

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.

OMB No. 1545-0047

2018

Open to Public Inspection

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

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

FAMILY SERVICES OF WESTCHESTER, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2975 WESTCHESTER AVENUE

City or town, state or province, country, and ZIP or foreign postal code
PURCHASE, NY 10577

F Name and address of principal officer: **LISA COPELAND**
SAME AS C ABOVE

D Employer identification number

13-1773419

E Telephone number

914-937-2320

G Gross receipts \$

23,052,301.

H(a) Is this a group return

for subordinates? ☐ Yes ☒ No

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

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: **WWW.FSW.ORG**

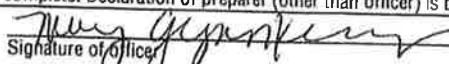
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **1954** **M** State of legal domicile: **NY**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	572
	6 Total number of volunteers (estimate if necessary)	6	95
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,054,156.	9,607,570.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,932,523.	13,333,124.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35,535.	5,554.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-180,412.	-207,706.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	23,841,802.	22,738,542.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	17,571,813.	17,708,902.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 657,524.	0.	50,000.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,235,039.	6,024,904.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,806,852.	23,783,806.
	19 Revenue less expenses. Subtract line 18 from line 12	34,950.	-1,045,264.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	10,898,799.	10,544,327.
	22 Net assets or fund balances. Subtract line 21 from line 20	8,576,431.	9,330,260.
Part II Signature Block		2,322,368.	1,214,067.

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

Sign Here ▶  **MARY GLYNN KERRIGAN, PRESIDENT/CEO** Date **7/13/20**

Paid Preparer Use Only

Print/Type preparer's name DEREK FLANAGAN	Preparer's signature DEREK FLANAGAN	Date 07/10/20	Check if self-employed <input type="checkbox"/>	PTIN P01303468
Firm's name ▶ GRASSI & CO. CPA'S, P.C.	Firm's EIN ▶ 11-3266576			
Firm's address ▶ 488 MADISON AVENUE, 21ST FLOOR NEW YORK, NY 10022	Phone no. 212-661-6166			

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

☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

☒ X

- 1 Briefly describe the organization's mission:

TO PROVIDE A BROAD RANGE OF SOCIAL AND MENTAL HEALTH SERVICES THAT STRENGTHEN AND SUPPORT FAMILIES, CHILDREN, AND INDIVIDUALS.

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **7,361,163.** including grants of \$) (Revenue \$ **5,423,280.**)
SEE SCHEDULE O

4b (Code:) (Expenses \$ **4,949,585.** including grants of \$) (Revenue \$ **2,490,090.**)
SEE SCHEDULE O

4c (Code:) (Expenses \$ **5,066,963.** including grants of \$) (Revenue \$ **2,406,928.**)
EDUCATION SERVICES- FSW'S EDUCATIONAL SERVICES INCLUDE PRIME TIME, HEAD START, EARLY HEAD START, UNIVERSAL PRE-K AND OUR PARENT PARTNERSHIP PROGRAM. FSW'S PRIME TIME OFFERS INTEGRATED LEARNING ENVIRONMENTS AND SELD CONTAINED CLASSES FOR PRE-SCHOOL CHILDREN WITH DEVELOPMENT DELAYS AND DISABILITIES.

- 4d Other program services (Describe in Schedule O.)

(Expenses \$ **3,957,380.** including grants of \$) (Revenue \$ **3,012,007.**)

4e Total program service expenses **21,335,091.**

Form 990 (2018)

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

Part IV 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		X
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	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b 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		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
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):		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part 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 572		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 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		X
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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
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).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a 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:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	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? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
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.	16		X

Form 990 (2018)

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

Check if Schedule O contains a response or note to any line in this Part VI ☒ X

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9
1a 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 in Schedule O.	19											
b Enter the number of voting members included in line 1a, above, who are independent		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?												
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?												
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?												
5 Did the organization become aware during the year of a significant diversion of the organization's assets?												
6 Did the organization have members or stockholders?												
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?												
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?												
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:												
a The governing body?												
b Each committee with authority to act on behalf of the governing body?												
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 in Schedule O												

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b
10a Did the organization have local chapters, branches, or affiliates?												
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?												
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?												
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.												
12a Did the organization have a written conflict of interest policy? If "No," go to line 13												
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?												
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done												
13 Did the organization have a written whistleblower policy?												
14 Did the organization have a written document retention and destruction policy?												
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?												
a The organization's CEO, Executive Director, or top management official												
b Other officers or key employees of the organization												
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).												
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?												
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?												

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **►NY**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records **►**
GEOFFREY BARSKY - 914-937-2320
ONE GATEWAY PLAZA, PORT CHESTER, NY 10573

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LISA COPELAND CHAIR	1.00	X		X				0.	0.	0.
(2) GARY ZAHAKOS TREASURER	1.00	X		X				0.	0.	0.
(3) EDWARD M FOLEY JR VICE CHAIR	1.00	X		X				0.	0.	0.
(4) NICOLE FLEUR HAZARD VICE CHAIR	1.00	X		X				0.	0.	0.
(5) ALEC CECIL SECRETARY	1.00	X		X				0.	0.	0.
(6) DOUGLAS MCCLINTOCK BOARD MEMBER	1.00	X						0.	0.	0.
(7) ONA COHN BOARD MEMBER	1.00	X						0.	0.	0.
(8) LESLIE CHANG BOARD MEMBER	1.00	X						0.	0.	0.
(9) BLAKELY BRODBECK BOARD MEMBER	1.00	X						0.	0.	0.
(10) NANCY LORRAINE GREEN BOARD MEMBER	1.00	X						0.	0.	0.
(11) BARBARA ELLSWORTH-ROBINSON BOARD MEMBER	1.00	X						0.	0.	0.
(12) LES ROSENBERG BOARD MEMBER	1.00	X						0.	0.	0.
(13) LEAH SILLS BOARD MEMBER	1.00	X						0.	0.	0.
(14) HOWARD GREENBERG BOARD MEMBER	1.00	X						0.	0.	0.
(15) ANN SACHER BOARD MEMBER	1.00	X						0.	0.	0.
(16) BRANDON STEINER BOARD MEMBER	1.00	X						0.	0.	0.
(17) NICHOLAS WOLFF BOARD MEMBER	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GEOFFREY BARSKY CFO	35.00			X				143,788.	0.	12,974.
(19) MARY GLYNN KERRIGAN PRESIDENT/CEO	35.00			X				150,189.	0.	4,506.
(20) SHARIFA ARMORER VP PROGRAMS	35.00				X			104,189.	0.	4,506.
(21) SUSAN B. WAYNE FORMER PRESIDENT/CEO	35.00					X		100,053.	0.	7,846.
1b Sub-total								498,219.	0.	29,832.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								498,219.	0.	29,832.

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 **4**

3 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

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

5 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

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	821,827.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	7,688,058.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,097,685.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		9,607,570.			
Program Service Revenue	2 a	PROGRAM & CLIENT FEES	Business Code 900099	13,333,124.	13,333,124.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		13,333,124.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,531.			5,531.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		23.			23.
	8 a	Gross income from fundraising events (not including \$ 821,827. of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events		-271,949.			-271,949.
	9 a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	OTHER INCOME	900099	66,779.			66,779.	
b	CHANGE IN TRUST VALUE	525920	-2,536.			-2,536.	
c							
d	All other revenue						
e	Total. Add lines 11a-11d		64,243.				
12	Total revenue. See instructions		22,738,542.	13,333,124.	0.	-202,152.	

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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	384,051.		384,051.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	13,993,304.	13,242,380.	483,950.	266,974.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	325,610.	317,412.	5,654.	2,544.
9	Other employee benefits	1,493,722.	1,410,525.	71,891.	11,306.
10	Payroll taxes	1,512,215.	1,393,461.	82,706.	36,048.
11	Fees for services (non-employees):				
a	Management				
b	Legal	4,508.		4,508.	
c	Accounting	70,250.		70,250.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	50,000.			50,000.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	714,445.	654,126.	27,064.	33,255.
12	Advertising and promotion				
13	Office expenses	172,779.	138,282.	29,108.	5,389.
14	Information technology	155,990.	141,355.	8,837.	5,798.
15	Royalties				
16	Occupancy	1,508,294.	1,246,996.	238,546.	22,752.
17	Travel	417,048.	405,875.	10,730.	443.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	104,949.	103,055.	1,368.	526.
20	Interest	440,398.	243,956.	186,740.	9,702.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	393,135.	327,486.	65,649.	
23	Insurance	329,823.	306,612.	18,800.	4,411.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	FOOD, CLOTHING AND SCHO	828,869.	812,411.	15,414.	1,044.
b	PROGRAM EXPENSES	385,396.	366,570.	17,612.	1,214.
c	OTHER EVENT COSTS	194,829.			194,829.
d	TELEPHONE	138,220.	124,812.	12,019.	1,389.
e	All other expenses	165,971.	99,777.	56,294.	9,900.
25	Total functional expenses. Add lines 1 through 24e	23,783,806.	21,335,091.	1,791,191.	657,524.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	28,527.	1	58,435.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	202,856.	3	261,725.
	4 Accounts receivable, net	2,719,535.	4	2,579,732.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	339,727.	9	226,435.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,838,669.		
	b Less: accumulated depreciation	10b 5,091,553.		
	11 Investments - publicly traded securities	6,950,195.	10c 6,747,116.	
	12 Investments - other securities. See Part IV, line 11	332,999.	11 341,276.	
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	324,960.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,898,799.	15 329,608.		
Liabilities	17 Accounts payable and accrued expenses	2,147,358.	16 10,544,327.	
	18 Grants payable		17 2,812,647.	
	19 Deferred revenue	127,933.	18	
	20 Tax-exempt bond liabilities		19 113,307.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties	6,301,140.	22	
	24 Unsecured notes and loans payable to unrelated third parties		23 6,237,390.	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	24	
	26 Total liabilities. Add lines 17 through 25	8,576,431.	25 166,916.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26 9,330,260.	
	27 Unrestricted net assets	1,358,766.	27 347,914.	
	28 Temporarily restricted net assets	913,602.	28 816,153.	
	29 Permanently restricted net assets	50,000.	29 50,000.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,322,368.	33 1,214,067.	
	34 Total liabilities and net assets/fund balances	10,898,799.	34 10,544,327.	

Form 990 (2018)

Part XI Reconciliation of Net Assets

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	22,738,542.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,783,806.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,045,264.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,322,368.
5	Net unrealized gains (losses) on investments	5	5,452.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-68,489.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,214,067.

Part XII Financial Statements and Reporting

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
Open to Public Inspection

Name of the organization

FAMILY SERVICES OF WESTCHESTER, INC.

Employer identification number
13-1773419

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

16160710 792240 08917000

2018.06000 FAMILY SERVICES OF WESTCH 08917001

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11365963.	10766518.	10540403.	11054156.	9607570.	53334610.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11365963.	10766518.	10540403.	11054156.	9607570.	53334610.
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)						
6 Public support. Subtract line 5 from line 4						53334610.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	11365963.	10766518.	10540403.	11054156.	9607570.	53334610.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,367.	8,052.	4,468.	8,296.	5,531.	37,714.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	53,016.	65,011.	42,709.	32,341.	66,779.	259,856.
11 Total support. Add lines 7 through 10						53632180.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.45	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.39	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2018

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
7a Amounts included on lines 1, 2, and 3 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

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

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

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

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

	Yes	No
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 .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 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.
- 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? 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.

	Yes	No
1		
2		

Section 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).

	Yes	No
1		

Section 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?
- 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).
- 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? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "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.

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
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.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current 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	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
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	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D - Distributions**

Current Year

1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2018 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-2018(iii)
Distributable
Amount for 2018

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

Schedule A (Form 990 or 990-EZ) 2018

Part VI

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

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

2018

Name of the organization

Employer identification number

FAMILY SERVICES OF WESTCHESTER, INC.**13-1773419**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

FAMILY SERVICES OF WESTCHESTER, INC.**13-1773419****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<u>HHS - HEAD START</u> <u>26 FEDERAL PLAZA ROOM 4114</u> <u>NEW YORK, NY 10278</u>	\$ <u>2,353,561.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<u>WESTCHESTER COUNTY DEPARTMENT OF SOCIAL SERVICES</u> <u>112 E POST RD</u> <u>WHITE PLAINS, NY 10601</u>	\$ <u>592,126.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<u>NYS DEPARTMENT OF TRANSPORTATION</u> <u>50 WOLF RD</u> <u>ALBANY, NY 12232</u>	\$ <u>322,110.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<u>NYS DIVISION OF CRIMINAL JUSTICE SERVICES</u> <u>80 SOUTH SWAN STREET</u> <u>ALBANY, NY 12210</u>	\$ <u>305,682.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<u>THE COUNTY OF WESTCHESTER</u> <u>148 MARTINE AVENUE</u> <u>WHITE PLAINS, NY 10601</u>	\$ <u>746,295.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<u>NYS DEPARTMENT OF HEALTH</u> <u>EMPIRE STATE PLAZA, CORNING TOWER</u> <u>ALBANY, NY 12237</u>	\$ <u>269,342.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

FAMILY SERVICES OF WESTCHESTER, INC.**13-1773419****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	WESTCHESTER COMMUNITY OPPORTUNITY PROGRAM INC WESTCHESTER PLAZA, SUITE 137 ELMSFORD, NY 10523	\$ 231,844.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	NYS OFFICE OF MENTAL HEALTH 44 HOLLAND AVENUE ALBANY, NY 12229	\$ 210,122.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

FAMILY SERVICES OF WESTCHESTER, INC.**13-1773419****Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

Employer identification number

FAMILY SERVICES OF WESTCHESTER, INC.**13-1773419****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations

completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018
Open to Public
Inspection

Name of the organization

FAMILY SERVICES OF WESTCHESTER, INC.

Employer identification number

13-1773419

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

Schedule D (Form 990) 2018

832051 10-29-18

16160710 792240 08917000

2018.06000 FAMILY SERVICES OF WESTCH 08917001

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

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

☐

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

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	393,332.	364,353.	322,242.	361,781.	713,922.
b					
c	9,185.	30,051.	45,646.	1,961.	4,859.
d					
e	0.	1,072.	3,535.	41,500.	357,000.
f					
g	402,517.	393,332.	364,353.	322,242.	361,781.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment \blacktriangleright 84.60 %

b Permanent endowment \blacktriangleright 12.42 %

c Temporarily restricted endowment \blacktriangleright 2.98 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		989,012.		989,012.
b Buildings		8,264,756.	2,506,652.	5,758,104.
c Leasehold improvements				
d Equipment		2,584,901.	2,584,901.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,747,116.

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	148,019.
(3) INTEREST RATE SWAP LIABILITY	18,897.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	
	166,916.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2018

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.

1	Total revenue, gains, and other support per audited financial statements	1	22,675,505.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	5,452.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-68,489.
e	Add lines 2a through 2d	2e	-63,037.
3	Subtract line 2e from line 1	3	22,738,542.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	22,738,542.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	23,783,806.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	23,783,806.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	23,783,806.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION APPLIES THE PROVISIONS PERTAINING TO UNCERTAIN TAX PROVISIONS, FASB ASC TOPIC 740 AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE ORGANIZATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2016.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED LOSS ON INTEREST RATE SWAP

-68,489.

Part XIII Supplemental Information *(continued)*

Lined area for supplemental information.

2018.06000 FAMILY SERVICES OF WESTCH 08917001

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

	(a) Event #1 STAR GALA (event type)	(b) Event #2 BIG BROTHERS BIG SISTERS (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	338,883.	440,526.	80,728.	860,137.
2 Less: Contributions	303,633.	437,466.	80,728.	821,827.
3 Gross income (line 1 minus line 2)	35,250.	3,060.		38,310.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	36,151.	73,752.	26,174.	136,077.
7 Food and beverages				
8 Entertainment		157,500.		157,500.
9 Other direct expenses	12,207.	1,675.	2,800.	16,682.
10 Direct expense summary. Add lines 4 through 9 in column (d)				310,259.
11 Net income summary. Subtract line 10 from line 3, column (d)				-271,949.

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 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 | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

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

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

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

FAMILY SERVICES OF WESTCHESTER, INC.

Employer identification number

13-1773419

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

Part III 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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

FAMILY SERVICES OF WESTCHESTER, INC.

Employer identification number
13-1773419

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

FAMILY SERVICES OF WESTCHESTER OFFERS A BROAD RANGE OF SOCIAL AND
MENTAL HEALTH SERVICES TO STRENGTHEN AND SUPPORT FAMILIES, CHILDREN AND
INDIVIDUALS AT EVERY STAGE OF THE LIFE CYCLE FROM INFANCY TO ADULTHOOD.

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

FAMILY MENTAL HEALTH- FSW'S OMH LICENSED MENTAL HEALTH CLINICS ARE
LOCATED WITHIN OUR SEVEN FAMILY CENTERS IN YONKERS, MOUNT VERNON,
PELHAM, WHITE PLAINS, HASTINGS ON HUDSON, SLEEPY HOLLOW, AND PORT
CHESTER, AS WELL AS AT SATELLITE CLINICS LOCATED WITHIN SCHOOLS AROUND
WESTCHESTER COUNTY. IN ADDITION TO THESE LICENSED CLINICAL SERVICES,
RELATED SUPPORT SERVICES ARE OFFERED THROUGH A SPECTRUM OF MORE THAN 20
PROGRAMS THAT HELP FAMILIES AND INDIVIDUALS OVERCOME CHALLENGES AND
MAKE HEALTHIER LIFE DECISIONS. FOR EXAMPLE: FAMILY STRENGTHENING;
EARLY STEP FORWARD; FAMILY PRESERVATION; PARTNERSHIP FOR CARE PROGRAMS
FOR INDIVIDUALS INFECTED/AFFECTED BY HIV/AIDS; MULTI CULTURAL
INITIATIVE; AND GERIATRIC MENTAL HEALTH SERVICES.

EXAMPLES OF ACHIEVEMENTS INCLUDE:

DURING THIS PERIOD, FAMILY MENTAL HEALTH CONTINUED TO WORK WITH NYU'S
CHILD STUDY CENTER TO TRAIN CLINICAL STAFF AT ALL SEVEN SITES IN TRAUMA
SYSTEM THERAPY (TST), AN EVIDENCE-INFORMED MODEL OF TREATMENT DESIGNED
TO MITIGATE THE EFFECTS OF COMPLEX TRAUMA ON CHILDREN AND FAMILIES. FSW
CONTINUED TO ADMINISTER THE NATIONALLY VALIDATED TRAUMA HISTORY

SCREENING TOOL TO ALL CHILDREN AT THE TIME OF ADMISSION TO THE CLINIC

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

16160710 792240 08917000

2018.06000 FAMILY SERVICES OF WESTCH 08917001

Name of the organization

FAMILY SERVICES OF WESTCHESTER, INC.

Employer identification number

13-1773419

AND THE TRAUMA SYMPTOM CHECKLIST FOR CHILDREN(TSCC). DATA INDICATES THAT, ON AVERAGE, A CHILD ENTERING TREATMENT HAS EXPERIENCED, AT LEAST, 5 TYPES OF TRAUMA I.E. SEPARATION FROM A CAREGIVER, PHYSICAL ABUSE, SEXUAL ABUSE, COMMUNITY VIOLENCE ETC. FSW IS TRACKING OUTCOMES BY RE ADMINISTERING THE TSCC EVERY SIX MONTHS. FAMILY MENTAL HEALTH HAS IMPROVED ITS ASSESSMENT PROCESS AND ADDED SEVERAL ASSESSMENT TOOLS SUCH AS THE DEPRESSION SCREEN, PHQ9. THESE ARE ALSO RE ADMINISTERED EVERY 6 MONTHS TO MONITOR CHANGE. THE COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) IS DONE AT INTAKE AND EVERY THREE MONTHS AND A SAFETY PLAN IS WORKED ON WHEN NEEDED, WITH ADDITIONAL C-SSRS SCREENING IS DONE.

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

YOUTH SERVICES- FSW'S YOUTH SERVICES EMPHASIZE PREVENTION AS THEY STRATEGICALLY PROMOTE POSITIVE YOUTH DEVELOPMENT BY REDUCING RISK FACTORS AND HELPING YOUTH ESTABLISH AND STRENGTHEN THE PROTECTIVE FACTORS. EXAMPLES OF FSW'S PROTECTIVE YOUTH SERVICES INCLUDE: THE AWARD-WINNING EVIDENCE-BASED BIG BROTHERS BIG SISTERS YOUTH MENTORING PROGRAM; WESTCHESTER COUNTY YOUTH COUNCILS; RESPITE AND CAMP SUCCESS; YOUTH RESIDENCES; ADOPTION AND CHILDREN'S SERVICES, THERAPEUTIC FOSTER CARE AND YOUTH FORUM.

EXAMPLES OF ACHIEVEMENTS INCLUDE:

DURING THIS YEAR, RESPITE SERVED 235 INDIVIDUAL CHILDREN, INCLUDING CAMP SUCCESS. OF THE CHILDREN WHO PARTICIPATED IN RESPITE DURING THIS FISCAL YEAR, ONLY 18 WERE REPORTED AS HOSPITALIZED DURING THAT PERIOD OF TIME. THEREFORE, 93% OF RESPITE PARTICIPANTS REMAINED SAFELY IN THE COMMUNITY. GIVEN THE FACT THAT ALL CHILDREN IN THE PROGRAM ARE AT RISK OF HOSPITALIZATION, THIS IS A HIGH PERCENTAGE TO HAVE AVOIDED

Name of the organization

FAMILY SERVICES OF WESTCHESTER, INC.

Employer identification number
13-1773419

HOSPITALIZATION. RESPITE'S SKILL BUILDING PROGRAM HAS EXPANDED TO SERVE ON AVERAGE 15 YOUTH THROUGHOUT THIS YEAR. ADDITIONALLY IN FALL 2017 THE RESPITE PROGRAM EXPANDED WITH 2 ADDITIONAL FTE'S (CRISIS RESPITE SPECIALISTS) AS PART OF DCMH'S CRISIS STABILIZATION UNIT, THIS HAS INCREASED THE OVERALL NUMBER OF YOUTH AND FAMILIES THAT THE PROGRAM SERVES.

DURING THIS YEAR, YOUTH FORUM SERVED 32 INDIVIDUAL YOUTH/YOUNG ADULTS. THE PROGRAM AVERAGED 8.7 GROUP MEMBERS IN ATTENDANCE THROUGHOUT THIS PERIOD OF TIME. YOUTH FORUM HAS ASSISTED YOUTH/YOUNG ADULTS IN AVOIDING HOSPITALIZATION AND INCARCERATION. HOSPITALIZATION AVOIDANCE RATE WAS 97% AND INCARCERATION AVOIDANCE RATE WAS 97%. YOUTH FORUM CONTINUES TO PROVIDE PEER TO PEER SUPPORT WITH INDEPENDENT LIVING SKILLS, SOCIALIZATION SKILLS, HEALTH/WEELNESS, AND JOB READINESS. DURING THIS YEAR BIG BROTHERS BIG SISTERS OF FSW EXPANDED THEIR REACH TO INCLUDE ENGAGING THEIR WAITLIST CHILDREN, SERVING A TOTAL OF 350 CHILDREN. IN SITE-BASED PROGRAMS, WHICH TAKE PLACE AFTER SCHOOL, BBBS SERVED 28 CHILDREN IN YONKERS AND PORT CHESTER. OUTCOMES HAVE FAR EXCEEDED ALL EXPECTATIONS WITH ALL-AROUND IMPROVEMENT IN GRADES, ATTENDANCE AND PROMOTION TO THE NEXT GRADE FOR ALL PROGRAM PARTICIPANTS. FSW YOUTH RESIDENCE PROGRAM SERVED 19 YOUTHS IN 2018. THREE YOUTHS SUCCESSFULLY COMPLETED HIGH SCHOOL; TWO OF THE THREE GRADUATES ARE ATTENDING FOUR YEARS COLLEGES. FOUR OF OUR CURRENT YOUTHS ARE EMPLOYED AND PARTICIPATING IN EDUCATIONAL /VOCATIONAL TRAINING, ALL OTHER YOUTHS ATTENDS THE LOCAL SCHOOL DISTRICT. THROUGHOUT THE COURSE OF THIS YEAR FIVE OF OUR YOUTH TRANSITIONED TO OTHER LEVEL OF CARE AND ONE YOUTH RETURNED TO THEIR FAMILIES WITH AFTER CARE SERVICES IN PLACE.

Name of the organization

FAMILY SERVICES OF WESTCHESTER, INC.

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13-1773419

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SENIOR SERVICES:

FSW'S HOMECARE PROGRAM PROVIDES IN HOME AND PERSONAL CARE FOR THE
ELDERLY AND FRAIL.

SENIOR SERVICES COUNSELING AND PROGRAMS FOR SENIOR CITIZENS, AS WELL
AS LIVABLE COMMUNITIES CONNECTIONS, GATEKEEPER AND ELDER ABUSE
PREVENTION PROGRAMS. FSW ALSO PROVIDES SOCIAL ADULT DAY CARE AND
ENRICHED HOUSING AS WELL AS THE WHITE PLAINS GUEST HOUSE WHICH SERVES
SENIOR ADULTS WITH CHRONIC MENTAL ILLNESS.

VETERAN'S SERVICES:

THIS SERVICE AREA INCLUDES OUR VET2VET PEER SUPPORT & SUICIDE
PREVENTION PROGRAM, AS WELL AS OUR CASE MANAGEMENT PROGRAM FOR
VETERANS. WE HAVE EXPANDED OUR SERVICES TO VETERANS AND FAMILIES FROM
ALL AREAS WITHOUT RESTRICTIONS TO SERVICE DATES, DISCHARGE OR
DEPENDENCY STATUS. WE ADDRESS PROBLEMS THAT ARISE DURING MILITARY
SERVICE, COMMUNITY REINTEGRATION, AND OFFER INDIVIDUALIZED STRATEGIES
TO ADDRESS THE UNIQUE ISSUES FACED BY THE MILITARY/VETERAN COMMUNITY
AND THEIR FAMILY. OUR PEER SUPPORT PROGRAM IS BACKED BY OUR CASE
MANAGEMENT PROGRAM, AIMED TO ADDRESS THE MOST ESSENTIAL OF HUMAN NEEDS;
HOUSING, FOOD STABILITY, EMPLOYMENT, BENEFITS, AND PEER SUPPORT. OUR
STAFF IS COMPRISED OF FORMER ACTIVE DUTY COMBAT VETERANS AND VETERAN
FAMILY MEMBERS. WE SERVED OVER 500 VETERANS DURING THE FISCAL YEAR.
EXPENSES \$ 3,957,380. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,012,007.

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

THE 990 IS REVIEWED BY FSW'S FINANCE COMMITTEE AND DISTRIBUTED TO THE FULL

Name of the organization

FAMILY SERVICES OF WESTCHESTER, INC.

Employer identification number
13-1773419

BOARD FOR APPROVAL.

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

POTENTIAL CONFLICTS OF INTEREST BY BOARD MEMBERS ARE DISCUSSED AND REVIEWED ANNUALLY AT THE DECEMBER BOARD MEETING. CONFLICT OF INTEREST DISCLOSURE FORMS ARE DISTRIBUTED BY THE COMPLIANCE OFFICER AND UPDATED BY EACH BOARD MEMBER ON AN ANNUAL BASIS, AND TO EACH NEW BOARD MEMBER WHO JOINS THE ORGANIZATION DURING THE YEAR.

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

THE ORGANIZATION ALONG WITH THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS COMPARABLE 990S OF SIMILAR SIZE AND SCOPE OF SERVICE ORGANIZATIONS. IN ADDITION, THE ORGANIZATION IS A MEMBER OF THE ALLIANCE FOR CHILDREN AND FAMILIES WHICH IS A NATIONAL ORGANIZATION OF FAMILY SERVICE AGENCIES AND PARTICIPATES IN AN ANNUAL COMPENSATION SURVEY WHICH IS DISTRIBUTED TO ALL PARTICIPATING ORGANIZATIONS. THE ALLIANCE FOR CHILDREN AND FAMILIES IS A SURVEY AND IT IS USED TO DETERMINE IF FSW'S SALARY SCALE IS COMPETITIVE WITH SIMILAR AGENCIES.

AS STATED ABOVE, THE ORGANIZATION ALONG WITH THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS COMPARABLE 990S OF SIMILAR SIZE AND SCOPE OF SERVICE ORGANIZATIONS. IN ADDITION, THE ORGANIZATION IS A MEMBER OF THE ALLIANCE FOR CHILDREN AND FAMILIES WHICH IS A NATIONAL ORGANIZATION OF FAMILY SERVICE AGENCIES AND PARTICIPATES IN AN ANNUAL COMPENSATION SURVEY WHICH IS DISTRIBUTED TO ALL PARTICIPATING ORGANIZATIONS. THE ALLIANCE FOR CHILDREN AND FAMILIES IS A SURVEY AND IT IS USED TO DETERMINE IF FSW'S SALARY SCALE IS COMPETITIVE WITH SIMILAR AGENCIES.

Name of the organization

FAMILY SERVICES OF WESTCHESTER, INC.

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13-1773419

FORM 990, PART VI, SECTION C, LINE 19:

FSW'S FORM 990 IS AVAILABLE ON GUIDESTAR'S WEBSITE (WWW.GUIDESTAR.ORG) AND
IS AVAILABLE UPON REQUEST. FINANCIAL INFORMATION IS ALSO AVAILABLE UPON
REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNREALIZED LOSS ON INTEREST RATE SWAP

-68,489.

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

Form 990-T

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0087

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019**2018**Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		FAMILY SERVICES OF WESTCHESTER, INC.	13-1773419
		Number, street, and room or suite no. If a P.O. box, see instructions. 2975 WESTCHESTER AVENUE	E Unrelated business activity code (See instructions)
		City or town, state or province, country, and ZIP or foreign postal code PURCHASE, NY 10577	812930
C Book value of all assets at end of year 10,544,327.		F Group exemption number (See instructions.)	
		G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here **PARKING TAXES**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **GEOFFREY BARSKY** Telephone number **914-937-2320**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances				
c Balance	1c			
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions; attach schedule)	12			
13 Total. Combine lines 3 through 12	13	0.		

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income. Subtract line 31 from line 30	32	0.

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018)

16160710 792240 08917000

2018.06000 FAMILY SERVICES OF WESTCH 08917001

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	7,624.
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	50g	
51	Total payments. Add lines 50a through 50g	51	7,624.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	7,624.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	7,624.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		X

Sign Here

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

Signature of officer

Date

PRESIDENT/CEO

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed PTIN

DEREK FLANAGAN

DEREK FLANAGAN

07/10/20

P01303468

Firm's name GRASSI & CO. CPA'S, P.C.

Firm's EIN 11-3266576

Firm's address 488 MADISON AVENUE, 21ST FLOOR

Phone no. 212-661-6166

NEW YORK, NY 10022

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total
Total		0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 8, column (B)
0.		0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8			0.	0.
			0.	0.

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Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
			0.	0.	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
		0.	0.			0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A)	Enter here and on page 1, Part I, line 11, col. (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form **990-T** (2018)

FAMILY SERVICES OF WESTCHESTER, INC.

FINANCIAL STATEMENTS

JUNE 30, 2019 AND 2018

FAMILY SERVICES OF WESTCHESTER, INC.

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INDEPENDENT AUDITORS' REPORT

To The Board of Directors
Family Services of Westchester, Inc.

Report on the Financial Statements

We have audited the accompanying financial statements of Family Services of Westchester, Inc. (the "Organization") which comprise the statement of financial position as of June 30, 2019, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Family Services of Westchester, Inc. as of June 30, 2019, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Prior Year Financial Statements

The financial statements as of June 30, 2018 and for the year then ended were audited by Lederer, Levine & Associates, LLC, which merged with Grassi & Co. as of January 1, 2019, and whose report dated December 21, 2018 expressed an unmodified opinion on those financial statements.

Emphasis of Matter

As discussed in Note 2 to the financial statements, Family Services of Westchester, Inc. adopted Financial Accounting Standards Board ("FASB") Accounting Standards Updates ("ASU") No. 2014-09, No. 2016-14 and No. 2018-08. Our opinion is not modified with respect to this matter.

Grassi & Co., CPAs, P.C.

GRASSI & CO., CPAs, P.C.

White Plains, New York
June 15, 2020

FAMILY SERVICES OF WESTCHESTER, INC.
STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2019 AND 2018

	<u>2019</u>	<u>2018</u>
<u>ASSETS</u>		
Cash and cash equivalents	\$ 58,435	\$ 28,527
Accounts receivable, net	2,579,732	2,719,535
Contributions receivable	261,725	202,856
Prepaid expenses and other	226,435	290,135
Investments	341,276	332,999
Property and equipment, net	6,747,116	6,950,195
Beneficial interest in trust	216,360	218,896
Security deposits	113,248	106,064
Interest rate swap asset	-	49,592
	<hr/>	<hr/>
TOTAL ASSETS	<u>\$ 10,544,327</u>	<u>\$ 10,898,799</u>
<u>LIABILITIES AND NET ASSETS</u>		
Liabilities:		
Accounts payable and accrued expenses	\$ 2,812,647	\$ 2,147,358
Deferred revenue	113,307	127,933
Deferred rent	148,019	-
Interest rate swap liability	18,897	-
Loans payable	6,237,390	6,301,140
	<hr/>	<hr/>
TOTAL LIABILITIES	<u>9,330,260</u>	<u>8,576,431</u>
Commitments and Contingencies		
Net Assets:		
Without donor restrictions:		
Operating	7,398	1,029,435
Board designated	340,516	329,331
Total without donor restrictions	<u>347,914</u>	<u>1,358,766</u>
With donor restrictions:		
Purpose restricted	804,152	899,601
Endowments	62,001	64,001
Total with donor restrictions	<u>866,153</u>	<u>963,602</u>
	<hr/>	<hr/>
TOTAL NET ASSETS	<u>1,214,067</u>	<u>2,322,368</u>
	<hr/>	<hr/>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 10,544,327</u>	<u>\$ 10,898,799</u>

The accompanying notes are an integral part of these financial statements.

FAMILY SERVICES OF WESTCHESTER, INC.
STATEMENTS OF ACTIVITIES
FOR THE YEARS ENDED JUNE 30, 2019 AND 2018

	2019				2018			
	Without Donor Restrictions	With Donor Restrictions Purpose Restricted	Endowments	Total	Without Donor Restrictions	With Donor Restrictions Purpose Restricted	Endowments	Total
PUBLIC SUPPORT AND REVENUE - OPERATING								
Public Support:								
Contributions	\$ 20,136	\$ 1,077,549	\$ -	\$ 1,097,685	\$ 37,037	\$ 1,203,428	\$ -	\$ 1,241,365
Special events (net of expenses of \$310,259 in 2019, and \$270,729 in 2018)	549,878	-	-	549,878	557,908	-	-	557,908
Net assets released from restrictions	1,172,402	(1,170,462)	(2,000)	-	1,076,552	(1,076,552)	-	-
Total Public Support	1,742,416	(92,913)	(2,000)	1,647,503	1,672,395	126,876	-	1,799,271
Revenue:								
Government and other grants	7,888,088	-	-	7,888,088	8,888,088	-	-	8,888,088
Program and client fees	13,333,124	-	-	13,333,124	13,088,888	-	-	13,088,888
Other	66,779	-	-	66,779	32,341	-	-	32,341
Total Revenue	21,087,961	-	-	21,087,961	22,007,295	-	-	22,007,295
TOTAL PUBLIC SUPPORT AND REVENUE - OPERATING	22,030,437	(92,913)	(2,000)	22,735,524	23,679,690	126,876	-	23,806,566
EXPENSES - OPERATING								
Program services:								
Youth Services	4,817,747	-	-	4,817,747	4,748,717	-	-	4,748,717
Family Mental Health	7,342,412	-	-	7,342,412	7,100,483	-	-	7,100,483
Elder Services	2,841,460	-	-	2,841,460	3,150,707	-	-	3,150,707
Home Care Services	972,433	-	-	972,433	1,038,055	-	-	1,038,055
Education Services	5,033,553	-	-	5,033,553	4,789,468	-	-	4,789,468
Total program services	21,007,605	-	-	21,007,605	20,818,408	-	-	20,818,408
Management and general	1,725,542	-	-	1,725,542	2,008,674	-	-	2,008,674
Fundraising and development	657,524	-	-	657,524	522,298	-	-	522,298
TOTAL EXPENSES - OPERATING	23,390,671	-	-	23,390,671	23,349,378	-	-	23,349,378
CHANGE IN NET ASSETS - OPERATING	(560,234)	(92,913)	(2,000)	(655,147)	330,312	126,876	-	457,188
Nonoperating Activities:								
Investment income, net	11,006	-	-	11,006	30,051	-	-	30,051
Unrealized (loss) gain on interest rate swap	(88,489)	-	-	(88,489)	47,980	-	-	47,980
Change in value of beneficial interest in trust	-	(2,536)	-	(2,536)	-	(299)	-	(299)
Depreciation and amortization	(393,135)	-	-	(393,135)	(382,474)	-	-	(382,474)
Reserve for contingency	-	-	-	-	(75,000)	-	-	(75,000)
Total Nonoperating Activities	(450,618)	(2,536)	-	(453,154)	(379,493)	(299)	-	(379,792)
CHANGE IN NET ASSETS	(1,010,852)	(95,449)	(2,000)	(1,108,301)	(49,151)	126,577	-	77,426
NET ASSETS, BEGINNING OF YEAR	1,358,768	899,601	84,001	2,322,368	1,407,917	773,024	84,001	2,244,942
NET ASSETS, END OF YEAR	\$ 347,914	\$ 804,152	\$ 82,001	\$ 1,214,067	\$ 1,358,766	\$ 899,601	\$ 84,001	\$ 2,322,368

The accompanying notes are an integral part of these financial statements.
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FAMILY SERVICES OF WESTCHESTER, INC
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2019

	Program Services						Supporting Services		Total
	Youth Services	Family Mental Health	Elder Services	Home Care Services	Education Services	Total	Management and General	Fundraising and Development	
Salaries	\$ 2,884,229	\$ 4,974,940	\$ 1,557,559	\$ 730,270	\$ 3,095,362	\$ 13,242,380	\$ 831,004	\$ 288,974	\$ 14,340,358
Payroll taxes	288,824	529,060	181,518	78,038	316,023	1,393,461	82,708	38,048	1,512,215
Employee benefits	339,051	667,514	170,219	111,921	439,232	1,727,937	114,542	13,850	1,856,329
Total salaries and related costs	3,512,104	6,171,514	1,909,294	920,229	3,850,637	16,363,778	1,028,252	316,872	17,708,902
Occupancy	219,578	386,792	261,887	3,838	374,901	1,246,986	238,546	22,752	1,508,294
Food, clothing and school supplies	161,500	23,053	230,765	81	397,012	812,411	15,414	1,044	828,869
Program expenses	161,992	128,583	44,346	562	11,087	366,570	17,812	1,214	385,396
Professional fees and services	302,046	122,407	71,974	8,538	149,181	654,126	101,822	33,255	789,203
General insurance	80,296	98,829	58,453	12,822	56,412	306,812	18,800	4,411	329,823
Telephone	33,253	44,899	22,400	2,560	21,900	124,812	12,019	1,389	138,220
Office supplies	20,831	29,554	27,888	2,498	57,713	138,282	29,108	5,389	172,779
Automobile and travel	128,359	133,336	100,082	20,676	25,422	405,875	10,730	443	417,048
Computer processing expenses	7,536	130,590	2,481	126	822	141,355	8,837	5,798	155,990
Equipment maintenance and leasing	15,957	14,650	15,575	190	6,053	52,425	14,080	1,411	67,898
Repairs and replacements	279	1,888	957	-	585	3,487	582	5,426	9,495
Conferences and training	21,014	24,895	5,939	-	51,207	103,055	1,388	526	104,949
Public relations	1,458	2,453	10,764	44	-	14,719	4,085	2,973	21,777
Dues and subscriptions	13,193	8,440	5,498	269	1,746	29,146	13,567	90	42,803
Interest expense	120,351	21,131	73,359	-	29,115	243,958	186,740	9,702	440,398
Other event costs	-	-	-	-	-	-	-	244,829	244,829
Provision for doubtful accounts	-	-	-	-	-	-	24,000	-	24,000
Total expenses before depreciation	4,817,747	7,342,412	2,841,480	972,433	5,033,653	21,007,605	1,725,542	657,524	23,390,671
Depreciation	131,838	18,751	143,487	-	33,410	327,486	65,649	-	393,135
Total Expenses	\$ 4,949,585	\$ 7,361,163	\$ 2,984,947	\$ 972,433	\$ 5,068,963	\$ 21,335,091	\$ 1,791,191	\$ 657,524	\$ 23,783,806

The accompanying notes are an integral part of these financial statements.

FAMILY SERVICES OF WESTCHESTER, INC.
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2018

	Program Services					Supporting Services		Total
	Youth Services	Family Mental Health	Elder Services	Home Care Services	Education Services	Management and General	Fundraising and Development	
Salaries	\$ 2,829,499	\$ 4,905,454	\$ 1,747,973	\$ 754,485	\$ 2,989,318	\$ 13,208,729	\$ 866,917	\$ 14,272,262
Payroll taxes	299,584	511,534	188,582	82,626	312,829	1,393,135	80,891	1,493,773
Employee benefits	295,758	651,837	178,278	131,420	416,502	1,873,795	116,643	1,805,778
Total salaries and related costs	3,424,821	6,068,825	2,112,833	968,531	3,898,649	16,273,659	1,064,451	17,571,813
Occupancy	233,351	350,878	288,185	12,457	381,186	1,243,815	187,548	1,461,138
Food, clothing and school supplies	153,675	14,954	227,768	13	381,473	757,883	23,683	783,145
Program expenses	207,190	123,289	44,015	671	15,015	390,160	17,702	410,154
Professional fees and services	252,320	50,858	139,103	7,548	145,891	595,520	287,226	883,883
General insurance	77,361	98,349	53,122	14,030	55,070	295,932	34,784	333,594
Telephone	31,529	39,090	23,702	3,081	20,784	118,188	10,703	130,691
Office supplies	18,230	31,482	31,181	3,250	35,769	119,872	24,178	147,471
Automobile and travel	141,604	141,853	103,323	27,746	9,055	423,581	18,005	441,150
Computer processing expenses	6,569	114,130	3,029	78	415	124,221	14,184	141,948
Equipment maintenance and leasing	11,363	18,520	14,313	564	7,947	52,707	8,555	65,073
Repairs and replacements	1,504	2,717	1,201	42	219	5,883	1,438	8,734
Conferences and training	33,289	6,915	13,824	-	39,436	93,444	8,748	104,298
Public relations	22,498	414	15,126	44	882	38,774	4,403	43,177
Dues and subscriptions	12,833	21,629	7,410	-	1,787	43,859	17,849	65,358
Interest expense	120,800	18,802	74,612	-	27,318	241,332	125,517	376,928
Other event costs	-	-	-	-	-	-	219,105	219,105
Provision for doubtful accounts	-	-	-	-	-	151,740	-	151,740
Total expenses before depreciation	4,748,717	7,100,463	3,150,707	1,038,055	4,780,486	20,818,408	2,008,674	23,349,378
Depreciation	139,571	25,305	133,747	-	33,107	331,730	50,744	382,474
Total Expenses	\$ 4,888,288	\$ 7,125,768	\$ 3,284,454	\$ 1,038,055	\$ 4,813,593	\$ 21,150,138	\$ 2,059,418	\$ 23,731,852

The accompanying notes are an integral part of these financial statements.

FAMILY SERVICES OF WESTCHESTER, INC.
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2019 AND 2018

	<u>2019</u>	<u>2018</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ (1,108,301)	\$ 77,426
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	393,135	382,474
Amortization of debt issuance costs	16,807	16,809
Unrealized (gains) losses on investments	(5,452)	5,484
Unrealized loss (gain) on interest rate swap	68,489	(47,960)
Realized gains on investments	(23)	(27,239)
Deferred rent	148,019	-
Change in value of beneficial interest in trust	2,536	299
Provision for doubtful accounts	24,000	151,740
Changes in operating assets and liabilities:		
(Increase) decrease in assets:		
Accounts receivable	115,803	(395,106)
Contributions receivable	(58,869)	(79,990)
Prepaid expenses and other	63,700	(68,861)
Increase (decrease) in liabilities:		
Accounts payable and accrued expenses	665,289	26,245
Deferred revenue	(14,626)	(658)
Net Cash Provided by Operating Activities	<u>310,507</u>	<u>40,663</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Proceeds from sales of investments	8,700	105,765
Purchases of investments	(11,502)	(66,346)
Purchases of property and equipment	(190,056)	(118,307)
Change in security deposits	(7,184)	14,964
Net Cash Used in Investing Activities	<u>(200,042)</u>	<u>(63,924)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Proceeds from loans payable	783,000	1,170,000
Principal repayments of loans payable	(863,557)	(1,198,955)
Net Cash Used in Financing Activities	<u>(80,557)</u>	<u>(28,955)</u>
NET CHANGE IN CASH AND CASH EQUIVALENTS	29,908	(52,216)
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	<u>28,527</u>	<u>80,743</u>
CASH AND CASH EQUIVALENTS, END OF YEAR	<u>\$ 58,435</u>	<u>\$ 28,527</u>
SUPPLEMENTARY DISCLOSURE OF CASH FLOW INFORMATION:		
Cash paid during the year for interest	<u>\$ 359,518</u>	<u>\$ 333,647</u>

The accompanying notes are an integral part of these financial statements.

FAMILY SERVICES OF WESTCHESTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2019 AND 2018

Note 1 - Organization and Nature of Activities

Family Services of Westchester, Inc. (the "Organization") holds national accreditation from the Council on Accreditation and is licensed by the New York State Office of Mental Health ("OMH"), New York State Department of Health ("DOH"), the New York State Office for Children and Family Services, and the New York State Education Department ("SED") for the services that the Organization provides. The Organization provides services throughout Westchester County and the Lower Hudson Valley Region and is funded primarily by the United States Department of Health and Human Services and New York State and County of Westchester governmental sources. The Organization provides counseling, residential care for adolescents and the elderly, home health care, child and adult day care, and numerous programs for families that relate to stages within the life cycle. The Organization's major sources of support and revenue are program fees, government grants, and contributions.

The Organization is a not-for-profit corporation exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code.

Note 2 - Summary of Significant Accounting Policies

Adoption of FASB ASU No. 2014-09 - Revenue from Contracts with Customers

Effective July 1, 2018, the Organization adopted the provisions of Financial Accounting Standards Board ("FASB") Accounting Standards Update ("ASU") No. 2014-09, *Revenue from Contracts with Customers* ("ASU 2014-09") using a modified retrospective method of adoption to all contracts with customers at July 1, 2018. ASU 2014-09 requires the Organization to recognize revenue to depict the provision of services in amounts that reflect the consideration to which the Organization expects to be entitled in exchange for those services. The amount to which the Organization expects to be entitled is calculated as the transaction price and recorded as revenue in exchange for providing the services.

Adoption of FASB ASU No. 2016-14 - Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities

Effective July 1, 2018, the Organization adopted the provisions of FASB ASU No. 2016-14. The ASU provides for changes in financial statement presentation that affect classification of net assets and presentation of expenses. It also provides for enhanced disclosures of methods used to allocate costs among functions and available resources and liquidity.

Adoption of FASB ASU No. 2018-08 - Clarifying the Scope and Accounting Guidance for Contributions Received and Contributions Made

Effective July 1, 2018, the Organization adopted the provisions of FASB ASU No. 2018-08, *Clarifying the Scope and Accounting Guidance for Contributions Received and Contributions Made* on a modified prospective basis. This ASU provides for guidance to assist the Organization in evaluating the transfer of assets and the nature of the related transactions. The Organization considers whether a contribution is either conditional based on whether an agreement includes a barrier that must be overcome and a right of return of assets transferred or a right of release of a promisor's obligation to transfer assets. The presence of both indicates that the recipient is not entitled to the transferred assets or a future transfer of assets until it has overcome any barriers in the agreement.

The adoption of these ASUs resulted in changes in presentation of the financial statements and the related disclosures in the notes to the financial statements.

FAMILY SERVICES OF WESTCHESTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2019 AND 2018

Note 2 - Summary of Significant Accounting Policies (cont'd.)

Basis of Accounting

The Organization prepares its financial statements using the accrual basis of accounting. The Organization follows accounting principles generally accepted in the United States of America ("U.S. GAAP") which include certain specialized requirements set forth by the FASB.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Fair Value of Financial Instruments

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. To increase the comparability of fair value measurements, a three-tier fair value hierarchy, which prioritizes the inputs used in the valuation methodologies, is as follows:

Level 1 - Valuations based on quoted prices for identical assets and liabilities in active markets.

Level 2 - Valuations based on observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets and liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data.

Level 3 - Valuations based on unobservable inputs reflecting the Organization's own assumptions, consistent with reasonably available assumptions made by other market participants. These valuations require significant judgment.

At June 30, 2019 and 2018, the fair value of the Organization's financial instruments, including cash and cash equivalents, accounts receivable, contributions receivable, accounts payable and accrued expenses, approximated book value due to the short maturity of these instruments.

Refer to Note 6 - Fair Value Measurements for assets measured at fair value.

Cash and Cash Equivalents

The Organization considers all highly liquid investments with an original maturity of three months or less to be cash equivalents.

Contributions Receivable

Contributions receivable, which consist of unconditional promises to give, are recognized as revenue in the year received. Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected in future years are discounted to reflect the present value of their estimated future cash flows, unless management deems such discount to be immaterial to the financial statements.

FAMILY SERVICES OF WESTCHESTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2019 AND 2018

Note 2 - Summary of Significant Accounting Policies (cont'd.)

Allowance for Doubtful Accounts

The Organization determines whether an allowance for doubtful accounts should be provided for receivables. Such estimates are based on management's assessment of the aged basis of the receivables, current economic conditions and historical information. Receivables are written off against the allowance for doubtful accounts when all reasonable collection efforts have been exhausted. Interest is not charged on outstanding receivables. At June 30, 2019 and 2018, the allowance for doubtful accounts amounted to \$208,349 and \$260,452, respectively.

Investments

Investments in marketable securities with readily determinable fair values are reported at their fair values.

Property and Equipment

Property and equipment is stated at cost, less accumulated depreciation. The Organization capitalizes property and equipment with a useful life of three years or more and a cost of \$1,000 or more. Depreciation is provided using the straight-line method in amounts sufficient to relate the cost of depreciable assets to operations over their estimated useful lives.

	<u>Estimated Useful Lives</u>
Buildings and improvements	3 to 30 years
Equipment and furniture	3 to 15 years

Derivative Financial Instruments

The Organization entered into an interest rate swap agreement relating to financing with a financial institution. The Organization accounts for and discloses these interest rate swap agreements in accordance with FASB Accounting Standards Codification ("ASC") Subtopic 815-10, *Derivatives and Hedging*. In accordance with FASB ASC Subtopic 815-10, the Organization has determined that these interest rate swaps are derivative instruments, and therefore the gain or loss in the fair value of the derivatives is recognized as a gain or loss.

Net Assets

Net assets without donor restrictions include funds having no restriction as to use or purpose imposed by donors. Net assets with donor restrictions are those whose use has been limited by donors to a specific time period or purpose, or those net assets whose principal may or may not be expended, the income from which is expendable to support general operations. Endowment restricted net assets represent resources that have donor-imposed restrictions that require the principal to be maintained in perpetuity, the income from which is expendable to support scholarship awards and staff development costs.

In-kind Contributions

In-kind contributions are recorded at their estimated fair value.

FAMILY SERVICES OF WESTCHESTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2019 AND 2018

Note 2 - Summary of Significant Accounting Policies (cont'd.)

Contributions

Unconditional contributions, including promises to give cash and other assets, are reported at fair value at the date the contribution is received. The gifts are reported with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

Nonoperating Activities

The Organization considers income and losses from investments and interest rate swaps and the change in value of its beneficial interest in trust to be nonoperating gains or losses. Depreciation expense is considered to be a nonoperating expense. The recording of a reserve for contingency is also considered a nonoperating activity.

Functional Expenses

The costs of providing the Organization's services have been summarized on a functional basis. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Program expenses are directly charged to program services. Expenses attributable to more than one functional expense category are allocated using a variety of cost allocation techniques such as square footage and time and effort.

Operating Leases

Rent expense has been recorded on the straight-line basis over the life of the lease. Deferred rent, if material, has been recorded for the difference between the fixed payment and rent expense.

Uncertainty in Income Taxes

The Organization applies the provisions pertaining to uncertain tax provisions, FASB ASC Topic 740 and has determined that there are no material uncertain tax positions that require recognition or disclosure in the financial statements. The Organization is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Organization believes it is no longer subject to income tax examinations for years prior to 2016.

FAMILY SERVICES OF WESTCHESTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2019 AND 2018

Note 2 - Summary of Significant Accounting Policies (cont'd.)

New Accounting Pronouncements

ASU No. 2016-02

In February 2016, the FASB issued ASU No. 2016-02, *Leases (Topic 842)*. This ASU is the result of a joint project of the FASB and the International Accounting Standards Board ("IASB") to increase transparency and comparability among organizations by recognizing lease assets and lease liabilities on the balance sheet and disclosing key information about leasing arrangements for U.S. GAAP and International Financial Reporting Standards ("IFRS"). The guidance in this ASU affects any entity that enters into a lease (as that term is defined in this ASU), with some specified scope exemptions. The guidance in this ASU will supersede FASB ASC Topic 840, *Leases*.

The ASU provides that lessees should recognize lease assets and lease liabilities on the balance sheet for leases previously classified as operating leases that exceed 12 months, including leases existing prior to the effective date of this ASU. It also calls for enhanced leasing arrangement disclosures.

For nonpublic entities, the amendments of ASU No. 2016-02 are effective for annual reporting periods beginning after December 15, 2021, and interim periods within annual periods beginning after December 15, 2022, based on the decision in ASU No. 2020-05 to defer the implementation dates. Early application is permitted for all entities.

The Organization has not yet determined if this ASU will have a material effect on its financial statements.

Service Revenue

The Organization receives funding from various government agencies, including OMH, SED and the DOH, to provide services to individuals with developmental disabilities. Revenue is reported at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing the support and services. These amounts are due from third-party payors (including government programs) and others, and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews and investigations. As part of its reimbursement process, SED adjusts the tuition rates paid to reflect actual allowable expenditures based on the Consolidated Fiscal Report filed with SED. The Organization estimates these adjustments and records them during each calendar year. As of December 31, 2019, the Organization's latest adjusted and reconciled tuition rate is for the school year ended June 30, 2017. The subsequent year's adjustments have been accrued in these financial statements.

Generally, the Organization bills individuals and third-party payors after the services are performed or they have completed their portion of the contract. Receivables are due in full when billed, and revenue is recognized as performance obligations are satisfied.

FAMILY SERVICES OF WESTCHESTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2019 AND 2018

Note 3 - Revenue from Contracts with Government Agencies

Performance Obligations and Transaction Price Allocated to Remaining Performance Obligations

Performance obligations are determined based on the nature of the services provided by the Organization in accordance with the contract. Revenue for performance obligations satisfied over time is recognized as the services are provided based on per diem or monthly rates. The Organization believes this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. The Organization measures the performance obligation from the beginning of the next month or day to the point when it is no longer required to provide services under the contract or has met the requirements to bill for the services provided, which is generally at the end of each month or period of time allowed based on the government agencies' stipulations.

Because all of its performance obligations relate to contracts with durations of less than one year, the Organization has elected to apply the optional exemption provided in FASB ASC Subtopic 606-10-50-14(a) and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The performance obligations for these contracts are generally completed when the service is completed and upon submission of required documentation, which is usually at each month-end.

The Organization determines the transaction price based on established rates and contracts for services provided. The initial estimate of the transaction price is determined by reducing the established rates for services provided by any implicit price concessions based on historical collection experience with each government agency and school district. The Organization has determined that the nature, amount, timing and uncertainty of revenue and cash flows are affected by the payors and service lines. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to revenue in the period of the change.

Third-Party Payors

Agreements with third-party payors typically provide for payments at established charges. A summary of the payment arrangements with major third-party payors is as follows:

Medicaid: Reimbursements for day and residential services are generally paid for each type of service provided. Certain of these rates may be subject to final settlement as determined after submission of annual cost reports by the Organization.

School Districts and Counties: Reimbursements for education services are generally paid as those services are provided. Certain of these rates are subject to final settlement as determined after submission of annual cost reports by the Organization.

Third-Party and Other: Payment agreements with private payors and other government funders are based on predetermined rates for established services as they are provided, on a monthly basis.

FAMILY SERVICES OF WESTCHESTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2019 AND 2018

Note 3 - Revenue from Contracts with Government Agencies (cont'd.)

Significant Judgments

Laws and regulations concerning government programs are complex and subject to varying interpretation. There can be no assurance that regulatory authorities will not challenge the Organization's compliance with these laws and regulations, and it is not possible to determine the impact, if any, such claims or penalties would have on the Organization.

From time to time, the Organization will receive overpayments resulting in amounts owed back to the government agency. In addition, contracts that the Organization has with certain government agencies provide for reconciliation and retroactive audit and review of documentation and annual report filings. These amounts are excluded from revenues and are recorded as liabilities until they are refunded.

Disaggregation of Revenue

The composition of revenue by program and primary payor, as well as revenue by reimbursement method for the year ended June 30, 2019 is as follows:

	Medicaid	School Districts & Counties	Third-Party	Other	Total
Youth Services	\$ 1,004,287	\$ -	\$ -	\$ 1,486,622	\$ 2,490,909
Family Mental Health	769,250	-	3,671,530	982,500	5,423,280
Elder Services	-	-	-	1,592,066	1,592,066
Home Care Services	129,472	-	427,920	862,549	1,419,941
Education Services	-	1,673,207	-	733,721	2,406,928
	<u>\$ 1,903,009</u>	<u>\$ 1,673,207</u>	<u>\$ 4,099,450</u>	<u>\$ 5,657,458</u>	<u>\$ 13,333,124</u>

Reimbursement Method

Established rates	\$ 6,843,854
Per diem	1,559,313
Per month	4,929,957
	<u>\$ 13,333,124</u>

Financing Component

The Organization has elected the practical expedient allowed under FASB ASC Subtopic 606-10-32-18 and does not adjust the promised amount of consideration from customers and third parties for the effects of a significant financing component due to the Organization's expectation that the period between the time the service is provided to a customer and the time the customer or a third-party payor pays for that service will be one year or less.

FAMILY SERVICES OF WESTCHESTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2019 AND 2018

Note 3 - Revenue from Contracts with Government Agencies (cont'd.)

Contract Costs

The Organization has applied the practical expedient provided by FASB ASC Subtopic 340-40-25-4, and all incremental customer contract acquisition costs are expensed as they are incurred, as the amortization period of the asset that the Organization otherwise would have recognized is one year or less in duration.

Note 4 - Accounts Receivable

Accounts receivable consisted of the following as of June 30:

	<u>2019</u>	<u>2018</u>
Government	\$ 1,873,780	\$ 2,168,226
Nongovernment	<u>914,301</u>	<u>811,761</u>
	2,788,081	2,979,987
Less: Allowance for doubtful accounts	<u>208,349</u>	<u>260,452</u>
	<u>\$ 2,579,732</u>	<u>\$ 2,719,535</u>

Note 5 - Contributions Receivable

Contributions receivable consisted of the following as of June 30:

	<u>2019</u>	<u>2018</u>
Less than one year	\$ 211,725	\$ 102,856
One to five years	<u>50,000</u>	<u>100,000</u>
	<u>\$ 261,725</u>	<u>\$ 202,856</u>

Pledges in excess of one year have not been discounted to net present value as management deems such discount to be immaterial to the financial statements.

FAMILY SERVICES OF WESTCHESTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2019 AND 2018

Note 6 - Fair Value Measurements

The Organization measures its investments at fair value. Fair value is an exit price, representing the amount that would be received on the sale of an asset or that would be paid to transfer a liability in an orderly transaction between market participants. As a basis for considering such assumptions, a three-tier fair value hierarchy is used which prioritizes the inputs in the valuation methodologies in measuring fair value.

Fair Value Hierarchy

The methodology for measuring fair value specifies a hierarchy of valuation techniques based upon whether the inputs to those valuation techniques reflect assumptions other market participants would use based upon market data obtained from independent sources (observable inputs) or reflect the Organization's own assumptions of market participant valuation (unobservable inputs).

The Organization's investments in money market funds and mutual funds were valued using Level 1 inputs consisting of quoted market prices of identical securities. The fair value of the Organization's beneficial interest in a charitable remainder trust is determined at the net present value of the estimated future value of its remainder interest and is classified as Level 3. The quantitative information about the significant unobservable inputs used in the valuation of the Organization's interest is as described in Note 12.

Items Measured at Fair Value on a Recurring Basis

Fair values of assets measured on a recurring basis at June 30, 2019 and 2018 are as follows:

2019				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets				
Money market funds	\$ 100,417	\$ -	\$ -	\$ 100,417
Mutual funds - Equities	240,859	-	-	240,859
Beneficial interest in trust	-	-	216,360	216,360
	<u>\$ 341,276</u>	<u>\$ -</u>	<u>\$ 216,360</u>	<u>\$ 557,636</u>
2018				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets				
Money market funds	\$ 100,104	\$ -	\$ -	\$ 100,104
Mutual funds - Equities	232,895	-	-	232,895
Beneficial interest in trust	-	-	218,896	218,896
	<u>\$ 332,999</u>	<u>\$ -</u>	<u>\$ 218,896</u>	<u>\$ 551,895</u>

FAMILY SERVICES OF WESTCHESTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2019 AND 2018

Note 6 - Fair Value Measurements (cont'd.)

Investment (loss) income consisted of the following for the years ended June 30:

	<u>2019</u>	<u>2018</u>
Interest and dividends	\$ 5,531	\$ 8,296
Realized gains on investments	23	27,239
Unrealized gains (losses) on investments	<u>5,452</u>	<u>(5,484)</u>
	<u>\$ 11,006</u>	<u>\$ 30,051</u>

Note 7 - Derivative Financial Instruments

The terms of the Organization's swap agreement are summarized below:

	<u>Notional Amount</u>	<u>Fair Value</u>
Interest rate swap agreement. The Organization pays a fixed rate of interest at 4.49%. The bank pays a variable rate of interest at LIBOR plus 2.5%. The agreement provides for monthly settlement and matures in March 2025.	<u>\$ 1,126,825</u>	<u>\$ (18,897)</u>

The Organization has entered into an interest rate swap to manage the interest rate exposure of a portion (notional principal amount of \$1,250,000) of the 106 North Broadway TD Mortgage loan. The swap is recorded at fair value, which is the amount that the Organization would receive or pay to terminate the agreement, taking into account current interest rates. The changes in the swap's fair value as of June 30, 2019 and 2018 resulted in an unrealized loss of \$(68,489), and an unrealized gain of \$47,960, respectively, which is included in nonoperating activities on the statements of activities.

Note 8 - Property and Equipment

Property and equipment consisted of the following at June 30:

	<u>2019</u>	<u>2018</u>
Land	\$ 989,012	\$ 989,012
Buildings and improvements	8,178,099	8,115,014
Construction in progress	86,657	-
Equipment and furniture	<u>2,584,901</u>	<u>2,544,588</u>
	11,838,669	11,648,614
Less: Accumulated depreciation	<u>5,091,553</u>	<u>4,698,419</u>
	<u>\$ 6,747,116</u>	<u>\$ 6,950,195</u>

Note 9 - Deferred Revenue

Deferred revenue consists of governmental revenue received that relate to periods subsequent to the years ended June 30, 2019 and 2018.

FAMILY SERVICES OF WESTCHESTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2019 AND 2018

Note 10 - Loans Payable

On January 23, 2004, the Organization obtained a \$540,000 mortgage from the Leviticus 25:23 Alternative Fund (the "Fund") on the building and land located at 32 Ridgeview Avenue, White Plains, NY. The loan was secured by the premises and by the Organization's personal property used in the operations of the property. On October 13, 2015, the mortgage loan balance of \$431,366 was refinanced with the Fund with a new mortgage amount of \$525,000. The loan matures on October 1, 2025, at which time a balloon payment of the outstanding principal balance and any accrued interest will be due. Interest is fixed at 5.5% per annum with 120 monthly payments of \$2,981, commencing November 1, 2015. As of June 30, 2019, the outstanding principal balance on this loan amounted to \$495,337.

On October 11, 2005, the Organization obtained a \$412,000 mortgage from the Leviticus 25:23 Alternative Fund (the "Fund") on the building and land located at 14 Oakwood Avenue, White Plains, NY. The loan was secured by the premises and by the Organization's personal property used in the operations of the property. On October 13, 2015, the mortgage loan balance of \$182,622 was refinanced with the Fund with a new mortgage amount of \$459,000. The loan matures on October 1, 2023, at which time a balloon payment of the outstanding principal balance and any accrued interest will be due. Interest is fixed at 5.5% per annum with 96 monthly payments of \$5,921, commencing on November 1, 2015. As of June 30, 2019, the outstanding principal balance on this loan amounted to \$268,228.

In March 2008, the Organization entered into a capital assistance agreement (the "Agreement") in the amount of \$1,092,000 with OMH. The purpose of the Agreement was to finance the acquisition and renovation of the building and land located at 15 Summit Avenue, New Rochelle, NY for use as a Community Residence in accordance with OMH regulations. The total amount of assistance received under the agreement was refinanced from proceeds of bonds issued through the Dormitory Authority of the State of New York. The loan is in the amount of \$1,146,100 and will mature on December 1, 2032. Interest is fixed at 5.1091%. The loan is secured by the premises. As of June 30, 2019, the outstanding principal balance on the loan amounted to \$826,927. The debt service payments are funded by OMH to the Organization.

On July 30, 2009, the Organization obtained a mortgage for \$416,000 from TD Bank on the building and land located at 56 Davis Avenue, White Plains, NY. The mortgage matured on August 1, 2019; however, the maturity date has been extended pending renegotiation of the terms of the loan. Interest is fixed at 6.00% until July 31, 2014. Thereafter, interest will be adjusted by a fixed interest rate equal to two hundred fifty basis points above the interest rate payable on a U.S. Treasury security having a maturity of approximately five years. The loan has a minimum interest rate of 6%. The interest rate at June 30, 2019 was 6%. The monthly payment inclusive of interest is \$2,708. As of June 30, 2019, the outstanding principal balance on this loan amounted to \$320,409.

On March 7, 2017, the Organization obtained a loan for \$500,000 from TD Bank. The maturity date of the loan was March 7, 2020 and has been extended by the bank pending renegotiation of the terms. Interest is fixed at 4.5%. The monthly payment inclusive of interest is \$14,887. As of June 30, 2019, the outstanding principal balance on this loan amounted to \$131,504.

On June 27, 2012, the Organization obtained a \$450,000 mortgage from TD Bank. The mortgage matures July 1, 2022. Interest is fixed at a rate of 4.38% until July 1, 2018, the loan call date. As TD Bank did not exercise its right to terminate the loan on the loan call date, the interest rate will be based on the Adjusted Interest Rate. This adjusted rate is the greater of 2.75% in excess of the interest rate payable on a U.S. Treasury security having a maturity of approximately five years or 4%. At June 30, 2019, the adjusted rate was 4.5986%. Monthly payments inclusive of interest are \$2,834. The loan is secured by the premises. As of June 30, 2019, the outstanding principal balance on this loan amounted to \$337,400.

FAMILY SERVICES OF WESTCHESTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2019 AND 2018

Note 10 - Loans Payable (cont'd.)

On March 31, 2014, the Organization obtained a loan from TD Bank for the acquisition and renovation of the building and construction for its Center for All Ages project located at 106 North Broadway, White Plains, NY. The agreement is to a maximum loan of \$2,500,000. At March 31, 2015, the loan converted to a 10-year variable mortgage based on one-month LIBOR plus 2.5% using a 25-year amortization. The loan matures March 31, 2025. The loan is secured by the premises. The interest rate at June 30, 2019 was 4.94%. The balance outstanding at June 30, 2019 amounted to \$2,261,747.

The Organization entered into two loans with the City of White Plains to be used for the Center for All Ages building located at 106 North Broadway, White Plains, NY.

1. \$75,000, dated July 30, 2014 at 0% interest, 120 monthly payments of \$625. As of June 30, 2019, the outstanding principal balance amounted to \$43,125.
2. \$101,990, dated May 29, 2015 at 0% interest, 120 monthly payments of \$850. As of June 30, 2019, the outstanding principal balance amounted to \$69,693.

The Organization has a line of credit with TD Bank. At June 30, 2019, the amount outstanding was \$1,533,000. The loan is collateralized by the Organization's assets. At June 30, 2019, the interest rate was 6.50%. Effective August 31, 2017, the line of credit was amended and restated with a maximum line of credit of \$1,686,000. Interest is at a per annum rate equal to one percent (1%) above the Wall Street Journal prime rate. The minimum rate is 4.0% per annum. The maturity date of the line of credit is January 31, 2020, and the Organization is in the process of obtaining an extension.

The mortgage loans for the Davis Avenue, White Plains, NY; 5th Avenue, Pelham, NY; and 106 N. Broadway, White Plains, NY, buildings and the line of credit are all subject to a debt service coverage covenant and borrowing base formula that the Organization must maintain at the end of each fiscal year. If not maintained by the Organization, an event of default of the three (3) mortgages and line of credit will occur unless a waiver is received from TD Bank on the covenant or formula. At June 30, 2019, the Organization did not meet all of the covenant requirements, however, the bank has waived these requirements.

The Organization entered into a \$50,981 lease agreement on June 24, 2015 for furniture and equipment. The agreement calls for 60 monthly payments of \$999, inclusive of interest at 6.55%. The agreement is collateralized by the furniture and equipment. The lease includes a \$1.00 end of lease purchase option. As of June 30, 2019, the outstanding principal balance amounted to \$9,694.

In 2017, the Organization entered into a loan for \$27,460 with the City of White Plains for the purchase and installation of an air conditioning and heating unit ("HVAC") at 106 North Broadway, White Plains, NY. The loan is 120 monthly payments of \$229 at 0% interest. The balance of the loan as of June 30, 2019 is \$24,028.

The Organization has entered into three loans for the purchases of two vehicles and software. The interest rates range from 3% to 6.55% per annum with maturity dates through 2020. The balance on the loans at June 30, 2019 amounted to \$2,599.

FAMILY SERVICES OF WESTCHESTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2019 AND 2018

Note 10 - Loans Payable (cont'd.)

On October 10, 2018, the Organization entered into a loan for \$35,000 to renovate the Adult Home. Payments of \$15,000, \$15,000, and \$5,000 are due upon the approval of the rehabilitation officer at 0% interest. The balance of the loan as of June 30, 2019 is \$32,083.

Unamortized debt issuance costs of \$118,384 at June 30, 2019 are reflected as a direct reduction of long-term debt. Amortization of capitalized closing costs amounted to \$94,429 and \$77,621 for the years ended June 30, 2019 and 2018, respectively.

Maturities

Total maturities for loans payable are as follows:

<u>Years Ending June 30:</u>	
2020	\$ 1,908,681
2021	245,354
2022	256,664
2023	268,560
2024	223,678
Thereafter	3,452,837
	<u>6,355,774</u>
Less: Debt issuance costs	118,384
	<u><u>\$ 6,237,390</u></u>

Note 11 - Concentration of Credit Risk

The Organization maintains cash balances in several financial institutions, which are insured by the Federal Deposit Insurance Corporation ("FDIC") for up to \$250,000 per institution. From time to time, the Organization's balances may exceed these limits.

Note 12 - Beneficial Interest in Trust

The Organization was designated as a beneficiary of a trust (the "Trust") that provides for annual payments of an amount equal to 8% of the net fair market value of the assets of the Trust valued as of the first day of each taxable year of the Trust to the beneficiary during the beneficiary's life. The Organization will receive fifty percent of any remaining corpus upon the termination of the Trust. The present value of the Organization's share of the Trust was \$216,360 and \$218,896 as of June 30, 2019 and 2018, respectively. The assumed period for the payment of the Trust is based on Internal Revenue Service's life expectancy tables. Due to the inherent uncertainties in the nature of the assumptions used to calculate the present value of the Organization's interest, it is at least reasonably possible that the estimated present value of the interest could change in the near term.

FAMILY SERVICES OF WESTCHESTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2019 AND 2018

Note 12 - Beneficial Interest in Trust (cont'd.)

The present value calculation was based on the following information as of June 30:

	<u>2019</u>	<u>2018</u>
Approximate fair value of trust assets (consisting of marketable securities)	<u>\$ 696,848</u>	<u>\$ 724,314</u>
Discount rate	<u>2.80%</u>	<u>3.40%</u>
Expected long-term rate of return on trust assets	<u>4.51%</u>	<u>5.03%</u>

Note 13 - Retirement Plan Costs

On March 31, 2017, the Organization ceased making contribution to the 403(b) money purchase plan maintained for its employees. The plan was a non-contributory defined contribution pension plan for employees with two years of service with provision for immediate vesting. The Organization contributed 5% of annual compensation for eligible employees. On April 1, 2017, the Organization established a new 403(b) defined contribution plan with a discretionary base and match which was 3% and 1% respectively, determined annually. The match is 50% of the employee's contribution up to a maximum of 1%. All new employees hired after April 1, 2018 are subject to a tiered vesting schedule. Plan benefits vest at the rate of 20% per year after one year of service and become fully vested after 6 years of service. Contributions to the Plans amounted to \$340,997 and \$338,207 for the years ended June 30, 2019 and 2018, respectively.

Note 14 - Commitments and Contingencies

The Organization leases real property at various locations under leases expiring through 2026. The Organization's rent expense amounted to approximately \$1,097,000 and \$1,064,000 for the years ended June 30, 2019 and 2018, respectively. The approximate minimum annual rental commitments for noncancellable leases at June 30, 2019 are summarized as follows:

<u>Years Ending June 30:</u>	
2020	\$ 809,475
2021	659,458
2022	510,339
2023	313,183
2024	319,397
Thereafter	758,903
	<u>\$ 3,370,755</u>

The Organization has entered into various equipment leases which require monthly payments ranging from a current amount of \$4,500 to \$5,250 with maturities ranging from 2018 through 2019.

A substantial amount of the Organization's revenues are government reimbursements. Revenue and related expenses are subject to audit verification by the funding agencies. Accordingly, any amounts which are determined to be excessive or non-program related would require repayment to such agencies. Although such disallowances could be substantial in amount, in the opinion of management, any actual disallowances would be immaterial.

FAMILY SERVICES OF WESTCHESTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2019 AND 2018

Note 15 - Net Assets

Certain net assets without donor restrictions are designated for specific purposes by the Board. The Board designations are as follows at June 30:

	<u>2019</u>	<u>2018</u>
Board Designated Fund	\$ 340,516	\$ 329,331

Donor restricted net assets are restricted as follows as of June 30:

	<u>2019</u>	<u>2018</u>
Time restricted trust	\$ 216,360	\$ 218,896
Other time restrictions	34,238	17,540
Irwin M. Stein Scholarship Endowment	25,000	25,000
Majorie Dammann Staff Development Endowment	25,000	25,000
Scholarships and Staff Development	12,001	14,001
Steiner Fund	206,229	230,475
Big Brothers/Big Sisters	-	62,059
Youth Residence - Fridolin	181,826	220,530
Junior Board	39,056	31,443
Sharing Self - children's used clothing	107,215	100,335
Veterans	19,228	18,323
	<u>\$ 866,153</u>	<u>\$ 963,602</u>

Donor restricted net assets were released from restrictions by incurring expenses satisfying the following:

	<u>2019</u>	<u>2018</u>
Other time restrictions	17,540	57,000
Scholarships and Staff Development	2,000	-
Steiner Fund	53,276	22,572
Big Brothers/Big Sisters	837,256	722,710
Youth Residence - Fridolin	38,704	49,146
Junior Board	13,554	15,246
Emerge	-	15,000
Sharing Self - children's used clothing	151,818	135,558
Veterans	58,314	59,320
	<u>\$ 1,172,462</u>	<u>\$ 1,076,552</u>

FAMILY SERVICES OF WESTCHESTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2019 AND 2018

Note 15 - Net Assets (cont'd.)

The Board Designated Fund was established by the Board of Directors in 1986 to receive gifts and bequests. The principal of the fund is to be kept separate from other funds and shall not be used except for extraordinary requirements. The investment income of the fund may be used, at the discretion of the Board of Directors, to maintain or expand the programs of the Organization.

The Steiner Fund was established to fund renovations to the Organization's Jerome Wagner Boys' Home residential program. During the year 2010, the restricted purpose of the fund was expanded to include the Organization's Girls' Home residential program.

Note 16 - New York State Assessments

The Organization was a member of the Community Residence Insurance Savings Plan Self Insurance Trust ("CRISP") which ceased operations on December 31, 2010. The Trust had a financial deficit upon its closure. In March 2014, the State of New York Workers' Compensation Board (the "Board") completed their forensic review of CRISP, to reconstruct the financial deficit of CRISP. The Board determined that all former members of CRISP are liable for this unfunded deficit. The Board allocated the pro rata share of CRISP's deficit among all the former members. The Organization's original balance due approximated \$571,000. Management retained legal counsel to review the findings of the Board's determination and negotiate a reduced amount. Effective November 2014, pursuant to a Memorandum of Understanding ("MOU") between the Organization and the Board, the Organization began making twenty-four monthly payments of \$6,867.60. A settlement agreement was entered between the Organization and the Board in January 2017. During the year ended June 30, 2018, \$25,238 was added to the reserve. During the year ended June 30, 2019, no additions were made to the reserve. The Organization agreed to pay \$465,286 pursuant to the payment option the Organization selected. The Organization will pay \$3,442, in equal monthly installments over a period of fifteen years (180 months) inclusive of interest at 4%. The accrued balance payable on the Organization's books as of June 30, 2019 is \$409,884.

Note 17 - Endowment Funds

The Organization's endowment includes two individual donor restricted endowment funds established for purposes, as well as funds designated by the board of directors to function as endowments (see Note 15). As required by U.S. GAAP, net assets associated with endowment funds, including funds designated by the board of directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Organization has adopted the New York enacted version of the Uniform Prudent Management of Institutional Funds Act, referred to as NYPMIFA, and the Organization has interpreted New York State nonprofit law as requiring the preservation of the historical dollar value of the original donor restricted endowment gift as of the gift date, absent explicit donor stipulations to the contrary.

FAMILY SERVICES OF WESTCHESTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2019 AND 2018

Note 17 - Endowment Funds (cont'd.)

The Organization's investment objectives are to preserve and protect the assets of the fund while earning an appropriate rate of return. The Organization monitors its investments throughout the year for consistency of investment philosophy, return relative to objectives, and investment risk as measured by asset concentration, exposure to extreme economic conditions, market volatility, and performance of the funds' manager(s).

The Organization classifies as endowment funds the original value of gifts donated to the permanent endowment and the original value of subsequent gifts to the permanent endowment. The remaining portion of the donor-restricted endowment fund that is not classified in endowment funds is classified as purpose-restricted net assets until those amounts are appropriated for expenditure by the Organization in a manner consistent with the standard of prudence prescribed by applicable laws and regulations.

Changes in endowment net assets consisted of the following as of June 30:

	2019			
	Board Designated	With Donor Restrictions Accumulated Earnings	Original Donor Gift	Total Endowment
Endowment net assets, beginning of year	\$ 329,331	\$ 14,001	\$ 50,000	\$ 393,332
Investment income	5,458	-	-	5,458
Net appreciation in fair value	5,727	-	-	5,727
Releases	-	(2,000)	-	(2,000)
Endowment net assets, end of year	<u>\$ 340,516</u>	<u>\$ 12,001</u>	<u>\$ 50,000</u>	<u>\$ 402,517</u>
	2018			
	Board Designated	With Donor Restrictions Accumulated Earnings	Original Donor Gift	Total Endowment
Endowment net assets, beginning of year	\$ 300,352	\$ 14,001	\$ 50,000	\$ 364,353
Investment income	35,535	-	-	35,535
Net depreciation in fair value	(5,484)	-	-	(5,484)
Releases	(1,072)	-	-	(1,072)
Endowment net assets, end of year	<u>\$ 329,331</u>	<u>\$ 14,001</u>	<u>\$ 50,000</u>	<u>\$ 393,332</u>

The Organization does not have any funds with deficiencies.

FAMILY SERVICES OF WESTCHESTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2019 AND 2018

Note 18 - Available Resources and Liquidity

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to maximize the investment of its available funds. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents, marketable equity securities, and a line of credit. See Note 10 for information about the Organization's line of credit.

The following reflects the Organization's financial assets as of the June 30, 2019, reduced by amounts not available for general use within one year of the statement of financial position date because of contractual or donor-imposed restrictions or internal designations.

Cash	\$ 58,435
Accounts receivable, net	2,579,732
Contributions receivable	261,725
Investments	<u>341,276</u>
	3,241,168
Less: Contractual or donor-imposed restrictions	866,153
Less: Board Designated Funds*	340,516
Less: Contributions receivable to be collected in one year or more	<u>50,000</u>
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 1,984,499</u>

*The internal designations are subject to the Board of Directors' review, and these funds may be made available to fund the Organization's activities at their discretion.

Note 19 - Other Matters

As a result of the financial deficit occurring for the fiscal year ended June 30, 2019, the Organization's Executive Staff and Board of Directors put in place an austerity budget which included revenue enhancements and expense reductions. Revenue enhancements included a number of actions such as the increase in clinic staff in order to grow its clinic revenues. The Organization also increased its Health Home staff in order to increase revenue and surplus for that program. Expense reductions include the consolidation of two My Second Homes into one site and program, as well as, the elimination of the full-day Universal Pre-Kindergarten program. In summary, the measures are projected to realize savings and additional revenue of \$1,200,000 resulting in a projected surplus of approximately \$200,000 for the fiscal year ending June 30, 2020.

FAMILY SERVICES OF WESTCHESTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2019 AND 2018

Note 20 - Subsequent Events

Management has evaluated all events or transactions that occurred after June 30, 2019 through, June 15, 2020, the date that the financial statements were available to be issued. During this period, there were no material subsequent events requiring disclosure, except as follows:

As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen which are likely to negatively impact the valuation of the investments and the recognition of contribution and service income. Other financial impact could occur, though such potential impact is unknown at this time.

On April 15, 2020, the Organization entered into a \$3,171,320 loan agreement with a financial institution under the Payroll Protection Program, established by the Coronavirus Aid, Relief, and Economic Security ("CARES") Act, administered by the Small Business Administration with support from the Department of the Treasury. In December 2020, equal monthly installments of principal and interest will commence, which will include interest payable at the rate of 1% per annum. The loan is unsecured and matures in April 2022.