

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 14-59-60  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Form **990**

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2023**

Open to Public Inspection

**A** For the 2023 calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

|  |   |   |
|--|---|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>SCO FAMILY OF SERVICES</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>1415 KELLUM PLACE 140</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>GARDEN CITY, NY 11530</b><br><b>F</b> Name and address of principal officer: <b>SUZETTE GORDON</b><br><b>SAME AS C ABOVE</b> | <b>D</b> Employer identification number<br><b>11-2777066</b><br><br><b>E</b> Telephone number<br><b>(516) 671-1253</b><br><br><b>G</b> Gross receipts \$ <b>253,707,960.</b><br><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions<br><b>H(c)</b> Group exemption number |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |   |
| <b>J</b> Website: <b>WWW.SCO.ORG</b>   |   |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |   | <b>L</b> Year of formation: <b>1898</b> <b>M</b> State of legal domicile: <b>NY</b>   |

**Part I Summary**

|                                    |                |  |   |                     |
|------------------------------------|----------------|--|---|---------------------|
|                                    | <b>1</b>       | Briefly describe the organization's mission or most significant activities: <b>PROVIDES ESSENTIAL HUMAN SERVICES TO PERSONS IN LOCATIONS THROUGHOUT THE NYC METRO AREA. WE</b> |   |                     |
|                                    | <b>2</b>       | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |   |                     |
| <b>Activities &amp; Governance</b> | <b>3</b>       | Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                                      | <b>22</b>           |
|                                    | <b>4</b>       | Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                                      | <b>22</b>           |
|                                    | <b>5</b>       | Total number of individuals employed in calendar year 2023 (Part V, line 2a)   | <b>5</b>                                      | <b>3347</b>         |
|                                    | <b>6</b>       | Total number of volunteers (estimate if necessary)   | <b>6</b>                                      | <b>53</b>           |
|                                    | <b>7a</b>      | Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                                     | <b>0.</b>           |
|                                    | <b>7b</b>      | Net unrelated business taxable income from Form 990-T, Part I, line 11   | <b>7b</b>                                     | <b>0.</b>           |
|                                    | <b>Revenue</b> | <b>8</b>   | Contributions and grants (Part VIII, line 1h) | <b>Prior Year</b>   |
| <b>9</b>                           |                | Program service revenue (Part VIII, line 2g)   | <b>184,523,652.</b>                           | <b>180,688,284.</b> |
| <b>10</b>                          |                | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>70,045,555.</b>                            | <b>71,040,240.</b>  |
| <b>11</b>                          |                | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>2,467,175.</b>                             | <b>186,089.</b>     |
| <b>12</b>                          |                | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>210,816.</b>                               | <b>1,434,553.</b>   |
| <b>12</b>                          |                | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>257,247,198.</b>                           | <b>253,349,166.</b> |
| <b>Expenses</b>                    | <b>13</b>      | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | <b>476,236.</b>                               | <b>540,589.</b>     |
|                                    | <b>14</b>      | Benefits paid to or for members (Part IX, column (A), line 4)  | <b>0.</b>                                     | <b>0.</b>           |
|                                    | <b>15</b>      | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <b>160,138,974.</b>                           | <b>159,219,386.</b> |
|                                    | <b>16a</b>     | Professional fundraising fees (Part IX, column (A), line 11e)  | <b>95,618.</b>                                | <b>34,621.</b>      |
|                                    | <b>b</b>       | Total fundraising expenses (Part IX, column (D), line 25)  | <b>1,506,977.</b>                             |                     |
|                                    | <b>17</b>      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | <b>97,351,878.</b>                            | <b>92,703,306.</b>  |
|                                    | <b>18</b>      | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | <b>258,062,706.</b>                           | <b>252,497,902.</b> |
|                                    | <b>19</b>      | Revenue less expenses. Subtract line 18 from line 12   | <b>-815,508.</b>                              | <b>851,264.</b>     |
| <b>Net Assets or Fund Balances</b> | <b>20</b>      | Total assets (Part X, line 16)   | <b>Beginning of Current Year</b>              | <b>End of Year</b>  |
|                                    | <b>21</b>      | Total liabilities (Part X, line 26)  | <b>167,904,185.</b>                           | <b>167,419,273.</b> |
|                                    | <b>22</b>      | Net assets or fund balances. Subtract line 21 from line 20   | <b>178,530,861.</b>                           | <b>171,383,665.</b> |
|                                    | <b>22</b>      | Net assets or fund balances. Subtract line 21 from line 20   | <b>-10,626,676.</b>                           | <b>-3,964,392.</b>  |

**Part II Signature Block**

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

|                               |   |  |
|-------------------------------|---|--|
| <b>Sign Here</b>              | Signature of officer<br><b>LISA SAMMON, CFO</b>                                       | Date   |
|                               | Type or print name and title  |  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>MELISSA MODELSON</b>                                 | Preparer's signature<br><b>MELISSA MODELSON</b>                          |
|                               | Firm's name<br><b>PKF O'CONNOR DAVIES ADVISORY, LLC</b>                               | Date<br><b>05/15/25</b>  |
|                               | Firm's address<br><b>500 MAMARONECK AVENUE, SUITE 301<br/>HARRISON, NY 10528-1633</b> | Check if self-employed <input type="checkbox"/> PTIN<br><b>P01603524</b> |
|                               |   | Firm's EIN <b>33-1374517</b>   |
|                               |   | Phone no. <b>914-381-8900</b>  |

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: SCO FAMILY OF SERVICES WORKS WITH NEW YORK'S MOST VULNERABLE - THOSE STRIVING TO OVERCOME THE DEVASTATING IMPACT OF POVERTY, NEGLECT, ABUSE OR DEVELOPMENTAL AND MENTAL CHALLENGES. WE RESPOND TO MOMENTS OF CRISIS AND PREVENT CRISES BEFORE THEY OCCUR WITH A COMPREHENSIVE ARRAY

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 72,287,801. including grants of \$ 0. ) (Revenue \$ 70,783,064. ) FOSTER CARE AND ADOPTION:

SCO HELPS PARENTS ESTABLISH STRONG FAMILY BONDS, PROVIDING FAMILY COUNSELING, LITERACY AND EMPLOYMENT SERVICES TO SUPPORT FAMILY LIFE. WE ENGAGE FAMILIES TO CREATE STRONGER COMMUNITIES, STABILIZE FAMILIES IN CRISIS, KEEP CHILDREN SAFE AND WORK WITH PARENTS TO AVOID OUT-OF-HOME PLACEMENT. FOR CHILDREN WHO CANNOT LIVE AT HOME, SCO PROVIDES FOSTER BOARDING HOMES, THERAPEUTIC FOSTER CARE AND GROUP RESIDENCE CARE. OUR FOSTER CARE PROGRAMS SERVE MORE THAN 597 CHILDREN IN FAMILY FOSTER HOMES, GROUP HOMES AND OTHER RESIDENTIAL SETTINGS IN ADDITION TO OFFERING PROGRAMS THAT STRIVE TO REUNITE CHILDREN WITH THEIR FAMILIES. SCO WORKS WITH CHILDREN, YOUNG ADULTS AND FAMILIES PROVIDING NECESSARY

4b (Code: ) (Expenses \$ 71,083,837. including grants of \$ 0. ) (Revenue \$ 55,177. ) SPECIAL NEEDS & BEHAVIORAL HEALTH SERVICES:

SCO PROVIDES EXPERT CARE TO OVER 5,000 CHILDREN, YOUTH AND ADULTS WITH SPECIAL NEEDS THROUGH A BROAD CONTINUUM OF SUPPORT, RESIDENTIAL AND TREATMENT SERVICES THAT UNLOCK POTENTIAL AND HELP THEM LEAD FULL AND PRODUCTIVE LIVES. WE PROVIDE SUPPORT TO CHILDREN AND YOUNG ADULTS WITH EMOTIONAL DISORDERS NEEDED TO LIVE AND FUNCTION IN THE COMMUNITY. WE OFFER HIGHLY STRUCTURED RESIDENTIAL SERVICES, CRISIS RESPITE, ASSESSMENT, CASE PLANNING AND CASE COORDINATION, CLINICAL SUPPORT AND TREATMENT, COMMUNITY BASED SERVICES AND IN-HOME SERVICES FOR CHILDREN AND YOUNG ADULTS WHO LIVE WITH THEIR FAMILIES AND OTHER CAREGIVERS.

4c (Code: ) (Expenses \$ 29,603,248. including grants of \$ 0. ) (Revenue \$ 0. ) EDUCATION AND YOUTH DEVELOPMENT SERVICES

SCO'S EDUCATION & YOUTH DEVELOPMENT PROGRAMS HELP MORE THAN 10,000 YOUNG PEOPLE REACH THEIR FULL POTENTIAL. WE LAUNCH YOUTH INTO ADULTHOOD WITH SUPPORT AND SERVICES THAT ADDRESS THEIR EDUCATIONAL, EMOTIONAL, AND CAREER DEVELOPMENT NEEDS AND AMBITIONS. WE PAY SPECIAL ATTENTION TO YOUTH WHO ARE HOMELESS, PARENTING, LGBTQ, OR COURT-INVOLVED. OUR AFTER SCHOOL AND SUMMER PROGRAMS PROVIDE ACADEMIC ENRICHMENT AND RECREATION FOR MIDDLE SCHOOL STUDENTS. WE OFFER SPECIALIZED SCHOOLS FOR TEENS WITH SPECIAL NEEDS, DEVELOPMENTAL DISABILITIES, OR WHO ARE UNDER-CREDITED AND NOT ON TRACK TO GRADUATE. WE BELIEVE THAT WITH THE RIGHT SUPPORT, YOUTH OF ALL BACKGROUNDS CAN SUCCEED AND THRIVE.

4d Other program services (Describe on Schedule O.) (Expenses \$ 48,704,619. including grants of \$ 540,589. ) (Revenue \$ 201,999. )

4e Total program service expenses 221,679,505.

**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)?<br><i>If "Yes," complete Schedule A</i> .....  | X   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....  | 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> .....  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> 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> .....   | 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....  |     | 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> .....  |     | 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> .....  |     | 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> .....   |     | 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?<br><i>If "Yes," complete Schedule D, Part IV</i> .....         | X   |    |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   | 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> .....   | 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> .....  |     | 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> .....  |     | 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> .....   | 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> .....   | 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> .....  | 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> .....  |     | X  |
| b Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  | X   |    |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? .....  |     | 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> ..... |     | 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> .....   |     | 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> .....   |     | 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> See instructions .....   | 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> .....   | 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> .....   |     | X  |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....   |     | X  |
| b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i> .....  |     |    |
| 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> .....  |     | X  |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and noncash contributions.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on 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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 22; 1b Enter the number of voting members included on line 1a... 22; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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? X; 11b Describe on 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 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 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 X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process on 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? X; 16b 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.
[X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
LISA SAMMON - (516)759-1844
1415 KELLUM PLACE, 140, GARDEN CITY, NY 11530

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                                | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) KEITH LITTLE<br>FORMER PRESIDENT & CEO           | 0.00<br>0.00  |   |                       |         |              |                              | X      | 438,762.  | 0.   | 164.  |
| (2) SUZETTE GORDON<br>PRESIDENT & CEO                | 65.00<br>1.75   |   |                       | X       |              |                              |        | 389,221.  | 0.   | 23,204.   |
| (3) REBECCA LUKEMAN<br>CHIEF HUMAN RESOURCES OFFICER | 40.00<br>0.00   |   |                       |         |              | X                            |        | 241,343.  | 0.   | 38,281.   |
| (4) JULIETTE MCKENNA<br>CHIEF DEVELOPMENT OFFICER    | 40.00<br>0.00   |   |                       |         |              | X                            |        | 229,239.  | 0.   | 42,485.   |
| (5) LISA SAMMON<br>CFO                               | 65.00<br>1.75   |   |                       | X       |              |                              |        | 224,374.  | 0.   | 22,028.   |
| (6) YELITZA SEOANE<br>PSYCHIATRIST                   | 55.00<br>0.00   |   |                       |         |              | X                            |        | 213,148.  | 0.   | 21,345.   |
| (7) KAREN ABREU-ROSANO<br>CHIEF PROGRAM OFFICER      | 65.00<br>0.00   |   |                       | X       |              |                              |        | 179,393.  | 0.   | 39,729.   |
| (8) TARA DRENNEN<br>CHIEF INFORMATION OFFICER        | 40.00<br>0.00   |   |                       |         |              | X                            |        | 217,102.  | 0.   | 279.  |
| (9) DOUG O'DELL<br>COO                               | 40.00<br>0.00   |   |                       | X       |              |                              |        | 193,106.  | 0.   | 550.  |
| (10) JENNIFER OUTLAW<br>FORMER CHIEF PROGRAM OFFICER | 0.00<br>0.00  |   |                       |         |              |                              | X      | 175,022.  | 0.   | 16,860.   |
| (11) RASHEED FRAZIER<br>CHIEF PROGRAM OFFICER        | 65.00<br>0.00   |   |                       | X       |              |                              |        | 140,655.  | 0.   | 47,791.   |
| (12) GODFREY ANEKE<br>NURSE PRACTITIONER             | 40.00<br>0.00   |   |                       |         |              | X                            |        | 165,463.  | 0.   | 0.  |
| (13) LEE VANCE<br>CHAIRPERSON                        | 8.00<br>1.75  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (14) BRIAN T. EDWARDS<br>FIRST VICE-CHAIRPERSON      | 4.00<br>0.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (15) H. CRAIG TREIBER<br>SECOND VICE-CHAIRPERSON     | 4.00<br>0.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (16) STEPHEN J. TYREE<br>SECOND VICE-CHAIRPERSON     | 4.00<br>0.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (17) RICHARD E. MAYBERRY, JR.<br>TREASURER           | 4.00<br>0.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) MIRNA DAOUK<br>ASSISTANT TREASURER                        | 4.00<br>0.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (19) MARY PAT THORNTON<br>SECRETARY                            | 4.00<br>1.75  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (20) TIMOTHY L. FULTON<br>ASSISTANT SECRETARY                  | 4.00<br>0.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (21) JAMES BEHA II<br>DIRECTOR                                 | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (22) JAVIER EVANS<br>DIRECTOR                                  | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (23) MICHAEL FURLANI<br>DIRECTOR                               | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (24) ESSYA HANACHI<br>DIRECTOR                                 | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (25) PETER A. HOROWITZ<br>DIRECTOR                             | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (26) JUSTINE A. MAROUS<br>DIRECTOR                             | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 2,806,828.  | 0.   | 252,716.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 2,806,828.  | 0.   | 252,716.  |

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 98

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   | X   |    |
| 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 | X   |    |
| 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                       |     | 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)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| ALLIED UNIVERSAL SECURITY SERVICES<br>P.O. BOX 828854, PHILADELPHIA, PA 19182 | SECURITY SERVICE               | 5,889,777.          |
| WHITSONS<br>1800 MOTOR PARKWAY, ISLANDIA, NY 11749                            | FOOD SERVICE                   | 1,478,041.          |
| BELLS STAFFING SERVICES, 90-50 PARSONS<br>BLVD. SUITE 207, JAMICA, NY 11432   | STAFFING SERVICES              | 1,451,537.          |
| J. PREVEDELLO SERVICES, INC., 568<br>CALEDONIA ROAD, HUNTINGTON STATION, NY   | MAINTENANCE SERVICES           | 1,395,160.          |
| ACCESS STAFFING, LLC<br>PO BOX 200608, DALLAS, TX 75320                       | STAFFING SERVICES              | 1,214,286.          |

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 70

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

|  |   |  | (A)              | (B)                                | (C)                        | (D)  |  |
|--|---|--|------------------|------------------------------------|----------------------------|--|--|
|  |   |  | Total revenue    | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts | <b>1 a</b>  | Federated campaigns  | <b>1a</b>        |                                    |                            |  |  |
|  | <b>b</b>  | Membership dues  | <b>1b</b>        |                                    |                            |  |  |
|  | <b>c</b>  | Fundraising events   | <b>1c</b>        | 498,254.                           |                            |  |  |
|  | <b>d</b>  | Related organizations  | <b>1d</b>        | 2,682,844.                         |                            |  |  |
|  | <b>e</b>  | Government grants (contributions)  | <b>1e</b>        | 170,227,495.                       |                            |  |  |
|  | <b>f</b>  | All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>        | 7,279,691.                         |                            |  |  |
|  | <b>g</b>  | Noncash contributions included in lines 1a-1f                                  | <b>1g</b>        | \$                                 |                            |  |  |
|  | <b>h</b>  | <b>Total.</b> Add lines 1a-1f  |                  | 180688284.                         |                            |  |  |
|  | Program Service Revenue   | <b>2 a</b>   | MEDICAID REVENUE | Business Code                      |                            |  |  |
|  |   |  | 623990           | 68,887,866.                        | 68887866.                  |  |  |
| <b>b</b>   |   | SOCIAL SECURITY INCOME   | 623990           | 1,874,217.                         | 1,874,217.                 |  |  |
| <b>c</b>   |   | RENTAL INCOME  | 532000           | 253,197.                           | 253,197.                   |  |  |
| <b>d</b>   |   | PRIVATE PAY INCOME   | 623990           | 24,960.                            | 24,960.                    |  |  |
| <b>e</b>   |   |  |                  |                                    |                            |  |  |
| <b>f</b>   |   | All other program service revenue  |                  |                                    |                            |  |  |
| <b>g</b>   |   | <b>Total.</b> Add lines 2a-2f  |                  | 71,040,240.                        |                            |  |  |
| Other Revenue  | <b>3</b>  | Investment income (including dividends, interest, and other similar amounts)   |                  | 173,576.                           |                            | 173,576.   |  |
|  | <b>4</b>  | Income from investment of tax-exempt bond proceeds                             |                  |                                    |                            |  |  |
|  | <b>5</b>  | Royalties  |                  |                                    |                            |  |  |
|  | <b>6 a</b>  | Gross rents  | (i) Real         | 54,319.                            |                            |  |  |
|  |   |  | (ii) Personal    |                                    |                            |  |  |
|  |   |  |                  |                                    |                            |  |  |
|  | <b>b</b>  | Less: rental expenses  | <b>6b</b>        | 0.                                 |                            |  |  |
|  | <b>c</b>  | Rental income or (loss)  | <b>6c</b>        | 54,319.                            |                            |  |  |
|  | <b>d</b>  | Net rental income or (loss)  |                  | 54,319.                            |                            | 54,319.  |  |
|  | <b>7 a</b>  | Gross amount from sales of assets other than inventory                         | (i) Securities   |                                    |                            |  |  |
|  |   |  | (ii) Other       | 12,513.                            |                            |  |  |
|  |   |  |                  |                                    |                            |  |  |
|  |   |  |                  |                                    |                            |  |  |
|  | <b>b</b>  | Less: cost or other basis and sales expenses                                   | <b>7b</b>        | 0.                                 |                            |  |  |
|  | <b>c</b>  | Gain or (loss)   | <b>7c</b>        | 12,513.                            |                            |  |  |
| <b>d</b>   | Net gain or (loss)  |  | 12,513.          |                                    | 12,513.                    |  |  |
| <b>8 a</b>   | Gross income from fundraising events (not including \$ 498,254. of contributions reported on line 1c). See Part IV, line 18 |  | 172,655.         |                                    |                            |  |  |
|  |   |  |                  |                                    |                            |  |  |
|  |   | <b>8a</b>  | 172,655.         |                                    |                            |  |  |
| <b>b</b>   | Less: direct expenses   | <b>8b</b>  | 358,794.         |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from fundraising events  |  | -186,139.        |                                    | -186,139.                  |  |  |
| <b>9 a</b>   | Gross income from gaming activities. See Part IV, line 19   |  |                  |                                    |                            |  |  |
|  |   |  |                  |                                    |                            |  |  |
|  |   | <b>9a</b>  |                  |                                    |                            |  |  |
| <b>b</b>   | Less: direct expenses   | <b>9b</b>  |                  |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from gaming activities   |  |                  |                                    |                            |  |  |
| <b>10 a</b>  | Gross sales of inventory, less returns and allowances   |  |                  |                                    |                            |  |  |
|  |   |  |                  |                                    |                            |  |  |
|  |   | <b>10a</b>   |                  |                                    |                            |  |  |
| <b>b</b>   | Less: cost of goods sold  | <b>10b</b>   |                  |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from sales of inventory  |  |                  |                                    |                            |  |  |
| Miscellaneous Revenue                                  | <b>11 a</b>   | MISCELLANEOUS REVENUE  | Business Code    |                                    |                            |  |  |
|  |   |  | 900099           | 1,145,526.                         |                            | 1145526.   |  |
|  | <b>b</b>  | REFUNDS FROM VENDORS   | 900099           | 381,285.                           |                            | 381,285.   |  |
|  | <b>c</b>  | MANAGEMENT FEES  | 900099           | 39,562.                            |                            | 39,562.  |  |
|  | <b>d</b>  | All other revenue  |                  |                                    |                            |  |  |
| <b>e</b>   | <b>Total.</b> Add lines 11a-11d   |  | 1,566,373.       |                                    |                            |  |  |
| <b>12</b>  | <b>Total revenue.</b> See instructions  |  | 253349166.       | 71040240.                          | 0.                         | 1620642.   |  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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 .....  | 540,589.              | 540,589.                        |  |                             |
| 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 .....   | 1,339,847.            | 379,246.                        | 938,389.                               | 22,212.                     |
| 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 .....   | 118,262,348.          | 108,078,759.                    | 9,687,700.                             | 495,889.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 3,599,521.            | 3,257,657.                      | 325,275.                               | 16,589.                     |
| 9 Other employee benefits .....  | 26,715,359.           | 24,089,722.                     | 2,500,645.                             | 124,992.                    |
| 10 Payroll taxes .....   | 9,302,311.            | 8,234,824.                      | 1,023,638.                             | 43,849.                     |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management .....   |                       |                                 |  |                             |
| b Legal .....  | 775,557.              |                                 | 775,557.                               |                             |
| c Accounting .....   | 324,406.              |                                 | 324,406.                               |                             |
| d Lobbying .....   | 178,175.              |                                 |  | 178,175.                    |
| e Professional fundraising services. See Part IV, line 17  | 34,621.               |                                 |  | 34,621.                     |
| f Investment management fees .....   | 2,167.                |                                 | 2,167.                                 |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   | 19,318,619.           | 14,257,293.                     | 5,018,422.                             | 42,904.                     |
| 12 Advertising and promotion .....   |                       |                                 |  |                             |
| 13 Office expenses .....   | 4,693,099.            | 3,852,614.                      | 813,125.                               | 27,360.                     |
| 14 Information technology .....  | 8,420,760.            | 5,478,066.                      | 2,866,155.                             | 76,539.                     |
| 15 Royalties .....   |                       |                                 |  |                             |
| 16 Occupancy .....   | 14,938,941.           | 12,895,739.                     | 2,036,825.                             | 6,377.                      |
| 17 Travel .....  | 1,800,052.            | 1,756,697.                      | 43,088.                                | 267.                        |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....  |                       |                                 |  |                             |
| 20 Interest .....  | 1,109,897.            | 584,794.                        | 524,626.                               | 477.                        |
| 21 Payments to affiliates .....  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization .....   | 4,448,678.            | 3,329,818.                      | 1,113,856.                             | 5,004.                      |
| 23 Insurance .....   | 8,520,082.            | 7,839,340.                      | 659,901.                               | 20,841.                     |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a <b>FOSTER CARE</b>   | 10,442,261.           | 10,442,261.                     |  |                             |
| b <b>REPAIR AND MAINTENANCE</b>  | 7,097,507.            | 6,622,546.                      | 86,763.                                | 388,198.                    |
| c <b>FOOD</b>  | 5,147,990.            | 5,147,014.                      | 399.                                   | 577.                        |
| d <b>PROGRAM ACTIVITIES/INCI</b>   | 4,354,808.            | 4,331,375.                      | 4,364.                                 | 19,069.                     |
| e All other expenses   | 1,130,307.            | 561,151.                        | 566,119.                               | 3,037.                      |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | 252,497,902.          | 221,679,505.                    | 29,311,420.                            | 1,506,977.                  |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)                     |              | (B)          |
|---|--|-------------------------|--------------|--------------|
|   |  | Beginning of year       |              | End of year  |
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 6,645,373.              | <b>1</b>     | 6,095,285.   |
|   | <b>2</b> Savings and temporary cash investments .....  | 152,010.                | <b>2</b>     | 152,045.     |
|   | <b>3</b> Pledges and grants receivable, net .....  |                         | <b>3</b>     |              |
|   | <b>4</b> Accounts receivable, net .....  | 67,429,343.             | <b>4</b>     | 74,509,691.  |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                         | <b>5</b>     |              |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                         | <b>6</b>     |              |
|   | <b>7</b> Notes and loans receivable, net .....   |                         | <b>7</b>     |              |
|   | <b>8</b> Inventories for sale or use .....   |                         | <b>8</b>     |              |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 2,250,699.              | <b>9</b>     | 1,728,765.   |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 108,869,380. |              |              |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 65,011,303.  | <b>10c</b>   | 43,858,077.  |
|   | <b>11</b> Investments - publicly traded securities .....   | 2,827,908.              | <b>11</b>    | 3,243,069.   |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                         | <b>12</b>    |              |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                         | <b>13</b>    |              |
|   | <b>14</b> Intangible assets .....  |                         | <b>14</b>    |              |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 41,800,590.             | <b>15</b>    | 37,832,341.  |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 167,904,185.   | <b>16</b>               | 167,419,273. |              |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 32,965,998.             | <b>17</b>    | 34,932,088.  |
|   | <b>18</b> Grants payable .....   |                         | <b>18</b>    |              |
|   | <b>19</b> Deferred revenue .....   | 11,009,876.             | <b>19</b>    | 17,983,699.  |
|   | <b>20</b> Tax-exempt bond liabilities .....  | 31,782,114.             | <b>20</b>    | 31,342,512.  |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  | 766,376.                | <b>21</b>    | 679,490.     |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                         | <b>22</b>    |              |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 26,921,557.             | <b>23</b>    | 20,936,007.  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                         | <b>24</b>    |              |
|   | <b>25</b> 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 .....  | 75,084,940.             | <b>25</b>    | 65,509,869.  |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 178,530,861.            | <b>26</b>    | 171,383,665. |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                         |              |              |
|   | <b>27</b> Net assets without donor restrictions .....  | -15,392,479.            | <b>27</b>    | -7,078,911.  |
|   | <b>28</b> Net assets with donor restrictions .....   | 4,765,803.              | <b>28</b>    | 3,114,519.   |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                         |              |              |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                         | <b>29</b>    |              |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                         | <b>30</b>    |              |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                         | <b>31</b>    |              |
|   | <b>32</b> Total net assets or fund balances .....  | -10,626,676.            | <b>32</b>    | -3,964,392.  |
|   | <b>33</b> Total liabilities and net assets/fund balances .....   | 167,904,185.            | <b>33</b>    | 167,419,273. |

**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  | 253,349,166. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 252,497,902. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 851,264.     |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | -10,626,676. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 289,057.     |
| 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 on Schedule O)   | 9  | 5,521,963.   |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | -3,964,392.  |

**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 on Schedule O.  |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?   |     | X  |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis  |     |    |
| b Were the organization's financial statements audited by an independent accountant?   | X   |    |
| 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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis   |     |    |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  |     |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   | 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 on Schedule O and describe any steps taken to undergo such audits     | X   |    |

Form 990 (2023)



**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) 2019  | (b) 2020  | (c) 2021  | (d) 2022  | (e) 2023  | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 186379902 | 185873113 | 192240373 | 184364718 | 180688284 | 929546390 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |           |           |           |           |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |           |           |           |           |           |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 186379902 | 185873113 | 192240373 | 184364718 | 180688284 | 929546390 |
| <b>5</b> 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) ..... |           |           |           |           |           |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |           |           |           |           |           | 929546390 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2019  | (b) 2020  | (c) 2021  | (d) 2022  | (e) 2023  | (f) Total                |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 186379902 | 185873113 | 192240373 | 184364718 | 180688284 | 929546390                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...  | 77,318.   | 62,312.   | 69,212.   | 75,124.   | 227,895.  | 511,861.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...   | 18,043.   |           | 7,453.    |           |           | 25,496.                  |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   | 1097561.  | 484,249.  | 800,423.  | 239,480.  | 1566373.  | 4188086.                 |
| <b>11 Total support.</b> Add lines 7 through 10   |           |           |           |           |           | 934271833                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |           |           |           |           | 12        | 345,714,325.             |
| <b>13 First 5 years.</b> 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 <b>stop here</b> ..... |           |           |           |           |           | <input type="checkbox"/> |

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

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....   | <b>14</b> | 99.49 %                             |
| <b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....  | <b>15</b> | 99.38 %                             |
| <b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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"/>            |

**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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First 5 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**

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

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| <b>c</b> 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)? <i>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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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                               | <b>Adjusted Net Income</b> (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                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> 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 0.015 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 0.035.   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (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 0.85 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                                | <b>Distributable Amount.</b> 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). |   |              |

**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  | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4                         | Amounts paid to acquire exempt-use assets  | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)   | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8            |
| 9                         | Distributable amount for 2023 from Section C, line 6   | 9            |
| 10                        | Line 8 amount divided by line 9 amount   | 10           |

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>Amount for 2023 |
|---|---|--|---|
| 1   | Distributable amount for 2023 from Section C, line 6  |  |   |
| 2   | Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.   |  |   |
| 3   | Excess distributions carryover, if any, to 2023   |  |   |
| a   | From 2018   |  |   |
| b   | From 2019   |  |   |
| c   | From 2020   |  |   |
| d   | From 2021   |  |   |
| e   | From 2022   |  |   |
| f   | <b>Total</b> of lines 3a through 3e   |  |   |
| g   | Applied to underdistributions of prior years  |  |   |
| h   | Applied to 2023 distributable amount  |  |   |
| i   | Carryover from 2018 not applied (see instructions)  |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |  |   |
| 4   | Distributions for 2023 from Section D, line 7: \$   |  |   |
| a   | Applied to underdistributions of prior years  |  |   |
| b   | Applied to 2023 distributable amount  |  |   |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  |  |   |
| 5   | Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |  |   |
| 7   | <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.   |  |   |
| 8   | Breakdown of line 7:  |  |   |
| a   | Excess from 2019  |  |   |
| b   | Excess from 2020  |  |   |
| c   | Excess from 2021  |  |   |
| d   | Excess from 2022  |  |   |
| e   | Excess from 2023  |  |   |

Schedule A (Form 990) 2023

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

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**MISCELLANEOUS INCOME**

2019 AMOUNT: \$ 272,210.

2020 AMOUNT: \$ 97,961.

2021 AMOUNT: \$ 92,248.

2022 AMOUNT: \$ 40,949.

2023 AMOUNT: \$ 1,145,526.

**REFUNDS FROM VENDORS**

2019 AMOUNT: \$ 218,699.

2020 AMOUNT: \$ 299,617.

2021 AMOUNT: \$ 603,712.

2022 AMOUNT: \$ 159,490.

2023 AMOUNT: \$ 381,285.

**VENDING MACHINE**

2019 AMOUNT: \$ 3,342.

2020 AMOUNT: \$ 1,537.

2021 AMOUNT: \$ 1,309.

**MANAGEMENT FEES**

2019 AMOUNT: \$ 603,310.

2020 AMOUNT: \$ 48,070.

2021 AMOUNT: \$ 41,258.

2022 AMOUNT: \$ 39,041.

2023 AMOUNT: \$ 39,562.

**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.)

**IRS TAX REFUND**

2020 AMOUNT: \$ 37,064.

2021 AMOUNT: \$ 61,896.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

SCO FAMILY OF SERVICES

Employer identification number

11-2777066

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 foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

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

Schedule B (Form 990) (2023)

|   |   |
|---|---|
| Name of organization<br><br><b>SCO FAMILY OF SERVICES</b> | Employer identification number<br><br><b>11-2777066</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | <hr/> <hr/> <hr/>                 | \$ <u>97,448,794.</u>      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | <hr/> <hr/> <hr/>                 | \$ <u>18,391,241.</u>      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | <hr/> <hr/> <hr/>                 | \$ <u>17,543,101.</u>      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | <hr/> <hr/> <hr/>                 | \$ <u>10,254,653.</u>      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | <hr/> <hr/> <hr/>                 | \$ <u>4,663,771.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | <hr/> <hr/> <hr/>                 | \$ <u>4,287,934.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><br><b>SCO FAMILY OF SERVICES</b> | Employer identification number<br><br><b>11-2777066</b> |
|---|---|

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

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____  | _____                |
|                              | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____  | _____                |
|                              | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____  | _____                |
|                              | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____  | _____                |
|                              | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____  | _____                |
|                              | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____  | _____                |
|                              | <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> | \$ _____  | _____                |

|   |   |
|---|---|
| Name of organization<br><br><b>SCO FAMILY OF SERVICES</b> | Employer identification number<br><br><b>11-2777066</b> |
|---|---|

**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 |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**  
**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|   |   |
|---|---|
| Name of organization<br><b>SCO FAMILY OF SERVICES</b> | Employer identification number<br><b>11-2777066</b> |
|---|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  | (a) Filing organization's totals                   | (b) Affiliated group totals        |                     |                               |  |  |  |  |   |   |                    |              |  |  |
|--|--|------------------------------------|---------------------|-------------------------------|--|--|--|--|---|---|--------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....  |  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....   |  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....   |  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....   |  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is:    | The lobbying nontaxable amount is: | not over \$500,000, | 20% of the amount on line 1e. | over \$500,000 but not over \$1,000,000, | \$100,000 plus 15% of the excess over \$500,000. | over \$1,000,000 but not over \$1,500,000, | \$175,000 plus 10% of the excess over \$1,000,000. | over \$1,500,000 but not over \$17,000,000, | \$225,000 plus 5% of the excess over \$1,500,000. | over \$17,000,000, | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:                 |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| not over \$500,000,  | 20% of the amount on line 1e.                      |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| over \$500,000 but not over \$1,000,000,   | \$100,000 plus 15% of the excess over \$500,000.   |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| over \$1,000,000 but not over \$1,500,000,   | \$175,000 plus 10% of the excess over \$1,000,000. |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| over \$1,500,000 but not over \$17,000,000,  | \$225,000 plus 5% of the excess over \$1,500,000.  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| over \$17,000,000,   | \$1,000,000.                                       |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....   |  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....   |  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....   |  |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....   | <input type="checkbox"/> Yes                       | <input type="checkbox"/> No        |                     |                               |  |  |  |  |   |   |                    |              |  |  |

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.   | (a) |    | (b)      |
|---|-----|----|----------|
|   | Yes | No | Amount   |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |          |
| <b>a</b> Volunteers?  |     | X  |          |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   | X   |    |          |
| <b>c</b> Media advertisements?  |     | X  |          |
| <b>d</b> Mailings to members, legislators, or the public?   |     | X  |          |
| <b>e</b> Publications, or published or broadcast statements?  |     | X  |          |
| <b>f</b> Grants to other organizations for lobbying purposes?   |     | X  |          |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  | X   |    | 182,915. |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     | X  |          |
| <b>i</b> Other activities?  |     | X  |          |
| <b>j</b> Total. Add lines 1c through 1i   |     |    | 182,915. |
| <b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?   |     | X  |          |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |     |    |          |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |          |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     |    |          |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?  | 1   |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                   | 2   |    |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3   |    |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

|  |    |  |
|--|----|--|
| <b>1</b> Dues, assessments and similar amounts from members  | 1  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  |    |  |
| <b>a</b> Current year  | 2a |  |
| <b>b</b> Carryover from last year  | 2b |  |
| <b>c</b> Total   | 2c |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues   | 3  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? | 4  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures. See instructions   | 5  |  |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

LOBBYING ACTIVITIES ARE RELATED TO DIRECT CONTACT WITH MUNICIPALITIES, LEGISLATORS, STATE AGENCIES, ETC. DIRECT CONTACT IS IN RELATION TO SCO'S SUPPORT OF FOSTER CARE BILLS/REFORM, FUNDING RENEWALS, AND PROGRAM INITIATIVES. LOBBYING ACTIVITIES CONDUCTED TO ESTABLISH BUDGETS AND PROCURE FUNDING.

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

2023

Open to Public Inspection

Name of the organization: SCO FAMILY OF SERVICES; Employer identification number: 11-2777066

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, table for lines 2a-2d, and various monitoring and policy questions.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

**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 make 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 program
  - 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:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 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 in Part XIII

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 1,442,996.       | 1,442,996.     | 1,442,996.         | 1,442,996.           | 1,442,996.          |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    | 571,283.             | 164,582.            |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    | 571,283.             | 164,582.            |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 1,442,996.       | 1,442,996.     | 1,442,996.         | 1,442,996.           | 1,442,996.          |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment 100 %
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No                                  |
|--|-----|-------------------------------------|
| (i) Unrelated organizations?   |     | <input checked="" type="checkbox"/> |
| (ii) Related organizations?  |     | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     | <input checked="" type="checkbox"/> |
- 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   | 436,962.                             | 1,593,522.                      |                              | 2,030,484.     |
| b Buildings   |                                      | 88,630,204.                     | 50,865,073.                  | 37,765,131.    |
| c Leasehold improvements  |                                      | 2,413,430.                      | 1,739,016.                   | 674,414.       |
| d Equipment   |                                      | 13,340,271.                     | 9,952,223.                   | 3,388,048.     |
| e Other   |                                      | 2,454,991.                      | 2,454,991.                   | 0.             |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              | 43,858,077.    |

**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)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B)) |                |   |

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

**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) SECURITY DEPOSITS AND OTHER ASSETS                                    | 655,611.       |
| (2) DEBT SERVICE RESERVE  | 1,047,966.     |
| (3) CUSTODIAL ACCOUNTS  | 679,490.       |
| (4) DUE FROM SCO FOUNDATION, INC.   | 1,928,355.     |
| (5) RIGHT OF USE ASSETS   | 23,831,980.    |
| (6) INTEREST RATE SWAP ASSET  | 5,153,939.     |
| (7) ASSET LIMITED TO USE  | 4,535,000.     |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) | 37,832,341.    |

**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) ACCRUED PENSION OBLIGATION  | 23,492,936.    |
| (3) DUE TO GOVERNMENT AGENCIES  | 18,134,014.    |
| (4) PROPERTY LEASE  | 23,882,919.    |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 65,509,869.    |

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

**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.

|          |  |           |              |
|----------|--|-----------|--------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 265,067,813. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |              |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> | 289,057.     |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> |              |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |              |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> | 14,304,780.  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | 14,593,837.  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 250,473,976. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |              |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> | 2,167.       |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> | 2,873,023.   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | 2,875,190.   |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 253,349,166. |

**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.

|          |   |           |              |
|----------|---|-----------|--------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 252,618,901. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |              |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> |              |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |              |
| <b>c</b> | Other losses  | <b>2c</b> |              |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> | 2,846,314.   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 2,846,314.   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 249,772,587. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |              |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> | 2,167.       |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> | 2,723,148.   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 2,725,315.   |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 252,497,902. |

**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 IV, LINE 2B:**

CUSTODIAL ACCOUNTS PRIMARILY REPRESENT SUPPLEMENTAL SOCIAL SECURITY FUNDS PLUS ACCRUED INTEREST ON THOSE FUNDS WHICH ARE HELD BY THE REPORTING ORGANIZATION ON BEHALF OF CERTAIN DISABLED CHILDREN IN ITS CARE.

**PART V, LINE 4:**

SCO HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE SUFFICIENT INCOME TO MEET VARIOUS PROGRAM EXPENSES AND TO EXTEND THE PURSUIT OF SCO'S MISSION IN PERPETUITY.

**PART X, LINE 2:**

SCO FOLLOWS THE PROVISIONS OF ASC 740, "INCOME TAXES". UNDER ASC 740, AN

**Part XIII** Supplemental Information (continued)

ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY.

SCO DOES NOT BELIEVE THEY HAVE TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, THEY HAVE NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. SCO HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE THEY ARE REQUIRED TO DO SO. ADDITIONALLY, SCO FILES IRS FORM 990 INFORMATION RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE SO REQUIRED. FOR THE YEARS ENDED JUNE 30, 2024 AND 2023, NO INTEREST OR PENALTIES WERE RECORDED OR INCLUDED IN THE CONSOLIDATED STATEMENT OF ACTIVITIES. SCO IS SUBJECT TO ROUTINE EXAMINATIONS BY A TAXING AUTHORITY. AS OF JUNE 30, 2024, SCO WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR FISCAL YEARS PRIOR TO 2021.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

|   |             |
|---|-------------|
| CHANGE IN UNFUNDED PENSION OBLIGATION       | 5,439,502.  |
| REVENUE ATTRIBUTABLE TO CONSOLIDATED ENTITY | 8,632,944.  |
| LOSS ON ASSET DISPOSAL                      | 232,334.    |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D       | 14,304,780. |

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

|  |            |
|--|------------|
| OTHER EXPENSES RECLASSIFIED FROM PART VIII | 742.       |
| GAIN ON INTEREST RATE SWAP                 | 149,875.   |
| ELIMINATING ENTRIES                        | 2,722,406. |

Schedule D (Form 990) 2023

**Part XIII** Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XI, LINE 4B 2,873,023.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES ATTRIBUTABLE TO CONSOLIDATED ENTITY 2,846,314.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ELIMINATING ENTRIES 2,722,406.

OTHER EXPENSES RECLASSIFIED FROM PART VIII 742.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 2,723,148.



**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  | (b) Event #2                         | (c) Other events    | (d) Total events                |
|-----------------|--|---|--------------------------------------|---------------------|---------------------------------|
|                 |  | GOLF OUTING<br>(event type)                                 | MADONNA HEIGHTS GOLF<br>(event type) | 2<br>(total number) | (add col. (a) through col. (c)) |
| Revenue         | 1  | 382,055.  | 185,639.                             | 103,215.            | 670,909.                        |
|                 | 2  | 256,945.  | 149,219.                             | 92,090.             | 498,254.                        |
|                 | 3  | 125,110.  | 36,420.                              | 11,125.             | 172,655.                        |
| Direct Expenses | 4  |   |                                      |                     |                                 |
|                 | 5  | 8,656.  | 5,560.                               | 3,422.              | 17,638.                         |
|                 | 6  | 116,139.  | 26,904.                              | 15,598.             | 158,641.                        |
|                 | 7  | 86,646.   |                                      | 16,250.             | 102,896.                        |
|                 | 8  | 7,770.  | 19,895.                              | 12,612.             | 40,277.                         |
|                 | 9  | 21,585.   | 8,881.                               | 8,876.              | 39,342.                         |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |                                      |                     |                                 |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |                                      |                     | -186,139.                       |

**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)) |
|-----------------|--|---|---|---|--|
|                 |  | 1   |   |   |  |
| Direct Expenses | 2  |   |   |   |  |
|                 | 3  |   |   |   |  |
|                 | 4  |   |   |   |  |
|                 | 5  |   |   |   |  |
|                 | 6  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><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.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: HEB CONSULTANTS

(I) ADDRESS OF FUNDRAISER: 6204 CHAPPELLE LN., MONTGOMERY, AL 36117

(I) NAME OF FUNDRAISER: CASTKA GRANT CONSULTING

(I) ADDRESS OF FUNDRAISER: 69 OAKWOOD AVENUE, BAYPORT, NY 11705

**PART I, LINE 2B, COLUMN (V):**

**Part IV** Supplemental Information (continued)

CASTKA GRANT CONSULTING:

SCO SHALL PAY CONTRACTOR THE FOLLOWING RATE OF PAYMENT: \$2,275 PER MONTH.

SCO AGREES TO PAY FOR SERVICES RENDERED UPON SUBMISSION OF INVOICES IN ACCORDANCE WITH THE AGREED TERMS OF THE CONTRACT.

HEB CONSULTANTS:

SCO SHALL PAY THE CONSULTANT GROUP THE FOLLOWING RATE OF PAYMENT: \$4,000 PER MONTH.



**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| STIPENDS                        | 495                      | 537,464.                 | 0.                                |   |                                       |
| INTERNSHIP SCHOLARSHIPS         | 2                        | 3,125.                   | 0.                                |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

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

PART I, LINE 2:

FOR STIPENDS AND INTERNSHIP SCHOLARSHIPS:

PROGRAM STAFF REVIEW THE ELIGIBILITY OF RECIPIENTS ON A MONTHLY BASIS. UPON RECEIPT OF THE MONTHLY LIST OF RECIPIENTS, THE FINANCE DEPARTMENT CONFIRMS AVAILABILITY OF FUNDS AND DISTRIBUTES PAYMENT.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**SCO FAMILY OF SERVICES**

Employer identification number

**11-2777066**

**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 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 checked="" type="checkbox"/> Independent compensation consultant | <input checked="" 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 |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>4a</b> | X   |    |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2023

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

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

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

| (A) Name and Title                                   |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) KEITH LITTLE<br>FORMER PRESIDENT & CEO           | (i)  | 93,469.  | 0.                                  | 345,293.                            | 0.   | 164.                    | 438,926.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) SUZETTE GORDON<br>PRESIDENT & CEO                | (i)  | 388,784.   | 0.                                  | 437.                                | 8,667.   | 14,537.                 | 412,425.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) REBECCA LUKEMAN<br>CHIEF HUMAN RESOURCES OFFICER | (i)  | 241,165.   | 0.                                  | 178.                                | 7,500.   | 30,781.                 | 279,624.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (4) JULIETTE MCKENNA<br>CHIEF DEVELOPMENT OFFICER    | (i)  | 227,887.   | 0.                                  | 1,352.                              | 0.   | 42,485.                 | 271,724.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (5) LISA SAMMON<br>CFO                               | (i)  | 224,178.   | 0.                                  | 196.                                | 8,510.   | 13,518.                 | 246,402.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (6) YELITZA SEOANE<br>PSYCHIATRIST                   | (i)  | 211,844.   | 0.                                  | 1,304.                              | 8,042.   | 13,303.                 | 234,493.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (7) KAREN ABREU-ROSANO<br>CHIEF PROGRAM OFFICER      | (i)  | 179,155.   | 0.                                  | 238.                                | 9,552.   | 30,177.                 | 219,122.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (8) TARA DRENNEN<br>CHIEF INFORMATION OFFICER        | (i)  | 216,871.   | 0.                                  | 231.                                | 0.   | 279.                    | 217,381.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (9) DOUG O'DELL<br>COO                               | (i)  | 193,106.   | 0.                                  | 0.                                  | 0.   | 550.                    | 193,656.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (10) JENNIFER OUTLAW<br>FORMER CHIEF PROGRAM OFFICER | (i)  | 174,717.   | 0.                                  | 305.                                | 0.   | 16,860.                 | 191,882.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (11) RASHEED FRAZIER<br>CHIEF PROGRAM OFFICER        | (i)  | 140,553.   | 0.                                  | 102.                                | 5,430.   | 42,361.                 | 188,446.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (12) GODFREY ANEKE<br>NURSE PRACTITIONER             | (i)  | 165,463.   | 0.                                  | 0.                                  | 0.   | 0.                      | 165,463.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |

**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.

PART I, LINE 4A:

KEITH LITTLE, FORMER PRESIDENT/CEO RECIEVED A SEVERANCE PAYMENT OF \$345,000

WHICH WAS INCLUDED IN HIS 2023 FORM W-2.

**Supplemental Information on Tax-Exempt Bonds**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,  
explanations, and any additional information in Part VI.  
Attach to Form 990. Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

ENTITY 1

OMB No. 1545-0047

**2023**  
Open to Public  
Inspection

Name of the organization **SCO FAMILY OF SERVICES** Employer identification number **11-2777066**

| Part I | Bond Issues                                  | SEE PART VI FOR COLUMN (F) CONTINUATIONS |                |             |                 |                                   |                            |              |    |                         |    |                      |    |
|--------|--|--|----------------|-------------|-----------------|-----------------------------------|----------------------------|--------------|----|-------------------------|----|----------------------|----|
|        |  | (a) Issuer name                          | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price                   | (f) Description of purpose | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pooled financing |    |
|        |  |  |                |             |                 |                                   |                            | Yes          | No | Yes                     | No | Yes                  | No |
| A      | DORMITORY AUTHORITY OF THE STATE OF NEW YORK | 14-6000293                               | 000000000      | 06/12/07    | 1,554,500.      | ACQUISITION AND CONSTRUCTION OF F |                            | X            |    | X                       |    | X                    |    |
| B      | DORMITORY AUTHORITY OF THE STATE OF NEW YORK | 14-6000293                               | 000000000      | 08/15/18    | 11705000.       | RENOVATION OF FACILITIES          |                            | X            |    | X                       | X  |                      |    |
| C      | NASSAU COUNTY LOCAL ECONOMIC ASSISTANCE CORP | 27-4291221                               | 000000000      | 09/23/21    | 8,695,000.      | REFUNDING 06/2013, CAPITAL        |                            | X            |    | X                       |    | X                    |    |
| D      | BUILD NYC RESOURCE CORPORATION               | 45-4040561                               | 000000000      | 09/23/21    | 18025000.       | REFUNDING 06/2013, CAPITAL        |                            | X            |    | X                       |    | X                    |    |

| Part II | Proceeds   | A   |            | B   |          | C   |            | D   |             |
|---------|--|-----|------------|-----|----------|-----|------------|-----|-------------|
|         |  | Yes | No         | Yes | No       | Yes | No         | Yes | No          |
| 1       | Amount of bonds retired  |     | 866,905.   |     | 95,000.  |     | 920,000.   |     | 1,250,000.  |
| 2       | Amount of bonds legally defeased   |     |            |     |          |     |            |     |             |
| 3       | Total proceeds of issue  |     | 1,554,500. |     | 500,000. |     | 8,695,000. |     | 18,025,000. |
| 4       | Gross proceeds in reserve funds  |     | 28,546.    |     | 19,420.  |     | 1,000,000. |     |             |
| 5       | Capitalized interest from proceeds   |     |            |     |          |     |            |     |             |
| 6       | Proceeds in refunding escrows  |     |            |     |          |     |            |     |             |
| 7       | Issuance costs from proceeds   |     |            |     |          |     | 169,818.   |     | 353,880.    |
| 8       | Credit enhancement from proceeds   |     |            |     |          |     |            |     |             |
| 9       | Working capital expenditures from proceeds   |     |            |     |          |     |            |     |             |
| 10      | Capital expenditures from proceeds   |     | 1,525,954. |     | 480,580. |     |            |     | 790,000.    |
| 11      | Other spent proceeds   |     |            |     |          |     | 3,989,155. |     | 5,646,902.  |
| 12      | Other unspent proceeds   |     |            |     |          |     | 3,536,027. |     | 11,234,218. |
| 13      | Year of substantial completion   |     | 2007       |     | 2018     |     |            |     |             |
| 14      | Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? |     |            | X   |          | X   | X          |     | X           |
| 15      | Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?   |     |            | X   |          | X   | X          |     | X           |
| 16      | Has the final allocation of proceeds been made?  | X   |            | X   |          |     | X          |     | X           |
| 17      | Does the organization maintain adequate books and records to support the final allocation of proceeds?                           | X   |            | X   |          | X   | X          |     | X           |

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

Schedule K (Form 990) 2023

**Supplemental Information on Tax-Exempt Bonds**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,  
explanations, and any additional information in Part VI.  
Attach to Form 990. Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

ENTITY 2

OMB No. 1545-0047

**2023**  
Open to Public  
Inspection

Name of the organization **SCO FAMILY OF SERVICES** Employer identification number **11-2777066**

| Part I | Bond Issues | SEE PART VI FOR COLUMN (F) CONTINUATIONS |                |             |                 |                 |                               |              |    |                         |    |                      |    |
|--------|-------------|--|----------------|-------------|-----------------|-----------------|-------------------------------|--------------|----|-------------------------|----|----------------------|----|
|        |             | (a) Issuer name                          | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose    | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pooled financing |    |
|        |             |  |                |             |                 |                 |                               | Yes          | No | Yes                     | No | Yes                  | No |
|        | A           | SUFFOLK COUNTY ECONOMIC DEVELOPMENT CORP | 27-3722095     | 000000000   | 09/23/21        | 7,240,000.      | REFUNDING<br>06/2013, CAPITAL |              | X  |                         | X  |                      | X  |
|        | B           |  |                |             |                 |                 |                               |              |    |                         |    |                      |    |
|        | C           |  |                |             |                 |                 |                               |              |    |                         |    |                      |    |
|        | D           |  |                |             |                 |                 |                               |              |    |                         |    |                      |    |

| Part II | Proceeds |  |    |            |    |     |    |     |    |
|---------|----------|--|----|------------|----|-----|----|-----|----|
|         |          | A  |    | B          |    | C   |    | D   |    |
|         | 1        | Amount of bonds retired  |    | 690,000.   |    |     |    |     |    |
|         | 2        | Amount of bonds legally defeased   |    |            |    |     |    |     |    |
|         | 3        | Total proceeds of issue  |    | 7,240,000. |    |     |    |     |    |
|         | 4        | Gross proceeds in reserve funds  |    |            |    |     |    |     |    |
|         | 5        | Capitalized interest from proceeds   |    |            |    |     |    |     |    |
|         | 6        | Proceeds in refunding escrows  |    |            |    |     |    |     |    |
|         | 7        | Issuance costs from proceeds   |    | 141,900.   |    |     |    |     |    |
|         | 8        | Credit enhancement from proceeds   |    |            |    |     |    |     |    |
|         | 9        | Working capital expenditures from proceeds   |    |            |    |     |    |     |    |
|         | 10       | Capital expenditures from proceeds   |    |            |    |     |    |     |    |
|         | 11       | Other spent proceeds   |    | 3,917,249. |    |     |    |     |    |
|         | 12       | Other unspent proceeds   |    | 3,180,851. |    |     |    |     |    |
|         | 13       | Year of substantial completion   |    |            |    |     |    |     |    |
|         |          | Yes  | No | Yes        | No | Yes | No | Yes | No |
|         | 14       | Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? |    | X          |    |     |    |     |    |
|         | 15       | Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?   |    | X          |    |     |    |     |    |
|         | 16       | Has the final allocation of proceeds been made?  |    |            | X  |     |    |     |    |
|         | 17       | Does the organization maintain adequate books and records to support the final allocation of proceeds?                           |    | X          |    |     |    |     |    |

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

Schedule K (Form 990) 2023

**Part III Private Business Use**

|  | A     |    | B     |    | C     |    | D     |    |
|--|-------|----|-------|----|-------|----|-------|----|
|  | Yes   | No | Yes   | No | Yes   | No | Yes   | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....   |       | X  |       | X  |       | X  |       | X  |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? .....  |       | X  |       | X  |       | X  |       | X  |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? .....  |       | X  |       | X  |       | X  |       | X  |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?   |       |    |       |    |       |    |       |    |
| c Are there any research agreements that may result in private business use of bond-financed property? .....   |       | X  |       | X  |       | X  |       | X  |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...   |       |    |       |    |       |    |       |    |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....  | .00 % |    | .00 % |    | .00 % |    | .00 % |    |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ..... | .00 % |    | .00 % |    | .00 % |    | .00 % |    |
| 6 Total of lines 4 and 5 .....   | .00 % |    | .00 % |    | .00 % |    | .00 % |    |
| 7 Does the bond issue meet the private security or payment test? .....   |       | X  |       | X  |       | X  |       | X  |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?   |       | X  |       | X  |       | X  |       | X  |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....  | %     |    | %     |    | %     |    | %     |    |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....  |       |    |       |    |       |    |       |    |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....                           |       | X  |       | X  |       | X  |       | X  |

**Part IV Arbitrage**

|  | A   |    | B   |    | C   |    | D   |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? ..... |     | X  |     | X  |     | X  |     | X  |
| 2 If "No" to line 1, did the following apply?  |     |    |     |    |     |    |     |    |
| a Rebate not due yet? .....  |     | X  |     | X  | X   |    | X   |    |
| b Exception to rebate? .....   | X   |    | X   |    |     | X  |     | X  |
| c No rebate due? .....   |     | X  |     | X  |     | X  |     | X  |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....                          |     |    |     |    |     |    |     |    |
| 3 Is the bond issue a variable rate issue? .....   |     | X  |     | X  | X   |    | X   |    |

| <b>Part III Private Business Use</b>  |     |       |     |    |     |    |     |    |
|---|-----|-------|-----|----|-----|----|-----|----|
|   | A   |       | B   |    | C   |    | D   |    |
|   | Yes | No    | Yes | No | Yes | No | Yes | No |
| <b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....   |     | X     |     |    |     |    |     |    |
| <b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....  |     | X     |     |    |     |    |     |    |
| <b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....  |     | X     |     |    |     |    |     |    |
| <b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?   |     |       |     |    |     |    |     |    |
| <b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....   |     | X     |     |    |     |    |     |    |
| <b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...   |     |       |     |    |     |    |     |    |
| <b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....  |     | .00 % |     | %  |     | %  |     | %  |
| <b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ..... |     | .00 % |     | %  |     | %  |     | %  |
| <b>6</b> Total of lines 4 and 5 .....   |     | .00 % |     | %  |     | %  |     | %  |
| <b>7</b> Does the bond issue meet the private security or payment test? .....   |     | X     |     |    |     |    |     |    |
| <b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?   |     | X     |     |    |     |    |     |    |
| <b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....  |     |       |     | %  |     | %  |     | %  |
| <b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....  |     |       |     |    |     |    |     |    |
| <b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....                           |     | X     |     |    |     |    |     |    |

| <b>Part IV Arbitrage</b>  |     |    |     |    |     |    |     |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | A   |    | B   |    | C   |    | D   |    |
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? ..... |     | X  |     |    |     |    |     |    |
| <b>2</b> If "No" to line 1, did the following apply?  |     |    |     |    |     |    |     |    |
| <b>a</b> Rebate not due yet? .....  | X   |    |     |    |     |    |     |    |
| <b>b</b> Exception to rebate? .....   |     | X  |     |    |     |    |     |    |
| <b>c</b> No rebate due? .....   |     | X  |     |    |     |    |     |    |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....                                 |     |    |     |    |     |    |     |    |
| <b>3</b> Is the bond issue a variable rate issue? .....   | X   |    |     |    |     |    |     |    |



**Part IV Arbitrage** (continued)

|  | A                                   |                                     | B   |    | C   |    | D   |    |
|--|-------------------------------------|-------------------------------------|-----|----|-----|----|-----|----|
|  | Yes                                 | No                                  | Yes | No | Yes | No | Yes | No |
| <b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? ..... | <input checked="" type="checkbox"/> |                                     |     |    |     |    |     |    |
| <b>b</b> Name of provider .....  | PEOPLE'S UNITED BAN                 |                                     |     |    |     |    |     |    |
| <b>c</b> Term of hedge .....   | 20.0000000                          |                                     |     |    |     |    |     |    |
| <b>d</b> Was the hedge superintegrated? .....  |                                     | <input checked="" type="checkbox"/> |     |    |     |    |     |    |
| <b>e</b> Was the hedge terminated? .....   |                                     | <input checked="" type="checkbox"/> |     |    |     |    |     |    |
| <b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....  |                                     | <input checked="" type="checkbox"/> |     |    |     |    |     |    |
| <b>b</b> Name of provider .....  |                                     |                                     |     |    |     |    |     |    |
| <b>c</b> Term of GIC .....   |                                     |                                     |     |    |     |    |     |    |
| <b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....                     |                                     |                                     |     |    |     |    |     |    |
| <b>6</b> Were any gross proceeds invested beyond an available temporary period? .....  |                                     | <input checked="" type="checkbox"/> |     |    |     |    |     |    |
| <b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....                 |                                     | <input checked="" type="checkbox"/> |     |    |     |    |     |    |

**Part V Procedures To Undertake Corrective Action**

|   | A   |                                     | B   |    | C   |    | D   |    |
|---|-----|-------------------------------------|-----|----|-----|----|-----|----|
|   | Yes | No                                  | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? ..... |     | <input checked="" type="checkbox"/> |     |    |     |    |     |    |

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

**SCHEDULE K, PART I, BOND ISSUES:**

- (A) ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK
- (F) DESCRIPTION OF PURPOSE: ACQUISITION AND CONSTRUCTION OF FACILITIES

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- (A) ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK
- (F) DESCRIPTION OF PURPOSE: RENOVATION OF FACILITIES

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- (A) ISSUER NAME: NASSAU COUNTY LOCAL ECONOMIC ASSISTANCE CORP
- (F) DESCRIPTION OF PURPOSE: REFUNDING 06/2013, CAPITAL EXPENDITURES

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- (A) ISSUER NAME: BUILD NYC RESOURCE CORPORATION
- (F) DESCRIPTION OF PURPOSE: REFUNDING 06/2013, CAPITAL EXPENDITURES

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- (A) ISSUER NAME: SUFFOLK COUNTY ECONOMIC DEVELOPMENT CORP
- (F) DESCRIPTION OF PURPOSE: REFUNDING 06/2013, CAPITAL EXPENDITURES

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

SCO FAMILY OF SERVICES

Employer identification number

11-2777066

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

HELP VULNERABLE NEW YORKERS MEET LIFE'S CHALLENGES & HELP THEM BUILD A  
SOLID FOUNDATION.

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

OF SERVICES. WE GIVE INDIVIDUALS AND FAMILIES THE SUPPORT AND TOOLS  
NEEDED FOR A HEALTHY, STABLE AND SUCCESSFUL FUTURE, BUILDING STRONGER  
COMMUNITIES THROUGHOUT THE AREA.

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

SUPPORTS TO PROMOTE INDIVIDUAL GROWTH, SUPPORT FAMILY LIFE AND CREATE  
STRONG, VIBRANT FAMILIES AND COMMUNITIES.

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

SCO HELPS CHILDREN, YOUTH AND ADULTS WITH DEVELOPMENTAL DISABILITIES  
REALIZE THEIR FULL POTENTIAL AND BECOME PARTICIPATING MEMBERS OF THE  
COMMUNITY THROUGH A VARIETY OF IN HOME HABILITATIVE SERVICES,  
RESIDENCES AND SUPPORTIVE CAREGIVERS STRUCTURED TO PERMIT CHILDREN AND  
ADULTS WITH DEVELOPMENTAL DISABILITIES TO STRIVE TO BECOME AS  
INDEPENDENT AS POSSIBLE.

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

THE ORGANIZATION ALSO OPERATED OTHER PROGRAMS DURING FY24 WHICH  
INCLUDED: SHELTERS AND HOMELESS SERVICES:, EARLY CHILDHOOD SERVICES AND  
FAMILY SUPPORT SERVICES.

EXPENSES \$ 48,704,619. INCLUDING GRANTS OF \$ 540,589. REVENUE \$ 201,999.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

|  |  |
|--|--|
| Name of the organization<br>SCO FAMILY OF SERVICES | Employer identification number<br>11-2777066 |
|--|--|

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

THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. A COPY OF THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S PRESIDENT & CEO AND CFO, AND THEN PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS VIA ELECTRONIC MAIL WITH AN OPPORTUNITY FOR THEM TO COMMENT OR MAKE INQUIRY BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

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

UPON HIRE, ALL EMPLOYEES COMPLETE A MANDATORY CORPORATE COMPLIANCE TRAINING AND ARE ASKED TO COMPLETE A CONFLICT OF INTEREST STATEMENT, DISCLOSING ANY POTENTIAL CONFLICTS.

ANNUALLY, THE SCO BOARD OF DIRECTORS, SENIOR MANAGEMENT, CLINICAL PERSONNEL, PROGRAM MANAGEMENT AND ADMINISTRATIVE STAFF COMPLETE CORPORATE COMPLIANCE TRAINING AND COMPLETE A CONFLICT OF INTEREST STATEMENT.

THE STATEMENTS ARE REVIEWED BY SCO'S CORPORATE COMPLIANCE DEPARTMENT. POTENTIAL CONFLICTS ARE VETTED THROUGH THE CORPORATE COMPLIANCE DEPARTMENT WITH FEEDBACK FROM SCO'S PRESIDENT & CEO AND THE HUMAN RESOURCES DEPARTMENT. ALL SITUATIONS ARE BROUGHT TO THE AGENCY'S BOARD COMMITTEE WHICH REVIEWS AGENCY RISK AND THOSE SITUATIONS WHICH ARE CONFLICTS ARE ADDRESSED. ALL INFORMATION IS MAINTAINED AND THE CONFLICT OF INTEREST STATEMENT IS MAINTAINED IN THE EMPLOYEE'S PERSONNEL FILE. POTENTIAL CONFLICTS INVOLVING THE PRESIDENT & CEO OR BOARD MEMBERS ARE REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD.

|  |  |
|--|--|
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|--|--|

THE CONFLICT OF INTEREST POLICY SHALL INCLUDE, AT A MINIMUM, THE FOLLOWING PROVISIONS:

(A) PROCEDURES FOR DISCLOSING A CONFLICT OF INTEREST TO THE AUDIT AND COMPLIANCE COMMITTEE;

(B) A REQUIREMENT THAT THE PERSON WITH THE CONFLICT OF INTEREST NOT BE PRESENT AT OR PARTICIPATE IN BOARD OR COMMITTEE DELIBERATION OR VOTE ON THE MATTER GIVING RISE TO SUCH CONFLICT;

(C) A PROHIBITION AGAINST ANY ATTEMPT BY THE PERSON WITH THE CONFLICT TO INFLUENCE IMPROPERLY THE DELIBERATION OR VOTING ON THE MATTER GIVING RISE TO SUCH CONFLICT;

(D) A REQUIREMENT THAT THE EXISTENCE AND RESOLUTION OF THE CONFLICT BE DOCUMENTED IN THE CORPORATION'S RECORDS, INCLUDING IN THE MINUTES OF ANY MEETING AT WHICH THE CONFLICT WAS DISCUSSED OR VOTED UPON; AND

(E) PROCEDURES FOR DISCLOSING, ADDRESSING, AND DOCUMENTING RELATED PARTY TRANSACTIONS IN ACCORDANCE SECTION 715 OF THE NEW YORK NOT-FOR-PROFIT CORPORATION LAW.

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

THE PROCESS OF DETERMINING THE PRESIDENT & CEO'S COMPENSATION INCLUDED A COMPREHENSIVE ANALYSIS OF COMPENSATION AMONG COMPARABLE ORGANIZATIONS AS PREPARED BY AN OUTSIDE CONSULTANT DURING FY24. THIS ANALYSIS REFERENCED FORM 990 FILINGS AS WELL AS AN EXECUTIVE COMPENSATION SURVEY CONDUCTED BY A THIRD PARTY WHICH INCLUDED SIMILAR NON-PROFIT ORGANIZATIONS IN THE NEW YORK REGION. THE PEER GROUP OF ORGANIZATIONS WITHIN THE COMPENSATION SURVEY WERE FULLY RESEARCHED AND VETTED THROUGH THE ECONOMIC RESEARCH INSTITUTE (ERI) SALARY DATABASE. THIS DATABASE ASSISTS WITH DETERMINING COMPARABLE AGENCIES BASED UPON NTEE (NATIONAL TAXONOMY OF EXEMPT ENTITIES) CODE AS LISTED ON GUIDESTAR.ORG FOR 990 REPORTING. FOLLOWING A REVIEW OF THIS INFORMATION BY

|  |  |
|--|--|
| Name of the organization<br>SCO FAMILY OF SERVICES | Employer identification number<br>11-2777066 |
|--|--|

THE BOARD OF DIRECTORS, AN APPROPRIATE COMPENSATION PACKAGE FOR THE PRESIDENT & CEO WAS DETERMINED, APPROVED, AND RECORDED INTO THE BOARD REPORT.

COMPENSATION FOR OTHER OFFICERS IS DETERMINED BY THE PRESIDENT & CEO AND APPROVED BY THE CHAIR OF THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS.

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

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS POSTED ON THE ORGANIZATION'S WEBSITE, THE NEW YORK STATE ATTORNEY GENERAL WEBSITE, GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE ALSO AVAILABLE UPON WRITTEN REQUEST OR BY CALLING THE ORGANIZATION DIRECTLY.

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

|                                       |            |
|---------------------------------------|------------|
| CHANGE IN UNFUNDED PENSION OBLIGATION | 5,439,502. |
| GAIN ON INTEREST RATE SWAP            | -149,874.  |
| ROUNDING                              | 1.         |
| LOSS ON ASSET DISPOSAL                | 232,334.   |
| TOTAL TO FORM 990, PART XI, LINE 9    | 5,521,963. |

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS DID NOT CHANGE FROM THE PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization **SCO FAMILY OF SERVICES** Employer identification number **11-2777066**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization                                   | (b)<br>Primary activity                           | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|---|---|-------------------------------|---|-------------------------------------|--|----|
|  |   |   |                               |   |                                     | Yes  | No |
| SCO FOUNDATION, INC. - 82-1897404<br>1415 KELLUM PLACE, SUITE 140<br>GARDEN CITY, NY 11530 | SUPPORTS THE MISSION OF<br>SCO FAMILY OF SERVICES | NEW YORK  | 501(C)(3)                     | LINE 12A, I   | SCO FAMILY OF<br>SERVICES           | X  |    |
|  |   |   |                               |   |                                     |  |    |
|  |   |   |                               |   |                                     |  |    |
|  |   |   |                               |   |                                     |  |    |
|  |   |   |                               |   |                                     |  |    |
|  |   |   |                               |   |                                     |  |    |
|  |   |   |                               |   |                                     |  |    |
|  |   |   |                               |   |                                     |  |    |
|  |   |   |                               |   |                                     |  |    |



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|  | Yes | No |
|--|-----|----|
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ..... |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                 |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                               | X   |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                      |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   |     | X  |
| <b>f</b> Dividends from related organization(s) .....  |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                      |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                    |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  | X   |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   | X   |    |
| <b>o</b> Sharing of paid employees with related organization(s) .....  | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                      | X   |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                      | X   |    |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....                                 |     | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) SCO FOUNDATION, INC.            | C                             | 2,682,844.             | COST   |
| (2)                                 |                               |                        |  |
| (3)                                 |                               |                        |  |
| (4)                                 |                               |                        |  |
| (5)                                 |                               |                        |  |
| (6)                                 |                               |                        |  |



**Part VII** Supplemental Information

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

Multiple horizontal lines for providing supplemental information.