

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. ABBOTT HOUSE	Taxpayer identification number (TIN) 13-1991946
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 100 NORTH BROADWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. IRVINGTON, NY 10533-1254	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

ABBIE RELKIN

- The books are in the care of ▶ **100 NORTH BROADWAY - IRVINGTON, NY 10533-1254**

Telephone No. ▶ **(914) 591-7300** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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 for instructions and the latest information.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ABBOTT HOUSE Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 100 NORTH BROADWAY City or town, state or province, country, and ZIP or foreign postal code IRVINGTON, NY 10533-1254 F Name and address of principal officer: JAMES KAUFMAN SAME AS C ABOVE	D Employer identification number 13-1991946 E Telephone number (914) 591-7300 G Gross receipts \$ 66,162,925. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I 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		
J Website: WWW.ABBOTTHOUSE.NET		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1963
		M State of legal domicile: NY

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	788
	6 Total number of volunteers (estimate if necessary)	6	393
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 27,739,552.	Current Year 42,126,557.
	9 Program service revenue (Part VIII, line 2g)	24,202,690.	23,576,162.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	151,238.	32,789.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	174,329.	41,657.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52,267,809.	65,777,165.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		37,856,896.	40,522,566.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	1,320.
b Total fundraising expenses (Part IX, column (D), line 25) 319,483.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		15,676,186.	18,858,413.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	53,533,082.	59,382,299.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,265,273.	6,394,866.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 21,271,807.	End of Year 22,319,689.
	21 Total liabilities (Part X, line 26)	20,640,622.	15,729,186.
	22 Net assets or fund balances. Subtract line 21 from line 20	631,185.	6,590,503.

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.

Sign Here	Signature of officer JAMES KAUFMAN, PRESIDENT & CEO	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MELISSA MODELSON	Preparer's signature MELISSA MODELSON	Date 05/09/24	Check if self-employed <input type="checkbox"/>	PTIN P01603524
	Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC	Firm's EIN 87-3231666	Phone no. 914-381-8900		
	Firm's address 500 MAMARONECK AVENUE, SUITE 301 HARRISON, NY 10528-1633				

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: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 19,368,854. including grants of \$) (Revenue \$ 20,753,786.) SCHEDULE O - SERVICES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES (SPDD)

4b (Code:) (Expenses \$ 15,382,746. including grants of \$) (Revenue \$ 1,111,160.) SCHEDULE O - FAMILY FOSTER CARE/ THERAPEUTIC FAMILY FOSTER CARE (FFC / TFFC)

4c (Code:) (Expenses \$ 11,067,691. including grants of \$) (Revenue \$) SCHEDULE O - TRANSITIONAL RESOURCES FOR CHILDREN (TRC)

4d Other program services (Describe on Schedule O.) (Expenses \$ 8,022,798. including grants of \$) (Revenue \$ 1,711,216.)

4e Total program service expenses 53,842,089.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, with 'X' marks in the Yes/No columns.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and controlled entities.

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 include questions 1a, 1b, and 1c regarding 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 columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	17		
b	Enter the number of voting members included on line 1a, above, who are independent		
	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		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
b	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.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	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 If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NY
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain 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
ABBIE RELKIN - (914)591-7300
100 NORTH BROADWAY, IRVINGTON, NY 10533-1254

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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAMILAH DOWLING MEDICAL DIRECTOR	28.00				X		250,174.	0.	21,391.	
(2) JAMES KAUFMAN CHIEF EXECUTIVE OFFICER	35.00			X			255,285.	0.	1,575.	
(3) GERARD P. FINN FINANCIAL OFFICER THRU MARCH 2023	35.00			X			210,626.	0.	30,608.	
(4) BEBSY ESTEFAN PSYCHIATRIST	35.00				X		184,652.	0.	12,488.	
(5) JUSTINE R CHRISTAKOS ASST. EXECUTIVE DIRECTOR	35.00			X			172,863.	0.	12,488.	
(6) ROSE J. LAFONTANT SIMILIE ASSISTANT RESIDENCE MANAGER	40.00				X		157,424.	0.	27,661.	
(7) ANTOINETTE S. GRANT DIRECTOR/SOCIAL SERVICES	35.00				X		151,942.	0.	27,908.	
(8) BLANCA GRAND PHYSICIAN	35.00				X		163,889.	0.	75.	
(9) JOSEPHINE P. DOUGLAS-DAVIS RESIDENCE MANAGER	40.00				X		152,515.	0.	0.	
(10) LORRAINE BULLIS SECRETARY	35.00			X			85,681.	0.	31,863.	
(11) WALTER G. MONTGOMERY, PH.D. CHAIR	2.00	X					0.	0.	0.	
(12) SCOTT D. RICHTER VICE CHAIR	2.00	X					0.	0.	0.	
(13) MIGUEL JOHN CONSTABLE BOARD MEMBER	2.00	X					0.	0.	0.	
(14) RONALD W. FILANTE, PH.D. BOARD MEMBER	2.00	X					0.	0.	0.	
(15) RICHARD FORTUNATO, CPA BOARD MEMBER	2.00	X					0.	0.	0.	
(16) YASHIRA HENRIQUEZ BOARD MEMBER	2.00	X					0.	0.	0.	
(17) DOUGLAS J. MCCLINTOCK BOARD MEMBER	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LEN MITCHELL, PH.D BOARD MEMBER	2.00	X						0.	0.	0.
(19) GREGORY T. MOONEY BOARD MEMBER	2.00	X						0.	0.	0.
(20) MARIANNE OROS BOARD MEMBER	2.00	X						0.	0.	0.
(21) JULIE PESKOE BOARD MEMBER	2.00	X						0.	0.	0.
(22) DOLORES RAMIREZ-PASINI BOARD MEMBER	2.00	X						0.	0.	0.
(23) SAM SAMUEL BOARD MEMBER	2.00	X						0.	0.	0.
(24) SARAH SCHMIDT BOARD MEMBER	2.00	X						0.	0.	0.
(25) BRAD A. SMITH, ESQ. BOARD MEMBER	2.00	X						0.	0.	0.
(26) MARY SMITH BOARD MEMBER	2.00	X						0.	0.	0.
1b Subtotal								1,785,051.	0.	166,057.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,785,051.	0.	166,057.

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 50

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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? <i>If "Yes," complete Schedule J for such individual</i>	4	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? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ADP, INC. P.O. BOX 842875, BOSTON, MA 02284	PAYROLL SERVICES	200,637.
JOHN R. EYERMAN, P.C 153 CHICAGO AVENUE, MASSAPEQUA, NY 11758	LEGAL SERVICES	170,020.
MILLIN ASSOCIATES, 303 MERRICK ROAD, SUITE 401, LYNBROOK, NY 11563	SOFTWARE SERVICES	122,902.
READY CONSTRUCTION COMPANY 267 WASHINGTON AVENUE, HACKENSACK, NJ 07601	DISINFECTION AND CLEANING SERVICES	101,005.

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 4

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ADRIAN VENUTO BOARD MEMBER	2.00	X						0.	0.	0.
(28) ABBIE RELKIN CFO AS OF JANUARY 2023	35.00			X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	161,519.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	41,812,288.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	152,750.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 124,464.				
	h Total. Add lines 1a-1f		42,126,557.				
Program Service Revenue	2 a MEDICAID	Business Code					
		623990	21,828,537.	21828537.			
	b SOCIAL SECURITY INCOME	623990	1,368,311.	1,368,311.			
	c SUPP. NUTRITION ASSISTANCE PROGRA	623990	379,314.	379,314.			
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		23,576,162.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		47,236.			47,236.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
				48,000.			
	b Less: rental expenses ...	6b	24,276.				
	c Rental income or (loss)	6c	23,724.				
	d Net rental income or (loss)		23,724.			23,724.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				242,263.	18,173.		
	b Less: cost or other basis and sales expenses	7b	274,883.	0.			
	c Gain or (loss)	7c	-32,620.	18,173.			
	d Net gain or (loss)		-14,447.			-14,447.	
8 a Gross income from fundraising events (not including \$ 161,519. of contributions reported on line 1c). See Part IV, line 18	8a		51,415.				
		b Less: direct expenses	8b	86,601.			
		c Net income or (loss) from fundraising events		-35,186.			-35,186.
9 a Gross income from gaming activities. See Part IV, line 19	9a		2,787.				
		b Less: direct expenses	9b	0.			
		c Net income or (loss) from gaming activities		2,787.			2,787.
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a OTHER INCOME	Business Code					
		900099	50,332.			50,332.	
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d		50,332.					
12 Total revenue. See instructions		65,777,165.	23576162.	0.	74,446.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,118,848.	455,994.	662,854.	
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	32,209,401.	29,412,726.	2,596,831.	199,844.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	3,610,036.	3,283,553.	304,257.	22,226.
10 Payroll taxes	3,584,281.	3,216,908.	345,825.	21,548.
11 Fees for services (nonemployees):				
a Management				
b Legal	371,298.	152,770.	218,528.	
c Accounting	144,340.	59,388.	84,952.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,320.			1,320.
f Investment management fees	13,728.		13,728.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	760,668.	517,741.	238,633.	4,294.
12 Advertising and promotion	244,500.	152,866.	75,172.	16,462.
13 Office expenses	2,053,541.	1,850,247.	182,850.	20,444.
14 Information technology	752,262.	514,633.	233,328.	4,301.
15 Royalties				
16 Occupancy	2,839,815.	2,735,788.	99,148.	4,879.
17 Travel	497,830.	492,093.	5,737.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	8,253.	5,160.	2,537.	556.
20 Interest	144,176.	144,176.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	462,235.	441,234.	21,001.	
23 Insurance	1,649,953.	1,559,989.	75,231.	14,733.
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 FOSTER-PARENT PAYMENTS	5,853,051.	5,853,051.	0.	0.
b VEHICLES, FUEL, REPAIR	1,334,257.	1,321,089.	13,168.	0.
c FOOD & CLOTHING	1,309,939.	1,299,108.	10,038.	793.
d ACTIVITIES, CHILDREN	255,479.	255,479.		
e All other expenses	163,088.	118,096.	36,909.	8,083.
25 Total functional expenses. Add lines 1 through 24e	59,382,299.	53,842,089.	5,220,727.	319,483.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,352,399.	1	1,728,395.
	2 Savings and temporary cash investments	2,021,695.	2	687,548.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	7,066,444.	4	11,457,378.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	504,372.	9	534,898.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 19,450,706.		
	b Less: accumulated depreciation	10b 15,602,116.	10c	
	11 Investments - publicly traded securities	3,751,803.	11	3,848,590.
	12 Investments - other securities. See Part IV, line 11	1,293,458.	12	1,444,712.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	281,636.	15	2,618,168.
16 Total assets. Add lines 1 through 15 (must equal line 33)	21,271,807.	16	22,319,689.	
Liabilities	17 Accounts payable and accrued expenses	5,658,141.	17	5,390,763.
	18 Grants payable		18	
	19 Deferred revenue	2,645,714.	19	1,748,988.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	497,142.	21	443,686.
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,891,715.	23	4,033,270.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,947,910.	25	4,112,479.
	26 Total liabilities. Add lines 17 through 25	20,640,622.	26	15,729,186.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	115,992.	27	6,067,130.
	28 Net assets with donor restrictions	515,193.	28	523,373.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	631,185.	32	6,590,503.
	33 Total liabilities and net assets/fund balances	21,271,807.	33	22,319,689.

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	65,777,165.
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,382,299.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,394,866.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	631,185.
5	Net unrealized gains (losses) on investments	5	126,452.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-562,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,590,503.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual 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?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain 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?
- 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

	Yes	No
1		
2a		X
b	X	
c	X	
3a	X	
3b	X	

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization ABBOTT HOUSE	Employer identification number 13-1991946
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	25115613.	27235909.	25045378.	27739552.	42126557.	147263009
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	25115613.	27235909.	25045378.	27739552.	42126557.	147263009
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						147263009

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	25115613.	27235909.	25045378.	27739552.	42126557.	147263009
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	101,865.	99,425.	87,988.	82,694.	95,236.	467,208.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	282,978.	75,471.	49,181.	183,456.	50,332.	641,418.
11 Total support. Add lines 7 through 10						148371635
12 Gross receipts from related activities, etc. (see instructions)					12 118,728,527.	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	99.25 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	98.92 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2022. 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.

b 33 1/3% support tests - 2021. 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.

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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

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:

OTHER INCOME

2018 AMOUNT: \$ 42,978.

2019 AMOUNT: \$ 15,471.

2020 AMOUNT: \$ 41,332.

2021 AMOUNT: \$ 4,720.

2022 AMOUNT: \$ 50,332.

MANAGEMENT FEE

2018 AMOUNT: \$ 240,000.

2019 AMOUNT: \$ 60,000.

2020 AMOUNT: \$ 771.

TAX REFUND

2020 AMOUNT: \$ 7,078.

INSURANCE RECOVERY

2021 AMOUNT: \$ 178,736.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

ABBOTT HOUSE

Employer identification number

13-1991946

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).

Name of organization ABBOTT HOUSE	Employer identification number 13-1991946
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>14,636,551.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>11,702,551.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>6,547,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>4,435,273.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>2,249,031.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>951,453.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ABBOTT HOUSE	Employer identification number 13-1991946
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization ABBOTT HOUSE	Employer identification number 13-1991946
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization ABBOTT HOUSE Employer identification number 13-1991946

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding 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(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

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 1a, 1b, 2, and 2a-2b regarding art collections and reporting requirements.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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 on 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	695,310.	758,571.	633,724.	587,755.	3,025,237.
b Contributions					
c Net investment earnings, gains, and losses	63,409.	-56,076.	131,365.	52,828.	107,612.
d Grants or scholarships					
e Other expenditures for facilities and programs					2,524,000.
f Administrative expenses	6,851.	7,185.	6,518.	6,859.	21,094.
g End of year balance	751,868.	695,310.	758,571.	633,724.	587,755.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 86.0821 %
 - b Permanent endowment 8.7449 %
 - c Term endowment 5.1730 %
- 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 type="checkbox"/> | <input type="checkbox"/> | <input 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		1,697,474.		1,697,474.
b Buildings		10,840,106.	9,519,068.	1,321,038.
c Leasehold improvements		1,167,437.	1,012,243.	155,194.
d Equipment		2,338,477.	2,274,366.	64,111.
e Other		3,407,212.	2,796,439.	610,773.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,848,590.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DEPOSITS	283,064.
(2) RIGHT OF USE ASSETS, OPERATING LEASES	2,335,104.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,618,168.

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) DUE TO GOVERNMENT AGENCIES	1,757,202.
(3) OPERATING LEASE LIABILITIES	2,355,277.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,112,479.

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.

1	Total revenue, gains, and other support per audited financial statements	1	65,452,494.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	126,452.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	110,877.
e	Add lines 2a through 2d	2e	237,329.
3	Subtract line 2e from line 1	3	65,215,165.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	562,000.
c	Add lines 4a and 4b	4c	562,000.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	65,777,165.

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

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

1	Total expenses and losses per audited financial statements	1	59,493,176.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	110,877.
e	Add lines 2a through 2d	2e	110,877.
3	Subtract line 2e from line 1	3	59,382,299.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	59,382,299.

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:

FUNDS ARE HELD BY ABBOTT HOUSE ON BEHALF OF CLIENTS. SUCH FUNDS REPRESENT AMOUNTS RECEIVED BY CLIENTS AND OTHER CLIENTS' FUNDS DEPOSITED WITH ABBOTT HOUSE FOR SAFEKEEPING. THESE FUNDS ARE DISBURSED BY ABBOTT HOUSE AT THE REQUEST OF, OR ON BEHALF OF, CLIENTS FOR THEIR PERSONAL USE.

PART V, LINE 4:

THE AGENCY'S ENDOWMENT CONSISTS OF INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES WHICH CONSIST OF BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS AN ENDOWMENT.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

THE AGENCY RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE AGENCY HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE AGENCY IS NO LONGER SUBJECT TO EXAMINATIONS BY APPLICABLE TAXING JURISDICTIONS FOR FISCAL PERIODS PRIOR TO JUNE 30, 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B	24,276.
SPECIAL EVENT EXPENSE REPORTED ON FORM 990, PART VIII, LINE 8B	86,601.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	110,877.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RESERVE FOR GOVERNMENT GRANT REPORTED ON PART XI, LINE 9	562,000.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B	24,276.
SPECIAL EVENT EXPENSE REPORTED ON FORM 990, PART VIII, LINE 8B	86,601.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	110,877.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization **ABBOTT HOUSE** Employer identification number **13-1991946**

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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 (add col. (a) through col. (c))
		LOVING ARMS AWARDS DINNE (event type)	DAVE WADE GOLF OUTING (event type)	NONE (total number)	
Revenue	1	Gross receipts	141,187.	71,747.	212,934.
	2	Less: Contributions	121,521.	39,998.	161,519.
	3	Gross income (line 1 minus line 2)	19,666.	31,749.	51,415.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	2,157.		2,157.
	6	Rent/facility costs	1,200.	13,718.	14,918.
	7	Food and beverages	14,550.	15,713.	30,263.
	8	Entertainment	8,940.		8,940.
	9	Other direct expenses	17,463.	12,860.	30,323.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			86,601.
11	Net income summary. Subtract line 10 from line 3, column (d)			-35,186.	

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

ABBOTT HOUSE

Employer identification number

13-1991946

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 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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2022

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, 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) and

(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)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation			
(1) KAMILAH DOWLING MEDICAL DIRECTOR	(i)	250,174.	0.	0.	0.	21,391.	
	(ii)	0.	0.	0.	0.	0.	
(2) JAMES KAUFMAN CHIEF EXECUTIVE OFFICER	(i)	251,475.	0.	3,810.	0.	1,575.	
	(ii)	0.	0.	0.	0.	0.	
(3) GERARD P. FINN FINANCIAL OFFICER THRU MARCH 2023	(i)	206,669.	0.	3,957.	0.	30,608.	
	(ii)	0.	0.	0.	0.	0.	
(4) BEBSY ESTEFAN PSYCHIATRIST	(i)	183,515.	0.	1,137.	0.	12,488.	
	(ii)	0.	0.	0.	0.	0.	
(5) JUSTINE R CHRISTAKOS ASST. EXECUTIVE DIRECTOR	(i)	172,863.	0.	0.	0.	12,488.	
	(ii)	0.	0.	0.	0.	0.	
(6) ROSE J. LAFONTANT SIMILIEN ASSISTANT RESIDENCE MANAGER	(i)	154,402.	3,000.	22.	0.	27,661.	
	(ii)	0.	0.	0.	0.	0.	
(7) ANTOINETTE S. GRANT DIRECTOR/SOCIAL SERVICES	(i)	151,942.	0.	0.	0.	27,908.	
	(ii)	0.	0.	0.	0.	0.	
(8) BLANCA GRAND PHYSICIAN	(i)	163,889.	0.	0.	0.	75.	
	(ii)	0.	0.	0.	0.	0.	
(9) JOSEPHINE P. DOUGLAS-DAVIS RESIDENCE MANAGER	(i)	149,515.	3,000.	0.	0.	0.	
	(ii)	0.	0.	0.	0.	0.	
	(i)						
	(ii)						
	(i)						
	(ii)						
	(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

PART I, LINE 7:

CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A
DISCRETIONARY BONUS DURING CALENDAR YEAR 2022 WHICH WAS INCLUDED IN COLUMN
B(II) HEREIN AND IN THEIR 2022 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **ABBOTT HOUSE** Employer identification number **13-1991946**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		48,482.	COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	2	22,800.	COST
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (CHILDREN'S TOYS)	X	75	53,182.	COST
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I,
COLUMN B.

**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 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

ABBOTT HOUSE

Employer identification number

13-1991946

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

THE MISSION OF ABBOTT HOUSE IS TO PROVIDE COMPREHENSIVE AND CARING SERVICES FOR ABUSED, NEGLECTED, AND ABANDONED CHILDREN AND THEIR FAMILIES AND TO OFFER OUR SERVICES WITH COMPASSION, ALWAYS MINDFUL OF THE DIGNITY OF EACH PERSON SERVED, WITH A GOAL OF SECURING A SAFE, PERMANENT, AND LOVING HOME FOR EACH CHILD WHO COMES TO US.

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

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

FOUNDED IN 1963, ABBOTT HOUSE BUILDS LASTING FOUNDATIONS UNDER CHILDREN, FAMILIES, AND ADULTS WITH COMPLEX NEEDS. WE SUPPORT NEARLY 2,500 CHILDREN IN FOSTER CARE, UNACCOMPANIED IMMIGRANT CHILDREN, ADULTS WITH DEVELOPMENTAL DISABILITIES AND STRUGGLING FAMILIES IN THE NEW YORK METROPOLITAN AREA AND THE HUDSON VALLEY BY PROVIDING SAFETY, PROMOTING HEALING, AND RESTORING HOPE. THE HEART OF OUR WORK IS DEDICATED TO HELPING HUMAN BEINGS RECOVER FROM DEEP TRAUMA OR INTERVENING TO PREVENT TRAUMA IN THE FIRST PLACE. FAMILY COMES FIRST AT ABBOTT HOUSE. WE WORK HARD TO REUNITE FAMILIES, CREATE NEW ONES, AND MAKE PROMISING FUTURES A REALITY SO THOSE ENTRUSTED TO OUR CARE FEEL A SENSE OF BELONGING ROOTED IN HOME AND COMMUNITY.

Name of the organization ABBOTT HOUSE	Employer identification number 13-1991946
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ABBOTT HOUSE PROVIDES SERVICES TO INDIVIDUALS WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITIES. WE HAVE 16 RESIDENTIAL PROGRAMS (16 INDIVIDUALIZED RESIDENTIAL ALTERNATIVES). OUR HOMES ARE LOCATED THROUGHOUT WESTCHESTER AND ROCKLAND COUNTIES AS WELL AS THE BRONX. OUR HOMES PROVIDE A CARING AND SAFE HOME-LIKE ATMOSPHERE WITH ROUND-THE-CLOCK SUPERVISION FROM HIGHLY TRAINED AND DEDICATED STAFF.

ABBOTT HOUSE OPERATES THREE COMMUNITY-BASED DAY HABILITATION PROGRAMS. THE FOCUS IS FOR EVERY INDIVIDUAL TO BE A MEANINGFUL MEMBER OF OUR COMMUNITY. WE VOLUNTEER AT LOCAL FIRE DEPARTMENTS, ANIMAL SHELTERS, AND DELIVER MEALS ON WHEELS. OUR DAY PROGRAMS ARE DESIGNED TO OFFER AN ARRAY OF EXCITING, DIVERSE OPPORTUNITIES ENCOMPASSING HEALTH, WELL-BEING, RECREATIONAL, AND SOCIAL ACTIVITIES.

IN 2023:

-154 INDIVIDUALS WITH INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES WERE PROVIDED WITH 24/7 CARE BY STAFF IN OUR RESIDENTIAL HOMES, AND/OR RECEIVED SUPPORT SERVICES FROM OUR DAY HABILITATION PROGRAMS.

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

ABBOTT HOUSE PROVIDES A MYRIAD OF SERVICES TAILORED TO IMPROVING THE LIVES OF CHILDREN AND FAMILIES THROUGHOUT HUDSON VALLEY AND NEW YORK CITY. IN OUR FAMILY FOSTER CARE PROGRAMS, WE WORK WITH CHILDREN FROM BIRTH TO 21 YEARS OF AGE AND YOUNG ADULTS UP TO AGE 26.

OUR CHILDREN AND YOUNG ADULTS PRESENT A RANGE OF BEHAVIORAL AND

Name of the organization ABBOTT HOUSE	Employer identification number 13-1991946
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EMOTIONAL CHALLENGES THAT ARE THE BY-PRODUCT OF THEIR TRAUMATIC EXPERIENCES. THE OBJECTIVE OF ALL OUR PROGRAMS AND SERVICES IS TO ENSURE THE SAFETY AND WELLBEING OF ALL CHILDREN IN OUR CARE AND TO ASSIST EACH CHILD AND FAMILY TO ACHIEVE TIMELY PERMANENCY.

OUR DATA SHOWS THAT A SIGNIFICANT MAJORITY OF OUR CHILDREN RETURN TO THEIR NATURAL FAMILIES. FOR CHILDREN WHO ARE UNABLE TO RETURN HOME, ABBOTT HOUSE HAS A SUCCESSFUL HISTORY OF CONNECTING CHILDREN WITH RELATIVES VIA LEGAL GUARDIANSHIP OR LEGAL CUSTODY, OR WITH FOREVER FAMILIES VIA ADOPTION.

OVER THE LAST DECADE, MORE THAN 500 ABBOTT HOUSE CHILDREN HAVE BEEN ADOPTED, MOSTLY BY THE FOSTER PARENTS WHO BECAME THEIR CHILDREN'S FOREVER FAMILIES.

ABBOTT HOUSE RECRUITS, TRAINS, AND SUPPORTS COURAGEOUS FAMILIES TO OPEN THEIR HOMES AND HEARTS TO ABBOTT HOUSE CHILDREN AND ADOLESCENTS. FOR CHILDREN AND TEENS WHO NEED ADDITIONAL SUPPORT OR WHO HAVE NOT YET BEEN MATCHED WITH A FOSTER FAMILY, RESIDENTIAL CARE IN A GROUP HOME SETTING SERVES AS A SAFE AND NURTURING ATMOSPHERE AS THEY CONTINUE THEIR INDIVIDUAL JOURNEYS TOWARD PERMANENCY. ONE COMMUNITY RESIDENCE PROVIDES SERVICES FOR CHILDREN WITH SERIOUSLY EMOTIONALLY DISABILITY.

YOUNG ADULTS UP TO AGE 26, ARE PROVIDED WITH EDUCATION, CAREER, HOUSING, AND EMPLOYMENT SUPPORT THROUGH OUR PREPARING YOUTH FOR ADULTHOOD PROGRAM AND OR TEAM (TOGETHER EACH ACHIEVE MORE)/FAIR FUTURES PROGRAM.

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IN 2023:

-336 CHILDREN AND ADOLESCENTS HAD A SAFE, COMFORTABLE PLACE TO LIVE THROUGH FAMILY FOSTER CARE OR THERAPEUTIC FOSTER CARE.

-143 CHILDREN AND TEENS IN THE BRONX WERE SUPPORTED THROUGH THE FAIR FUTURES PROGRAM.

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

ABBOTT HOUSE WELCOMES CHILDREN ENTERING THE UNITED STATES FROM OTHER COUNTRIES WITHOUT AN ADULT GUARDIAN. WE PROVIDE TWO TRANSITIONAL RESOURCE FOR CHILDREN (TRC) PROGRAMS TO SUPPORT THESE CHILDREN. THE FIRST IS SHORT-TERM CARE AND SUPPORT WHILE A FAMILY MEMBER OR SPONSOR IS IDENTIFIED. DURING THEIR STAY, CHILDREN RECEIVE ROOM AND BOARD, CASE MANAGEMENT, COUNSELING, MEDICAL AND EDUCATIONAL SERVICES. THIS IS CALLED OUR SHELTER PROGRAM. THE SECOND PROGRAM IS TO SUPPORT YOUNGER CHILDREN WITH TRANSITIONAL FOSTER CARE AND ADOPTION WHEN A FAMILY MEMBER OR SPONSOR IS NOT AVAILABLE. BI-LINGUAL FOSTER FAMILIES ARE RECRUITED, TRAINED, AND SUPPORTED. THIS IS CALLED OUR TRANSITIONAL FOSTER CARE PROGRAM.

ABBOTT HOUSE RECOGNIZES THAT UNACCOMPANIED CHILDREN ARE UNIQUELY VULNERABLE AND HAVE EXPERIENCED TRAUMATIC DISPLACEMENTS, AND WE HAVE ESTABLISHED LINKAGES FOR SUPPORT SERVICES AND EDUCATION. OUR AGENCY IS HIGHLY QUALIFIED TO SERVE CHILDREN WITH SPECIAL NEEDS, SUCH AS THOSE WITH MENTAL HEALTH ISSUES, TRAUMA, BEHAVIORAL DISORDERS, AND DEVELOPMENTAL DISABILITIES.

IN 2023:

-A TOTAL OF 408 CHILDREN WERE ADMITTED INTO THE TRC SHELTER PROGRAM, A

Name of the organization ABBOTT HOUSE	Employer identification number 13-1991946
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27% INCREASE FROM 2022.

-A TOTAL OF 343 CHILDREN WERE CARED FOR BY OUR TRC TRANSITIONAL FOSTER CARE PROGRAM, A 68% INCREASE FROM 2022.

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

ABBOTT HOUSE ALSO PROVIDES ADDITIONAL RESIDENTIAL PROGRAMS FOR CHILDREN AND ADOLESCENTS IN FOSTER CARE AND UNACCOMPANIED MIGRANT CHILDREN SEEKING ASYLUM. ADOLESCENTS AWAITING ADJUDICATION RECEIVE RESIDENTIAL AND STRUCTURED SUPPORT SERVICES THROUGH OUR NON-SECURE DETENTION PROGRAM, AND PREVENTIVE AND SUPPORT PROGRAMS TO KEEP FAMILIES TOGETHER. WITH IN-HOME COUNSELING, TRAUMA INFORMED INTERVENTIONS, ADVOCACY, AND REFERRALS, 100% OF PERMANENT PLACEMENTS WERE PRESERVED THROUGH OUR PERMANENCY RESOURCE CENTER PROGRAM. ABBOTT HOUSE ADDITIONALLY OPERATES AN ARTICLE 31 MENTAL HEALTH CLINIC, ARTICLE 29I MEDICAL CLINIC, AND SUPPORTS PUBLIC SCHOOL FAMILIES IN THE BRONX, NY. EXPENSES \$ 8,022,798. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,711,216.

FORM 990, PART VI, SECTION A, LINE 2:

RICHARD FORTUNATO, BOARD MEMBER AND JUSTINE R. CHRISTAKOS, KEY EMPLOYEE, HAVE A FAMILY RELATIONSHIP.

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

ABBOTT HOUSE HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS FOR ANY COMMENTS. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED, AND

Name of the organization ABBOTT HOUSE	Employer identification number 13-1991946
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PROVIDED TO THE OUTSIDE ACCOUNTANTS. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING. THE 990 IS ELECTRONICALLY SENT TO THE ENTIRE BOARD.

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

EACH KEY EMPLOYEE, BOARD MEMBER AND OFFICER OF ABBOTT HOUSE SHALL COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE AT THE TIME OF HIS/HER APPOINTMENT. THE QUESTIONNAIRE FOR THE KEY EMPLOYEES WILL BE REVIEWED BY THE PRESIDENT AND CEO, WHO WILL ATTEMPT TO RESOLVE ANY ACTUAL OR POTENTIAL CONFLICTS. IN ADDITION, THE QUESTIONNAIRE FOR THE BOARD MEMBERS AND OFFICERS SHALL BE REVIEWED BY THE CHAIRMAN OF THE BOARD IN CONSULTATION WITH THE PRESIDENT AND CEO, WHO WILL ATTEMPT TO RESOLVE ANY ACTUAL OR POTENTIAL CONFLICTS. THEREAFTER, THE QUESTIONNAIRE WILL BE COMPLETED ON AN ANNUAL BASIS FOR EMPLOYEES, OFFICERS, AND BOARD MEMBERS.

A KEY EMPLOYEE, BOARD MEMBER OR OFFICER, WHO HAS AN INTEREST MUST IMMEDIATELY DISCLOSE TO THE PRESIDENT AND CEO, THE EXISTENCE AND NATURE OF HIS OR HER INTEREST IN THE PROPOSED NEGOTIATION, TRANSACTION, OR ARRANGEMENT BETWEEN ABBOTT HOUSE AND ANOTHER INDIVIDUAL OR ORGANIZATION. RECORDS OF SUCH DISCLOSURE SHALL INCLUDE THE NAME OF THE INTERESTED PERSON, THE NATURE OF THE INTEREST, A RECORD OF ANY DETERMINATION MADE BY THE PRESIDENT AND CEO. FOR BOARD MEMBERS AND OFFICERS, THE RECORD WILL ALSO INCLUDE ANY DETERMINATION MADE BY THE BOARD AND THE NAMES OF PERSONS WHO WERE PRESENT FOR THE DISCUSSIONS AND ANY VOTES.

AN INTERESTED PERSON MAY NOT PARTICIPATE IN THE PROPOSED NEGOTIATION, TRANSACTION, OR ARRANGEMENT.

Name of the organization ABBOTT HOUSE	Employer identification number 13-1991946
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FORM 990, PART VI, SECTION B, LINE 15A:

THE SALARIES FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER ARE DETERMINED BY A RECOMMENDATION FROM THE CHAIRMAN OF THE BOARD. THE PROCEDURES THAT THE CHAIRMAN FOLLOWS ARE:

- REVIEWS THE PERFORMANCE OF THE CHIEF EXECUTIVE AS MEASURED AGAINST PREVIOUSLY AGREED OBJECTIVES
- GATHERS INFORMATION ON COMPENSATION PAID TO CHIEF EXECUTIVES OF COMPARABLE ORGANIZATIONS AND FROM AN INDEPENDENT STUDY OF CEO COMPENSATION.
- MEETS WITH THE CHIEF EXECUTIVE TO DISCUSS AND DOCUMENT STRENGTHS, WEAKNESSES, AND GOALS FOR THE UPCOMING YEAR.

ONCE THESE STEPS HAVE BEEN COMPLETED, THE CHAIRMAN OF THE BOARD PRESENTS HIS OR HER FINDINGS AND RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE AND THEN PRESENTS THE COMPENSATION PROPOSAL TO THE BOARD OF DIRECTORS IN AN EXECUTIVE SESSION. THE BOARD'S APPROVAL IS DOCUMENTED IN THE MINUTES TO THE MEETING. THIS PROCESS WAS LAST COMPLETED IN FISCAL YEAR 2023.

THE SALARIES FOR THE OTHER OFFICERS AND KEY EMPLOYEES ARE DETERMINED BY THE CHIEF EXECUTIVE OFFICER. THE PROCEDURES THAT THE CEO FOLLOWS ARE:

- REVIEWS THE PERFORMANCE OF THE OFFICERS AND KEY EMPLOYEES AS MEASURED AGAINST PREVIOUSLY AGREED OBJECTIVES
- GATHERS INFORMATION ON COMPENSATION PAID TO OFFICERS AND KEY EMPLOYEES OF COMPARABLE ORGANIZATIONS
- MEETS WITH THE OFFICERS AND KEY EMPLOYEES TO DISCUSS AND DOCUMENT STRENGTHS, WEAKNESSES, AND GOALS FOR THE UPCOMING YEAR.

ONCE THESE STEPS HAVE BEEN COMPLETED, THE CEO THEN MAKES THE DETERMINATION AS TO THE OFFICERS AND KEY EMPLOYEES' SALARY.

Name of the organization ABBOTT HOUSE	Employer identification number 13-1991946
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FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST OR BY CALLING THE ORGANIZATION DIRECTLY.

FORM 990, PART VII, EXPLANATION OF PAYMENT TO SECRETARY:

OFFICER LORRAINE BULLIS DID NOT RECEIVE COMPENSATION FOR HER CAPACITY AS SECRETARY. SHE RECEIVED COMPENSATION IN HER ROLE AS AN EXECUTIVE ASSISTANT TO JAMES KAUFMAN, CEO.

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

RESERVE FOR GOVERNMENT GRANT	-562,000.
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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.