from continuation sheets to Part VII, Section A > 0 0 0 d Total (add lines 1b and 1c) > 885, 406 0 325, 89 c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 6 Yes N c Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Yes N e For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X c Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 2 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. (B) (C) (A) (B) (C) Compensation Compensation				v						0	0	
c Total from continuation sheets to Part VII, Section A 0.0.0. 885,406.0.325,89 c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization b Yes c Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual												325,89
d Total (add lines 1b and 1c) 0. 325,89 c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 6 Yes N c Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			art VII. Section A	• • •	•••	•••	• •		-			
reportable compensation from the organization 6 P Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 2 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 3 2 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X Section B. Independent Contractors 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. (B) (C) (A) (B) (C) Compensation									•	885,406.	0.	325,89
individual	B Did the employ	e organization list any form ee on line 1a? <i>If "Yes," complet</i> / individual listed on line 1a,	ner officer, directo e Schedule J for sud is the sum of rep	or, or ch ind	tru <i>ividu</i>	<i>ual</i> com	 pen	 satior	 n ar	nd other compens	ation from the	
Gection B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Compensation of services Compensation	<i>individu</i> 5 Did any	al	ceive or accrue co	 mpen	 satio	 on f	rom	 any	 uni	related organizatio	on or individual	
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation												
Name and business address Description of services Compensation	comper											
ATTACHMENT 2		Name and bus									rvices	
	ATTACH	MENT 2										

ASSOCIATION TO BENEFIT CHILDREN

Form	990	(2019)
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Part VII Section A. Officers, Directors, Tru		-y = 11	ipio	-			ng	· ·			minue	_,	
(A) Name and title	(B) Average hours per week (list any	box,	not ch unles	ss pe	ition more rson	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportal compensatio related	n from	am ((F) timated tount of other	of
	hours for related organizations below dotted line)	o or director		a Officer	Key employee	Highest compensated employee	ee) Former	- the organization (W-2/1099-MISC)	organizati (W-2/1099-		fro orga and	pensation om the anization d related anization	on d
6) MICHAEL LEWIS	5.00	-		v				0		0			-
VICE PRESIDENT 7) PETER BUCHENHOLZ	2.00			Х				0.		0.			
SECRETARY	2.00			Х				0.		0.			
		_											
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A					 		0.		0.			
2 Total number of individuals (including but not reportable compensation from the organization		hose l		d al	bove	e) who	o re	eceived more than	\$100,000 c	of			
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3	Yes	1
4 For any individual listed on line 1a, is the sorganization and related organizations greated organizations.	eater than	\$15	0,00	00?	ĺf	"Yes	s,"	complete Schedu	le J for s	such			
<i>individual</i>	accrue co	mpen	satio	on f	from	n any	un	related organization	on or individ	dual	4	X	
for services rendered to the organization? <i>If "Ye</i> Section B. Independent Contractors	es," comple	te Sch	nedu	ıle J	for	such	per	son			5		
 Complete this table for your five highest com compensation from the organization. Report c year. 													
(A)								(B)			(C)		

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

Part VIII Statement of Revenue

		Check if Schedule O cont	tains a respon	se or note to an	y line in this Part V			<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
ວັຍຼີ	c	Fundraising events		963,811.				
۲s,		Related organizations		,011.				
ilai	d	-		16,412,292.				
in's	e	Government grants (contributio		10,412,292.				
ŝ	f	All other contributions, gifts, g		4 655 100				
the		and similar amounts not included a		4,655,132.				
ĒĢ	g	Noncash contributions include		105 510				
Dor	.	lines 1a-1f			00.000.005			
	h	Total. Add lines 1a-1f			22,031,235.			
a,				Business Code				
,iç	2a	TUITION & FEES		621300	1,674,300.	1,674,300.		
ue	b	OTHER PATIENT REVENUE		621300	2,447,965.	2,447,965.		
s n S n	c							
Sev	d							
Program Service Revenue	е							
4	f	All other program service reven	ue					
	g	Total. Add lines 2a-2f		►	4,122,265.			
	3	Investment income (includin	ıg dividends,	interest, and				
		other similar amounts)		•	207,531.			207,531.
	4	Income from investment of tax	x-exempt bond	proceeds .	0.			
	5	Royalties			0.			
			(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	c	Rental income or (loss) 6c						
	d	Net rental income or (loss).			0.			
	7a	Gross amount from	(i) Securities	(ii) Other				
		sales of assets						
		other than inventory 7a	1,763,992.					
ð	b	Less: cost or other basis						
Revenue		and sales expenses 7b	1,960,049.					
e ve		Gain or (loss) 7c	-196,057.					
Ř	c d	. ,	100,000.		-196,057.			-196,057.
Other								
đ	ва		draising 963,811.					
		of contributions reported of		198,761.				
		1c). See Part IV, line 18 • • •		-				
	b	Less: direct expenses		198,761.	0.			
	С	Net income or (loss) from fund		••••	0.			
	9a	Gross income from	gaming					
		activities. See Part IV, line 19		0.				
	b	Less: direct expenses		0.				
	C	Net income or (loss) from gan	ning activities.		0.			
	10a	Gross sales of inventory						
		returns and allowances		0.				
	b	Less: cost of goods sold		0.				
	c	Net income or (loss) from sales	s of inventory.		0.			
sn				Business Code				
ue oi	11a	MISCELLANEOUS REVENUE		900099	121,492.			121,492.
lan ent	b							-
te Vev	c							
Miscellaneous Revenue	d	All other revenue						
2	е	Total. Add lines 11a-11d		►	121,492.			
	12	Total revenue. See instructions	5	►	26,286,466.	4,122,265.		132,966.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 0 Ω 4 Benefits paid to or for members 5 Compensation of current officers, directors, 632,777. 632,777 trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 12,458,703. 11,662,619. 583,089 212,995. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 231,085. 226,940. 4,145. section 401(k) and 403(b) employer contributions) 2,242,331. 69,481 40,952. 2,352,764. 9 Other employee benefits 1,039,653. 922,681. 100,121. 16,851. 10 11 Fees for services (nonemployees): 0 a Management 3,993. 3,993 115,849 170,417. 54,568. c Accounting 0 0 e Professional fundraising services. See Part IV, line 17. 0 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 65,738. 55,356. 10,382. (A) amount, list line 11g expenses on Schedule O.). 0 12 Advertising and promotion 535,306. 448,643. 82,298. 4,365. 0 14 Information technology..... 0 15 Royalties 893,977. 862,540. 31,437. Occupancy 16 28,522. 409,812. 364,635. 16,655. 17 Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 0 Conferences, conventions, and meetings 19 509 56. 453. 20 Interest 0 21 Payments to affiliates 626,263. 39,280 666,487. 944. 22 Depreciation, depletion, and amortization 176,425. 170,985. 3,569. 1,871. Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a PURCHASE OF SERVICES 2,098,723. 2,057,169. 30,871. 10,683. 1,225. **h**REPAIRS AND MAINTENANCE 1,349,070. 1,322,206. 25,639. cFOOD & CLOTHING 597,452. 575,644. 12,686. 9,122. dBEDDING, LINENS AND SUPPLIES 2,234. 472,116. 458,014. 11,868. 9,200. 536,796. 486,283. 41,313. e All other expenses 24,691,803. 22,540,926. 1,809,253 341,624. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720) . .

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if

Forn	n 990 (ASSOCIATION TO BENEFIT CHILDREN		13	3303089 Page 11
-	art X				
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,389,128.	1	3,306,700.
	2	Savings and temporary cash investments.	1,573,360.	2	528,775.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net.	4,103,556.	4	5,389,376.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Ÿ	9	Prepaid expenses and deferred charges	275 , 153.	9	218,953.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 20,235,774.			
	b	Less: accumulated depreciation	5,245,828.	10c	4,579,341.
	11	Investments - publicly traded securities	7,427,242.	11	8,036,337.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	1,619,479.	15	1,364,640.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	21,633,746.	16	23,424,122.
	17	Accounts payable and accrued expenses	718,874.	17	1,167,574.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	1,031,726.	19	408,328.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
Liabilities	22	Loans and other payables to any current or former officer, director,			
oilit		trustee, key employee, creator or founder, substantial contributor, or 35%	0		0
Lial	~ ~	controlled entity or family member of any of these persons	0.		0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 25	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	23	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	708,077.	25	708,077.
	26	Total liabilities. Add lines 17 through 25.	2,458,677.	25	2,283,979.
ces	20	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.		20	_,,
lan	27	Net assets without donor restrictions	18,636,276.	27	20,065,434.
Ba	28	Net assets with donor restrictions.	538,793.	28	1,074,709.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
or	29	Capital stock or trust principal, or current funds		29	
iets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds.		31	
Net /	32	Total net assets or fund balances	19,175,069.	32	21,140,143.
Ž	33	Total liabilities and net assets/fund balances	21,633,746.	33	23,424,122.
				-	Form 990 (2010)

23,424,122. Form **990** (2019)

ASSOCIATION	ΤO	BENEFIT	CHILDREN

Form 9	90 (2019)				Pa	ge 12
Part						<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	6,2	86,4	66.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	4,6	91,8	303.
3	Revenue less expenses. Subtract line 2 from line 1	3		1,5	94,6	563.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	9,1	75,0	069.
5	Net unrealized gains (losses) on investments	5		3	70,4	111.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O).	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	2	1,1	40,1	43.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		🛓	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		🛓	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted or	na 🛛			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	rsight	tof			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?.	🗋	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	the			
	Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	idits .		3b	Х	

Form **990** (2019)

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.

OMB No. 1545-0047

		t of the Treasury venue Service	•	Go to www.irs.gov	//Form990 for instruction	ons and t	he latest i	nformation.	Inspection
Nam	e of th	e organization						Employer identif	cation number
ASS	SOCI	TATION TO I						13-33030	
Pa				- · ·	-	-		art.) See instructions	i
The	orga		•		is: (For lines 1 throu		-	,	
1	Ш				tion of churches desc				
2					. (Attach Schedule E	-			
3		-	-		rganization described				
4			-	-	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
_		hospital's nam	-						
5		•	•		a college or universit	y ownee	a or ope	erated by a governme	ental unit described in
~				Complete Part II.)	romantal unit describe	d in 	ion 170/	L\/4\/A\/	
6 7	X				rnmental unit describe				om the general nublic
7	Δ	•		•	•	pport in	om a go		om the general public
8				(1)(A)(vi). (Compl d in section 170/h	o)(1)(A)(vi). (Complete	Dart II)			
9	\vdash	-						l in conjunction with a	land-grant college
5		•					•	name, city, and state o	• •
		university:		grant conege of ag		юпо). Е		namo, oky, and olato o	
10			on that norma	llv receives: (1) m	ore than 331/3 % of its	support	from co	ntributions, membersl	nip fees, and gross
		receipts from	activities rela	ted to its exempt f	unctions - subject to	certain e	exception	s, and (2) no more that	n 331/3% of its
					975. See section 509			s section 511 tax) from Part III.)	businesses
11		•	•		usively to test for publi		•		
12		An organizatio	on organized a	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	arry out the purposes
		of one or mor	e publicly su	pported organizati	ons described in sec	tion 509	(a)(1) or	section 509(a)(2). S	See section 509(a)(3).
	_	Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g.
а		🗌 Type I. A su	upporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
			•	., .	• • • •		ajority of	the directors or truste	es of the
					e Part IV, Sections A				
b								supported organizati	
			-		-	the sam	e persor	is that control or man	age the supported
				-	, Sections A and C.	tod in a	onnoctio	n with and functions	lly intograted with
С					ng organization operation operation operations). You must comple			n with, and functiona	ny integrated with,
d			•		, .			ection with its suppor	ted organization(s)
	L		-			-		oution requirement and	
			-		omplete Part IV, Sect	-			
е								nat it is a Type I, Type I	I, Type III
					ionally integrated sup	porting o	organizat	ion.	
f				organizations					
g			-		orted organization(s).	1		I	
	(i) Na	ame of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docu	ment?	instructions)	instructions)
						Yes	No		
(A)									
(D)									
(B)									
(C)									
(D)									
(E)									
Tota	al								

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

Schedule A (Form 990 or 990-EZ) 2019

 Part II
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,908,980.	16,461,145.	17,045,825.	19,525,281.	22,031,235.	90,972,466.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	15,908,980.	16,461,145.	17,045,825.	19,525,281.	22,031,235.	90,972,466.
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)						0.
6	Public support. Subtract line 5 from line 4						90,972,466.
	tion B. Total Support					T	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	15,908,980.	16,461,145.	17,045,825.	19,525,281.	22,031,235.	90,972,466.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	158,266.	135,958.	166,612.	175,230.	207,531.	843,597.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <u>ATCH</u> . 1	65,677.	48,564.	13,624.	31,343.	121,492.	280,700.
11	Total support. Add lines 7 through 10						92,096,763.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	13,421,624.
13	First five years. If the Form 990 is for organization, check this box and stop here.	or the organizat	ion's first, second	d, third, fourth,	or fifth tax yea	ar as a section	
Sec	tion C. Computation of Public Supp	port Percenta	ge				
14	Public support percentage for 2019 (lir	ne 6, column (f)	divided by line	11, column (f)) .		14	98.78%
15	Public support percentage from 2018	Schedule A, Pa	rt II, line 14			15	98.35%
16a	331/3% support test - 2019. If the org	anization did n	ot check the box	k on line 13, an	d line 14 is 33	1/3 % or more, cl	neck this
	box and stop here. The organization qu	ualifies as a pub	licly supported o	organization			▶ X
b	33 1/3% support test - 2018. If the org	anization did no	ot check a box o	n line 13 or 16	a, and line 15 is	s 331/3 % or mor	e, check
	this box and stop here. The organization	on qualifies as a	publicly support	ted organization	1		🕨 🛄
17a	10%-facts-and-circumstances test - 2	019. If the org	anization did no	t check a box	on line 13, 16a	a, or 16b, and li	ne 14 is
	10% or more, and if the organization						
	Part VI how the organization meets the organization			-	-		
b	10%-facts-and-circumstances test - 2	018. If the org	anization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga	nization meets	the "facts-and	-circumstances"	test, check th	nis box and sto	op here.
	Explain in Part VI how the organization supported organization				-	-	
18	Private foundation. If the organization	did not check a	a box on line 13,	16a, 16b, 17a,	or 17b, check	this box and see	
	instructions						▶∟

Schedule A (Form 990 or 990-EZ) 2019

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
7 u	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		1	1	1	_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	-			•		
	organization, check this box and stop here .			<u></u>			
	tion C. Computation of Public Supp			(f))			0/
15	Public support percentage for 2019 (line 8,						%
16	Public support percentage from 2018 Sche			<u></u> .		16	%
	tion D. Computation of Investment					1 1	
17	Investment income percentage for 2019 (lin		•			17	%
18	Investment income percentage from 2018 S						%
19 a	331/3% support tests - 2019. If the org	-					. —
	17 is not more than 331/3%, check thi	-					
b	331/3% support tests - 2018. If the orga						
	line 18 is not more than 331/3%, check		•	•		••	•
20	Private foundation. If the organization d	id not check a	a box on line 1	4, 19a, or 19b,			
JOA	1 1 000					ochequie A (FO	rm 990 or 990-EZ) 2019

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.*
- 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

JSA

Schedu	le A (Form 990 or 990-EZ) 2019		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	1110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2		
Secti	on C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see			
			Yes	
2 a	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <i>Part VI identify</i> <i>those supported organizations and explain</i> 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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 1b **b** Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

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

6

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	Page
	ion D - Distributions		, , , , , , , , , , , , , , , , ,	Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
	Excess from 2016			
<u> </u>	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			A (Form 990 or 990-EZ) 20

Page 8

Schedule A (Form 990 or 990-EZ) 2019

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

SCHEDULE A, PART II -	OTHER INCOME	£			ATTACHMENT 1	
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
OTHER REVENUE	65,677.	48,564.	13,624.	31,343.	121,492.	280,700.
TOTALS	65,677.	48,564.	13,624.	31,343.	121,492.	280,700.

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.

OMB No. 1545-0047

2019

Name of the organization

ASSOCIATION TO BENEFIT CHILDREN

Employer identification number

13-3303089

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Employer identification number 13-3303089

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	NYC DEPARTMENT OF EDUCATION		Person
	52 DUANE CEDEER	4 750 946	Payroll
	52 DUANE STREET	_ \$\$,750,946.	Noncash (Complete Part II for
	NEW YORK, NY 10007	-	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	US DEPARTMENT OF HEALTH AND HUMAN SVCS.	_	Person
	200 INDEPENDENCE AVENUE SW	\$\$2,794,212.	Payroll Noncash
	WASHINGTON, DC 20201	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NYC DEPT. OF HEALTH AND MENTAL HYGIENE	_	Person
	150 WILLIAM STREET	\$ 1,798,332.	Payroll Noncash
	NEW YORK, NY 10038	_	(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	NYS DEPARTMENT OF HEALTH	-	Person X
	90 CHURCH STREET	_ \$1,988,164.	Payroll Noncash
	NEW YORK, NY 10007		(Complete Part II for noncash contributions.)
		-	nonousin contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			(d)
No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution Person X Payroll
No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution Person
No.	Name, address, and ZIP + 4 NYC ADMIN. FOR CHILDREN'S SERVICES 150 WILLIAM STREET	Total contributions	(d) Type of contribution Person X Payroll Noncash (Complete Part II for
No. 5 (a)	Name, address, and ZIP + 4 NYC ADMIN. FOR CHILDREN'S SERVICES 150 WILLIAM STREET NEW YORK, NY 10038 (b)	Total contributions - \$	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X
No. 5 (a) No.	Name, address, and ZIP + 4 NYC ADMIN. FOR CHILDREN'S SERVICES 150 WILLIAM STREET NEW YORK, NY 10038 (b) Name, address, and ZIP + 4	Total contributions - \$	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number 13-3303089

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (a) and the year. (Enter this information once. See instructions.) ▶ \$ (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (d) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (d) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (d) No. (b) Purpose of gift (c) Use of gift<	Part III	Exclusively religious charitable etc.	contributions to o	rganizations des	cribed in section 501(c)(7) (8) or
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Part I	(a) No	Use duplicate copies of Part III if addit	ional space is neede	ed.	
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Image: second					
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Part I		Transferee's name, address, ar		-	onship of transferor to transferee
Part I					
Part I					
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee	(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					<u> </u>
			(e) Transf	er of gift	
		Transferee's name, address, ar	nd ZIP + 4	Relatio	onship of transferor to transferee
_{SA} Schedule B (Form 990, 990-EZ, or 990-PF) (20					Schedule B (Form 990, 990-EZ, or 990-PF) (2019

SCHEE	DULE	D
(Form	990)	

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

20 19 **Open to Public** Inspection

Schedule D (Form 990) 2019

OMB No. 1545-0047

Nam	e of the organization		Employer identification number
AS	SOCIATION TO BENEFIT CHILDREN		13-3303089
Pa	rt I Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds o	or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held	l in donor advised
	funds are the organization's property, subject to the	e organization's exclusive legal control? .	Yes 🔄 No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that grant t	funds can be used
	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or for	any other purpose
	conferring impermissible private benefit?		Yes 🔄 No
Pa	rt II Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example	e, recreation or education) Preservation	n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution i	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement		2b
С	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (
_	historic structure listed in the National Register .		2d
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or tern	ninated by the organization during the
	tax year		
4	Number of states where property subject to conse		the second se
5	Does the organization have a written policy re		
<u> </u>	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, insp	ecting, handling of violations, and enforcing	conservation easements during the year
-	Amount of ownerses incurred in manifesting increase	ting bondling of violations and onforcing	concernation concerns during the year
7	Amount of expenses incurred in monitoring, inspec	ling, handling of violations, and enforcing of	conservation easements during the year
8	▶\$ Does each conservation easement reported on line	2(d) above satisfy the requirements of sec	tion (170/h)(4)(R)(i)
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports		
5	balance sheet, and include, if applicable, the text of		•
	organization's accounting for conservation easeme		
Pa	rt III Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under F	ASB ASC 958, not to report in its reven	ue statement and balance sheet works
	of art, historical treasures, or other similar asse	ts held for public exhibition, education	, or research in furtherance of public
ь.	service, provide in Part XIII the text of the footnote		
b	If the organization elected, as permitted under F art, historical treasures, or other similar assets he		
	provide the following amounts relating to these ite	ms:	
	(i) Revenue included on Form 990, Part VIII, line		▶\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
	following amounts required to be reported under F		3 7 1
а	Revenue included on Form 990, Part VIII, line 1.		
b	Assets included in Form 990, Part X		

ASSOCIATION TO BENEFIT CHILDREN

13-3303089

Schee	dule D (Form 990) 2019	11010 10 0							10 000	0000	Pa	age 2
-	rt III Organizations Maintaining Co	llections of	Art, Histo	rical Tre	asures	s, or	Other	Similar A	ssets (c	ontinue		
3	Using the organization's acquisition, acc										<i>,</i>	f its
	collection items (check all that apply):				-			-	-			
а	Public exhibition		d	Loan	or excha	ange	progra	m				
b	Scholarly research		е	Other								
С	Preservation for future generations											
4	Provide a description of the organization	n's collections	s and expla	ain how t	they fur	rther	the or	ganization'	s exempt	purpose	e in	Part
	XIII.											
5	During the year, did the organization solic	it or receive of	donations o	of art, hist	orical tr	easu	res, or	other simil	ar _			
_	assets to be sold to raise funds rather than		ained as pa	irt of the o	organiza	ation	s colleo	ction?	[Yes		No
Ра	rt IV Escrow and Custodial Arrange						•			. –		
	Complete if the organization at	nswered "Ye	es" on For	m 990, F	Part IV,	line	9, or r	eported a	n amoun	it on Foi	m	
4 -	990, Part X, line 21.											
1a	Is the organization an agent, trustee, cus			-					_	Vee		No
h	included on Form 990, Part X? If "Yes," explain the arrangement in Part					• • •		• • • • •	•••• ∟	Yes		No
D				nowing tai	JIE.				Amount			
с	Beginning balance					1c			Amount			
	Additions during the year					1d						
e	Distributions during the year					1e						
f	Ending balance					1f						
	Did the organization include an amount o						stodial	account lia	bilitv?	Yes		No
	If "Yes," explain the arrangement in Part											
	rt V Endowment Funds.					<u> </u>					-	
	Complete if the organization a	nswered "Ye	es" on For	m 990, F	Part IV,	line	10.					
	· · · · · · · · · · · · · · · · · · ·	Current year	(b) Prio		(c) Tw			(d) Three y	ears back	(e) Four y	ears b	back
1a	Beginning of year balance											
b	Contributions											
C	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the			e (line 1g,	column	n (a))	held as	:				
а	Board designated or quasi-endowment		_%									
b	· · · · · · · · · · · · · · · · · · ·	6										
С	Term endowment ►%		1000/									
	The percentages on lines 2a, 2b, and 2c											
3a	Are there endowment funds not in the pos	ssession of t	ne organiza	ation that	are nei	d and	a admir	nistered for	tne		'es	No
	organization by:										es	NO
	(i) Unrelated organizations									3a(i)		
h	(ii) Related organizations									3a(ii) 3b		
4	Describe in Part XIII the intended uses of		•							50		
_	rt VI Land, Buildings, and Equipment	nt.			ius.							
I U	Complete if the organization a	inswered "Y	es" on Fo	rm 990, I	Part IV	, line	11a. S	See Form	990, Pa	rt X, line	10.	
	Description of property		r other basis stment)	(b) Cost	or other ba other)	asis		cumulated reciation	(d)) Book valu	le	
1a	Land	,	,		305 , 00	00.	- 17 1			30	5,0	00.
	Buildings			18,2	218,88	39.	14,6	72 , 298.		3,54	6 , 5	91.
	Leasehold improvements			1,1	L10,61	L4.	4	47,193.		66	3,4	21.
d	Equipment.			6	501 , 27	71.	5	36,942.		6	4 , 3	29.
е	Other											
Tota	I. Add lines 1a through 1e. (Column (d) mu	ust equal Fori	m 990, Part	X, colum	n (B), lir	ne 10	c.)	►		4,57	9,3	41.

Schedule D (Form 990) 2019

Schedule D ((Form 990) 2019			Page
Part VII		"Vos" on Form 00	00 Part IV/ line 11h See Form 000	Dart Vilina 12
	Complete if the organization answered (a) Description of security or category	(b) Book value	(c) Method of valua	
	(including name of security)	(b) BOOK value	Cost or end-of-year mark	
(1) Financ	ial derivatives			
	y held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				Dent Villing 10
	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(4)				
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11d. See Form 990	, Part X, line 15.
		scription	, ,	(b) Book value
(1) CASH	H SUR VALUE-LIFE INS POLICY			708,077
(2) DUE	FROM AFFILIATE			581,157
(3) SECU	JRITY DEPOSITS			75,406
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, col. (B) li	ne 15.)		1,364,640
Part X	Other Liabilities.			
	Complete if the organization answered	"Yes" on Form 99	90, Part IV, line 11e or 11f. See For	m 990, Part X,
	line 25.			
1.	(a) Descrip	tion of liability		(b) Book value
(1) Fede	eral income taxes			
(2) DEFE	ERRED COMPENSATION			708,077
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25.)			708,077

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

Х

Schedu	le D (Form 990) 2019		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	26,656,877.
2	Amounts included on line 1 but not on Form 990. Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	370,411.
3	Subtract line 2e from line 1	3	26,286,466.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	26,286,466.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	24,691,803.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	24,691,803.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	5	24,691,803.
Part	XIII Supplemental Information.		
Provid	e the descriptions required for Part II lines 3.5 and 0: Part III lines 1a and 4: Part IV lines 1b and 2b: E	Port $$	line 1. Part V line

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.

see page 5

PART X, LINE 2:

Part XIII Supplemental Information (continued)

UNDER ASC 740, "INCOME TAXES," AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. ABC AND AFFILIATE DO NOT BELIEVE THEY HAVE TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, THEY HAVE NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. ABC AND AFFILIATE HAVE FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE THEY ARE REQUIRED TO DO SO. ADDITIONALLY, ABC AND AFFILIATE HAVE FILED IRS FORM 990 INFORMATION RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE SO REQUIRED. FOR THE YEAR ENDED JUNE 30, 2020, THERE WAS NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE COMBINING STATEMENT OF ACTIVITIES. ABC AND AFFILIATE ARE SUBJECT TO ROUTINE AUDITS BY A TAXING AUTHORITY. AS OF JUNE 30, 2020, ABC AND AFFILIATE WERE NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY.

SCHEDULE G	Supplemental	Information Re	garding	Fundra	ising or Gamir	ng Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if t	he organization answer organization entered n	ed "Yes" on nore than \$1	Form 990, F 5,000 on Foi	Part IV, line 17, 18, or 1 rm 990-EZ, line 6a.	9, or if the	2019
Department of the Treasury				or Form 990			Open to Public
Internal Revenue Service	► G	o to www.irs.gov/Form	990 for instr	uctions and	the latest information.		Inspection
Name of the organization	DENEETE CUTIDO	ENI				Employer identificati 13-3303089	on number
ASSOCIATION TO I	ig Activities. Comp		zation an	sworod "	Ves" on Form 90		7
	EZ filers are not re	-			Tes on tonn se		1.
1 Indicate whether	the organization rais	sed funds through a	a <u>ny o</u> f the	following	activities. Check a	all that apply.	
a Mail solicita	tions	е			non-government g		
	l email solicitations	f			government grant	s	
c Phone solic		g		cial fundra	ising events		
d In-person so							
2a Did the organiza	ition have a written o es listed in Form 990						Yes No
	10 highest paid indi						
	least \$5,000 by the		(<i>,</i> ,	0		
		1				1	
(i) Name and addı or entity (fι		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			·
1							
2							
3							
·							
4							
5							
6							
7							
8							
9							
10							
	which the organiza				contributions or	has been notified	it is exempt from
registration or lic		uon is registered u					it is exempt nom

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 9E1281 1.000 4821BD 702V

13-3303089

		(a) Event #1 THANKS-FOR-GIV.	(b) Event #2 SKATING	(c) Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
	1 Gross receipts	956,170.	137,875.	68,527.	1,162,5
	2 Less: Contributions	854,125.	94,295.	15,391.	963,83
	3 Gross income (line 1 minus line 2)		43,580.	53,136.	198,7
	4 Cash prizes				
	5 Noncash prizes			10,395.	10,3
	6 Rent/facility costs	5,750.	40,308.		46,05
-	7 Food and beverages	45,043.			45,04
	8 Entertainment				
	9 Other direct expenses	51,252	3,272.	42,741.	97,20
1 (1 [/] art	 Direct expense summary. Add lin Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin 	es 4 through 9 in colu ne 10 from line 3, colu janization answered "	mn (d)		198,7 reported more th
1 (1 [/] art	 Direct expense summary. Add lin Net income summary. Subtract line Gaming. Complete if the org 	es 4 through 9 in colu ne 10 from line 3, colu janization answered "	mn (d)		198,70 reported more th
1 (1 ⁻ art	 Direct expense summary. Add lin Net income summary. Subtract line Gaming. Complete if the org 	es 4 through 9 in colu ne 10 from line 3, colu janization answered " ne 6a. (a) Bingo	mn (d)	▶ Part IV, line 19, or	198,7(reported more that (d) Total gaming (ad
1 (1 ' art	 Direct expense summary. Add lin Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " he 6a. (a) Bingo	mn (d)	▶ Part IV, line 19, or	198,76 reported more that
1 (1 ' art	 Direct expense summary. Add lin Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " he 6a. (a) Bingo	mn (d)	▶ Part IV, line 19, or	198,76 reported more that
1 (1 ' art	 Direct expense summary. Add lin Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " he 6a. (a) Bingo	mn (d)	▶ Part IV, line 19, or	198,76
1(1' art	 Direct expense summary. Add lin Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes Noncash prizes 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " e 6a. (a) Bingo	mn (d) Imn (d) Yes" on Form 990, F (b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or (c) Other gaming	198,7(reported more that (d) Total gaming (ad
1(1' art	 Direct expense summary. Add lin Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue	es 4 through 9 in colu ne 10 from line 3, colu anization answered " e 6a. (a) Bingo	mn (d) Imn (d) Yes" on Form 990, f (b) Pull tabs/instant bingo/progressive bingo	Control Contro	198,76 reported more that
1(1' art	 Direct expense summary. Add lin Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " he 6a. (a) Bingo	mn (d)		198,76 reported more that
1(1 ⁻ art	 Direct expense summary. Add lin Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes Xoncash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " e 6a. (a) Bingo (a) Bingo Yes% No es 2 through 5 in colu	mn (d)		198,7 reported more th (d) Total gaming (ac

ASSOCIATION TO BENEFIT CHILDR

Sched	lule G (Form 990 or 990-EZ) 2019			Page 3
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	a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books a			///
17	records:	na		
	Name N			
	Name			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives gar	nina		
	revenue?	~ -	Yes	No
h	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and	d the		
	amount of gaming revenue retained by the third party \blacktriangleright \$	1 110		
c	If "Yes," enter name and address of the third party:			
U	in res, enter name and address of the third party.			
	Name ►			
	Name ►			
	Address ►			
	Address ►			
16	Gaming manager information:			
	Name			
	·			
	Gaming manager compensation ► \$			
	Description of services provided			
	· · · · · · · · · · · · · · · · · · ·			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proce	eds to		
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organiz			
	or spent in the organization's own exempt activities during the tax year > \$			
Par) and (v). and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional			
	(see instructions).			
	· · ·			

SCH	EDULE J	Compen	sation Information	0	MB No.	1545-0	047
(Forr	n 990)	For certain Officers, Dire	ctors, Trustees, Key Employees, and Highest		എത	10	
			npensated Employees on answered "Yes" on Form 990, Part IV, line 2	3	20	19	
	nent of the Treasury	►	Attach to Form 990.	C	pen to		
-	Revenue Service of the organization	Go to www.irs.gov/Form9	90 for instructions and the latest information.	Employer identification		ectio	n
	U) BENEFIT CHILDREN		13-3303089		•	
Part		Is Regarding Compensation		10 000000			,
						Yes	No
1a	Check the app	propriate box(es) if the organization pro	vided any of the following to or for a pers	on listed on Form			
	990, Part VII,	Section A, line 1a. Complete Part III to p	provide any relevant information regarding	these items.			
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
	Travel fo	or companions	Payments for business use of persor	nal residence			
	Tax inde	emnification and gross-up payments	Health or social club dues or initiation	on fees			
	Discretio	onary spending account	Personal services (such as maid, cha	auffeur, chef)			
b	or reimburse	ment or provision of all of the ex	e organization follow a written policy re penses described above? If "No," com	plete Part III to			
	explain		· · · · · · · · · · · · · · · · · · ·	•••••	1b		
2	•		to reimbursing or allowing expenses				
			D/Executive Director, regarding the items	checked on line			
				••••	2		
3	organization's	CEO/Executive Director. Check all that	on used to establish the compensation of t at apply. Do not check any boxes for metho	ds used by a			
	ĭ	•	e CEO/Executive Director, but explain in Pa	art III.			
	· ·	nsation committee	Written employment contract				
	·	dent compensation consultant	X Compensation survey or study				
	X Form 99	0 of other organizations	X Approval by the board or compensa	tion committee			
4	organization of	or a related organization:	Part VII, Section A, line 1a, with respect to	-			
			ayment?		4a		X
			ntal nonqualified retirement plan?		4b		X
С			sed compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and pr	ovide the applicable amounts for each it	em in Part III.			
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	capizations must complete lines 5-9				
5	-		on A, line 1a, did the organization pa	v or accrue any			
Ũ		contingent on the revenues of:	on X, mo ra, dia mo organization pa	y of doordo any			
а	•	•			5a		Х
					5b		Х
		e 5a or 5b, describe in Part III.					
6	For persons	listed on Form 990, Part VII, Section	on A, line 1a, did the organization pa	y or accrue any			
		n contingent on the net earnings of:					
					6a		X
b	-	-			6b		X
		e 6a or 6b, describe in Part III.					
7			n A, line 1a, did the organization prov		_		v
<u> </u>			escribe in Part III.		7		X
8			paid or accrued pursuant to a contract tha				
		•	Regulations section 53.4958-4(a)(3)? If		8		х
9			ow the rebuttable presumption proced		0		
3					9		
For Pa		ction Act Notice, see the Instructions for Fo			ule J (Fo	orm 99(0) 2019

CHILDREN
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ASSOCIATION

Page 2

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of W-2 and		or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
GRETCHEN BUCHENHOLZ	Ξ	146,423.	0	0	68,418.	42,580.	257,421.	0
PRESIDENT/CEO		.0	.0	.0	.0	.0	0.	0.
MATTHEW MANGER	Ξ	135,000.	0	0	.0	39,258.	174,258.	
2CHIEF FINANCIAL OFFICER	1	.0	0	0	.0	.0	.0	0.
ADAM LECZYCKI	Ξ	237,184.	.0	0	.0	68,973.	306,157.	
3CLINICAL DIRECTOR		.0	.0	.0	.0	.0	0.	0.
ERI NOGUCHI	Ξ	155,511.	.0	.0	.0	45,223.	200,734.	0.
4CHIEF OPERATING OFFICER		.0	.0	.0	.0	.0	0.	0.
	Ξ							
S	1							
	Ξ							
6	1							
	Ξ							
7	1							
	Ξ							
8	(ii)							
	Ξ							
6	(ii)							
	Ξ							
10	1							
	Ξ							
11	(ii)							
	Ξ							
12	(ii)							
	Ξ							
13	(ii)							
	Ξ							
14	(ii)							
	Ξ							
15	(ii)							
	Ξ							
16	(ii)							
							Sch	Schedule J (Form 990) 2019

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

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

20**19** Open to Public Inspection

Name of the organization

ASSOCIATION TO BENEFIT CHILDREN

Employer identification number 13-3303089

Par	I lypes of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contribut		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous	Х	11.	425,713.	MARKET QUOT	OITA	N
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts.						
23	Scientific specimens						
24	Archeological artifacts						
25							
26	Other ►() Other ►()						
27	Other ►()						
28	Other ►()						
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for			
	which the organization completed F				29		
	5	,	, J		· · · ·	Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through		
	28, that it must hold for at least th	hree years f	rom the date of the initial	contribution, and which is	sn't required		
	to be used for exempt purposes for	-				1	Х
b	If "Yes," describe the arrangement i						
31	Does the organization have a		ance policy that require	es the review of any i	nonstandard		
	contributions?			-			Х
32a	Does the organization hire or use						
	contributions?		•			1	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)) is checked.		
-	describe in Part II.		() JFP-0	. ,	- ,		

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

Schedule M (Form 990) 2019

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, COLUMN B:

THE NUMERICAL DATA HERE REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS.

Page 2

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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



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

 Name of the organization
 Employer ide

ASSOCIATION TO BENEFIT CHILDREN

Employer identification number
13-3303089

FORM 990, PART VI, SECTION A, LINE 2: GRETCHEN BUCHENHOLZ, PRESIDENT/CEO, AND PETER BUCHENHOLZ, SECRETARY, HAVE A FAMILY RELATIONSHIP. TOM STYRON, BOARD CHAIRMAN, AND ROSE STYRON, BOARD DIRECTOR, HAVE A FAMILY RELATIONSHIP. ERI NOGUCHI, CHIEF OPERATING OFFICER, AND MICHAEL LEWIS, VICE PRESIDENT, HAVE A FAMILY RELATIONSHIP.

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

A DRAFT OF FORM 990 IS SUBMITTED TO THE FINANCE COMMITTEE FOR REVIEW, AND, IF NEEDED, FURTHER DISCUSSION. FORM 990 IS ALSO SENT CONCURRENTLY TO THE BOARD OF DIRECTORS IN ITS ENTIRETY AFFORDING ALL BOARD MEMBERS THE OPPORTUNITY TO REVIEW FORM 990 INDEPENDENTLY AND VOICE ANY QUESTIONS OR CONCERNS. SUGGESTED CHANGES, IF APPLICABLE, ARE CONVEYED TO THE TAX PREPARER. THE FINAL VERSION OF FORM 990 IS THEN FURNISHED TO THE BOARD OF DIRECTORS FOR THEIR RECORDS.

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

A LIST OF VENDORS AND GRANTS ARE DISTRIBUTED TO BOARD OF DIRECTORS ANNUALLY TO DETERMINE ANY CONFLICTS. ALL BOARD MEMBERS ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY DISCLOSURE STATEMENT. IN INSTANCES WHERE A POTENTIAL CONFLICT MAY EXIST, THE MATTER WOULD BE PRESENTED TO THE FULL BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF, IF ONE EXISTS. THE BOARD, OR A DULY CONSTITUTED COMMITTEE THEREOF, SHALL DETERMINE WHETHER A CONFLICT EXISTS. IN THE CASE OF AN EXISTING CONFLICT, THE BOARD SHALL DETERMINE WHETHER OR NOT THE CONTEMPLATED TRANSACTION IS TO BE COMPLETED. ALL DELIBERATIONS OF THE BOARD, OR A DULY CONSTITUTED COMMITTEE THEREOF, RELATED TO A CONFLICT OF INTEREST SHALL BE CONDUCTED WITHOUT THE PRESENCE OR PARTICIPATION OF THE INDIVIDUAL WHO HAS THE CONFLICT. ALL DELIBERATIONS OF THE BOARD, OR A DULY CONSTITUTED COMMITTEE THEREOF, RELATED TO CONFLICTS OF INTEREST SHALL BE RECORDED IN THE MINUTES OF THE MEETING.

FORM 990, PART VI, SECTION B, LINE 15A: MARKET SURVEYS ARE CONDUCTED TO DETERMINE THE SALARY RANGE IN WHICH THE CEO FALLS UNDER. THE BOARD OF DIRECTORS APPROVES THE SALARY WHEN APPLICABLE AND THE DECISION IS DOCUMENTED IN THE BOARD MINUTES.

FORM 990, PART VI, SECTION B, LINE 15B: THE SALARIES ARE DETERMINED BY THE CEO.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS OWN WEBSITE AND UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

ASSOCIATION TO BENEFIT CHILDREN PROVIDES SERVICES TO CHILDREN AND FAMILIES IN THE NEW YORK METROPOLITAN AREA. THE ORGANIZATION WAS FOUNDED AS A FORCE TO CHALLENGE AND CHANGE THE MYRIADS OF ASSAULTS TO CHILDREN, INCLUDING BUT NOT LIMITED TO HUNGER, POVERTY, HOMELESSNESS, PHYSICAL AND EMOTIONAL ABUSE, ABANDONMENT, SUBSTANDARD HOUSING,

ame of the organization	Employer identification number
SSOCIATION TO BENEFIT CHILDREN	13-3303089
	ATTACHMENT 1 (CONT'D)

FAILING SCHOOLS AND SUBSTANCE ABUSE WHICH ENDANGER THEIR WELFARE AND

UNDERMINE THEIR FUTURE.

	ATTACHMEN	NT 2
990, PART VII- COMPENSATION OF THE FIVE HIGHEST P	AID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
TODT CORPORATION 139 MERRICK ROAD LYNBROOK, NY 11563	BUILDING MANAGEMENT	1,039,925.
SIGNATURE CLEANING SERVICES 231 W 29TH STREET NEW YORK, NY 10001	CLEANING SERVICES	407,784.
BROSNAN RISK CONSULTANTS 1 BLUE HILL PLAZA PEARL RIVER, NY 10965	SECURITY GUARDS	294,115.
MINDSHIFT TECHNOLOGIES 711 3RD AVENUE, SUITE 205 NEW YORK, NY 10017	I/T MANAGEMENT	179,920.
BDO 622 3RD AVENUE, SUITE 3100 NEW YORK, NY 10017	ACCOUNTING	167,486.

ŏ ▲	Related Organizations and Unrelated Partnerships mplete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or ► Attach to Form 990.	I Unrelated In Form 990, Part IV Form 990.	Partnershi v, line 33, 34, 35b,	ips 36, or 37.	<u> </u>	OMB No. 1545-0047 2019 Open to Public	45-0047 9 ublic
Internal Revenue Service Name of the organization					Employer identification number	Inspection ntification numb	on mber
ASSOCIATION TO BENEFIT CHILDREN					13-3303089	03089	
Part I Identification of Disregarded Entities. Complete if th	the organization answered "Yes" on Form 990, Part IV, line 33	ered "Yes" on F	orm 990, Part IV	V, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	<u> </u>	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entitv	rolling
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
Part II one or more related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	Complete if the org he tax year.	anization answe	red "Yes" on Fo	orm 990, Part IV,	line 34, because	it had	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) lled
						Yes	No
(1) ASSOCIATION TO BENEFIT CHILDREN HDFC 13–3942646 1841 PARK AVENUE NEW YORK, NY 10035	LOW-INC HOUS.	ЛХ	501(C)(3)	L	ABC	×	
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	90 .				Schedule R (Form 990) 2019	(Form 990	0) 2019

13-3303089

ASSOCIATION TO BENEFIT CHILDREN

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exercles according acco	Identification of Related Organizations Taxable as a Partnership. Complete if the organizat because it had one or more related organizations treated as a partnership during the tax year.	a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, sated as a partnership during the tax year.	Complete li u lership during t	he organization	n answered "Ye	on Form	990, Part IV,	line 34,	
Market all Market all <td>(c) Legal domicile (state or foreign country)</td> <td></td> <td>(e) Predominant income (related, unrelated, excluded from tax under tax under</td> <td></td> <td></td> <td>vitonate ons?</td> <td></td> <td></td> <td>(k) Percentage ownership</td>	(c) Legal domicile (state or foreign country)		(e) Predominant income (related, unrelated, excluded from tax under tax under			vitonate ons?			(k) Percentage ownership
wered "Yes" on Form 990, Period									
Netrod Netrod Netrod (h) Share of total (h) (h) Share of total (h)									
Nered Yes (1) Share of total (1) Share of total (1) Share of total									
Wered "Yes" Mered "Yes" Name of total (ŋ) Share of total end-of-year assets									
Mered "Yes" on Form 990, Pa Nered "Yes" on Form 990, Pa Share of total income Share of total end-of-year assets									
wered "Yes" on Form 990, Pa									
vered "Yes" on Form 990, Pc (f) Share of total income end-of-year assets									
Primary activity Legal domicile (stata of rotation) Direct controlling (stata of rotation) Direct controlling (corp. s corp. or trust) Share of total income Share of end-of-year assets Image: Control Image: Corp. s corp. or trust) Image: Corp. s corp. or trust) Image: Corp. s corp. or trust) Image: Corp. s corp. or trust) Image: Corp. s corp. or trust) Image: Corp. s corp. or trust) Image: Corp. s corp. or trust) Image: Corp. s corp. or trust) Image: Corp. s corp. or trust) Image: Corp. s corp. or trust) Image: Corp. s corp.	it had one or more related organiz	ations treated a	is a corporation	n or trust durin	g the tax year.	-		5	_
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year as		ntage Section rship controlled entity?
									Yes No

13-3303089

ASSOCIATION TO BENEFIT CHILDREN

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ASSOCIATION TO BENEFIT CHILDREN

Schedule R (Form 990) 2019

13-3303089

or 36.

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990, Part IV
orm 990,
on F
"Yes" o
answered
if the organization answer
if the or
Complete
Organizations.
Vith Related (
Transactions W
Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.			Yes	s No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	related organizations list	ed in Parts II-IV?		
a Receipt of (i) interest. (ii) annuities. (iii) rovalties. or (iv) rent from a controlled entity.	· · · · · · · · · · · · · · · · · · ·		1a	×
Gift arant or canital contribution to related organization(s)			1p	×
	· · · ·	· · · · ·		×
		· · · · ·	1d	×
	· · · ·		- 	×
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	2 - - -	
f Dividends from related organization(s)			11	×
a Sale of assets to related organization(s).			1g	×
Purchase of assets from related organization(s).			1 h	×
			1	X
			-	\times
k Lease of facilities, equipment, or other assets from related organization(s)			1 k	×
I Performance of services or membership or fundraising solicitations for related organization(s)			=	
m Performance of services or membership or fundraising solicitations by related organization(s)			- - - - - -	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				
• Sharing of paid employees with related organization(s)			1 0 X	
			Ţ	>
			1p	
q Reimbursement paid by related organization(s) for expenses				<
				>
		•••••••••••••••••••••••••••••••••••••••		< ;
6			1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including	this line, including cove	covered relationships and transaction thresholds.	saction thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	guir
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
ISA		Sc	Schedule R (Form 990) 2019) 2019
0				
>				

Name, address, and EIN of entity Primary activity Legal (a) (state or foreign trans country) Primary activity Legal (a) (state or foreign trans country) (1) (1) (1) (1) (1) (1) (1) (2) (2) (1) (1) (1) (1) (1) (1) (2) (3) (4) (1) (1) (1) (1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (10) (10) (1)	Predominant Are all partners section income (related, excluded, organizations?) from tax under sections 512-514) Yes No	(f) Share of total income at a at	(g) Share of end-of-year assets assets	Disproportionate allocations?	Example 1 Code (1) - UBI amount in box 20 of Schedule K-1 (Form 1065) (Form 1065)	Generic manage parting	ai or airing ownership No
(4) (5) (6) (7) (8) (9) (9) (10)							
(5) (6) (7) (7) (8) (9) (9) (9)							
(6) (7) (8) (9) (9)							
(1) (8) (9) (10)							-
(8)							
(9)							
10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

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 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.