CHAR500 Online

For new annual filings, and amendments

Annual Filing for Charitable Organizations

New York State Office of the Attorney General Charities Bureau - Registration Section 28 Liberty Street New York, NY 10005 charitiesnys.com Open to Public Inspection

Filing Type: New Filing OAmendment			Filing Year: 202	:3	_	
General Information						
Current Organization Name	: Family Se	ervice League, Inc.	Updated Nam	e:	N/A	
NY Registration Number:	00-01-92		Registration C	ategory:	DUAL	
Organization Type:	Corporation	1	EIN:		111631827	
Current Fiscal Year End:	12/31		Updated Fisca	l Year End:	N/A	
Organization Email:	restorehop	e@fsl-li.org	Organization's	Phone:	631-427-3700	
Tax Exempt Status:	501(c)(3)		Website:		www.fsl-li.org	
Organization Address						
Mailing Addres	S	Principal Ac	ldress		NY State Address	
790 Park Avenue Huntington NY 11743 UNITED STATES		790 Park Avenue Huntington NY 11743 UNITED STATES		NA 		
Primary Contact Information	on					
First Name: Victoria		— Last Name: Gan	nbardella	Title: (Controller	
Phone: <u>631-3962380</u>			mbardella@fsl-li.			
Organization Type Type of IRS document filed with IRS: IRS990 Organization Type: Public						
Third Party Preparer I	Informatio	n				
First Name: Ernest		Last Name: Smi	th	Title: _	Accountant	
Firm Name: Nawrocki Sm	ith LLP	Phone: 631	7569500	Email: _	nsreports@nsllpcpa.com	
Third Party Address						
Street: 100 Motor Parkwa	ay,Suite 580					
City: <u>Hauppauge</u>		State:	NY			
Zip: <u>11788</u>		Country:	United States			

г			
	Re	egistration	n Category
	1	Danatha	anning ting and at activity in New York State at how they activity 2. This was included but in yet limited.
	1.	to , maintai	rganization conduct activity in New York State other than soliciting? This may include, but is not limited ning an office, having employees or staff, or running a program.
l	2		ONo
	2.		rganization have assets in New York State? ONo
	3.		nization incorporated or formed in New York State? O No
	4.	Has the or	ganization received more than \$25,000 in total contributions from New York State residents,
		foundation	s, corporations or government agencies or other entities in the period covered by this filing?
l		Yes	ONo
	5.	Does the org	ganization plan to receive more than \$25,000 annually in total contributions from New York State residents,
		foundations,	corporations, government agencies or other entities?
		Yes	○ No
	6.	Does the o	rganization use a professional fundraiser or fundraising counsel?
		OYes	● No
	Ва	sed on your i	responses to the above questions, this organization's registration category remains as DUAL
	Co	ontributio	n Information
	1.		nization solicit or receive contributions during the fiscal year in New York State?
		_	O No
	3. (Choose the t	otal contributions in New York State this fiscal year: \$10,000,000-\$50,000,00
	Ar	nnual Exe	nptions
	1.	\$25,000 du	otal contributions from New York State, including residents, foundations, government agencies, etc. under ring the fiscal year? ONO N/A
	2.	Did the org	anization use a professional fundraiser or fundraising counsel during the fiscal year? No N/A
	3.	Were the o	rganization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the
		sed on your r cal vear	responses to annual exemption questions, this organization is required to file under <u>DUAL</u> during this

Financial Information			
Type of IRS document filed with IRS	IRS990	Organization's total reve	nue: 59.871.788
Organization's total contributions:	33,651,034	Organization's total asset	
_	18,721,946	_	
Organization's net assets:		Organization's total reve and contributions:	nue N/A
Organization's total liabilities:	N/A	 Organization's total asse 	ts/ N/A
Organization's total income:	N/A	worth:	
For this filing year, does your organ	ization plan to complete	any of the following with the	New York State Charities Bureau
□Closing □ Withdrawing	□ Dissolving 🗵	None	
Is this your final filing with New Yor	k State? OYes	ONO N/A	
Filing Information			
Did your organization use a profess	ional fundraiser or fundra	aising counsel for fundraising	activity in New York State?
O _{Yes} \bullet_{No}			
General Informa		Description of Services	Description of Compensation
Name of Firm: N/A		N/A	N/A
Type: N/A Reg	Number: <u>N/A</u>		
Contract Start: N/A Cont	ract End: <u>N/A</u>		
Amount Paid: N/A	Phone : N/A		
Mailing Address: N/A			
Name of Firm: N/A		N/A	N/A
Type: N/A Registr	ration ID: <u>N/A</u>		
Contract Start: N/A Contr			
Amount Paid: N/A	Phone : N/A		
Mailing Address: N/A			
Name of Firm: N/A		N/A	N/A
	ration ID: N/A		
1	ract End: N/A		
Amount Paid: N/A	Phone : N/A		
Mailing Address: N/A			

Did the organization receive government grants during this fiscal year?

Yes O No

Government Grant Agency	Grant Amount
Suffolk County	\$22,751,238.00
New York State	\$2,412,540.00
United States Department of HUD	\$1,294,286.00
SAMSHA	\$1,018,432.00
	To be continued in Appendix page 2

Documents

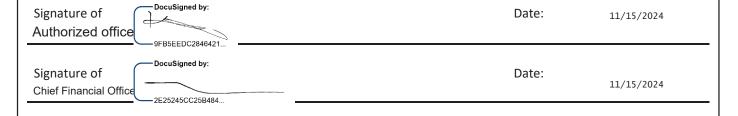
Attached	organization'	's required	documents:
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- ☑ IRS document
- ☐ Certified Public Accountant's Review Report
- ☐ Complete Certificate of Amendment or other document amending the name
- □ Other documents

Signatures

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.

Role	First Name	Last Name	Email
Authorized officer	Karen	Boorshtein	kboorshtein@fsl-li.org
Chief Financial Officer	Shari	Feld	sfeld@fsl-li.org



Filing Information

Genera	l Information	Description of Services	Description of Compensation
Name of Firm: N/A		N/A	N/A
Type: N/A	Registration ID: N/A		
Contract Start: N/A	Contract End: N/A	_	
Amount Paid: N/A	Phone : <u>N/A</u>	_	
Mailing Address: N/A			
		_	
Name of Firm: N/A		N/A	N/A
Type: _{N/A}	Registration ID: N/A	_	
Contract Start: N/A	Contract End: N/A		
Amount Paid: N/A	Phone : N/A		
Mailing Address: N/A			
		_	
Name of Firm: N/A		N/A	N/A
Type: N/A	Registration ID: N/A	_	
Contract Start: N/A	Contract End: N/A	_	
Amount Paid: N/A	Phone : _{N/A}	_	
Mailing Address: N/A			
		_	
Name of Firm: N/A		- $ $ N/A	N/A
Type: N/A	Registration ID: N/A	_	
Contract Start: N/A	Contract End: N/A	_	
Amount Paid: N/A	Phone : <u>N/A</u>	_	
Mailing Address: N/A			
		_	
Amount Paid: N/A Mailing Address: N/A Name of Firm: N/A Type: N/A Contract Start: N/A Amount Paid: N/A	Phone : N/A Registration ID: N/A Contract End: N/A	N/A	N/A

Government Grant Agency	Grant Amount
Town of Islip	\$467,243.00
Town of Huntington	\$323,777.00
town of brookhaven	\$227,035.00
Town of Southampton	\$102,201.00
Town of East Hampton	\$77,020.00
Town of Southold	\$43,000.00
Town of Babylon	\$3,149.00
N/A	N/A
N/A	N/A
N/A	N/A

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning _____ , 2023, and ending _____

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN FAMILY SERVICE LEAGUE, INC. 11-1631827 Name and title of officer or person subject to tax SHARI FELD CFO Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. 1a Form 990 check here 2a Form 990-EZ check here . . 3a Form 1120-POL check here 4a Form 990-PF check here... 5a Form 8868 check here **b Total tax** (Form 990-T, Part III, line 4). 6b 6a Form 990-T check here.... **7a Form 4720** check here 8a Form 5227 check here 9a Form 5330 check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22).... 10b 10a Form 8038-CP check here. Part II Declaration and Signature Authorization of Officer or Person Subject to Tax X I am an officer of the above entity or I I am a person subject to tax with respect to Under penalties of perjury, I declare that and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize NAWROCKI SMITH LLP as my signature to enter my PIN Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** Part III **ERO's EFIN/PIN.** Enter your six-digit electronic filing identification

> **ERO Must Retain This Form — See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file

number (EFIN) followed by your five-digit self-selected PIN.

CHRISTOPHER ANGOTTA

Providers for Business Returns.

ERO's signature

11853581487 Do not enter all zeros Form **8868** (Rev. January 2024)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

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

OMB No. 1545-0047

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

Caution for pa	on: If you are going to make an electronic funds wyment instructions.	withdrawal (direct	debit) with this Form 8868, see Form 84	153-TE	and Form 88	379-TE		
All co use F	rporations required to file an income tax return of orm 7004 to request an extension of time to file i	ther than Form 99	0-T (including 1120-C filers), partnershi	os, REM	MICs, and tru	ısts must		
	I – Identification							
	Name of exempt organization, employer, or other filer,	see instructions.		Тахрау	ver identification r	number (TIN)		
Type or								
Print FAMILY SERVICE LEAGUE, INC.					1631827			
File by the Number, street, and room or suite number. If a P.O. box, see instructions.				1	1001027			
due dat	e for 700 DADY AVENUE	ON PARK AVENUE						
filling your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
instructi	HUNTINGTON, NY 11743							
	· ·							
Enter	the Return Code for the return that this application	on is for (file a sep	parate application for each return)			01		
App	lication Is For	Return Code	Application Is For			Return Code		
Forr	n 990 or Form 990-EZ	01	Form 4720 (other than individual)			09		
Forr	n 4720 (individual)	03	Form 5227			10		
Forr	n 990-PF	04	Form 6069			11		
Forr	n 990-T (section 401(a) or 408(a) trust)	05	Form 8870			12		
Forr	n 990-T (trust other than above)	06	Form 5330 (individual)			13		
Forr	n 990-T (corporation)	07	Form 5330 (other than individual)			14		
Forr	n 1041-A	08						
	ter you enter your Return Code, complete either line to file Form 5330.	Part II or Part III.	Part III, including signature, is applicable	e only	for an extens	sion of		
• If	this application is for an extension of time to file Plan Name Plan Number Plan Year Ending (MM/DD/YYYY)		nust enter the following information.					
Part	II - Automatic Extension of Time To Fi	le for Exempt	Organizations (see instructions)					
• If ch	the books are in the care of SHARI_FELD_79 elephone No. (631) 427-3700 the organization does not have an office or place this is for a Group Return, enter the organization leck this box	Fax No of business in the 's four-digit Group	e United States, check this box Exemption Number (GEN)	f this is	for the whol	e group,		
	I request an automatic 6-month extension of time the organization named above. The extension is a scalendar year 20 23 or tax year beginning, 20	for the organizatio	on's return for: , 20	nizatio n				
	Change in accounting period If this application is for Forms 990-PF, 990-T, 472 nonrefundable credits. See instructions			3a	\$	0.		
b	If this application is for Forms 990-PF, 990-T, 472	20, or 6069, enter	any refundable credits and estimated	3b		0.		
С	tax payments made. Include any prior year overpayment allowed as a credit					0.		

For the 2023 calendar year, or tax year beginning

Form **990**

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

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

2023, and ending

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

OMB No. 1545-0047

Open to Public Inspection

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В	Check if	applicable:	C							יים ען	пріоу	er ident	ilication number	
	Add	dress change	FAMILY SE	FAMILY SERVICE LEAGUE, INC.						1	827			
	Nar	me change	790 PARK AVENUE HUNTINGTON, NY 11743							E Te	E Telephone number			
	Initi	ial return									63	1) 4	27-3700	
	\vdash										00.	1, 1	27 3700	
	Final return/terminated Amended return									ر م	'000 r	eceipts	\$ 50 044	5,279.
	\vdash		F Name and add	ress of princip	al officer:				H(a)	Is this a group				3.7
	App	plication pending			ar officer. KAR	EN BOOF	RSHTEIN						ш''	
_	т		SAME AS C) (in		40.47(-)(1)	[507	\ ` ` ` `	Are all subordi If "No," attach	a list.	See ins	structions.	,
<u> </u>		xempt status:	X 501(c)(3)	501(c) () (In	isert no.)	4947(a)(1)	or 527						
<u>J</u>			W.FSL-LI.			1	1.			Group exempti				
K		of organization:	X Corporation	Trust	Association	Other	ļ l	Year of format	ion:	1926	M S	tate of I	legal domicile: $ { m N} $	Y
Pa	ırt I	Summar	у											
			be the organiza											
ربو		<u>INC. IS</u>	TO HELP I	<u>NDIVIDU</u>	ALS, CHI	<u>LDREN A</u>	<u> ND FAMI</u>	LIES MOE	<u> </u>	IZE THE	<u>IR</u>	STRI	<u>ENGTHS</u> AN	ID
2			THE QUALI	<u> TY OF T</u>	HEIR LIV	<u>ES AT H</u>	<u>HOME, IN</u>	THE WOF	RKPI	LACE, A	ND	IN :	<u> </u>	
Activities & Governance		COMMUNIT												
8		Check this bo			on discontinue							net as	sets.	
Ö			ting members									3		34
တ			dependent votii									4		34
噩			of individuals									5		897
			of volunteers									6		140
Ä			ed business rev									7a		0.
	b	Net unrelated	business taxa	ble income	from Form 9	90-T, Part	I, line 11				_	7b		0.
										Prior Y			Current '	
Ф			utions and grants (Part VIII, line 1h)						33,112				1,034.	
Revenue										24,562				6,851.
eke			income (Part VIII, column (A), lines 3, 4, and 7d)						,				9,603.	
ď			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						_, ,				4,300.	
			e – add lines 8						_	58,983	1,7	10.	59 , 87	1,788.
	13 (Grants and si	milar amounts	paid (Part	IX, column (A	4), lines 1-	3)							
	14	Benefits paid	to or for memb	oers (Part I	X, column (A), line 4)								
	15	Salaries, othe	er compensatio	n, employe	e benefits (P	art IX, colu	ımn (A), line	es 5-10)					40,18	5,620.
ses	16a	Professional ·	fundraising fee	s (Part IX,	column (A), I	ine 11e)			. \square	•	<u> </u>		,	
Expenses	b		sing expenses (Part IX, column (D), line 25) 727,667.											
Щ	17 (es (Part IX, co							19,851,210.			20 37	5,176.
														1,796.
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)ue less expenses. Subtract line 18 from line 12							,,			-690,008.	
o or			- CAPCHICOCH CAH	J					-	ginning of Cu			End of \	•
ance	20	Total assets ((Part X, line 16)						58,398				3,803.
\sse Bala	21		s (Part X, line						<u>:</u> -	39,14				1,857.
Net Assets Fund Balanc	22		fund balances						\vdash					
	rt II	Signatur		. Subtract	ine Zi nom i	1116 20			•	19,24	9,1	40.	10,12.	1,946.
					in almalia a				Ale e le e	-1 -6			:_£ :L :_ L	-4
com	plete. De	claration of prepa	clare that I have ex- rer (other than office	er) is based or	all information of	f which prepare	er has any knov	vledge.	trie be	St of fifty knowl	leuge	and ben	ier, it is true, corre	ct, and
Sic	n	Signature of	officer						С	Date				
Sign Here SHARI		EELD						CFO						
			name and title) T ()					
		Print/Type p	reparer's name		Preparer's sign	nature		Date		Check	Т	if	PTIN	
_				○ ͲͲϠ	1 '		JCO⊞™3			Check	L			0
Pa			OPHER ANG		CHRISTO	rnik Al	NGOTIA			self-en	пріоує	#U	P0239442	5
rre	epare	l		CKI SMI									004 5075	
US	e Onl	Firm's addre				UITE 58	30			Firm's	ĿΙΝ		-3216978	
			HAUPP		Y 11788					Phone	no.	631	-756-9500	1 1
May	y the IF	RS discuss th	is return with t	ne prepare	r shown abov	e? See ins	structions						X Yes	No

BAA

	1990 (2023) FAMILY SERVICE LEAGUE, INC.	11-1631827	Page 2
Par			
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE MISSION OF FAMILY SERVICE LEAGUE, INC. IS TO HELP INDIVIDUAL	S, CHILDREN AND)
	FAMILIES MOBILIZE THEIR STRENGTHS AND IMPROVE THE QUALITY OF THE	IR LIVES AT HOM	ME, IN
	THE WORKPLACE, AND IN THE COMMUNITY.		
2	Did the organization undertake any significant program services during the year which were not listed on the pr	or	
	Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.	Ш	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices? Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	vices, as measured by e	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	ns to others, the total e	xpenses,
	and revenue, if any, for each program service reported.		
4a		Revenue \$)
	BEHAVIORAL HEALTH SERVICES PROVIDE COUNSELING FOR INDIVIDUALS, F		
	COMMUNITIES AFFECTED BY MENTAL ILLNESS, ADDICTIONS, OR CRISIS SI	TUATIONS.	
4b	(Code:) (Expenses \$ 14,656,170. including grants of \$) (Revenue \$)
	HOUSING & HOMELESS SERVICES HELP THOSE FACED WITH CHRONIC HOMELE	SSNESS TO REGAI	N
	SELF-SUFFICIENCY AND RETURN TO THE COMMUNITY.	<u> </u>	
	(Code:) (European C 4 000 500 including growth of C	201100110	`
4c	(Code:) (Expenses \$4,882,500. including grants of \$) (
	FAMILY SERVICES OFFER A WIDE RANGE OF SERVICES THAT IMPROVE THE		FOR _
	FAMILIES AND INDIVIDUALS, AND HELP THEM THROUGH TIMES OF PERSONA	L CRISIS.	
4d	Other program services (Describe on Schedule O.) SEE SCHEDULE O		
	(Expenses \$ 3,594,252. including grants of \$) (Revenue \$)
4e	Total program service expenses 53, 287, 943.		

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

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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>	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		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>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Х
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>	33		Х
34	and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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			
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	7		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	X	
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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a 897		37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	X	
h	services provided to the payor?	7a 7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	/D	Λ	
C	Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	/ y		
0	Form 1098-C?	7h		
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
0	Sponsoring organizations maintaining donor advised funds.	٥		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:	ЭIJ		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			77
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. 34 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent... 34 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? ... SEE SCHEDULE 0 Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... X 4 Χ Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Did the organization have members or stockholders?..... Χ 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a **b** Each committee with authority to act on behalf of the governing body?..... 8b Χ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... Χ 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 X 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? X a The organization's CEO, Executive Director, or top management official... SEE . SCHEDULE..Q...... 15a 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16a X **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records. SHARI FELD 790 PARK AVENUE HUNTINGTON NY 11743 (631) 427-3700

Form 990 (2023) FAMILY SERVICE LEAGUE, INC.

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

actor or tructas	officar dira	v current office	compensated any cu	d organization	nor any related	na organization	naithar tha	hack this hav if	
(officer, dire	v current office	compensated anv cu	i organization (nor any related	ie organization	neither the	neck this nox it	

		(C)								
(A) Name and title	(B) Average hours per week (list any	box, ι office	ot ch unles er and	s per	more rson i	than o	an	(D) Reportable compensation from the organization (W-2/1099-	Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization
	hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer	MISC/1099-NEC)	MISC/1099-NEC)	and related organizations
(1) BOORSHTEIN, KAREN CEO	_ <u>35</u>			Х				394,525.	0.	55,476.
(2) STEIGMAN, JEFFREY	35		\dashv	Λ				394,323.	0.	33,470.
CSO	0			Χ				318,898.	0.	24,760.
(3) FELD, SHARI	35									
CFO	0			Χ				263,393.	0.	22,182.
(4) KOREH, KINGA	35	.								
PSYCHIATRIST	0					Χ		233,188.	0.	33,489.
	<u>35</u>				Χ			241,370.	0.	16,193.
	$-\frac{35}{0}$				Х			206,078.	0.	24,716.
(7) MOERLAND, ROBERT CHIEF INFO & SECURITY OFFICER	_ <u>35</u> _	-			Х			172,622.	0.	22,799.
(8) SLONE, REBECCA ANN NURSE PRACTITIONER	<u>35</u>					Х		166,810.	0.	
(9) BOYD, MARGARET	35		\dashv			Λ		100,010.	0.	21,516.
VP COMM SVCS ADVOCACY	- 35 -				Х			164,338.	0.	22,629.
(10) CHAMBERLAIN, VALERIE AVP HOUSING AND HOMELESS SERVI	35_				Х				0.	
(11) CHENKIN, JONATHAN	35		\dashv		Λ			154,206.	0.	31,474.
CHIEF DEVELOPMENT OFFICER	$-\frac{35}{0}$				Х			155,750.	0.	25,788.
(12) VALDECANTOS, DAVID VALENCIA	35							·		
NURSING SUPERVISOR	0					Χ		153,750.	0.	21,532.
(13) DANIELS, LARRY	35_]								
VP OF OPERATIONS AND QA	0				Χ			147,499.	0.	27,469.
(14) HAIDUK, SARON DAYNA	35_									
REVENUE MGMT DIR.	0					X		149,294.	0.	21,289.

\$100,000 of compensation from the organization

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(A) Name and title	(B) Average		not ch		more	than o		(D) Reportable	(E) Reportable	Estima	(F) ated amo	ount	
	hours per week				_	or/trust		compensation from the organization (W-2/1099-	compensation from related organizations (W-2/1099-	comper	of other nsation f	from	
	(list any hours for	Individual or director	Institutional	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	MISC/1099-NEC)	and	rganizati d related anization		
	related organiza- tions	dual t	tiona	٦	mplo	st co yee	ir.			orga	IIIIZALIOII	3	
	below dotted	ll trustee or	al tru		yee	mpe							
	line)	ee	l trustee			nsate							
(15) VADDIGIRI, VAISHNAVI	35					<u>g</u> .							
PSYCHIATRIST	- 33 -					Х		168,573.	0.			0.	
(16) O'NEILL, MARIE-ELAINE	35					21		100/373.	0.			<u> </u>	
CHIEF HUMAN RESOURCES OFFICER	0				Χ			154,364.	0.	L	8,6	514.	
(17) CREIGHTON, ROBERT	5												
VC OF GOVERN.	0	X		X				0.	0.	<u></u>		0.	
(18) GRANELLI GERDE, LAURA	5	Х		Χ				0.					
CHAIR	0.	——		0.									
VC OF DEVELOP.	0.			0.									
(20) MALAFI, CHRISTINE	0.			0.									
CHAIR ELECT	0.			0.									
(21) WALKER, DOMINIQUE													
VC OF PROGRAMS	0.			0.									
(22) ABRAMSON, STEPHEN	0.												
DIRECTOR 0 X 0. (23) ALBANESE, RUSSELL C. 5												0.	
												0.	
DIRECTOR 0 X 0. (24) DILELLO, PRISCILLA 5												0.	
DILELLO, PRISCILLA ON X ON X ON X												0.	
(25) DOOKRAM, WINSTON	0.			<u> </u>									
DIRECTOR	<u>5</u>	Х						0.	0.			0.	
1b Subtotal								3,244,658.	0.	3	79,9	26.	
c Total from continuation sheets to Part VII, Section								0.	0.			0.	
d Total (add lines 1b and 1c)									0.		79,9	26.	
2 Total number of individuals (including but not limited from the organization 16	to those I	isted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensation	1		
from the organization 16											Yes	No	
2 Did the executed too list on favors officer division		ما م		امما			المناما				162	NO	
3 Did the organization list any former officer, direc on line 1a? If "Yes,"complete Schedule J for suc			ey er	mpio		e, or	nıgr	nest compensated	empioyee	. 3		X	
4 For any individual listed on line 1a, is the sum of	reportab	le co	mpe	nsa	ition	and	oth	er compensation t	from				
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	50,00	00?	If "	Yes,	" cor	nple	ete Schedule J for		4	Х		
		cotio	n fr					d organization or	individual		$\stackrel{\wedge}{}$		
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If "Yes	s," comple	ete S	chec	dule	ally J f	or su	ch p	person		. 5		Χ	
Section B. Independent Contractors													
1 Complete this table for your five highest compen compensation from the organization. Report compen	sated inde sation for	epen the c	dent alend	cor dar v	ntra year	ctors endi	tha ng v	it received more th vith or within the or	nan \$100,000 of ganization's tax year				
(A) Name and business addi	ess							(B) Description of	of services	(Compe	د) nsatio	n	
		MV	11'	747				ATTORNEY			50,0		
CRAIG B GREENFIELD, ESQ. 30 TAMARA COURT MELVILLE, NY 11747 ATTORNEY SAE & ASSOCIATES 280 MADISON AVENUE SUITE 1208 NEW YORK, NY 10016 CONSULTING											77,8		
GARDAWORLD SECURITY SRVCS. PO BOX 843886 KANSAS CIT, MO 64184 CONSULTING											2,037,859.		
LINCOLN COMPUTER SERVICES 25 BLOOMINGDALE ROAD HICKSVILLE, NY 11801 IT SUPPORT / LICENSES										563,518.			
JGM CONSTRUCTION DEVELOPMENT LLC 16 W. 36T	H STREE	r su	ITE	60	1 N	EW Y	OR.	CONSTRUCTION N	MANAGEMENT		55,7		
2 Total number of independent contractors (including b	ut not limi	ted to	o tho	se Ī	iste	d abo	ve)	who received more	than				

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

(C)

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

FAMILY SERVICE LEAGUE, INC.

Employler Identification number

11-1631827

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Name and title	Highest Compensated Ei	and a director (Trustee)													
Color Fire Color Color	(A)	(B)	(C) b	ox, unl	ess per	son is	both an of	n one ficer	(D)		(F)				
DIRECTOR	Name and title	hours per week (list any hours for related organiza- tions below						Former	compensation from the organization (W-2/1099-	compensation from related organizations (W-2/1099-	amount of other compensation from the organization and related				
C2 FITTERMAN, NICK									0	0					
DIRECTOR			X						0.	0.	<u> </u>				
GAVIN, RICHARD			v						0	0	0				
VC OF FINANCE			Λ						0.	0.	<u> </u>				
Columbia Columbia			X		Х				0.	0.	0.				
DIRECTOR									· ·	0.	<u></u>				
DIRECTOR			Х						0.	0.	0.				
Column	(5) KANAS, ELAINE	5													
DIRECTOR			X						0.	0.	0.				
CO		5	1												
DIRECTOR			X						0.	0.	0.				
Columbia Columbia			ļ								•				
DIRECTOR			Х	-					0.	0.	0.				
Second Columbia			v						0	0	0				
DIRECTOR			Λ						0.	0.	0.				
Comez-vasquez, Norman			x						0	0	0.				
DIRECTOR			21						0.	0.					
DIRECTOR			Х						0.	0.	0.				
(12) POSILLICO, WHITNEY 5 DIRECTOR 0 X 0. 0. 0 (13) ROWE, ROBERT 5 0. 0. 0. 0 DIRECTOR 0 X 0. 0. 0 (14) SCHOLEM, RICHARD 5 0. 0. 0 0 DIRECTOR 0 X 0. 0. 0 0 (15) SHAFFERY, JOSEPH 5 0. 0. 0 0 DIRECTOR 0 X 0. 0. 0 (16) BROWN, GARY L. 5 0. 0. 0 0 (17) SOBOCINSKI, DAVID 5 0. 0. 0 0 0 0		5													
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(13) ROWE, ROBERT 5 DIRECTOR 0 X 0. 0. 0 (14) SCHOLEM, RICHARD 5 0. 0. 0 DIRECTOR 0 X 0. 0. 0 (15) SHAFFERY, JOSEPH 5 0. 0. 0 0 DIRECTOR 0 X 0. 0. 0 (16) BROWN, GARY L. 5 0. 0. 0 0 (17) SOBOCINSKI, DAVID 5 0. 0. 0 0		5	1												
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(14) SCHOLEM, RICHARD 5 DIRECTOR 0 X 0. 0. 0 (15) SHAFFERY, JOSEPH 5 0. 0. 0 0 DIRECTOR 0 X 0. 0. 0 (16) BROWN, GARY L. 5 0. 0. 0 0 DIRECTOR 0 X 0. 0. 0 0 (17) SOBOCINSKI, DAVID 5 0. 0. 0 <td></td> <td></td> <td>.,,</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td>			.,,								0				
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(15) SHAFFERY, JOSEPH 5 DIRECTOR 0 (16) BROWN, GARY L. 5 DIRECTOR 0 X 0 0 0 0 0 0 0 0 0			y						0	0	٥				
DIRECTOR			21						0.	0.	<u></u>				
(16) BROWN, GARY L. 5 DIRECTOR 0 (17) SOBOCINSKI, DAVID 5			Х						0.	0.	0.				
(17) SOBOCINSKI, DAVID 5	(16) BROWN, GARY L.	5													
			X						0.	0.	0.				
DIRECTOR											•				
			Х						0.	0.	0.				
(18) SONFIELD, JUDITH 5 0 X 0. 0.			v						0	0	0				
(19) TABONE, CHUCK 5			Λ						0.	0.	0.				
			X						0.	0.	0.				
(20) VERO, SLAVA 5															
DIRECTOR 0 X 0. 0.	DIRECTOR	0	Х						0.	0.	0.				
(21) WHITEHEAD, FRANCINE 5			↓ ¯												
	DIRECTOR	0	X						0.		0. Form 990 Cont 2023				

Form 990 Cont 2023

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

FAMILY SERVICE LEAGUE, INC.

Part VII Continuation: Officers Div

Employler Identification number

11-1631827

Part VII Continuation: Officers, D Highest Compensated E	Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) (B) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) (E) (F)													
(A)	(B)	(C) P	osition ox, unl	(do no ess per	t check son is	k more tha both an of	in one fficer	(D)	(E)	(F)				
Name and title	Average hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations				
(1) ZWEIG, BETH DIRECTOR	<u>5</u>	X						0.	0.	0.				
(2) GILLIAM, MAGGIE DIRECTOR	<u>5</u>	Х						0.	0.	0.				
_(3)														
(4)														
		-												
		-												
(8)		+												
(9)		+												
(10)		<u> </u>												
(11)		+												
(12)														
(13)														
(14)														
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)		+												
	1		_					l						

		Check if Schedule O contains a response or note to an	y line in this Part V	/IIL		
		·	(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	1a b c d e f	Federated campaigns				
d de		lines 1a-1f				
	h	Total. Add lines 1a-1f	33,651,034.			
nne	20	Business Code	05 000 000	05 000 000		
Program Service Revenue	b c	MEDICAID & MEDICARE PROGRAM SERVICE FEES	25,220,383. 456,468.	25,220,383. 456,468.		
Sel	d					
am	e	All other program service revenue				
<u> </u>	q	Total. Add lines 2a-2f	0F 676 0F1			
Ω.		Investment income (including dividends, interest, and	25,676,851.			
	4	other similar amounts)	339,603.			339,603.
	5	Royalties				
		(i) Real (ii) Personal				
		Gross rents 6a 128, 929.				
		Less: rental expenses 6b				
		Rental income or (loss) 6c 128,929. Net rental income or (loss)	100 000			120 020
		(i) Cogurities (ii) Other	128,929.			128,929.
	/a	Gross amount from				
	b	ther than inventory Less: cost or other basis and sales expenses 7a				
	С	Gain or (loss)				
	d	Net gain or (loss)				
Other Revenue		Gross income from fundraising events (not including $\frac{669,184}{000}$. of contributions reported on line 1c). See Part IV, line $18000000000000000000000000000000000000$				
he		Less: direct expenses 8b 74,491.				
δ		Net income or (loss) from fundraising events	31,689.			31,689.
		Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses				
		Gross sales of inventory, less				
		Net income or (loss) from sales of inventory				
<u>S</u>		Business Code				
Son e	11a	MISCELLANEOUS	43,682.			43,682.
Miscellaneous Revenue	b					
	С					
Jist R	-	All other revenue				
		Total. Add lines 11a-11d	43,682.			
	12	Total revenue. See instructions	59,871,788.	25,676,851.	0.	543,903.

Form 990 (2023) FAMILY SERVICE LEAGUE, INC.

11-1631827

Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX. (C) (D) Do not include amounts reported on lines Total expenses Program service Management and Fundráising 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees 2,373,044. 1,957,414. 375,780 39,850. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)...... 0 0 0 0. 30,408,463 26,624,887 3,420,809 362,767. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... 4,322,181 3,812,643 468,534 41,004. 3,082,932 2,743,533. 302,707 36,692. 11 Fees for services (nonemployees): 85,434 85,434 c Accounting..... 92,525 92,525 **d** Lobbying..... e Professional fundraising services. See Part IV, line 17... Other. (If line 11g amount exceeds 10% of line 25, column 2,866,699. 3,216,363. 349,664. (A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion..... 100,887. 83,410. 15,427. 2,050. 409,536. 218,614 13,515 641,665. Information technology..... 14 15 Royalties..... 4,355,432. 4,355,432. 17 85,043. 73,397. 11,646 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 4,483 19 32,807 22,682. 5,642. 460,557. 433,387. 25,308 1,862. 21 Payments to affiliates..... 61,879. Depreciation, depletion, and amortization . . . 1,503,895. 1,437,114. 4,902. 23 1,359,377 213,331 12,770. 1,133,276. Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)..... 2,515,131 PROGRAM SUPPLIES 1,709,461 711,261 94,409. CLIENT SUPPORT 1,989,638 1,901,527 88,111. 1,053,402 1,124,705 67,652 3,651. REPAIRS & MAINTENANCE 1,013,111 35,556 7.971. 969,584 TELEPHONE 1,798,606. 1,700,559 85,576. 12,471. e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . . 60,561,796. 53,287,943. 6,546,186. 727,667. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here SOP 98-2 (ASC 958-720).....

Part X Balance Sheet

Form 990 (2023) FAMILY SERVICE LEAGUE, INC.

11-1631827

Page **11**

	πΛ	Check if Schedule O contains a response or note to	any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			12,403,481.	1	14,271,519.
	2	Savings and temporary cash investments			790,635.	2	328,585.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			11,168,696.	4	11,350,958.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	er office contribursons	r, director, utor, or 35%		5	
	6	Loans and other receivables from other disqualified p				Ť	
	·	section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net				7	
2	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges			322,766.	9	93,550.
As	1 0 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	322, : 333		33,333		
	b	Less: accumulated depreciation	10b	26,120,625. 11,988,406.	14,571,542.	10c	14,132,219.
		Investments – publicly traded securities			395,034.	11	459,918.
		Investments – other securities. See Part IV, line 11		F	6,236,665.	12	6,698,449.
	13	Investments – program-related. See Part IV, line 11.		<u> </u>	0/200/0001	13	0,000,110,
	14	Intangible assets		12,382,994.	14	13,923,236.	
	15	Other assets. See Part IV, line 11			126,805.	15	125,369.
	16	Total assets. Add lines 1 through 15 (must equal line		-	58,398,618.	16	61,383,803.
	17	Accounts payable and accrued expenses			11,372,080.	17	13,026,449.
	18	Grants payable		11/3/2/000.	18	13/020/113.	
	19	Deferred revenue	5,354,860.	19	6,168,125.		
	20	Tax-exempt bond liabilities		5,058,511.	20	4,878,578.	
(S)	21	Escrow or custodial account liability. Complete Part I	nedule D	, ,	21	, ,	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribute controlled entity or family member of any of these pe	ficer, dire	ector, trustee, 35%		22	
	23	Secured mortgages and notes payable to unrelated the		<u> </u>	326,468.	23	226 460
	24	Unsecured notes and loans payable to unrelated third		L	4,654,564.	24	326,468. 4,339,001.
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com		L	12,382,995.	25	13,923,236.
	26	Total liabilities. Add lines 17 through 25		<u> </u>	39,149,478.	26	42,661,857.
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.					
a	27	Net assets without donor restrictions			14,744,407.	27	14,513,314.
B	28	Net assets with donor restrictions			4,504,733.	28	4,208,632.
nd Ind		Organizations that do not follow FASB ASC 958, che					
E		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or equipment	1		30		
88	31	Retained earnings, endowment, accumulated income	L		31		
17	32	Total net assets or fund balances			19,249,140.	32	18,721,946.
ž	33	Total liabilities and net assets/fund balances			58,398,618.	33	61,383,803.
BA/	1		TEEA0111	L 08/23/23	•		Form 990 (2023

BAA TEEA0111L 08/23/23 Form **990** (2023)

Par	t 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	59	, 87	71,7	88.
2	Total	expenses (must equal Part IX, column (A), line 25).	2	60	, 56	51,7	96.
3		ue less expenses. Subtract line 2 from line 1	3		-69	90,0	08.
4	Net as	sets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19	, 24	19,1	40.
5	Net u	nrealized gains (losses) on investments.	5		16	52,8	14.
6		ed services and use of facilities	6				
7		ment expenses	7				
8		period adjustments	8				
9		changes in net assets or fund balances (explain on Schedule O)	9				0.
10		sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, n (B))	10	1.8	72	21 0	46.
Par		Financial Statements and Reporting			, 12	<u> , , , , , , , , , , , , , , , , , ,</u>	10.
		Check if Schedule O contains a response or note to any line in this Part XII					V
		officer if ochedule o contains a response of flote to any fine in this rare Air.				Yes	No
1	Accou	nting method used to prepare the Form 990: Cash X Accrual Other		_ [103	110
	If the	organization changed its method of accounting from a prior year or checked "Other," explain hedule O.					
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?			2a		Χ
	separ	s," check a box below to indicate whether the financial statements for the year were compiled or reviewently basis, consolidated basis, or both. Separate basis	ed on a				
	ш	the organization's financial statements audited by an independent accountant?			2b	Χ	
Ü		s," check a box below to indicate whether the financial statements for the year were audited on a separa			20	Λ	
	basis,	consolidated basis, or both. Separate basis	ite				
	ш						
C	reviev	" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, or compilation of its financial statements and selection of an independent accountant?			2c	Χ	
	on Sc	organization changed either its oversight process or selection process during the tax year, explain hedule O. SEE SCHEDULE O					
3a	As a i Guida	esult of a federal award, was the organization required to undergo an audit or audits as set forth in the nce, 2 C.F.R. Part 200, Subpart F?	Uniforr		3a	Х	
b		," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	
DΛΛ		TEEA0112L 08/23/23					30337

SCHEDULE A (Form 990)

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

FAM	MILY SERVICE LE	AGUE	TNC				11-163182	7
Par				organizations must	comple	ete this		
				For lines 1 through 12,				
1	A church, convention	n of churcl	hes, or association of cl	hurches described in sec t	ion 1 70 (b)(1)(A)((i).	
2	A school described	d in sectio	on 170(b)(1)(A)(ii). (Att	tach Schedule E (Form	990).)		.,	
3	A hospital or a coo	operative	hospital service organ	ization described in sec	tion 170)(b)(1)(A	A)(iii).	
4	_			unction with a hospital of				nter the hospital's
	name, city, and st	-	,					
5	An organization of section 170(b)(1)(ege or university owned	or opera	ated by	a governmental unit de	escribed in
6	A federal, state, o	r local gov	vernment or governme	ental unit described in s	ection 1	70(b)(1))(A)(v).	
7	An organization tha	t normally	receives a substantial p (Complete Part II.)	part of its support from a	governm	ental un	it or from the general pul	olic described
8				(A)(vi). (Complete Part I	l.)			
9	_			ction 170(b)(1)(A)(ix) oper		oniunctio	on with a land-grant colle	ege
		on-land-gra	nt college of agriculture	e (see instructions). Enter	the nam	ne, city,		
10	X An organization th			 han 33-1/3% of its supp			outions membershin fe	es and aross receints
	from activities relations	ated to its e and unre	exempt functions, sub	oject to certain exception e income (less section	ns; and	(2) no r	more than 33-1/3% of it	ts support from gross
11			* * * * * * * * * * * * * * * * * * * *	ely to test for public safe	etv. See	section	1 509(a)(4).	
12	H	•	•	ely for the benefit of, to	-			ut the purposes of one
	or more publicly s lines 12a through	upported of 12d that d	organizations describe lescribes the type of s	ed in section 509(a)(1) oupporting organization	or sectio and com	n 509(a iplete lii)(2). See section 509(a nnes 12e, 12f, and 12g.)(3). Check the box on
а	Type I. A supporting organization(s) the complete Part IV,	power to re	egularly appoint or elect	d, or controlled by its sup t a majority of the director	ported or rs or trus	rganizat tees of t	ion(s), typically by giving the supporting organization	the supported on. You must
b				controlled in connection	with its	support	ted organization(s), by	having control or
	management of the must complete Pa	supporting	g organization vested in	the same persons that co	ontrol or	manage	the supported organizat	ion(s). You
С	Type III functionally organization(s) (see	integrated ee instruct	I. A supporting organizations). You must com	tion operated in connection plete Part IV, Sections A	n with, ar A, D, an	nd function d E.	onally integrated with, its	supported
d	Type III non-function functionally integral instructions). You	nally integated. The must com	grated. A supporting orgorganization generally plete Part IV. Section	ganization operated in cor must satisfy a distribuns A and D, and Part V.	nection tion requ	with its s uiremen	supported organization(s) it and an attentiveness) that is not requirement (see
е	Check this box if t	he organiz	zation received a writt	en determination from t	he IRS			
f				supporting organization				
q								
	(i) Name of supported organiz		(ii) EIN	(iii) Type of organization	(iv)	s the	(v) Amount of monetary	(vi) Amount of other
				(described on lines 1-10 above (see instructions))	organizat in your g	ion listed	support (see instructions)	support (see instructions)
					docur	nent?		
					Yes	No		
(A)								
(B)								
(5)								
(C)								
(D)								
(E)								
Total	1							

Schedule A (Form 990) 2023

FAMILY SERVICE LEAGUE, INC.

11-1631827

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	organization rans to quality t	andor the tests in	otou bolow, picus	o complete i alt i	/		
Sec	tion A. Public Support						
	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						
Sec	tion B. Total Support			•			
Cale begi	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc. (see in	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organizat stop here	ion's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pul						
	Public support percentage for 20		•		• •		%
15	Public support percentage from 2	2022 Schedule A	, Part II, line 14.				%
16a	33-1/3% support test—2023. If the and stop here. The organization						
b	33-1/3% support test—2022. If the and stop here. The organization	e organization d qualifies as a pu	id not check a box ublicly supported o	on line 13 or 16 organization	a, and line 15 is 3	3-1/3% or more, ch	leck this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the facts	meets the facts-	and-circumstance	s test, check this	box and stop here	e. Explain in Part V	'I how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-	and-circumstance	s test, check this	box and stop here	e. Explain in Part V	'I how the
18	Private foundation. If the organize	zation did not ch	eck a box on line	13, 16a, 16b, 17a	a, or 17b, check th	is box and see inst	ructions

Schedule A (Form 990) 2023

11-1631827

Page 3

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.)

Sec	tion A. Public Support	,,		,			-
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include			•			
2	any "unusùal grants.")	30454159.	28688508.	33822463.	33112376.	32981850.	159059356.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from	30454159.	28688508.	33822463.	33112376.	32981850.	159059356.
b	disqualified persons	0.	0.	0.	0.	0.	0.
	for the year.	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Sac	Public support. (Subtract line 7c from line 6.)tion B. Total Support						159059356.
	• • • • • • • • • • • • • • • • • • • •	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	dar year (or fiscal year beginning in) Amounts from line 6	30454159.	• • •	33822463.	33112376.	32981850.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	351,625.	28688508.	200,726.	268,752.	360,225.	159059356. 1,387,160.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			·		í	0.
	Add lines 10a and 10b	351,625.	205,832.	200,726.	268,752.	360,225.	1,387,160.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. (Add lines 9, 10c, 11, and 12.)	30805784.	28894340.	34023189.		33342075.	160446516.
	organization, check this box and	stop here					
	tion C. Computation of Pul			10 01	<u> </u>	1 1	00.11.0
	Public support percentage for 20						99.14 %
	Public support percentage from 2					16	98.94 %
	tion D. Computation of Inv					1 1	0
	Investment income percentage for	•	• •	-		⊢	0.86 %
	Investment income percentage fi						1.06 %
	33-1/3% support tests—2023. If t is not more than 33-1/3%, check 33-1/3% support tests— 2023. If t	this box and stop	here. The organ	ization qualifies a	as a publicly supp	orted organization	1 X
a	33-1/3% support tests—2022. If t line 18 is not more than 33-1/3%			e organization qu		ly supported orga	

Part IV Supporting Organizations

Schedule A (Form 990) 2023

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was			
	accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly of inclinedity controls, either alien or together with persons described on lines 11b and 11c below, the governing body of a supported organizations b A family member of a person described on line 11a above? 11b Lot fine governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or effect at least a majority of the organization from the property of the property organization of such powers were altocated among the supported organizations and what continuous from Part VI have described in Part VI have a majority of the organization of controlled the supported organization of VI VISe; evaluation in Part VI have described in the purposes of the supported organization (VI VISE; evaluation) organization organization of the purposes of the supported organization (VI VISE; evaluation) organization organization organization and what controlled the supported organization (VI VISE; evaluation) organization organization was vested in the same persons that controlled or managed the supported organization (VI VISE; evaluation) and the organization of the supported organization (VI VISE; evaluation) and the organization of the supported organization (VI VISE; evaluation) and the organization of the supported organization (VII VISE) and the control or managed the supported organization (VISE) and the control or managed the supported organization (VISE) and the control of management of the organization monitoriate of supported organizations, by the last day of the fifth month of the organization monitoriate of supported organizations, or trustees the organization	Pa	Try Supporting Organizations (continued)	-		
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2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations (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 on line 2a, above, 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 lines 3a and 3b 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 organization exercise a substantial degree of direction over the policies, programs, and activities of each of its	ı	The organization is the parent of each of its supported organizations. Complete line 3 below.			
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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 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 on line 2a, above, 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. 2a 2b 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," 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			ı		
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 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? If "Yes" or "No," 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 		but for the organization's involvement.	∠D		
 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? If "Yes" or "No," 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 	3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its		.,			
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. 3b	•	each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		Did the organization evergise 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.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trusinstructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in t complete Sections A	n Part VI). See through E.
Sec	tion 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		
Sec	tion 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):			
ā	Average monthly value of securities	1a		
I	Average monthly cash balances	1b		
(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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	, , , , , , , , , , , , , , , , , , , ,	3		
4	3	4		
5		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 inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

FAMILY SERVICE LEAGUE, INC.

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Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continue	ed)	
Sec	tion D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
_ 7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details		
	in Part VI). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

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

BAA Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

FAMILY SERVICE LEAGUE, INC

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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 4, 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 D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

FAM	MILY SERVICE LEAGUE, INC.			11-1631827
Par	t Organizations Maintaining Don	or Advised Funds or Other	Similar Funds or A	
	Complete if the organization and	<u> </u>		
1	Total number at and of year	(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
_				f da
5	Did the organization inform all donors and donor are the organization's property, subject to the c	organization's exclusive legal contro	ol?	Yes No
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor, or fo	or any other purpose con	ıferring
Par		L III	D 1 1 1 7	
	Complete if the organization and			
1	Purpose(s) of conservation easements held by Preservation of land for public use (for example)	• • • • • • • • • • • • • • • • • • • •		rically important land area
	Protection of natural habitat	e, recreation or education)	Preservation of a certif	· '
	Preservation of open space	L	I reservation of a certif	ica historic structure
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conserv	vation easement on the
	last day of the tax year.	4.		
				leld at the End of the Tax Year
	a Total number of conservation easements Total acreage restricted by conservation easem			
	Number of conservation easements on a certific			
	Number of conservation easements included or a historic structure listed in the National Regist	er		
3	Number of conservation easements modified, transtax year	ferred, released, extinguished, or term	minated by the organizatio	n during the
4	Number of states where property subject to cor	nservation easement is located		
5	Does the organization have a written policy reg and enforcement of the conservation easement			
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations, and	enforcing conservation eas	sements during the year
7	Amount of expenses incurred in monitoring, inspec	eting, handling of violations, and enfor	rcing conservation easeme	ents during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2d above satisfy the requirement	ents of section 170(h)(4)	(B)(i) Yes No
9	In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its to the organization's financial statem	revenue and expense standard revenue and expense that describes the	atement and balance sheet, and organization's accounting for
Par		ections of Art, Historical Treswered "Yes" on Form 990,	easures, or Other S Part IV, line 8.	imilar Assets
1a	If the organization elected, as permitted under			halance sheet works of art
	historical treasures, or other similar assets held Part XIII the text of the footnote to its financial	d for public exhibition, education, o statements that describes these it	r research in furtherance ems.	e of public service, provide in
b	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items.	public exhibition, education, or resea	arch in furtherance of publi	ic service, provide the
	(i) Revenue included on Form 990, Part VIII, I(ii) Assets included in Form 990, Part X	ine 1		\$
	If the organization received or held works of art, his amounts required to be reported under FASB A	SC 958 relating to these items.		
	Revenue included on Form 990, Part VIII, line			\$
h	Assets included in Form 990 Part X			S

TEEA3301L 07/20/23

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,387,539.	1,387,539.	1,387,539.	1,387,539.	1,367,733.
b Contributions					
c Net investment earnings, gains, and losses					19,806.
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses					
g End of year balance	1,387,539.	1,387,539.	1,387,539.	1,387,539.	1,387,539.
2 Provide the estimated percentage	e of the current year	end balance (line 1g.	column (a)) held as:		

-	Provide the estimated perc	entage of	the ct	irrent year	ena b
а	Board designated or quasi-	endowme	nt		
b	Permanent endowment		-	0/0	
С	Term endowment		9/0	_	

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

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		2,144,455.		2,144,455.
b Buildings		8,791,531.	2,642,313.	6,149,218.
c Leasehold improvements		11,100,180.	5,991,475.	5,108,705.
d Equipment		2,510,885.	2,178,081.	332,804.
e Other		1,573,574.	1,176,537.	397,037.
Total. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X,	line 10c, column (B))		14,132,219.

Schedule D (Form 990) 2023 BAA

Part VII	Investments – Other Securities			
	Complete if the organization answered "Yes" on			
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
` '	al derivatives			
	held equity interests			
_	CORPORATE FIXED INCOME	·	END OF YEAR MARKET VAI	
	FICATES OF DEPOSIT	1,154,748.	END OF YEAR MARKET VAI	LUE
(B)				
(C)				
(D)				
(E)				
<u>(F)</u>				
(G) (H)				
(l) (Colum	nn (b) must equal Form 990, Part X, line 12, column (B))	6,698,449.		
Part VIII	Investments — Program Related	0,090,449.	N/A	
r art viii	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 e	end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	(b)			
Part IX	on (b) must equal Form 990, Part X, line 13, column (B)) Other Assets	N/A		
Fallix	Complete if the organization answered "Yes" on			
	(a) De	scription		(b) Book value
(1)				(b) Book Value
				(b) Book value
(2)				(b) Book value
(2)				(S) BOOK VAILED
(2) (3) (4)				(b) Book value
(2) (3) (4) (5)				(b) Book value
(2) (3) (4) (5) (6)				(b) Book value
(2) (3) (4) (5) (6) (7)				(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)				(b) Book value
(2) (3) (4) (5) (6) (7) (8)				(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Cold	umn (b) must equal Form 990, Part X, line 15, c	olumn (B))		
(2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Liabilities			
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colu	Other Liabilities Complete if the organization answered "Yes" on	Form 990, Part IV, line		ne 25.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colu	Other Liabilities Complete if the organization answered "Yes" on (a) Descr			
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columnation of Columnation of Colum	Other Liabilities Complete if the organization answered "Yes" on (a) Descr	Form 990, Part IV, line		ne 25. (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columnation of Columnation of Colum	Other Liabilities Complete if the organization answered "Yes" on (a) Descr	Form 990, Part IV, line		ne 25. (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column of Column of	Other Liabilities Complete if the organization answered "Yes" on (a) Descr	Form 990, Part IV, line		ne 25. (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Cold Part X 1. (1) Federa (2) LEAS (3) (4) (5)	Other Liabilities Complete if the organization answered "Yes" on (a) Descr	Form 990, Part IV, line		ne 25. (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column of Column of	Other Liabilities Complete if the organization answered "Yes" on (a) Descr	Form 990, Part IV, line		ne 25. (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column of Column of	Other Liabilities Complete if the organization answered "Yes" on (a) Descr	Form 990, Part IV, line		ne 25. (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column of Column of	Other Liabilities Complete if the organization answered "Yes" on (a) Descr	Form 990, Part IV, line		ne 25.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column of Column of	Other Liabilities Complete if the organization answered "Yes" on (a) Descr	Form 990, Part IV, line		ne 25. (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (Other Liabilities Complete if the organization answered "Yes" on (a) Descr	Form 990, Part IV, line		ne 25. (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Cold Part X 1. (1) Federa (2) LEAS (3) (4) (5) (6) (7) (8) (9) (10) (11)	Other Liabilities Complete if the organization answered "Yes" on (a) Description (a) Descripti	Form 990, Part IV, line iption of liability	11e or 11f. See Form 990, Part X, lin	ne 25. (b) Book value 13, 923, 236.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (Other Liabilities Complete if the organization answered "Yes" on (a) Descr	Form 990, Part IV, line iption of liability	11e or 11f. See Form 990, Part X, lin	ne 25. (b) Book value 13, 923, 236. 13, 923, 236.

Part XI Reconciliation of Revenue per Audited Financial Statements With R	evenue per Returr	1
Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1 Total revenue, gains, and other support per audited financial statements		60,109,093.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	162,814.	
b Donated services and use of facilities		
c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) SEE PART XIII 2d		
d Other (Describe in Part XIII.) . SEE PART XIII 2d	74,491.	
e Add lines 2a through 2d.	2e	237,305.
3 Subtract line 2e from line 1		59,871,788.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	59,871,788.
Part XII Reconciliation of Expenses per Audited Financial Statements With	Evnancas nor Pati	IKD
		1111
Complete if the organization answered "Yes" on Form 990, Part IV, Ii		4111
	ne 12a.	
Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
Complete if the organization answered "Yes" on Form 990, Part IV, li 1 Total expenses and losses per audited financial statements	ne 12a.	
Complete if the organization answered "Yes" on Form 990, Part IV, li 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	ne 12a.	
Complete if the organization answered "Yes" on Form 990, Part IV, Ii 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 Donated Services and Use of facilities. 2 Donated Services and Use of facilities.	ne 12a.	60,636,287.
Complete if the organization answered "Yes" on Form 990, Part IV, Ii 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2a 2b	ne 12a.	
Complete if the organization answered "Yes" on Form 990, Part IV, Ii 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 Donated Services and Use of facilities. 2 Donated Services and Use of facilities.	ne 12a. 1 74,491.	
Complete if the organization answered "Yes" on Form 990, Part IV, Ii 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) SEE PART XIII.	74,491.	60,636,287. 74,491.
Complete if the organization answered "Yes" on Form 990, Part IV, Ii 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d.	74,491.	60,636,287.
Complete if the organization answered "Yes" on Form 990, Part IV, Ii 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b.	74,491.	60,636,287. 74,491.
Complete if the organization answered "Yes" on Form 990, Part IV, li 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a b Other (Describe in Part XIII.) 4 b	74,491. 2e	60,636,287. 74,491.
Complete if the organization answered "Yes" on Form 990, Part IV, Ii 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Ab Other (Describe in Part XIII.) c Add lines 4a and 4b.	74,491. 2e	74,491. 60,561,796.
Complete if the organization answered "Yes" on Form 990, Part IV, li 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a b Other (Describe in Part XIII.) 4 b	74,491. 2e	74,491. 60,561,796.

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

PART X - FASB ASC 740 FOOTNOTE

FSL RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT FSL HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION. FSL IS NO LONGER SUBJECT TO EXAMINATION BY THE APPLICABLE TAXING JURISDICTIONS FOR TAX YEARS PRIOR TO 2020.

BAA Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 FAMILY SERVICE LEAGUE, INC.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

DIRECT FUNDRAISING EXPENSES.

SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

DIRECT FUNDRAISING EXPENSES.....

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OWB 140. 1545-004

Open to Public Inspection

Name of the organization Employer identification number											
FAMILY SERVICE LEAGUE, IN		11-1631827									
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.											
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations											
 2 a Did the organization have a written o employees listed in Form 990, Par b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the 	t VII) or entity iduals or entities	in connect s (fundraise	tion with p	rofessional fundraising	services	\$?					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(or r	nount paid to etained by) aiser listed in olumn (i)	(vi) Amount paid to (or retained by) organization				
1		Yes	No								
2											
3											
4											
5											
6											
7											
8											
9											
10											
Total							0.				
3 List all states in which the organization or licensing.				contributions or has been	notified i	t is exempt from					

11-1631827

Page 2

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.

ne			(a) Event #1 ANNUAL APPEAL (event type)	(b) Event #2 SUMMER GALA (event type)	(c) Other events 2 (total number)	(d) Total events (add column (a) through column (c))
Revenue	1	Gross receipts	301,275.	202,938.	271,151.	775,364.
æ	2	Less: Contributions	301,275.	171,084.	196,825.	669,184.
	3	Gross income (line 1 minus line 2)		31,854.	74,326.	106,180.
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	5,825.	22,296.	46,370.	74,491.
	10 11	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fro	• , ,			74,491. 31,689.
Par	t III	Gaming. Complete if the organiza than \$15,000 on Form 990-EZ, lin	tion answered "Ye e 6a.	s" on Form 990, Pa	rt IV, line 19, or re	ported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Re	1	Gross revenue				
10	2	Cash prizes				
Direct Expenses		·				
	3	Noncash prizes				
Jirect	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes %	Yes 8	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	nn (d)		
а	Ente	er the state(s) in which the organization content or the organization licensed to conduct gaming	enducts gaming activitieg activities in each of the	es:		Yes No
		e any of the organization's gaming license				
BAA			TEEA3702L (Scheo	dule G (Form 990) 2023

Sch	edule G (Form 990) 2023 FAMILY SERVICE LEAGUE, INC. 1	1-16318	27	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		ે
	b An outside facility.			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:		
	Name			
	Address			
	a Does the organization have a contract with a third party from whom the organization receives gaming reven b If "Yes," enter the amount of gaming revenue received by the organization \$ and soft gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party:	ue? he amount	Yes	No
	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 organization's own exempt activities during the tax year	the	_	_
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions.	olumns (iii ny addition) and (nal	v);

 BAA
 TEEA3703L
 06/08/23
 Schedule G (Form 990) 2023

SCHEDULE J (Form 990)

Compensation Information

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

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FAMILY SERVICE LEAGUE, INC.

Employer identification number 11-1631827

Part	I	Questions Regarding Compensation			
				Yes	No
1a	Che VII	eck the appropriate box(es) if the organization provided any of the following to I, Section A, line 1a. Complete Part III to provide any relevant informatio	or for a person listed on Form 990, Part n regarding these items.		
		First-class or charter travel Housing a	allowance or residence for personal use		
		Travel for companions Payments	s for business use of personal residence		
		Tax indemnification and gross-up payments Health or	social club dues or initiation fees		
		Discretionary spending account Personal	services (such as maid, chauffeur, chef)		
		any of the boxes on line 1a are checked, did the organization follow a written problem mbursement or provision of all of the expenses described above? If "No		,	
		d the organization require substantiation prior to reimbursing or allowing stees, and officers, including the CEO/Executive Director, regarding the			
3	Ind Exe est	dicate which, if any, of the following the organization used to establish the com ecutive Director. Check all that apply. Do not check any boxes for metho tablish compensation of the CEO/Executive Director, but explain in Part	pensation of the organization's CEO/ ds used by a related organization to III.		
	Χ	_	mployment contract		
	Ī	Independent compensation consultant X Compens	ation survey or study		
	X	Form 990 of other organizations X Approval	by the board or compensation committee		
4	Dui org	iring the year, did any person listed on Form 990, Part VII, Section A, lin ganization or a related organization:	e 1a, with respect to the filing		
а	Re	eceive a severance payment or change-of-control payment?	4a		Х
b	Pai	rticipate in or receive payment from a supplemental nonqualified retirem	ent plan?4b)	Х
		rticipate in or receive payment from an equity-based compensation arra	<u> </u>	:	X
	lf "`	Yes" to any of lines 4a-c, list the persons and provide the applicable amounts	for each item in Part III.		
	٥	ally continue E01(a)(2) E01(a)(4) and E01(a)(20) aggregations must come	eta lines E O		
		nly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must comp			
5	For cor	r persons listed on Form 990, Part VII, Section A, line 1a, did the organization ntingent on the revenues of:	pay or accrue any compensation		
а	The	e organization?	5a		Х
b	An	y related organization?)	Х
	lf "`	Yes" on line 5a or 5b, describe in Part III.			
6	For	r persons listed on Form 990, Part VII, Section A, line 1a, did the organization	pay or accrue any compensation		
		ntingent on the net earnings of:	Co		37
		e organization? y related organization?			X
		Yes" on line 6a or 6b, describe in Part III.	OL	'	Λ
		r persons listed on Form 990, Part VII, Section A, line 1a, did the organi	action provide any pentived		
/	ror pay	yments not described on lines 5 and 6? If "Yes," describe in Part III	2ation provide any noninxed		Х
8	We	ere any amounts reported on Form 990, Part VII, paid or accrued pursua	nt to a contract that was subject		
	to t	the initial contract exception described in Regulations section 53.4958-4 'Yes," describe in Part III.	(a)(3)?		v
	11	TES, UESCHINE HI FAIL HI	8		X
9	lf "`	Yes" on line 8, did the organization also follow the rebuttable presumption pro	cedure described in Regulations		
	sec	ction 53.4958-6(c)?			

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

Schedule J (Form 990) 2023

Page 2

Schedule J (Form 990) 2023 FAMILY SERVICE LEAGUE, INC.

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	I/or 1099-MISC and/or	1099-NEC compensatio		(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benents	columns(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
BOORSHTEIN, KAREN	Θ	358,750.	30,000.	5,775.	41,352.	14,124.	450,001.	0.
1 CEO	€	l	0 0 0 0 0 0 0 0 0 0	l	1	1	 	0 0 0 0 0 0 0 0 0 0
FELD, SHARI	()	252,493.	10,000.	.006	21,046.	1,136.	285,575.	0
2 CFO	(ii)			0.			 	.0
STEIGMAN, JEFFREY	(I)	294,116.	17,000.	7,782.	23,865.	. 268	343,658.	0
3 CSO	(ii)			0.		0.		0.
FINK, ERIK ROSS	(I)	240,470.	0	006 ====	15,086.	14 107	257,563.	0
4 PSYCHIATRIST	(jj)	0.	0.	0.		0.		0.
ROSENTHAL, KATHY	Ξ	203,078.	3,000.	0	10,304.	14,412.	230,794.	0
5 SENIOR VP PROGRAMS	(ii)			0.				0.
MOERLAND, ROBERT	Ξ	170,622.) 	8,632.	14.167	195,421.	0 0
6 CHIEF INFO & SECURITY OFFICER	<u>(ii)</u>	0.		0.		0.		0.
BOYD, MARGARET	Ξ	160,338.	4,000.	0	8,217.	14,412.	186,967.	0
7 VP COMM SVCS ADVOCACY	(ii)	0.	0.	0.			0.	0.
CHAMBERLAIN, VALERIE	Ξ	151,206.	3,000.	0	$\frac{7}{2}$	-23,764	185,680.	0 0
8 AVP HOUSING AND HOMELESS SERVICES	(ii)		0.	0.		0.	0.	0.
CHENKIN, JONATHAN	Ξ	153,750.		0	7,788.	$-\frac{18}{2}, 000$.	181,538.	0 0
	(ii)	0.	0.	0.	0.		0.	0.
IIEI	Ξ	143,564.	3,000.	935.	7,375.	-20.094	174,968.	0 0
10 VP OF OPERATIONS AND QA	(ii)			0.	0			0.
O'NEILL, MARIE-ELAINE	Ξ	145,964.	7,500.	. 006	7,719.	895.	162,978.	0 0
王	(ii)	0.	0.	0.		0.	0.	0.
KOREH, KINGA	Ξ	233,188.	- - - - - - -	0	10,202.	23,287.	266,677.	0 0
12 PSYCHIATRIST	(ii)		0.	0.	0.	0.	0.	0.
VADDIGIRI, VAISHNAVI	Ξ	168,573.	0 	0 0 1 0 1 1 1 1 1 1	 0) 	168,573.	0 0 0
13 PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.	0.	0.
VALDECANTOS, DAVID VALENCIA	Ξ	153,750.	- - - - - - -	0	7,747.	$-\frac{13}{2}$, $\frac{785}{2}$.	175,282.	0 0
	(ii)	0.	0.	0.	0.	0.		0.
HAIDUK, SARON DAYNA	Ξ	149,294.	- - - - - - - -	0	7,465.	-13,824	170,583.	0 0
15 REVENUE MGMT DIR.	(ii)		0.	0.	0.	0.		0.
SLONE, REBECCA ANN	Ξ	147,375.	- - - - - - -	$-\frac{19}{435}$.	7,406.	14, 110	188,326.	0 0
16 NURSE PRACTITIONER	(0.	0.	0.	0.	0.	0.
ВАА			TEEA4102L 07/03/	/23			Schedule J	(Form 990) 2023

11-1631827 FAMILY SERVICE LEAGUE, INC. Part III Supplemental Information Schedule J (Form 990) 2023

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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 J (Form 990) 2023 BAA

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

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

Open to Public Inspection 2023

OMB No. 1545-0047

Employer identification number 11-1631827

FAMILY SERVICE LEAGUE,	INC.						()	11-1631827	7	
Part Bond Issues										
(a) Issuer name	(b) Issuer EIN	# disno (3)	(d) Date issued	(e) Issue price	lice	(f) Description of purpose	of purpose	(g) Defeased	(h) On behalf of issuer	(i) Pooled financing
A SUFFOLK COUNTY EDC	27-3722095		12/18/2017	3,815,000.	000. CA	CAPITAL ACOUISITION	NOILISI	Yes No	Yes No	Yes No
B SUFFOLK COUNTY EDC	27-3722095		12/18/2017	1,595,	595,000.CA	CAPITAL ACQUI	ACQUISITION	×	×	
C SUFFOLK COUNTY EDC	27-3722095		12/18/2017	677,	677,000.CA	CAPITAL ACQUI	ACQUISITION	×	×	
D										
Part II Proceeds										
				A	1	В		С		D
1 Amount of bonds retired										
2 Amount of bonds legally defeased	pas									
3 Total proceeds of issue				3,	815,000.	1,595,000	.000	677,000.		
4 Gross proceeds in reserve funds	S									
5 Capitalized interest from proceeds	spe									
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds				-	76,300.	31,	.006	13,540.		
8 Credit enhancement from proceeds	spee									
9 Working capital expenditures from proceeds	om proceeds									
10 Capital expenditures from proceeds	eeds			. 2,9	906,256.	1,500,	,594.			
11 Other spent proceeds				•						
12 Other unspent proceeds										
13 Year of substantial completion				•						
				Yes	No	Yes	No Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds prior to 2018, a current refunding issue)?	a refunding issue of tax-eng issue)?		or, if issued		×		X	×		
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, i prior to 2018, an advance refunding issue)?	a refunding issue of taxal iding issue)?	ole bonds (or, if is	fissued		X		×	×		
16 Has the final allocation of proceeds been made?	seds been made?				X		×	×		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	adequate books and re	cords to support	the final allocation	×		×	×			

Page 2 0\0 ô ŝ Yes Yes 11-1631827 0/0 0/0 ٥/٥ ٥/٥ ŝ ŝ Yes Yes 0/0 ٥/٥ 0/0 0\0 ô မွ В Ω Yes Yes 0/0 0/0 0/0 0\0 S ဍ ⋖ ⋖ Yes Yes Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any management or service contracts that may result in private business use of Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? **b** If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed. c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? Are there any research agreements that may result in private business use of bond-financed property? Does the bond issue meet the private security or payment test? FAMILY SERVICE LEAGUE Is the bond issue a variable rate issue? If "No" to line 1, did the following apply? **Private Business Use** bond-financed property? Schedule K (Form 990) 2023 Total of lines 4 and 5 **b** Exception to rebate?. a Rebate not due yet? Arbitrage c No rebate due? Part IV Part III ပ 39 ന 6 ဖ

INC

FAMILY SERVICE LEAGUE,

Schedule K (Form 990) 2023

Page 3

11-1631827

ŝ No Δ Yes Yes No ٩ Part VI | Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. Yes Yes ٩ No Ω Ω Yes Yes No S ⋖ Yes Yes requirements are timely identified and corrected through the voluntary closing agreement program **4a** Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Has the organization established written procedures to ensure that violations of federal tax **6** Were any gross proceeds invested beyond an available temporary period?...... 7 Has the organization established written procedures to monitor the requirements of section 148? 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? Part V | Procedures To Undertake Corrective Action if self-remediation isn't available under applicable regulations?.... d Was the hedge superintegrated?. Part IV | Arbitrage (continued) e Was the hedge terminated? **b** Name of provider.... b Name of provider. c Term of hedge... c Term of GIC..

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FAMILY SERVICE LEAGUE, INC

Employer identification number

11-1631827

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

YOUTH, SENIORS & INTERGENERATIONAL SERVICES PROVIDE EDUCATIONAL, COUNSELING, AND RECREATIONAL OPPORTUNITIES FOR AT-RISK YOUTH AND ADDRESS THE SPECIAL NEEDS OF SENIOR CITIZENS AND THEIR CAREGIVERS.

VOCATIONAL SERVICES PROVIDE TRAINING AND JOB PLACEMENT ASSISTANCE TO PEOPLE WHO ARE CHRONICALLY UNEMPLOYED AND THOSE WHOSE LIVES HAVE BEEN DISRUPTED BY MENTAL ILLNESS.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

FROM TIME-TO-TIME, THE ORGANIZATION MAY ENGAGE THE SERVICES OF A BOARD MEMBER IN THE ORDINARY COURSE OF BUSINESS. SUCH TRANSACTIONS ARE TYPICALLY PERFORMED ON A "PRO-BONO" OR "ARMS-LENGTH" BASIS, AND ARE DISCUSSED AND APPROVED BY THE BOARD. BOARD MEMBERS MAY ENGAGE IN BUSINESS TRANSACTIONS AMONGST THEMSELVES, BUT SUCH ACTIVITY DOES NOT INVOLVE THE ORGANIZATION. THERE ARE NO FAMILY RELATIONSHIPS AMONG BOARD MEMBERS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS CIRCULATED TO ALL CURRENT BOARD MEMBERS FOR THEIR REVIEW PRIOR TO IT BEING FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. THE POLICY IS

CIRCULATED TO ALL NEW EMPLOYEES AND BOARD MEMBERS AND IS CIRCULATED ANNUALLY TO

EXISTING EMPLOYEES AND BOARD MEMBERS. THE COMPLETION OF A CONFLICT OF INTEREST

POLICY REPORTING FORM IS REQUIRED AT LEAST ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE BOARD OF DIRECTORS PERFORMS AN ANNUAL PERFORMANCE REVIEW OF THE CEO AND CONDUCTS

Schedule O (Form 990) 2023 Page 2

Name of the organization	Employer identification number
FAMILY SERVICE LEAGUE, INC.	11-1631827

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT (CON CEO'S WHO LEAD AGENCIES WITH SIMILAR BUDGETS TO DETERMINE COMPENSATION INCREASES.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE PRESIDENT/CEO WORKS WITH AND SEEKS THE APPROVAL OF THE FINANCE COMMITTEE AND THE

HR COMMITTEE IN STAFF REMUNERATION MATTERS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, CONFLICT OF INTEREST STATEMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

FORM 990, PART XII, LINE 2 - CHANGE OF OVERSIGHT OR SELECTION PROCESS
THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

BAA TEEA4902L 07/24/23 Schedule O (Form 990) 2023



FAMILY SERVICE LEAGUE, INC.

FINANCIAL STATEMENTS TOGETHER WITH AUDITOR'S REPORT

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022

FAMILY SERVICE LEAGUE, INC. INDEX TO FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Family Service League, Inc.:

Opinion

We have audited the accompanying financial statements of Family Service League, Inc. (the "Organization", a nonprofit organization), which comprise the statements of financial position as of December 31, 2023 and 2022, and the related statements of activities and changes in net assets, functional expenses and cash flows for the years then ended, and the related notes to financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Family Service League, Inc. as of December 31, 2023 and 2022, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Nawrocki Smith

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit
 procedures that are appropriate in the circumstances, but not for the purpose of
 expressing an opinion on the effectiveness of the Organization's internal control.
 Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Hauppauge, New York May 8, 2024

Nawrocki Smith LLP

FAMILY SERVICE LEAGUE, INC. STATEMENTS OF FINANCIAL POSITION AS OF DECEMBER 31, 2023 AND 2022

	2023	2022
ASSETS		
CURRENT ASSETS: Cash and cash equivalents	\$ 14,271,519	\$ 12,403,481
Investments	6,003,619	5,557,366
Accounts receivable, net Prepaid expenses	11,350,958 93,550	11,168,696 322,766
Current portion of right-of-use assets, net - operating	5,868,414	4,144,037
Total current assets	37,588,060	33,596,346
NONCURRENT ASSETS:		
Restricted cash and cash equivalents	328,585	790,635
Restricted investments	1,154,748	1,074,333
Land, buildings and equipment, net Right-of-use assets, net - operating	14,132,219 8,054,822	14,571,542 8,238,958
Other assets	125,369	126,804
Total noncurrent assets	23,795,743	24,802,272
Total assets	\$ 61,383,803	\$ 58,398,618
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Current portion of bonds payable	\$ 199,000	\$ 194,000
Current portion of loan payable	322,667	322,667
Current portion of lease liabilities - operating	5,868,414	4,144,037
Accounts payable and accrued expenses	13,026,449	11,372,080
Deferred income	6,168,125	5,354,860
Total current liabilities	25,584,655	21,387,644
NONCURRENT LIABILITIES:		
Lease liabilities, net of current portion - operating	8,054,822	8,238,958
Bonds payable, net of current portion	4,679,578	4,864,511
Loan payable, net of current portion Mortgage note payable	4,016,334 326,468	4,331,897 326,468
	320,400	
Total noncurrent liabilities	17,077,202	17,761,834
Total liabilities	42,661,857	39,149,478
NET ASSETS:		
Without donor restrictions - Designated for land, buildings and equipment	4 602 064	5,009,425
Board designated for capital expenditures	4,683,964 1,000,000	1,000,000
Board designated for operational allowance	250,000	250,000
Board designated for ensuing year's budget	236,085	742,761
Undesignated	8,343,265	7,742,221
Total net assets without donor restrictions	14,513,314	14,744,407
With donor restrictions -		
Purpose restricted	2,821,093	3,117,194
Restricted in perpetuity	1,387,539	1,387,539
Total net assets with donor restrictions	4,208,632	4,504,733
Total net assets	18,721,946	19,249,140
Total liabilities and net assets	\$ 61,383,803	\$ 58,398,618

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

FAMILY SERVICE LEAGUE, INC. STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022

	2023	2022
CHANGE IN NET ASSETS WITHOUT DONOR RESTRICTIONS:		
Operating revenues: Program fees	\$ 25,676,851	\$ 24,562,578
Government contracts	27,495,602	26,111,524
Indirect public support	3,067,789	3,695,188
Public support and fundraising	2,423,997	2,782,083
Other income	172,611	563,495
Net assets released from restrictions	1,065,927	1,043,342
Total operating revenues	59,902,777	58,758,210
Operating expenses:		
Program services	53,287,943	50,419,620
Administration	6,546,186	6,900,194
Fundraising	802,158	862,617
Total operating expenses	60,636,287	58,182,431
Increase (decrease) in net assets from operating activities	(733,510)	575,779
Nonoperating activities:		
Unrealized gain (loss) on investments	162,814	(935,397)
Unrealized loss on swap contract	(20,622)	(8,283)
Investment income, net	360,225	268,752
Increase (decrease) in net assets from nonoperating activities	502,417	(674,928)
Decrease in net assets without donor restrictions	(231,093)	(99,149)
CHANGE IN NET ASSETS WITH DONOR RESTRICTIONS:		
Revenues	769,826	1,075,007
Net assets released from restrictions	(1,065,927)	(1,043,342)
Increase (decrease) in net assets with donor restrictions	(296,101)	31,665
CHANGE IN NET ASSETS	(527,194)	(67,484)
NET ASSETS, BEGINNING OF YEAR	19,249,140	19,316,624
NET ASSETS, END OF YEAR	\$ 18,721,946	\$ 19,249,140

FAMILY SERVICE LEAGUE, INC. STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2023

						Program Services	Services							Supporting Services	Services			
					You	Youth, Seniors And										Ī		
	Beh	Behavioral Health			шţ	Intergenerational	Housing	Housing And Homeless										
		Services	Fa	Family Services		Services		Services	Vocational Services	Services		Total	Ă	Administration	Fun	Fundraising		Total
Payroll	s	18,896,564	↔	3,349,855	↔	1,490,488	↔	4,283,596	€	561,798	8	28,582,301	69	3,796,589	s	402,617	8	32,781,507
Employee Benefits		2,693,021		363,806		191,738		472,928		91,150		3,812,643		468,534		41,004		4,322,181
Lease		1,002,151		55,704		12,058		3,212,588		4,145		4,286,646		23,313		87		4,310,046
Professional Fees		830,895		5,949		33,578		1,995,728		549		2,866,699		527,623				3,394,322
Payroll Taxes		1,724,270		311,223		215,574		440,175		52,291		2,743,533		302,707		36,692		3,082,932
Program Supplies		814,378		155,077		139,728		602,009		(6,731)		1,709,461		711,261		94,409		2,515,131
Client Support		307,515		64,328		3,538		1,526,146				1,901,527				88,111		1,989,638
Depreciation and Amortization		727,822		88,474		120,717		460,093		40,008		1,437,114		61,879		4,902		1,503,895
Insurance		800,640		120,001		44,072		152,322		16,241		1,133,276		213,331		12,770		1,359,377
Repairs and Maintenance		300,246		60,151		76,101		557,466		59,438		1,053,402		67,652		3,651		1,124,705
Telephone		740,236		74,785		32,337		111,177		11,049		969,584		35,556		7,971		1,013,111
Office		183,860		45,710		33,463		134,829		11,674		409,536		218,614		13,515		641,665
Utilities		206,280		26,429		50,147		266,885		37,534		587,275		15,279		1,290		603,844
Interest		232,944		2,407		144,757		35,669		17,610		433,387		25,308		1,862		460,557
Janitorial		211,250		35,862		25,068		74,384		44,336		390,900		24,088		3,673		418,661
Auto and Van		256,238		45,485				40,215				341,938		7,617				349,555
Food		2,426						267,815				270,241						270,241
Rent		125,693		3,245						,		128,938						128,938
Advertising		37,817		15,107		17,599		12,314		573		83,410		15,427		2,050		100,887
Travel		9,234		42,523		17,264		4,174		202		73,397		11,646				85,043
Events																74,491		74,491
Patient Transportation		41,406				3,501				,		44,907						44,907
Conferences and Trainings		6,253		16,239		20		140				22,682		4,483		5,642		32,807
Postage		3,882		140		525		501		82		5,130		8,867		5,009		19,006
Dues								16		,		16		6,412		415		6,843
Printing																1,997		1,997
	₩	30,155,021	s	4,882,500	69	2,652,303	s	14,656,170	69	941,949	€9.	53,287,943	€9	6,546,186	€9	802,158	69	60,636,287

The accompanying notes to financial statements are an integral part of this statement.
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FAMILY SERVICE LEAGUE, INC. STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2022

					Program	Program Services						Supporting Services	Services			
	Behavio	Behavioral Health	Family Services		Youth, Seniors And Intergenerational Services	Housing Ar	Housing And Homeless	Vocational Services		Total		Administration	Fundraising	prision		Total
	3		2000	1		3				1000			5	20		100
Payroll	69	18,422,283	\$ 2,844,317	8	1,630,154	s	3,894,106	\$ 563,471	↔	27,354,331	69	3,597,373	69	476,807	s	31,428,511
Lease		982,976	27,515	10	10,198		3,161,832	2,735		4,185,256		27,321		096		4,213,537
Employee Benefits		2,530,545	352,577	_	189,040		406,393	96,597		3,575,152		429,183		51,335		4,055,670
Professional Fees		1,180,767	4,535	10	105,371		1,865,537	477		3,156,687		469,069				3,625,756
Payroll Taxes		1,608,498	264,104	+	178,958		353,502	52,764		2,457,826		270,448		41,849		2,770,123
Program Supplies		464,784	115,154		117,265		623,176	62,451		1,382,830		676,548		96,435		2,155,813
Depreciation and Amortization		778,415	96,434	+	127,875		269,846	38,429		1,310,999		745,803		5,020		2,061,822
Insurance		739,476	108,428	m	45,936		141,361	15,702		1,050,903		237,731		13,222		1,301,856
Client Support		274,967	69,345	10	2,357		832,319			1,178,988				55,954		1,234,942
Repairs and Maintenance		267,563	66,803	~	150,086		563,633	56,160		1,104,245		16,466		6,247		1,126,958
Telephone		757,775	73,687	_	34,325		114,846	11,042		991,675		39,641		7,422		1,038,738
Utilities		222,792	28,803	~	53,178		306,637	25,073		636,483		28,049		2,995		667,527
Office		181,413	39,173	~	28,670		63,204	6,828		319,288		226,438		7,528		553,254
Janitorial		211,751	28,427	_	34,385		127,864	55,496		457,923		29,154		2,232		489,309
Interest		197,085	31,290	0	806'08		28,818	9,479		347,580		48,254		849		396,683
Auto and Van		235,097	29,786	0			21,790			286,673		10,921				297,594
Food		186					261,413	62		261,661						261,661
Rent		109,387	18,908	m						128,295						128,295
Events														76,917		76,917
Advertising		26,063	14,008	m	4,493		12,211	22		56,832		15,211		1,700		73,743
Travel		3,459	36,351	_	11,584		2,329	25		53,748		11,222		88		65,058
Patient Transportation		37,442			860'6			88		46,629						46,629
Conferences and Trainings		26,906	1,665	10	190					28,761		12,723		186		42,471
COVID		3,346	4,550	0	102		23,498	74		31,570		258				31,828
Postage		5,695	1,397	_	519		394	175		8,180		5,284		7,836		21,300
Real Estate Taxes							7,105			7,105		408				7,513
Printing														5,869		5,869
Dues			•	l			,					2,689		365		3,054
	e	20 269 674	4 267 267	6	2 014 802	6	12 001 011	007 198	6	50 440 620	6	6 000 104	6	262 617	6	50 100 401
	9	29,200,01	0.02,102,±	> _	2,014,032	9	13,001,014		11	30,415,00	0	0,900,134	9	002,017	e	30,102,431

FAMILY SERVICE LEAGUE, INC. STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022

		2023		2022
CASH FLOWS FROM OPERATING ACTIVITIES: Change in net assets Adjustments to reconcile change in net assets	\$	(527,194)	\$	(67,484)
to net cash provided by operating activities: Depreciation and amortization		1,503,895		2,061,822
Unrealized (gain) loss on investments Increase in accounts receivable		(162,814) (182,262)		935,397 (2,427,698)
(Increase) decrease in prepaid expenses		229,216		(223,269)
Decrease in other assets		1,435 1,654,369		5,684 2,136,035
Increase in accounts payable and accrued expenses Increase in deferred income		813,265		1,036,840
Net cash provided by operating activities		3,329,910		3,457,327
CASH FLOWS FROM INVESTING ACTIVITIES:				
Acquisition of land, buildings and equipment Purchase of investments		(1,043,401) (1,113,356)		(1,573,844) (3,828,514)
Sale of investments		749,502	_	3,356,732
Net cash used in investing activities		(1,407,255)		(2,045,626)
CASH FLOWS FROM FINANCING ACTIVITIES:				
Proceeds from issuance of loan payable		-		4,840,000
Payments on recalled bonds payable Loan issuance costs		-		(4,840,000) (106,545)
Payments on bonds payable		(194,000)		(267,000)
Payments on loan payable	-	(322,667)		(80,666)
Net cash used in financing activities		(516,667)		(454,211)
NET INCREASE IN CASH, CASH EQUIVALENTS AND RESTRICTED CASH		1,405,988		957,490
CASH, CASH EQUIVALENTS AND RESTRICTED CASH, BEGINNING OF YEAR		13,194,116		12,236,626
CASH, CASH EQUIVALENTS AND RESTRICTED CASH, END OF YEAR	\$	14,600,104	\$	13,194,116
CASH PAID DURING THE YEAR FOR: Interest	\$	460,557	\$	396,683
SUPPLEMENTAL CASH FLOW INFORMATION: Disposal of fully depreciated fixed assets	\$		\$	51,829
Initial recognition of right-of-use-assets obtained via operating lease liabilities	\$	5,834,534	\$	158,731
COMPONENTS OF CASH, CASH EQUIVALENTS, AND RESTRICTED CASH				
THE STATEMENTS OF FINANCIAL POSITION:				
Cash and cash equivalents Restricted cash	\$	14,271,519 328,585	\$	12,403,481 790,635
Total cash, cash equivalents, and restricted cash	\$	14,600,104	\$	13,194,116

(1) Organization and operation:

Family Service League, Inc. (the "Organization") is a non-profit corporation, exempt from income taxes under Section 501(c)(3) of the U.S. Internal Revenue Code. The Organization serves troubled and needy individuals and families.

(2) Summary of significant accounting policies:

The accompanying financial statements include the assets, liabilities, revenues and expenses of the Organization which are reflected on the accrual basis of accounting. The following is a summary of significant accounting policies followed by the Organization.

Financial statement presentation -

The accompanying financial statements include the accounts of the Organization's programs, administration and fundraising. The Organization presents its financial statements in accordance with U.S. generally accepted accounting principles ("GAAP") which require that the Organization's financial statements distinguish net assets and changes in net assets between those with and without donor restrictions. The Organization's net assets consist of the following:

<u>Without donor restrictions</u> - net assets of the Organization which have not been restricted by an outside donor or by law and are therefore available for use in carrying out the operations of the Organization.

<u>With donor restrictions</u> - net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity.

As required by GAAP, the Organization has also presented Statements of Cash Flows for the years ended December 31, 2023 and 2022.

Cash and cash equivalents -

All highly liquid investments purchased with an original maturity of three months or less are considered to be cash equivalents, principally money market funds.

Restricted cash and investments -

Restricted cash as of December 31, 2023 and 2022, relates to bond proceeds of \$95,794 and \$477,428, respectively, and donor restricted funds of \$232,791 and \$313,207, respectively. Restricted investments as of December 31, 2023 and 2022, relates to donor restricted funds of \$1,154,748 and \$1,074,333, respectively.

Accounts receivable -

The Organization provides an allowance for doubtful accounts, which is based upon a review of outstanding receivables and historical collection information. As of December 31, 2023 and 2022, the allowance for doubtful accounts was \$2,792,088 and \$3,240,093, respectively.

Investments -

Investments are stated at fair value for the periods presented. Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") on fair value measurements also establishes a fair value hierarchy, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements).

Land, buildings and equipment -

Land, buildings and equipment are capitalized at cost or, if donated, at fair market value as of the date of receipt. The cost of land, buildings and equipment purchased in excess of \$1,000 is capitalized. Depreciation is computed using the straight-line method over the estimated useful lives of the assets (generally periods of five to thirty years).

Impairment of long-lived assets and long-lived assets to be disposed of -

The Organization follows the provisions of the FASB ASC on accounting for the impairment or disposal of long-lived assets which require that long-lived assets and certain identifiable intangibles be reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to future net cash flows expected to be generated by the asset. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the fair value of the assets. Assets to be disposed of are reported at the lower of the carrying amount or fair value less costs to sell. These principles did not have a material impact on the Organization's financial position, results of activities or liquidity during the years ended December 31, 2023 and 2022.

Conditional asset retirement obligations -

The FASB ASC on accounting for conditional asset retirement and environmental obligations requires the Organization to recognize a liability for the fair value of its legal obligation to perform an asset retirement activity, even though uncertainty exists about the timing and/or method of settlement, if and when the fair value of the liability can be reasonably estimated. As of December 31, 2023 and 2022, the Organization has met the provisions of and is in compliance with these requirements and no obligation currently exists.

Right of use assets and lease liabilities -

The Organization complies with the provisions of FASB Accounting Standards Update ("ASU") No. 2016-02, *Leases* ("Topic 842"). All leases entered into during the year were required to be recognized and measured. In applying Topic 842, the Organization made an accounting policy election not to recognize the right-of-use assets and lease liabilities relating to short term leases.

The Organization determines if an arrangement is or contains a lease at inception. The Organization's operating lease arrangements are comprised of building leases and equipment leases. Right-of-use ("ROU") assets represent the Organization's right to use the underlying assets for the lease terms and lease liabilities represent the Organization's obligation to make lease payments arising from the leases. ROU assets and lease liabilities are recognized at the commencement date based on the present value of the lease payments over the lease terms. As the Organization's leases do not provide an implicit rate and the implicit rate is not readily determinable, the Organization estimates its incremental borrowing rate based on the information available at the commencement date in determining the present value of the lease payments. ROU assets also exclude lease incentives.

The Organization reconciles the operating lease expenses with the operating lease payments by presenting the amortization of the right-of-use assets and the change in the lease liabilities in a single line item within the adjustments to reconcile change in net assets to net cash provided by operating activities in the accompanying Statements of Cash Flows.

Revenue recognition -

The Organization complies with and accounts for its revenues in accordance with FASB ASC 958, Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made and ASC 606, Revenue from Contracts with Customers.

The following are the significant revenue recognition accounting policies of the Organization:

<u>Program fees</u> - Program fees are reported at an amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing health services. These amounts are due from third party payors, as applicable, and include variable consideration and price concessions due to coverage. Revenue is recognized as performance obligations are satisfied based on actual charges incurred in relation to total expected collections.

Government contracts - Revenue under government contracts are recognized when earned. Revenue is earned when performance obligations, as defined in each contract, are fulfilled. Funds received but not yet earned are shown as deferred income. Expenditures under contracts are subject to review by the granting authority. To the extent, if any, that such a review reduces expenditures allowable under these contracts, the Organization will record such disallowance at the time the final assessment is made.

Grants and contributions - Grants and contributions are recognized as income when received and are considered to be available for unrestricted use unless specifically restricted by the donor. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the Statements of Activities and Changes in Net Assets as net assets released from restrictions. Contributions restricted by donors are reported as increases in net assets without donor restrictions if the restrictions expire in the reporting period in which the revenue is recognized. Conditional contributions are accounted for as a liability or are not recognized as revenue initially, until the barriers to entitlement are overcome, at which point a transaction is recognized as unconditional and classified as either net assets with donor restrictions, or net assets without donor restrictions.

<u>Fundraising revenue</u> - The portion of fundraising revenue that relates to the commensurate value the attendee receives in return is recognized when the related events are held, and performance obligations are met.

Donated services -

A number of volunteers have donated significant amounts of their time in the Organization's program services, administration and fundraising campaigns. However, since these services do not meet the criteria for recognition under GAAP, they are not reflected in the accompanying financial statements.

Functional expenses -

Expenses are recognized as incurred. The Statements of Functional Expenses report certain categories of expenses that are attributable to one or more program or supporting functions of the Organization. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. Direct program expenses are reported in their respective functional categories. The significant expenses that are allocated include: payroll, employee benefits and payroll taxes which are allocated on the basis of estimates of time and effort. Depreciation and rent are allocated on the basis of square footage and use, and all other expenses are allocated on a systematic and rational basis.

Liquidity considerations -

Quantitative

As of December 31, 2023, the Organization has \$31,626,096 of financial assets available to meet cash needs for program and supporting services expenditures within one year of the Statement of Financial Position date. None of the financial assets are subject to donor or other contractual restrictions that make them unavailable for expenditures within the ensuing fiscal year.

Qualitative

As a part of the Organization's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. To help manage unanticipated liquidity needs, the Organization has a committed line of credit in the amount of \$2 million, which it could draw upon.

Income taxes -

The Organization qualifies as a tax-exempt not-for-profit organization under Section 501(c)(3) of the Internal Revenue Code and applicable New York State tax laws. Accordingly, no provision for federal or state income taxes is required.

Uncertainty in income taxes -

The Organization recognizes the effect of income tax positions only if those positions are more likely than not of being sustained. Management has determined that the Organization had no uncertain tax positions that would require financial statement recognition. The Organization is no longer subject to examination by the applicable taxing jurisdictions for tax years prior to 2020.

The use of estimates in the preparation of financial statements -

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the amounts of assets and liabilities at the date of the financial statements and the amounts of revenues and expenses during the reported period. Actual results may differ from those estimates.

(3) <u>Fair value measurement</u>:

The FASB *Fair Value Measurement* standard clarifies the definition of fair value for financial reporting, establishes framework for measuring fair value, and requires additional disclosure about the use of fair value measurements in an effort to make the measurement of fair value more consistent and comparable. The Organization has adopted the standard for its financial assets and liabilities measured on a recurring and nonrecurring basis.

Fair Value Measurement defines fair value as the amount that would be received from the sale of an asset or paid for the transfer of a liability in an orderly transaction between market participants, i.e. an exit price. The three levels of fair value hierarchy are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets
 or liabilities that the reported entity has the ability to access at the measurement
 date.
- Level 2 inputs are inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3 inputs are unobservable inputs for the asset or liability.

The following table represents the Organization's fair value hierarchy for investments as of December 31, 2023:

	<u> </u>	air Value	Level 1	Le	evel 2	Le	vel 3
Corporate fixed income	\$	5,543,695	\$ 5,543,695	\$	-	\$	-
Certificates of deposit		1,154,748	1,154,748		-		-
Mutual funds		459,917	459,917		-		-
Common stock		7	7		-		-
Total investments	\$	7,158,367	\$ 7,158,367	\$		\$	

The following table represents the Organization's fair value hierarchy for investments as of December 31, 2022:

	F	air Value	Level 1		Level 2		Level 3	
Corporate fixed income	\$	5,162,324	\$	5,162,324	\$	-	\$	-
Certificates of deposit		1,074,333		1,074,333		-		-
Mutual funds		395,035		395,035		-		-
Common stock		7		7				
Total investments	\$	6,631,699	\$	6,631,699	\$	-	\$	

As of December 31, 2023 and 2022, the Organization did not possess any level 2 or 3 type of investments.

(4) Land, buildings and equipment:

Land, buildings and equipment as of December 31, 2023 and 2022 are comprised of the following:

	 2023	_	2022
Land	\$ 2,144,455		\$ 2,144,455
Buildings and building improvements	19,429,658		19,024,452
Construction-in-progress	462,054		-
Office furniture and equipment	1,654,097		1,477,956
Vehicles	2,430,361	_	2,430,361
	26,120,625		25,077,224
Less: accumulated depreciation	 (11,988,406)	_	(10,505,682)
	\$ 14,132,219	_	\$ 14,571,542

Depreciation expense amounted to \$1,482,724 and \$1,338,012 in 2023 and 2022, respectively.

(5) <u>Leases</u>:

The Organization evaluated current contracts to determine which met the criteria of a lease. ROU assets represent the Organization's right to use underlying assets for the lease term, and the lease liabilities represent the Organization's obligation to make lease payments arising from these leases. The ROU assets and lease liabilities, which arise from operating leases, were calculated based on the present value of future lease payments over the lease terms. The Organization has made an accounting policy election to use its incremental borrowing rate to discount future lease payments. The weighted average discount rate applied to calculate lease liabilities was 4.69%.

The Organization's operating leases consist primarily of facilities and equipment. As of December 31, 2023, the weighted-average remaining lease terms for the Organization's operating leases was approximately 3 years.

Cash paid for operating leases for the years ended December 31, 2023 and 2022 was \$4,310,046 and \$4,213,537, respectively.

Future maturities of lease liabilities are presented in the following table, for the fiscal years ending December 31:

Year Ending December 31,	
2024	\$ 5,877,789
2025	5,487,475
2026	2,652,762
2027	143,064
2028	 112,891
Total	14,273,981
Discount to present value	 (350,745)
	\$ 13,923,236

(6) Line of credit:

The Organization has a line of credit agreement with a bank through September 30, 2025, which provides for maximum borrowings of \$2,000,000. Borrowings under this line bear interest at LIBOR plus 1.8% and are secured by a security interest and lien in a certain securities account of the Organization. As of December 31, 2023 and 2022, there were no outstanding borrowings under this line.

(7) Mortgage note payable:

On December 17, 2008, the Organization acquired land and a building located in Huntington, New York under a contractual agreement with the New York State Homeless Housing and Assistance Corporation ("HHAC"). HHAC has committed total funding in the amount of \$489,640, of which \$420,000 was advanced as of December 31, 2009 to acquire the land and building. In connection therewith, the Organization incurred a 25 year mortgage note, secured by the land and building. The note will be completely forgiven at the end of the 25 year period, provided the Organization complies with the terms and conditions of the agreement.

(8) Bonds payable:

On June 28, 2012, the Suffolk County Economic Development Corporation issued Revenue Bonds in the aggregate principal amounts of \$6,285,000 of tax-exempt bonds, and \$487,000 of taxable bonds on behalf of the Family Service League, Inc. for the purposes described below:

- (A) Tax-Exempt Revenue Refunding Bonds in the amount of \$4,995,000 ("Series 2012A Bonds"), to provide funding for the purpose of refinancing the Organization's Civic Facility Revenue Bonds, Series 2004, issued by the Suffolk County Industrial Development Agency in the original aggregate principal amount of \$4,895,000 ("Series 2004 Bonds"), the proceeds of which were used to finance or refinance various real property acquisitions and renovations.
- (B) Tax-Exempt Revenue Bonds in the amount of \$1,290,000 ("Series 2012B Bonds"), for the purpose of financing a portion of the costs of building renovations and equipment of the Organization, and a portion of the issuance costs of the Series 2012A Bonds, the Series 2012B Bonds and the Series 2012C Bonds.
- (C) Taxable Revenue Bonds in the amount of \$184,000 ("Series 2012C Bonds"), for the purpose of (1) refinancing a portion of the Series 2004 Bonds, the proceeds of which Series 2004 Bonds were used to finance the costs of a building; and (2) paying the redemption premiums in connection with such portion of the refunded bonds.

On September 29, 2022, the above mentioned bonds were called and converted into a loan payable. See Note 9 for further details.

On December 18, 2017, the Suffolk County Economic Development Corporation issued Revenue Bonds in the aggregate principal amounts of \$6,087,000 of tax-exempt bonds, and \$264,000 of taxable bonds on behalf of the Family Service League, Inc. for the purposes described below:

(A) Tax-Exempt Revenue Bonds in the amount of \$3,815,000 ("Series 2017A Bonds"), to provide funding for the purpose of financing various real property acquisitions and renovations. The Series 2017A Bonds bear interest at a rate of 3.32% and mature in 2042. The balance outstanding on the Series 2017A Bonds as of December 31, 2023 and 2022 was \$3,282,000 and \$3,403,000, respectively.

- (B) Tax-Exempt Revenue Bonds in the amount of \$1,595,000 ("Series 2017B Bonds"), for the purpose of financing a portion of the costs of building renovations and equipment of the Organization, and a portion of the issuance costs of the Series 2017A Bonds. The Series 2017B Bonds bear interest at a rate of 3.32% and mature in 2042. The balance outstanding on the Series 2017B Bonds as of December 31, 2023 and 2022 was \$1,378,000 and \$1,427,000, respectively.
- (C) Tax-Exempt Revenue Bonds in the amount of \$677,000 ("Series 2017C Bonds"), for the purpose financing a portion of the costs of building renovations and equipment of the Organization. The Series 2017C Bonds bear interest at the rate of 3.32% and mature in 2042. The balance outstanding on the Series 2017C Bonds as of December 31, 2023 and 2022 was \$555,000 and 579,000, respectively.

The Bonds are secured by a first priority mortgage lien on the Organization's real property and require annual principal repayments through 2042 as follows:

Year Ending December 31,	_	
2024	\$	199,000
2025		211,000
2026		217,000
2027		223,000
2028		228,000
2029-2033		1,249,000
2034-2038		1,505,000
2039 and thereafter		1,383,000
Subtotal		5,215,000
Less: bond issuance costs		336,422
Total	\$	4,878,578

As of December 31, 2023 and 2022, bond issuance costs, net of amortization, totaling \$336,422 and \$350,489, respectively, are reflected as a direct deduction from bonds payable. Amortization expense of bond issuance costs as of December 31, 2023 and 2022 was \$14,067 and \$722,034, respectively.

The respective bond agreements have various covenants with which the Organization must comply. The Organization has complied with all of the debt covenants as of December 31, 2023 and 2022.

In connection with certain bond issues discussed previously, the Organization entered into two interest rate exchange agreements (the "Swap Contracts") with a bank ("Swap Provider") for the purpose of converting the Organization's variable rate exposure relating to the Series 2012A and 2012B Bonds to a fixed rate. The Swap Contracts had initial notional amounts of \$4,995,000 and \$1,290,000, respectively. On September 29, 2022, the above mentioned agreement was converted with the loan payable. See Note 9 for further details.

(9) Loan payable:

On September 29, 2022, the 2012 revenue bonds were converted into a loan payable. The loan bears interest at the rate of 3.75% and matures in 2037. The balance outstanding on the loan payable as of December 31, 2023 was \$4,436,666.

Scheduled principal payments on the loan payable are as follows:

Year Ending December 31,	-	
2024	\$	322,667
2025		322,667
2026		322,667
2027		322,667
2028		322,667
2029-2033		1,613,333
2034-2038		1,209,998
Subtotal		4,436,666
Less: loan issuance costs		97,665
Total	\$	4,339,001

As of December 31, 2023 and 2022, loan issuance costs, net of amortization, totaling \$97,665 and \$104,769, respectively are reflected as a direct deduction from the loan payable. Amortization expense of loan issuance costs as of December 31, 2023 and 2022 was \$7,104 and \$1,776, respectively.

In connection with the loan payable, the Organization entered into an interest rate exchange agreement (the "Swap Contract") with a bank ("Swap Provider") for the purpose of converting the Organization's variable rate exposure relating to the loan payable to a fixed rate. The Swap Contract has an initial notional amount of \$4,840,000. Under the terms of the Swap Contract, the Organization will make fixed rate payments to the Swap Provider in an amount equal to 2.25%, per annum multiplied by the notional amount of the Swap Contract, and the Organization will receive floating rate payments from the Swap Provider equal to the Swap Contract. The floating rate for each calculation period shall be calculated at 65.5% of 1-month USD-LIBOR. As of December 31, 2023 and 2022, the fair value of the interest rate swap was (\$72,322) and (\$51,700), respectively, which is included as an reduction, in other assets in the accompanying Statements of Financial Position. The change in fair value of the interest rate swap is included in other income in the accompanying Statements of Activities and Changes in Net Assets.

(10) Net assets with donor restrictions:

Purpose restricted net assets are available for or relate to the following purposes:

	2023	2022	
Amazon Grant	\$ 688,577	\$ 1,103,567	
Health and Wellness Campaign	647,204	537,632	
Lockwood Donation - Preschool	248,299	207,194	
Manorfield Donations	234,603	230,090	
Huntington Interfaith Housing Initiative	144,663	185,428	
Crisis Stabilization	140,775	157,025	
CAIR Relief Fund	102,038	62,789	
Camp	68,498	46,248	
Community School - Brentwood	67,565	12,895	
Capital Campaign	62,517	69,463	
"Senior Net" contributions	54,663	41,311	
Community Behavioral Health	52,373	52,373	
DCM - American Red Cross	47,703	47,703	
33 9th Ave	38,525	54,214	
FEP Capital One Grant	36,065	352	
Shelter Donations	32,997	35,098	
Ellie Sammis Fund interest	31,228	31,228	
C-Cat Program	27,333	52,879	
Kornreich Programs	22,929	29,869	
Kate Cassidy Foundation	18,200	18,200	
Riverhead Family Center	11,716	-	
Mattituck Fund	11,509	11,509	
Direct Relief	10,904	10,904	
Home Share	6,601	6,601	
Nestle Grant	3,412	17,489	
Health Homes - Ewing Capostosto Philanthropy Fund	2,976	2,912	
Debt Counseling Grants	2,912	1,440	
Project Toy	1,552	7,310	
LI Community Foundation Cleaning	1,441	2,976	
Back to School Campaign	710	3,515	
EFSP Phase ARPAR	605	21,765	
Child Care Stabilization Grant	-	49,433	
EFSP Phase 39		5,782	
	\$ 2,821,093	\$ 3,117,194	

Restricted in perpetuity net assets are restricted to:

	2023	2022
Lockwood Family Foundation Fund	\$ 1,057,100	\$ 1,057,100
Campaign for the Future	226,891	226,891
Ellie Sammis Fund	79,548	79,548
Nichols donation	17,000	17,000
Preschool program endowment	7,000	7,000
	\$ 1,387,539	\$ 1,387,539

Restricted in perpetuity net assets relate to endowments to be maintained in perpetuity, the income from which is expendable to support general operations.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or applicable law requires the Organization to retain as a fund of perpetual duration. There were no such deficiencies as of December 31, 2023 and 2022.

The Organization has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment, while seeking to protect the original value of the gift. In cases of endowment deficiencies, the Organization suspends all spending.

The Organization has interpreted the New York Prudent Management of Institutional Funds Act ("NYPMIFA") as allowing it to appropriate for expenditure or accumulate so much of an endowment fund as is determined prudent for the uses, benefits, purposes, and duration for which the endowment fund is established, subject to the intent of the donor as expressed in the gift instrument. Unless stated otherwise in the gift instrument, the assets of a donor-restricted endowment fund shall be donor-restricted assets until appropriated by the Organization. The Organization classifies the original value of gifts donated to the endowment as net assets with donor restriction in perpetuity. The remaining portion of a donor restricted endowment fund is classified as net assets with donor restrictions until appropriated for expenditure in a manner consistent with the standard of prudence prescribed by NYPMIFA. Management has interpreted state law to permit prudent spending from underwater endowments.

Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

(11) Pension plan:

The Organization maintains a defined contribution plan for employees who have completed one year of service, as defined in the plan. The plan is non-contributory, and employees are fully vested after three years of employment. The Organization makes quarterly contributions to the plan based on five percent of a participant's salary as defined. Total pension expense was \$1,080,418 and \$1,011,774 for the years ended December 31, 2023 and 2022, respectively.

(12) Business concentrations:

The Organization maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Organization has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on cash and cash equivalents. As of December 31, 2023 and 2022, cash and cash equivalents exceeding federally insured limits totaled \$13,871,297 and \$12,330,599, respectively.

The Organization does not have a material concentration of credit risk with respect to accounts receivable, due to the large number of government agencies and grantors comprising the Organization's contract and contributor base and their dispersion across different geographic areas.

(13) Commitments and contingencies:

Contract considerations -

The Organization receives a substantial portion of its funding from contracts and grants which are subject to audit by government agencies. Such audits may result in disallowances and a request for a return of funds. It is the opinion of management that the effect of disallowances, if any, would be immaterial to the Organization's financial position.

Litigation -

In the normal course of business, the Organization is a party to various claims and/or litigation. Management believes that the settlement of all such claims and/or litigation, considered in the aggregate, will not have a material adverse effect on the Organization's financial position and results of operations.

(14) Subsequent events:

The Organization has evaluated subsequent events through May 8, 2024, which is the date the financial statements were available to be issued. Based on this evaluation, the Organization has determined there are no matters which require disclosure in the financial statements.