

TAX RETURN FILING INSTRUCTIONS

FORM 990

CLIENT COPY

FOR THE YEAR ENDING
JUNE 30, 2017

PREPARED FOR:

ABBOTT HOUSE
100 NORTH BROADWAY
IRVINGTON, NY 10533-1254

PREPARED BY:

PKF O'CONNOR DAVIES, LLP
500 MAMARONECK AVENUE
HARRISON, NY 10528-1633

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 15, 2018.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

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		D Employer identification number 13-1991946
	Doing business as		E Telephone number (914) 591-7300
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 44,654,665.
	100 NORTH BROADWAY		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code IRVINGTON, NY 10533-1254		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	H(c) Group exemption number
F Name and address of principal officer: JAMES KAUFMAN SAME AS C ABOVE		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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF ABBOTT HOUSE IS TO PROVIDE COMPREHENSIVE AND CARING SERVICES FOR ABUSED, NEGLECTED		
	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	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	812
	6 Total number of volunteers (estimate if necessary)	6	75
	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, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	18,735,693.	17,735,311.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,745,919.	26,322,598.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	101,741.	64,238.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-1,846.	33,926.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	46,581,507.	44,156,073.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	30,318,760.	30,307,021.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	9,400.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	388,204.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,399,780.	14,089,546.
19 Revenue less expenses. Subtract line 18 from line 12	45,718,540.	44,405,967.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	862,967.	-249,894.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	15,867,556.	14,852,038.
		28,097,268.	26,427,212.
		-12,229,712.	-11,575,174.

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 	Date 5/14/18			
	JAMES KAUFMAN, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date 04/19/18	Check if self-employed <input type="checkbox"/>	PTIN P00543209
	Firm's name PKF O'CONNOR DAVIES, LLP	Firm's EIN 27-1728945		Phone no. 914-381-8900	
	Firm's address 500 MAMARONECK AVENUE 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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 14,456,303. including grants of \$) (Revenue \$ 6,745,226.) SCHEDULE O - SERVICES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES (SPDD)

4b (Code:) (Expenses \$ 14,454,555. including grants of \$) (Revenue \$ 10,039,452.) SCHEDULE O - REGULAR & TREATMENT FAMILY FOSTER CARE PROGRAMS

4c (Code:) (Expenses \$ 6,752,973. including grants of \$) (Revenue \$ 5,326,819.) SCHEDULE O - BRIDGES TO HEALTH (B2H)

4d Other program services (Describe in Schedule O.) (Expenses \$ 4,669,000. including grants of \$) (Revenue \$ 4,211,101.)

4e Total program service expenses 40,332,831.

Part IV Checklist of Required Schedules

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

Part V Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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

Form 990-Part V grid with questions 1a through 14b and Yes/No columns. Includes data for 1a (94), 1b (0), 2a (812), 7a (X), 7b (X), 7c (X), 7e (X), 7f (X), 7h (X), 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a (X), 14b.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included in line 1a, above, who are independent (13); 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, or 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); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: GERARD P. FINN - (914) 591-7300 100 NORTH BROADWAY, IRVINGTON, NY 10533

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GREGORY T. MOONEY CHAIR	2.00	X		X				0.	0.	0.
(2) SCOTT D. RICHTER VICE CHAIR	2.00	X		X				0.	0.	0.
(3) LORRAINE BULLIS SECRETARY	35.00	X		X			71,140.	0.	20,255.	
(4) WILLIAM L. ELLIS, JR BOARD MEMBER	2.00	X					0.	0.	0.	
(5) LAURENCE R. GOLDING BOARD MEMBER	2.00	X					0.	0.	0.	
(6) ROBERT S. RUOTOLO BOARD MEMBER	2.00	X					0.	0.	0.	
(7) MARY SMITH BOARD MEMBER	2.00	X					0.	0.	0.	
(8) LAWRENCE W. THOMAS BOARD MEMBER	2.00	X					0.	0.	0.	
(9) RONALD W. FILANTE BOARD MEMBER	2.00	X					0.	0.	0.	
(10) ALICE KENNY BOARD MEMBER	2.00	X					0.	0.	0.	
(11) JOSEPH M. PASTORE BOARD MEMBER	2.00	X					0.	0.	0.	
(12) DAVID BARANICK BOARD MEMBER	2.00	X					0.	0.	0.	
(13) LEN MITCHELL BOARD MEMBER	2.00	X					0.	0.	0.	
(14) REBECCA BORDEN BOARD MEMBER	2.00	X					0.	0.	0.	
(15) JAMES KAUFMAN PRESIDENT / CEO	35.00			X			226,523.	0.	1,581.	
(16) LUIS M. RODRIGUEZ, MD SENIOR VICE PRESIDENT	35.00			X			222,665.	0.	14,584.	
(17) GERARD FINN SR. VICE PRESIDENT & CFO	35.00			X			191,104.	0.	21,766.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MOITRI DATTA PSYCHIATRIST	27.00					X		186,140.	0.	6,214.
(19) MYRA GRAY VICE PRESIDENT - HR.	35.00					X		162,988.	0.	7,553.
(20) DANIEL BARCKHAUS DIRECTOR - SOCIAL SERVICE	35.00					X		142,545.	0.	21,766.
(21) TATYANA SARTAN MEDICAL - PHYSICIANS	35.00					X		144,691.	0.	14,169.
(22) PAUL POMERANTZ MEDICAL - PSYCHIATRIST	15.00					X		117,574.	0.	0.
1b Sub-total								1,465,370.	0.	107,888.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,465,370.	0.	107,888.

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 **▶**

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- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MATRIX QUALITY CARE, INC. 4 BRITISH AMERICAN BLVD, LATHAM, NY 12110	HEALTH SERVICES	255,786.
ADP 135 WEST 18TH STREET, NEW YORK, NY 10011	PAYROLL SERVICES	167,885.
JOHN R. EYERMAN, P.C., 225 BROADWAY, SUITE 1800, NEW YORK, NY 10007	LEGAL SERVICES	152,441.
CLAUDIO VAZQUEZ, MD, 230 B, 7TH STREET, APT. C, BROOKLYN, NY 11215	MEDICAL DOCTOR	136,650.
GEM TECHNOLOGIES, 211 WEST 56TH STREET, SUITE 7A, NEW YORK, NY 10019	TECHNOLOGY SERVICES	114,871.

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 **▶**

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	143,240.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	17,402,591.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	189,480.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			17,735,311.			
	Program Service Revenue	2 a MEDICAID		Business Code 623990	25,416,160.	25,416,160.	
b SOCIAL SECURITY INCOME		623990	726,820.	726,820.			
c SUPP. NUTRITION ASSISTANCE PROGRA		623990	179,618.	179,618.			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			26,322,598.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			75,606.		75,606.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		48,250.					
		b Less: rental expenses	69,004.				
	c Rental income or (loss)	-20,754.					
	d Net rental income or (loss)			-20,754.		-20,754.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		326,412.	13,372.				
		b Less: cost or other basis and sales expenses	351,152.	0.			
		c Gain or (loss)	-24,740.	13,372.			
	d Net gain or (loss)			-11,368.		-11,368.	
	8 a Gross income from fundraising events (not including \$ 143,240. of contributions reported on line 1c). See Part IV, line 18		a	39,951.			
	b Less: direct expenses		b	78,436.			
c Net income or (loss) from fundraising events			-38,485.		-38,485.		
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a MANAGEMENT FEE			900099	80,000.		80,000.	
	b OTHER INCOME		900099	13,165.		13,165.	
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			93,165.			
12 Total revenue. See instructions.			44,156,073.	26,322,598.	0.	98,164.	

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	777,295.	236,763.	540,532.	
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	23,161,303.	21,283,096.	1,708,987.	169,220.
8 Pension plan accruals and contributions (Include section 401(k) and 403(b) employer contributions)	870,011.	782,921.	80,880.	6,210.
9 Other employee benefits	3,006,348.	2,747,603.	237,055.	21,690.
10 Payroll taxes	2,492,064.	2,244,374.	230,029.	17,661.
11 Fees for services (non-employees):				
a Management				
b Legal	373,326.	169,642.	203,684.	
c Accounting	123,650.	33,000.	90,650.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	9,400.			9,400.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	946,136.	730,745.	195,467.	19,924.
12 Advertising and promotion				
13 Office expenses	1,872,971.	1,565,641.	172,711.	134,619.
14 Information technology	369,806.	306,732.	54,585.	8,489.
15 Royalties				
16 Occupancy	2,251,799.	2,164,080.	87,719.	
17 Travel	325,867.	315,672.	10,195.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	161,876.	148,910.	12,966.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	529,874.	517,345.	12,529.	
23 Insurance	808,909.	796,924.	11,097.	888.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOSTER CARE PAYMENTS AN	4,364,809.	4,364,809.		
b VEHICLES, FUEL, REPAIR	1,128,694.	1,098,183.	30,511.	
c FOOD AND CLOTHING	610,867.	605,429.	5,335.	103.
d CHILDREN'S EXPENSE	185,849.	185,849.		
e All other expenses	35,113.	35,113.		
25 Total functional expenses. Add lines 1 through 24e	44,405,967.	40,332,831.	3,684,932.	388,204.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance 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	47,700.	1	50,638.
	2 Savings and temporary cash investments	3,850,510.	2	2,246,645.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,758,605.	4	5,165,168.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	360,958.	9	399,166.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 17,034,787.		
	b Less: accumulated depreciation	10b 13,041,801.	10c	3,992,986.
	11 Investments - publicly traded securities	2,358,174.	11	2,739,083.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	249,504.	15	258,352.
16 Total assets. Add lines 1 through 15 (must equal line 34)	15,867,556.	16	14,852,038.	
Liabilities	17 Accounts payable and accrued expenses	6,293,570.	17	5,837,328.
	18 Grants payable		18	
	19 Deferred revenue	1,056,997.	19	969,517.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	164,185.	21	129,507.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	6,231,654.	23	5,569,914.
	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	14,350,862.	25	13,920,946.
	26 Total liabilities. Add lines 17 through 25	28,097,268.	26	26,427,212.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-12,473,469.	27	-11,891,471.
	28 Temporarily restricted net assets	178,007.	28	250,547.
	29 Permanently restricted net assets	65,750.	29	65,750.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	-12,229,712.	33	-11,575,174.	
34 Total liabilities and net assets/fund balances	15,867,556.	34	14,852,038.	

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	44,156,073.
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,405,967.
3	Revenue less expenses. Subtract line 2 from line 1	3	-249,894.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-12,229,712.
5	Net unrealized gains (losses) on investments	5	196,402.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	708,030.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-11,575,174.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2016

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

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

Part I 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18884557.	17403375.	20258845.	18735693.	17735311.	93017781.
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	18884557.	17403375.	20258845.	18735693.	17735311.	93017781.
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.						93017781.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	18884557.	17403375.	20258845.	18735693.	17735311.	93017781.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	406,450.	186,519.	162,087.	160,354.	123,856.	1039266.
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.)	175,366.	128,802.	44,184.	5,849.	93,165.	447,366.
11 Total support. Add lines 7 through 10						94504413.
12 Gross receipts from related activities, etc. (see instructions)					12	132,148,391.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	98.43	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	98.19	%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2015. 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 - 2016. 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 - 2015. 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

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 (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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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)

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

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 - b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
 - b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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

2013 AMOUNT: \$ 17,916.

2014 AMOUNT: \$ 44,184.

2015 AMOUNT: \$ 5,849.

2016 AMOUNT: \$ 13,165.

PROPERTY INSURANCE RECOVERY

2012 AMOUNT: \$ 162,624.

2013 AMOUNT: \$ 73,065.

PARKING TICKET REIMBURSEMENT

2012 AMOUNT: \$ 6,792.

TRAINING INCOME

2012 AMOUNT: \$ 5,950.

PROPERTY TAX REIMBURSEMENT

2013 AMOUNT: \$ 37,821.

MANAGEMENT FEE

2016 AMOUNT: \$ 80,000.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

ABBOTT HOUSE

13-1991946

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	DUTCHESS COUNTY DEPARTMENT OF SOCIAL SERVICES 60 MARKET STREET POUGHKEEPSIE, NY 12601-3299	\$ 555,037.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NYC ADMINISTRATION FOR CHILDREN SERVICES 150 WILLIAM STREET NEW YORK, NY 10038	\$ 8,199,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NYS OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES 44 HOLLAND AVENUE ALBANY, NY 12229	\$ 633,386.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ORANGE COUNTY DEPARTMENT OF SOCIAL SERVICES 11 QUARRY ROAD, BOX Z GOSHEN, NY 10924-0678	\$ 1,344,260.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SULLIVAN COUNTY DEPARTMENT OF SOCIAL SERVICES 16 COMMUNITY LANE, P.O. BOX 231 LIBERTY, NY 12754	\$ 683,802.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	WESTCHESTER COUNTY DEPARTMENT OF SOCIAL SERVICES 112 EAST POST ROAD, COUNTY OFFICE BUILDING #2 WHITE PLAINS, NY 10601-5113	\$ 3,979,435.	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 I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVENUE, SW ROOM 716G WASHINGTON, DC 20201	\$ 877,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	NYS OFFICE OF MENTAL HEALTH 44 HOLLAND AVENUE ALBANY, NY 12229	\$ 419,148.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	NYC DEPARTMENT OF EDUCATION 52 CHAMBERS STREET NEW YORK, NY 10007	\$ 563,529.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input 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

Employer identification number

ABBOTT HOUSE

13-1991946

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

(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

(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

(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

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

Schedule D (Form 990) 2016

632051 08-29-16

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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	2,539,534.	2,527,845.	2,462,301.	2,055,947.	1,824,237.
b Contributions					
c Net investment earnings, gains, and losses	247,266.	33,946.	88,026.	425,388.	248,744.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	23,584.	22,257.	22,482.	19,034.	17,034.
g End of year balance	2,763,216.	2,539,534.	2,527,845.	2,462,301.	2,055,947.

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

- a Board designated or quasi-endowment 96.95 %
 - b Permanent endowment 2.37 %
 - c Temporarily restricted endowment .68 %
- 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 type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input checked="" type="checkbox"/>	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,697,474.	1,697,474.	1,697,474.
b Buildings		10,458,155.	8,758,811.	1,699,344.
c Leasehold improvements		1,106,686.	959,889.	146,797.
d Equipment		2,264,444.	2,168,035.	96,409.
e Other		1,508,028.	1,155,066.	352,962.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,992,986.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION	13,151,133.
(3) DUE TO GOVERNMENT AGENCIES	769,813.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	13,920,946.

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

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 44,156,073.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 44,405,967.

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, 2014.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B	69,004.
SPECIAL EVENT EXPENSE REPORTED ON FORM 990, PART VIII, LINE 8B	78,436.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	147,440.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENT EXPENSES REPORTED ON FORM 990, PART VIII, LINE 6B	69,004.
SPECIAL EVENT EXPENSE REPORTED ON FORM 990, PART VIII, LINE 8B	78,436.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	147,440.

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 NONE	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	GOLF OUTING (event type)	(total number)	
Revenue	1	Gross receipts	137,591.	45,600.	183,191.
	2	Less: Contributions	117,960.	25,280.	143,240.
	3	Gross income (line 1 minus line 2)	19,631.	20,320.	39,951.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	22,502.	20,820.	43,322.
	7	Food and beverages			
	8	Entertainment	1,500.		1,500.
	9	Other direct expenses	18,079.	15,535.	33,614.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			78,436.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-38,485.

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:

13a		%
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 (ii) 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)**

Compensation Information

OMB No. 1545-0047

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

ABBOTT HOUSE

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Part I Questions Regarding Compensation

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

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

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

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

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input 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? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- 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? **5a** Yes No
- b** Any related organization? **5b** Yes No
- 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? **6a** Yes No
- b** Any related organization? **6b** Yes No
- 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 **7** Yes No

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 **8** Yes No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1a		
1b		
2		
3		
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) 2016

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAMES KAUFMAN PRESIDENT / CEO	(i) 224,543. (ii) 0. (iii) 0.	0.	1,980.	0.	1,581.	228,104.	0.
(2) LUIS M. RODRIGUEZ, MD SENIOR VICE PRESIDENT	(i) 221,375. (ii) 0. (iii) 0.	0.	1,290.	6,214.	8,370.	237,249.	0.
(3) GERARD FINN SR. VICE PRESIDENT & CFO	(i) 189,203. (ii) 0. (iii) 0.	0.	1,901.	0.	21,766.	212,870.	0.
(4) MOITRI DATTA PSYCHIATRIST	(i) 186,140. (ii) 0. (iii) 0.	0.	0.	6,214.	0.	192,354.	0.
(5) MYRA GRAY VICE PRESIDENT - HR.	(i) 160,169. (ii) 0. (iii) 0.	0.	2,819.	6,214.	1,339.	170,541.	0.
(6) DANIEL BARCKHAUS DIRECTOR - SOCIAL SERVICE	(i) 142,384. (ii) 0. (iii) 0.	0.	161.	0.	21,766.	164,311.	0.
(7) TATYANA SARTAN MEDICAL - PHYSICIANS	(i) 144,691. (ii) 0. (iii) 0.	0.	0.	6,214.	7,955.	158,860.	0.
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
(19)							
(20)							
(21)							
(22)							
(23)							
(24)							
(25)							

Part III Supplemental Information

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2016

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:

**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 IS A NONPROFIT ORGANIZATION SERVING
FOSTER CHILDREN, CHILDREN AWAITING FAMILY REUNIFICATION, YOUTH WITH
MENTAL HEALTH ISSUES, AND ADULTS WITH DEVELOPMENTAL DISABILITIES AND
THEIR FAMILIES. WE ARE COMMITTED TO PRESERVING FAMILY LIFE THROUGH
EARLY INTERVENTION, QUALITY CARE, ADVOCACY, AND AFTER-CARE SERVICES.
ABBOTT HOUSE IS 620 DEDICATED PROFESSIONALS, 183 FOSTER AND ADOPTIVE
PARENTS, AND 75 VOLUNTEERS, ALL FOCUSED ON THE SINGULAR MISSION OF
SERVING INDIVIDUALS AND FAMILIES ENTRUSTED TO ITS CARE. ABBOTT HOUSE IS
A COMMUNITY-BASED HUMAN SERVICES AGENCY WITH PROGRAMS THROUGHOUT THE
LOWER HUDSON VALLEY AND NEW YORK CITY.**

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

SERVICES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES (SPDD)

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

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ABBOTT HOUSE PROVIDES MULTIPLE SERVICES FOR ADULTS WITH DEVELOPMENTAL DISABILITIES INCLUDING RESIDENTIAL LIVING, MEDICAID SERVICE COORDINATION, SELF-ADVOCACY SKILLS, AND COMMUNITY INTEGRATION. OUR PROGRAM FOCUSES ON PROVIDING SAFE AND ENCOURAGING ENVIRONMENTS, OPPORTUNITIES, AND THE SUPPORT NEEDED TO LIVE FULFILLING AND INDEPENDENT LIVES. ABBOTT HOUSE BELIEVES EACH OF THE DEVELOPMENTALLY DISABLED ADULTS WE SERVE HAS THEIR OWN UNIQUE TALENTS, ABILITIES, GOALS AND DREAMS. WE ARE THEIR PARTNERS TO HELP THEM MAKE CHOICES, ENHANCE DAILY AND INDEPENDENT LIVING SKILLS, ESTABLISH COMMUNITY CONNECTIONS THROUGH EMPLOYMENT, VOLUNTEER WORK, AND PARTICIPATE IN RECREATIONAL ACTIVITIES THAT WILL HELP THEM ACHIEVE THESE PERSONAL OBJECTIVES. MANY OF THE ADULTS IN OUR PROGRAM HAVE BEEN WITH ABBOTT HOUSE FOR MOST OF THEIR LIVES, AND AS THEIR PARENTS CONTINUE TO AGE, OUR CARE PROVIDES PEACE OF MIND THAT THEIR ADULT CHILDREN ARE SAFE AND WELL TAKEN CARE OF. ABBOTT HOUSE PROVIDES SERVICES TO OVER 100 INTELLECTUALLY OR DISABLED ADULTS THROUGHOUT WESTCHESTER, ROCKLAND AND THE BRONX. WE OFFER 15 RESIDENTIAL PROGRAMS WHERE THE ADULTS LIVE SEMI-INDEPENDENTLY IN SMALL GROUPS WITH 24-HOUR GUIDANCE FROM SPECIALLY TRAINED STAFF. THEY HAVE A PLACE TO CALL HOME AND RECEIVE THE SUPPORT THEY NEED 24/7. ABBOTT HOUSE HAS 1 INTERMEDIATE CARE FACILITY (ICF) TO MEET THE NEEDS OF DEVELOPMENTALLY DISABLED ADULTS WHO ARE MEDICALLY FRAIL AND ARE IN NEED OF ON-SITE CLINICAL SERVICES. FOR THOSE DEVELOPMENTALLY DISABLED ADULTS ABLE TO REMAIN AT HOME WITH THEIR FAMILY, WE OFFER 2 COMMUNITY-BASED DAY HABILITATION PROGRAMS WHICH ALSO INCLUDE SUPPORTIVE EMPLOYMENT SERVICES, PATHWAYS TO EMPLOYMENT, PREVOCATIONAL TRAINING SERVICES, MEDICAID SERVICE COORDINATION (MSC), SPECIAL OLYMPICS PARTICIPATION, A SELF-ADVOCACY PROGRAM, A KIWANIS CLUB, AND WE PARTICIPATE IN VARIOUS OTHER COMMUNITY ACTIVITIES.

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2017 OUTCOMES:

-103 INDIVIDUALS HAD A SAFE AND SUPERVISED HOME TO LIVE AND GROW IN

-93 INDIVIDUALS RECEIVED MEDICAID SERVICE COORDINATION

-39 INDIVIDUALS PARTICIPATED IN ABBOTT HOUSE'S DAY HABILITATION PROGRAM

-26 INDIVIDUALS VOLUNTEERED IN THEIR COMMUNITY

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

FOSTER CARE AND TREATMENT FAMILY FOSTER CARE

THE ABBOTT HOUSE FAMILY FOSTER CARE (FFC) AND TREATMENT FAMILY FOSTER CARE (TFFC) PROGRAMS PROVIDE CHILDREN WHO HAVE EXPERIENCED TRAUMA FROM NEGLECT, PHYSICAL OR EMOTIONAL ABUSE, OR ABANDONMENT WITH A SAFE, NURTURING, TEMPORARY HOME TO BEGIN TO HEAL AND BUILD RESILIENCY. COMBINED WITH THE TRAUMA OF BEING REMOVED FROM THEIR HOME, THESE CHILDREN OFTEN HAVE LONG-LASTING THERAPEUTIC NEEDS. ABBOTT HOUSE'S FAMILIES ARE LICENSED FOSTER PARENTS WHO HAVE BEEN UNIQUELY TRAINED TO HELP CHILDREN BEGIN TO HEAL, BUILD RESILIENCY AND A PATH TOWARDS A BETTER FUTURE. THE PRIMARY GOAL OF THESE PROGRAMS IS TO SAFELY REUNITE THE CHILDREN WITH THEIR FAMILIES WHENEVER POSSIBLE. THROUGH SUPPORT SERVICES PROVIDED TO BIRTH PARENTS INCLUDING PARENTING SKILL TRAINING, SUBSTANCE ABUSE COUNSELING AND OTHER SERVICES, ABBOTT HOUSE IS ABLE TO SUCCESSFULLY REUNITE MANY FAMILIES OVER TIME. WHEN REUNIFICATION IS NOT POSSIBLE, WE STRIVE TO FIND A FAMILY MEMBER WHO IS WILLING AND ABLE TO PROVIDE A PERMANENT HOME THROUGH KINSHIP PLACEMENT, OR A LOVING FAMILY TO ADOPT. WHETHER THE CHILD IS PLACED IN A FOSTER, KINSHIP, OR ADOPTIVE FAMILY, ABBOTT HOUSE IS THERE TO PARTNER WITH THE FAMILY AND

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PROVIDE THE SERVICES AND RESOURCES REQUIRED TO MEET THE UNIQUE NEEDS OF EVERY CHILD. THESE SERVICES AND RESOURCES INCLUDE CASE MANAGEMENT, MEDICAL AND MENTAL HEALTH CARE, EDUCATIONAL SUPPORT, BEHAVIORAL SUPPORT, STRENGTH AND LIFE SKILLS, AND SOCIAL INTEGRATION AND COMMUNITY ENGAGEMENT. ABBOTT HOUSE RECOGNIZES THAT PROVIDING STRONG THERAPEUTIC FOSTER CARE IS THE BEST WAY TO PREVENT RESIDENTIAL PLACEMENT AND/OR PSYCHIATRIC HOSPITALIZATION FOR CHILDREN.

2017 OUTCOMES:

-522 CHILDREN AND TEENAGERS HAD A SAFE AND COMFORTABLE BED TO SLEEP IN

-37 CHILDREN WERE SUCCESSFULLY ADOPTED

-186 NEW CHILDREN WERE WELCOMED INTO ABBOTT HOUSE'S FOSTER CARE PROGRAM

-78 CHILDREN WERE SUCCESSFULLY REUNITED WITH THEIR BIOLOGICAL FAMILIES

-DAYS OF CARE: FFC 59,435 AND TFC - 36,648

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

BRIDGES TO HEALTH (B2H)

THROUGH OUR FAMILY FOSTER CARE AND THERAPEUTIC FAMILY FOSTER CARE PROGRAMS WE ARE ABLE TO QUICKLY IDENTIFY CHILDREN WHO HAVE ONE OR MORE MENTAL HEALTH DISORDERS, SUCH AS POST-TRAUMATIC STRESS, AND AT LEAST ONE CHRONIC MEDICAL CONDITION OR DEVELOPMENTAL DISABILITY. THESE CHILDREN WITH SERIOUS EMOTIONAL, DEVELOPMENTAL AND MEDICAL CHALLENGES NEED ADDITIONAL SUPPORT. THE BRIDGES TO HEALTH (B2H) PROGRAM IS A NEW YORK STATE INITIATIVE OF THE OFFICE OF CHILDREN AND FAMILY SERVICES THAT ENABLES ABBOTT HOUSE TO PROVIDE HEALTH CARE MANAGEMENT AND SUPPORTIVE SERVICES TO CHILDREN IN FOSTER CARE, CONTINUING WHEN THEY

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---	---

ARE REUNITED WITH THEIR BIRTH PARENTS OR WHEN THEY ARE ADOPTED BY KINSHIP OR ANOTHER FAMILY. B2H SERVICES ARE DESIGNED TO ADDRESS THE UNIQUE ISSUES THE CHILD AND THE FAMILY ARE EXPERIENCING TO PROMOTE PERMANENT HOME AND TO MAXIMIZE THEIR ABILITY TO FUNCTION IN THEIR HOME, COMMUNITY AND SCHOOL UP UNTIL THE AGE THE CHILD TURNS 21 AND THEY LEAVE CARE. THE GUIDING PRINCIPLE OF B2H IS PARTNERING WITH THE CHILD AND THE FAMILY TO IDENTIFY ONGOING AND NEW SUPPORT NEEDS UNIQUE TO THEIR CONCERNS AND GOALS. ABBOTT HOUSE OFFERS A WIDE SPECTRUM OF SUPPORTIVE AND SPECIALIZED SERVICES TAILORED TO MEET EVERY CHILD'S NEEDS. THESE INCLUDE IN-HOME CRISIS INTERVENTION, DAY HABILITATION, PRE-VOCATIONAL TRAINING, SUPPORTED EMPLOYMENT, TRAINING FOR CAREGIVERS IN CRISIS AVOIDANCE AND MANAGEMENT, PLANNED AND EMERGENCY RESPITE CARE, SPECIAL NEEDS ADVOCACY AND THE PURCHASE OF ADAPTIVE EQUIPMENT. ABBOTT HOUSE IS THE ONLY SOCIAL SERVICE AGENCY THAT PROVIDES THESE SERVICES TO BOTH NEW YORK CITY AND THE LOWER HUDSON VALLEY REGION.

2017 OUTCOMES:
-362 CHILDREN AND TEENAGERS RECEIVED B2H SERVICES (103 IN LOWER HUDSON VALLEY AND 259 IN NYC)

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
IN ADDITION TO THE PROGRAMS ABOVE, ABBOTT HOUSE PERFORMS OTHER RESIDENTIAL PROGRAMS.
EXPENSES \$ 4,669,000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,211,101.

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

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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 PROVIDED TO THE OUTSIDE ACCOUNTANTS. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING. AT THE BOARD MEETING FOLLOWING THE FILING OF THE FORM 990, THE CEO AND CFO PRESENT THE FORM 990 TO THE ENTIRE BOARD. THE 990 IS ELECTRONICALLY SENT TO THE ENTIRE BOARD BEFORE THE MEETING.

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

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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.

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

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
COMMISSIONED BY COFCCA TO ENSURE COMPLIANCE WITH EXECUTIVE ORDER 38.

- 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 FEBRUARY 1, 2015.

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

Name of the organization

ABBOTT HOUSE

Employer identification number

13-1991946

- 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.

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 AT 100 NORTH BROADWAY, IRVINGTON, NY 10533... OR BY CALLING THE ORGANIZATION DIRECTLY AT (914)591-7300.

FORM 990, PART VII, EXPLANATION OF PAYMENT TO SECRETARY

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

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

PENSION LIABILITY ADJUSTMENT	1,192,486.
PENSION PENALTIES AND INTEREST	-484,456.
TOTAL TO FORM 990, PART XI, LINE 9	708,030.

FORM 990, PART XII, LINE 2C:

Name of the organization

ABBOTT HOUSE

Employer identification number

13-1991946

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.

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

CLIENT COPY

FOR THE YEAR ENDING
JUNE 30, 2017

PREPARED FOR:

ABBOTT HOUSE
100 NORTH BROADWAY
IRVINGTON, NY 10533-1254

PREPARED BY:

PKF O'CONNOR DAVIES, LLP
500 MAMARONECK AVENUE
HARRISON, NY 10528-1633

AMOUNT OF TAX:

BALANCE DUE OF \$50

MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

MAIL TAX RETURN TO:

NYS Office of Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

RETURN MUST BE MAILED ON OR BEFORE:

MAY 15, 2018

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED
INDIVIDUAL(S).

ALSO BE SURE THAT THE ATTACHED COPY OF THE FEDERAL FORM 990 HAS
BEEN PROPERLY SIGNED AND DATED.

<h1>CHAR500</h1> <p>NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com</p>	<p>Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271</p>	<p>2016</p> <p>Open to Public Inspection</p>

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) **07/01/2016** and Ending (mm/dd/yyyy) **06/30/2017**

Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: ABBOTT HOUSE	Employer Identification Number (EIN): 13-1991946
	Mailing Address: 100 NORTH BROADWAY	NY Registration Number: 00-04-76
	City / State / ZIP: IRVINGTON, NY 10533-1254	Telephone: 914 591-7300
	Website: WWW.ABBOTTHOUSE.NET	Email:

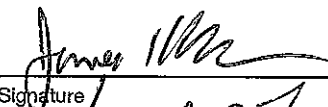

Check your organization's registration category: 7A only EPTL only DUAL (7A & EPTL) EXEMPT

Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer:		JAMES KAUFMAN PRESIDENT & CEO	5/15/18
	Signature	Print Name and Title	Date
Chief Financial Officer or Treasurer:		GERARD FINN SR. VP & CFO	5/15/18
	Signature	Print Name and Title	Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).

3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

Yes No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>25.</u>	Total fee: \$ <u>50.</u>	Make a single check or money order payable to: "Department of Law"
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CHAR500

Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
 - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
 - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors).
- Our organization was eligible for and filed an IRS 990-N e-postcard. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
 Charities Bureau Registration Section
 120 Broadway
 New York, NY 10271

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

2016

**Open to Public
Inspection**

If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
ABBOTT HOUSE	00-04-76

2. Government Grants

Name of Government Agency		Amount of Grant
1.DUTCHESS COUNTY DEPARTMENT OF SOCIAL SERVICES	1.	555,037.
2.PUTNAM COUNTY DEPARTMENT OF SOCIAL SERVICES	2.	54,070.
3.ROCKLAND COUNTY DEPARTMENT OF SOCIAL SERVICES	3.	54,104.
4.WESTCHESTER COUNTY DEPARTMENT OF SOCIAL SERVICES	4.	3,979,435.
5.SULLIVAN COUNTY DEPARTMENT OF SOCIAL SERVICES	5.	683,802.
6.ORANGE COUNTY DEPARTMENT OF SOCIAL SERVICES	6.	1,344,260.
7.NYC ADMINISTRATION FOR CHILDRENS SERVICES	7.	8,199,160.
8.NYS OFFICE OF PEOPLE WITH DEVELOPMENTAL DISABILITIES	8.	633,386.
9.NYS OFFICE OF CHILDREN AND FAMILY SERVICES	9.	39,585.
10.U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	10.	877,075.
11.NEW YORK STATE OFFICE OF MENTAL HEALTH	11.	419,148.
12.NYC DEPARTMENT OF EDUCATION	12.	563,529.
13.	13.	
14.	14.	
15.	15.	
Total Government Grants:	Total:	17,402,591.