

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 black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2007Open to Public
Inspection**A** For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008****B** Check if
applicable:

- ☐ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Termin-
ation
- ☐ Amend-
ed return
- ☐ Application
pending

Please
use IRS
label or
print or
type. See
Specific
Instruc-
tions.**C** Name of organization**THE FAMILY CENTER, INC.**

Number and street (or P.O. box if mail is not delivered to street address)

315 WEST 36TH STREET, 4TH FLOOR

Room/suite

City or town, state or country, and ZIP + 4

NEW YORK, NY 10018**D** Employer identification number**13-3910716****E** Telephone number**212-766-4522****F** Accounting method:☐ Cash☒ Accrual

Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).**H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☐ if the organization is **not** required to attach
Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: **WWW.THEFAMILYCENTER.ORG****J** Organization type (check only one) ☒ 501(c) (**3**) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross
receipts are normally not more than \$25,000. A return is not required, but if the organization
chooses to file a return, be sure to file a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **5,775,456.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1 Contributions, gifts, grants, and similar amounts received:					
a Contributions to donor advised funds	1a				
b Direct public support (not included on line 1a)	1b	2,111,377.			
c Indirect public support (not included on line 1a)	1c				
d Government contributions (grants) (not included on line 1a)	1d	3,610,363.			
e Total (add lines 1a through 1d) (cash \$ 5,721,740. noncash \$)	1e			5,721,740.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2				
3 Membership dues and assessments	3				
4 Interest on savings and temporary cash investments	4			18,908.	
5 Dividends and interest from securities	5				
6a Gross rents SEE STATEMENT 1	6a	33,643.			
b Less: rental expenses	6b				
c Net rental income or (loss). Subtract line 6b from line 6a	6c			33,643.	
7 Other investment income (describe ▶)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other		
b Less: cost or other basis and sales expenses		8b			
c Gain or (loss) (attach schedule)		8c			
d Net gain or (loss). Combine line 8c, columns (A) and (B)			8d		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ of contributions reported on line 1b)	9a				
b Less: direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events. Subtract line 9b from line 9a			9c		
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c		
11 Other revenue (from Part VII, line 103)			11	1,165.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	5,775,456.	
13 Program services (from line 44, column (B))			13	3,733,153.	
14 Management and general (from line 44, column (C))			14	399,162.	
15 Fundraising (from line 44, column (D))			15	314,753.	
16 Payments to affiliates (attach schedule)			16		
17 Total expenses. Add lines 16 and 44, column (A)			17	4,447,068.	
18 Excess or (deficit) for the year. Subtract line 17 from line 12			18	1,328,388.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	2,026,322.	
20 Other changes in net assets or fund balances (attach explanation)			20	0.	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	3,354,710.	

723001
12-27-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	313,345.	262,897.	28,201.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	2,161,359.	1,862,212.	156,020.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28	291,003.	244,152.	26,190.
29 Payroll taxes	29	175,731.	147,438.	15,816.
30 Professional fundraising fees	30			
31 Accounting fees	31	22,960.	19,264.	2,066.
32 Legal fees	32			
33 Supplies	33	105,854.	61,081.	5,491.
34 Telephone	34	22,318.	19,095.	1,716.
35 Postage and shipping	35	15,630.	13,373.	1,202.
36 Occupancy	36	444,634.	380,429.	34,197.
37 Equipment rental and maintenance	37	51,972.	44,468.	3,996.
38 Printing and publications	38			
39 Travel	39	37,950.	32,470.	2,919.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	79,745.		79,745.
43 Other expenses not covered above (itemize):				
a PROFESSIONAL FEES	43a	443,483.	379,824.	33,808.
b DIRECT SERVICES TO	43b			
c CLIENT	43c	179,741.	179,741.	
d INSURANCE	43d	39,270.	33,600.	3,020.
e EMPLOYEE TRAINING	43e	24,499.	20,961.	1,885.
f OFFICE EXPENSES	43f	37,574.	32,148.	2,890.
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	4,447,068.	3,733,153.	399,162.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 2	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SOCIAL SERVICES: PROVIDES IN-HOME SERVICES TO FAMILIES IN WHICH A PARENT HAS HIV, CANCER OR OTHER SERIOUS ILLNESS. CASE MANAGERS WORK WITH ILL PARENTS AND THEIR CHILDREN ON CONCRETE NEEDS. SOCIAL WORKERS PROVIDE THERAPEUTIC SERVICES TO FAMILIES FOCUSING ON ISSUES OF LOSS, GRIEF AND FAMILY ADJUSTMENT. (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,654,298.
b LEGAL SERVICES: PROVIDES LEGAL ASSISTANCE TO FAMILIES BY GOING TO COURT TO LEGALIZE FUTURE CARE PLANS FOR MINOR CHILDREN. ATTORNEYS ASSIST FAMILIES IN ADVOCATING FOR ENTITLEMENTS AND HOUSING BENEFITS AS WELL AS PREPARE AND EXECUTE ADVANCED DIRECTIVES INCLUDING HEALTH CARE PROXIES AND LIVING WILLS. (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	477,629.
c YOUTH NET: SOCIAL WORKERS PROVIDE INTENSIVE PREVENTIVE SERVICES TO REDUCE THE RISK OF ADOLESCENT PLACEMENT IN FOSTER CARE. SOCIAL WORKERS ALSO PROVIDE AFTERCARE SERVICES, SUCH AS PERMANENCY PLANNING FOR ADOLESCENTS COMING OUT OF FOSTER CARE, TO REDUCE THE CHANCE OF REPLACEMENT. (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	601,226.
d (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	3,733,153.

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	768,372.	45	1,142,734.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48 a Pledges receivable	576,000.		
	b Less: allowance for doubtful accounts		48c	576,000.
	49 Grants receivable	1,228,465.	49	1,011,426.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	67,032.	53	99,694.
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
55 a Investments - land, buildings, and equipment: basis				
b Less: accumulated depreciation		55c		
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	1,074,454.			
b Less: accumulated depreciation STMT 3	163,754.	57c	910,700.	
58 Other assets, including program-related investments (describe SECURITY DEPOSIT)	211,000.	58	205,801.	
59 Total assets (must equal line 74). Add lines 45 through 58	2,663,411.	59	3,946,355.	
Liabilities	60 Accounts payable and accrued expenses	398,506.	60	267,838.
	61 Grants payable		61	
	62 Deferred revenue	238,583.	62	323,807.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe SECURITY DEPOSIT)		65	
66 Total liabilities. Add lines 60 through 65	637,089.	66	591,645.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,379,876.	67	2,252,742.
	68 Temporarily restricted	646,446.	68	1,101,968.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	2,026,322.	73	3,354,710.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,663,411.	74	3,946,355.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	5,795,655.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	20,199.
4	Other (specify):	b4	
	Add lines b1 through b4	b	20,199.
c	Subtract line b from line a	c	5,775,456.
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	Total revenue (Part I, line 12). Add lines c and d	e	5,775,456.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
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a		Total expenses and losses per audited financial statements	a	4,467,267.
b		Amounts included on line a but not on Part I, line 17:		
1	b1	Donated services and use of facilities		20,199.
2	b2	Prior year adjustments reported on Part I, line 20		
3	b3	Losses reported on Part I, line 20		
4	b4	Other (specify):		
Add lines b1 through b4			b	20,199.
c		Subtract line b from line a	c	4,447,068.
d		Amounts included on Part I, line 17, but not on line a:		
1	d1	Investment expenses not included on Part I, line 6b		
2	d2	Other (specify):		
Add lines d1 and d2			d	0.
e		Total expenses (Part I, line 17). Add lines c and d	e	4,447,068.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed ▶ NY	90b	41
b	Number of employees employed in the pay period that includes March 12, 2007		
91 a	The books are in care of ▶ BTQ FINANCIAL Telephone no. ▶ 212-901-2500		
	Located at ▶ 80 BROAD STREET, NEW YORK, NY ZIP + 4 ▶ 10004		
b	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)?	91b	X
	If "Yes," enter the name of the foreign country ▶ N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Form 990 (2007)

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	18,908.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property			16	33,643.	
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER REVENUE - RELATED					1,165.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		52,551.	1,165.
105 Total (add line 104, columns (B), (D), and (E))					53,716.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

103B MISCELLANEOUS INCOME USED TO CARRY OUT EXEMPT PURPOSE OF THE ORGANIZATION

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A.

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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

Please Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

COPY

Paid Preparer's Use Only

Preparer's signature _____ Date 01/21/09 Check if self-employed ☐

Firm's name (or yours if self-employed), address, and ZIP + 4 N. CHENG & CO., P.C.
40 EXCHANGE PLACE #1206
NEW YORK, NY 10005

Preparer's SSN or PTIN (See Gen. Inst. X) P00367209

EIN 13-3516375

Phone no. (212) 785-0100

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization

THE FAMILY CENTER, INC.

Employer identification number

13 3910716

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
PARKER, AILEEN 315 WEST 36TH STREET, 4TH FLOOR, NEW	DIR. OF DEVELOPMENT 35.00	80,000.	1,864.	
GILBORN, MARYA 315 WEST 36TH STREET, 4TH FLOOR, NEW	DIRECTOR OF SOCIAL S 35.00	78,058.	2,402.	
BEBE ROJAN-SEETARAM 315 WEST 36TH STREET, 4TH FLOOR, NEW	PROGRAM DIRECTOR 35.00	77,875.	2,018.	
ADAM HALPER 315 WEST 36TH STREET, 4TH FLOOR, NEW	DIR OF LEGAL SERVICE 35.00	77,017.	2,370.	
GREENBERG MEANEY, LINDA 315 WEST 36TH STREET, 4TH FLOOR, NEW	SPECIAL ASSISTANT 35.00	58,480.	992.	
Total number of other employees paid over \$50,000 ▶	8			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
BTQ FINANCIAL 80 BROAD STREET, 15TH FLOOR, NEW YORK, NY 10004	FISCAL MANAGEMENT SERVICES	212,904.
GERRY OXFORD 43 E 19TH STREET, # 2, NEW YORK, NY 10003	COMPUTER TECHNICAL SUPPORT	149,608.
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X	
b	Did the organization make any taxable distributions under section 4966?	4b		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X
d	Enter the total number of donor advised funds owned at the end of the tax year	0		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	0.		
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	5.		
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	▶ 1,142,734.		

Schedule A (Form 990 or 990-EZ) 2007

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ☐
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer Identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total <input type="checkbox"/>					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	4,532,157.	3,401,883.	3,485,508.	3,636,932.	15,056,480.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	13,505.	14,040.	10,141.	10,795.	48,481.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	10,285.	18,690.	10,739.	96,682.	136,396.
23 Total of lines 15 through 22	4,555,947.	3,434,613.	3,506,388.	3,744,409.	15,241,357.
24 Line 23 minus line 17	4,555,947.	3,434,613.	3,506,388.	3,744,409.	15,241,357.
25 Enter 1% of line 23	45,559.	34,346.	35,064.	37,444.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					304,827.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					727,173.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					15,241,357.
d Add: Amounts from column (e) for lines: 18 48,481. 19					912,050.
22 136,396. 26b 727,173.					14,329,307.
e Public support (line 26c minus line 26d total)					94.0160%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 16					N/A
17 20 21					N/A
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2007

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ a ☐ if the organization belongs to an affiliated group.Check ☐ b ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is - The lobbying nontaxable amount is -			
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

Yes	No	Amount
		0.

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII

Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

[illegible]

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

☐ Yes ☒ No.

b If "Yes," complete the following schedule:

N/A

[illegible]

Schedule of Contributors

OMB No. 1545-0047

Supplementary information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

2007

Name of organization

Employer identification number

THE FAMILY CENTER, INC.

13-3910716

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule—

☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

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

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

THE FAMILY CENTER, INC.

13-3910716

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GREATER NYC AFFILIATE OF THE SUSAN G. KOMEN 341 WEST 38TH STREET, 10TH FLOOR NEW YORK, NY 10018	\$ 72,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MARY AND PETER DAPUZZO FOUNDATION 174 E. 74TH ST. #18C NEW YORK, NY 10021	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ROBINHOOD FOUNDATION 826 BROADWAY, 7TH FLOOR NEW YORK, NY 10003	\$ 1,265,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	STEVEN & ALEXANDRA COHEN FOUNDATION 8527 VILLAGE DR STE 101 SAN ANTONIO, TX , 78217	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	THE PFIZER FOUNDATION 235 EAST 42ND ST. NEW YORK, NY 10017	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	THE LEHMAN BROTHERS FOUNDATION 745 SEVENTH AVE. NEW YORK, NY 10019	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE FAMILY CENTER, INC.

13-3910716

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	STAN HERMAN CFDA FOUNDATION 909 THIRD AVE. NEW YORK, NY 10022	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	THE DEERFIELD PARTNERSHIP FOUNDATION 780 3RD AVE. 37TH FLOOR NEW YORK, NY 10017	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	JEAN & LOUIS DREFUS FOUNDATION INC. 420 LEXINGTON AVE. STE 626 NEW YORK, NY 10170	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	SIMPSON THACHER & BARLETT LLP 425 LEXINGTON AVE NEW YORK, NY 10017	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	NEW YORK BAR FOUNDATION ONE ELK STREET ALBANY, NY 12207	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	THE FIFTH AVE. PRESBYTERIAN CHURCH 7TH WEST 55TH STREET NEW YORK, NY 10019	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE FAMILY CENTER, INC.

13-3910716

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	DEUTSCHE BANK 60 WALL STREET NEW YORK, NY 10005	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	CECEILY M CARSON CHARITABLE TRUST 222 EAST 46TH ST. STE. 402 NEW YORK, NY 10027	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
	1	33,643.	
TOTAL TO FORM 990, PART I, LINE 6A		33,643.	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	2
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EXPLANATION

TO CREATE A BETTER FUTURE FOR CHILDREN WHOSE PARENTS HAVE LIFE THREATENING ILLNESSES.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	3
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE, FIXTURES & EQUIPMENT	184,018.	107,609.	76,409.
SOFTWARE	25,000.	7,500.	17,500.
LEASEHOLD IMPROVEMENTS	865,436.	48,645.	816,791.
TOTAL TO FORM 990, PART IV, LN 57	1,074,454.	163,754.	910,700.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 4

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BARBARA BLAKNEY 315 WEST 36 STREET, 4TH FLOOR NEW YORK, NY 10018	MEMBER 0.00	0.	0.	0.
MARILYN FLOYD 315 WEST 36 STREET, 4TH FLOOR NEW YORK, NY 10018	MEMBER 0.00	0.	0.	0.
CRAIG SEDMAK 315 WEST 36 STREET, 4TH FLOOR NEW YORK, NY 10018	MEMBER 0.00	0.	0.	0.
READ HUBBARD 315 WEST 36 STREET, 4TH FLOOR NEW YORK, NY 10018	TREASURER 0.00	0.	0.	0.
AMY YATES CAPONE 315 WEST 36 STREET, 4TH FLOOR NEW YORK, NY 10018	CHAIR 0.00	0.	0.	0.
JOSEPH RUGGERIO 315 WEST 36 STREET, 4TH FLOOR NEW YORK, NY 10018	MEMBER 0.00	0.	0.	0.
RICHARD OSTERWEIL 315 WEST 36 STREET, 4TH FLOOR NEW YORK, NY 10018	SECRETARY 0.00	0.	0.	0.
IVY GAMBLE COBB, CSW 315 WEST 36 STREET, 4TH FLOOR NEW YORK, NY 10018	EXECUTIVE DIRECTOR 35.00	154,787.	13,710.	0.
JAN HUDIS-JIMINEZ 315 WEST 36 STREET, 4TH FLOOR NEW YORK, NY 10018	DEPUTY EXECUTIVE DIRECTOR 35.00	131,137.	13,711.	0.
HEATHER WINDT STOPNIK 315 WEST 36 STREET, 4TH FLOOR NEW YORK, NY 10018	MEMBER 0.00	0.	0.	0.
LYLE MONTESERRATO 315 WEST 36 STREET, 4TH FLOOR NEW YORK, NY 10018	MEMBER 0.00	0.	0.	0.

THE FAMILY CENTER, INC.

13-3910716

JOSEPH TRINGALI, ESQ.
315 WEST 36 STREET, 4TH FLOOR
NEW YORK, NY 10018

VICE CHAIR

0.00

0.

0.

0.

TOTALS INCLUDED ON FORM 990, PART V-A

285,924.

27,421.

0.

SCHEDULE A

OTHER INCOME

STATEMENT

5

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
OTHER INCOME	10,285.	18,690.	10,739.	7,682.
SPECIAL GRANT	0.	0.	0.	89,000.
TOTAL TO SCHEDULE A, LINE 22	10,285.	18,690.	10,739.	96,682.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	THE FAMILY CENTER, INC.	13-3910716
	Number, street, and room or suite no. If a P.O. box, see instructions. 315 WEST 36TH STREET, 4TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10018	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **BTQ FINANCIAL**
Telephone No. ► **212-901-2500** FAX No. ► **212-968-9110**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year _____ or
- ☒ tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2008)

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

OMB No. 1545-1709

▶ File a separate application for each return.

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Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	THE FAMILY CENTER, INC.	13-3910716
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 315 WEST 36TH STREET, 4TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10018	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
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| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **BTQ FINANCIAL**

Telephone No. ▶ **212-901-2500**FAX No. ▶ **212-968-9110**

- If the organization does not have an office or place of business in the United States, check this box ☐
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▶ ☐ calendar year _____ or
 ▶ ☒ tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2008)

Form CHAR500 <small>This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR-497, CHAR-010 and CHAR-006)</small>	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 www.oag.state.ny.us/charities/charities.html	2007 Open to Public Inspection								
1. General Information										
a. For the fiscal year beginning (mm/dd/yyyy) 07/01/2007 and ending (mm/dd/yyyy) 06/30/2008										
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization THE FAMILY CENTER, INC. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Number and street (or P.O. box if mail not delivered to street address)</td> <td style="width: 40%;">Room/suite</td> </tr> <tr> <td>315 WEST 36TH STREET, 4TH FLOOR</td> <td></td> </tr> <tr> <td colspan="2">City or town, state or country and ZIP + 4</td> </tr> <tr> <td colspan="2">NEW YORK, NY 10018</td> </tr> </table>	Number and street (or P.O. box if mail not delivered to street address)	Room/suite	315 WEST 36TH STREET, 4TH FLOOR		City or town, state or country and ZIP + 4		NEW YORK, NY 10018		d. Fed. employer ID no. (EIN) 13-3910716 e. NY State registration no. 05-80-97 f. Telephone number 212 766-4522 133 g. Email
Number and street (or P.O. box if mail not delivered to street address)	Room/suite									
315 WEST 36TH STREET, 4TH FLOOR										
City or town, state or country and ZIP + 4										
NEW YORK, NY 10018										

2. Certification - Two Signatures Required			
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.			
a. President or Authorized Officer	Signature _____	Printed Name _____	Title _____ Date _____
b. Chief Financial Officer or Treasurer	Signature _____	Printed Name _____	Title _____ Date _____

3. Annual Report Exemption Information	
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants) Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 <u>and</u> the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. NOTE: An organization may also check the box to claim this exemption if no PFR or FRC was used <u>and</u> either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal <u>and</u> contributions from all other sources did not exceed \$25,000 <u>or</u> 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).	
b. EPTL annual report exemption (EPTL registrants and dual registrants) Check <input type="checkbox"/> if total gross receipts for this fiscal year did not exceed \$25,000 <u>and</u> the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.	
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.	

4. Article 7-A Schedules	
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State?	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
* If "Yes", complete Schedule 4a.	
b. Did the organization receive government contributions (grants)?	<input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No
* If "Yes", complete Schedule 4b.	

5. Fee Submitted: See last page for summary of fee requirements.	
Indicate the filing fee(s) you are submitting along with this form:	
a. Article 7-A filing fee \$ <u>25.</u>	Submit only one check or money order for the total fee, payable to "NYS Department of Law"
b. EPTL filing fee \$ <u>250.</u>	
c. Total fee \$ <u>275.</u>	

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments.
--

- Mail completed form with required schedules, fee and attachments to the address at the top of this page -

Schedule 4b: Government Contributions (Grants)

[illegible]

THE FAMILY CENTER, INC.

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type Fee Instructions

- **Article 7-A** Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.
- **EPTL** Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.
- **Dual** Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

Filing Fee

☒ Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

<input checked="" type="checkbox"/> IRS Form 990	<input type="checkbox"/> IRS Form 990-EZ	<input type="checkbox"/> IRS Form 990-PF
<input checked="" type="checkbox"/> Schedule A to IRS Form 990	<input type="checkbox"/> Schedule A to IRS Form 990-EZ	<input type="checkbox"/> Schedule B to IRS Form 990-PF
<input checked="" type="checkbox"/> Schedule B to IRS Form 990	<input type="checkbox"/> Schedule B to IRS Form 990-EZ	<input type="checkbox"/> IRS Form 990-T
<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T	

Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

☒ Audit Report (total support & revenue more than \$250,000)
☐ Review Report (total support & revenue \$100,001 to \$250,000)
☐ No Accountant's Report Required (total support & revenue not more than \$100,000)

Antonio Manalo

From: CharExt [Charities.Extensions@oag.state.ny.us]
Sent: Thursday, November 06, 2008 4:11 PM
To: Antonio Manalo
Subject: Re: The Family Center, Inc. EIN 13-3910716

We have received your request for an extension. You may receive notification under separate cover if your request is denied.

Thank you for using e-mail to request an extension.

Sincerely,

Charities Bureau

>>> "Antonio Manalo" <tony@ncheng.com> 11/6/2008 2:46 PM >>>

We respectfully request for a three month extension for subject organization to file an annual financial report as per attached form 8868 submitted to the IRS.

Very truly yours,

Tony Manalo
N. Cheng & Co., P.C.

<<IRS Ext 021509.pdf>>

THE FAMILY CENTER, INC.

Financial Statements

For the year ended June 30, 2008
(with comparative totals for 2007)



THE FAMILY CENTER, INC.

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Statement of Activities and Change in Net Assets	3
Statement of Cash Flows	4
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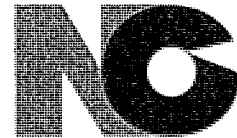
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Accountants' Letter.....	8
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N. CHENG & CO. P.C.
Certified Public Accountants

40 Exchange Place
Suite 1206
New York, New York 10005
Voice (212) 785.0100
Fax (212) 785.9168
www.ncheng.com



Independent Auditors' Report

To the Board of Directors
The Family Center, Inc.
New York, New York

We have audited the accompanying statement of financial position of The Family Center, Inc. as of June 30, 2008 and the related statements of activities, and change in net assets and its cash flows for the year then ended. These financial statements are the responsibility of The Family Center, Inc.'s management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Family Center, Inc. as of June 30, 2008 and the related statements of activities, and changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with Government Auditing Standards, we have also issued our report dated October 20, 2008 on our consideration of The Family Center, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grants. These reports are an integral part of an audit performed in accordance with Government Auditing Standards and should be read in conjunction with this report in considering the results of our audit.

New York, New York
October 20, 2008

N. Cheng & Co., P.C.

THE FAMILY CENTER, INC.
Statement of Financial Position
June 30, 2008
(with comparative totals for 2007)

	<u>2008</u>	<u>2007</u>
<u>Assets</u>		
Cash	\$ 1,142,734	\$ 768,372
Contributions receivable	576,000	37,500
Grants receivable	1,011,426	1,228,465
Prepaid expenses	99,694	67,032
Fixed assets - at cost - net of accumulated depreciation of \$163,754 in 2008 and \$84,009 in 2007	910,700	351,042
Security deposit	<u>205,801</u>	<u>211,000</u>
Total assets	<u>\$ 3,946,355</u>	<u>\$ 2,663,411</u>
 <u>Liabilities and net assets</u>		
<u>Liabilities</u>		
Accounts and accrued expenses payable	\$ 267,838	\$ 398,506
Refundable advances	<u>323,807</u>	<u>238,583</u>
Total liabilities	<u>591,645</u>	<u>637,089</u>
Contingencies and commitments - Notes 5 and 6		
 <u>Net assets</u>		
Unrestricted	1,052,742	179,876
Unrestricted board designated - Note 3	<u>1,200,000</u>	<u>1,200,000</u>
Total unrestricted net assets	2,252,742	1,379,876
Temporarily restricted - Note 4	<u>1,101,968</u>	<u>646,446</u>
Total net assets	<u>3,354,710</u>	<u>2,026,322</u>
Total liabilities and net assets	<u>\$ 3,946,355</u>	<u>\$ 2,663,411</u>

See notes to financial statements.



THE FAMILY CENTER, INC.
Statement of Activities and Change in Net Assets
For the year ended June 30, 2008
(with comparative totals for 2007)

<u>Revenue and other support</u>	<u>Unrestricted</u>	<u>Temporarily restricted</u>	<u>2008</u>	<u>Total 2007</u>
Government grants	\$ 3,610,363		\$ 3,610,363	\$ 3,513,588
Contributions	183,396	\$ 1,927,981	2,111,377	1,018,569
Interest income	18,908		18,908	13,505
In-kind contribution	20,199		20,199	13,017
Rental Income	33,643		33,643	
Other income	1,165		1,165	10,285
Total revenue	3,867,674	1,927,981	5,795,655	4,568,964
Net assets released from restriction	1,472,459	(1,472,459)		
Total revenue and other support	5,340,133	455,522	5,795,655	4,568,964
<u>Expenses</u>				
<u>Program services</u>				
Social services	2,654,298		2,654,298	2,389,947
Legal services	477,629		477,629	398,593
Child Welfare	601,226		601,226	462,727
Total program services	3,733,153		3,733,153	3,251,267
<u>Supporting services</u>				
Management and general	419,361		419,361	392,943
Fund raising	314,753		314,753	298,805
Total supporting services	734,114		734,114	691,748
Total expenses	4,467,267		4,467,267	3,943,015
Change in net assets	872,866	455,522	1,328,388	625,949
Net assets – beginning balance	1,379,876	646,446	2,026,322	1,400,373
Net assets – ending balance	\$ 2,252,742	\$ 1,101,968	\$ 3,354,710	\$ 2,026,322

See notes to financial statements.



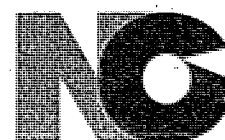
THE FAMILY CENTER, INC.**Statement of Cash Flows**

For the year ended June 30, 2008

(with comparative totals for 2007)

	<u>2008</u>	<u>2007</u>
Cash flows from operating activities		
Change in net assets	\$ 1,328,388	\$ 625,949
Adjustments to reconcile change in net assets to net cash provided by/(used in) operating activities:		
Depreciation	79,745	25,193
Change in contributions receivable	(538,500)	(37,500)
Change in grants receivable	217,039	(667,992)
Change in prepaid expenses	(32,662)	(25,030)
Change in security deposits	5,200	(200,000)
Change in accounts and accrued expenses payable	(130,669)	201,934
Change in refundable advances	<u>85,224</u>	<u>(109,133)</u>
Net cash provided by/(used in) operating activities	1,013,765	(186,579)
Cash flows from investing activities		
Acquisition of fixed assets	(639,403)	(349,539)
Net increase/(decrease) in cash	374,362	(536,118)
Cash – beginning balance	<u>768,372</u>	<u>1,304,490</u>
Cash – ending balance	<u>\$ 1,142,734</u>	<u>\$ 768,372</u>
Supplementary information		
Cash paid for		
Interest	<u>\$ -</u>	<u>\$ -</u>
Taxes	<u>\$ -</u>	<u>\$ -</u>

See notes to financial statements.



THE FAMILY CENTER, INC.

Notes to Financial Statements

June 30, 2008

Note 1 Organization

The Family Center, Inc. ("TFC") is a non-profit organization whose mission is to create a better future for children whose parents have a life threatening illness. TFC is guided by beliefs that every child deserves answers to the questions: "Is it my fault? Will I get sick? And who will take care of me?" TFC provides direct services, conducts research, disseminates information and leads advocacy efforts designed to assist seriously ill parents in planning for the future of their children.

TFC is exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code.

Note 2 Summary of significant accounting policies

Accounting policies. The financial statements of TFC are prepared on the accrual basis of accounting.

Support. Contributions received and unconditional promises to give are measured at their fair values and are reported as an increase in net assets. Gifts of cash and other assets are reported as restricted support if they are received with donor stipulations that limit the use of the donated assets, or if they are designated as support for future periods. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activity as net assets released from restrictions.

Gifts of goods and equipment are reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. In the absence of explicit donor stipulations about how long those long-lived assets must be maintained, TFC reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Depreciation and amortization. Depreciation of furniture and equipment and amortization of capitalized improvements are depreciated and amortized over the life of the asset and over the life of the lease or asset whichever is shorter on a straight-line basis.

Concentrations of credit and market risk. Financial instruments that potentially expose TFC to concentrations of credit risk consist primarily of cash accounts. Cash accounts are maintained at high-quality financial institutions and credit exposure is limited to any one institution. TFC has not experienced any losses on its cash accounts. The exposure is approximately \$890,000.



THE FAMILY CENTER, INC.

Notes to Financial Statements

June 30, 2008

Note 2 Summary of significant accounting policies - (continued)

Net assets. Net assets are classified as follows:

Unrestricted - this class includes net assets from unrestricted contributions and from other resources not subject to donor-imposed restrictions.

Temporarily restricted - this class includes net assets from restricted contributions (temporary restrictions) whose donor imposed restrictions have not been met due to actions of TFC and/or passage of time.

Use of estimates. The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Functional expenses. The costs of providing the various services have been summarized on a functional basis in the schedule of functional expenses. Accordingly, certain costs have been allocated among the programs benefited.

Comparative information. The financial statements include certain prior year summarized comparative information in total, but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the organization's financial statements for the year ended June 30, 2007, from which the summarized information was derived.

Note 3 Assets transferred/board designated

Prior to its inception, TFC was part of Medical and Health Research Association of New York City. At the time, management initiated a campaign to raise funds to support the anticipated cash flow needs of TFC. As of June 30, 2002, TFC's board designated a reserve in the amount of \$529,922. As of June 30, 2003, TFC's board designated an additional \$189,976 for a total of \$719,898. As of June 30, 2007, TFC's board designated provision was readjusted to \$1,200,000 as a reserve for future cash flow shortfalls, which is to be funded based upon current projections of the organization's expected growth.



THE FAMILY CENTER, INC.**Notes to Financial Statements**

June 30, 2008

Note 4 Temporarily restricted net assets

Temporarily restricted net assets as of June 30, 2008 totaling \$1,101,968 are available for the following purposes:

	Beginning balance	Addition	Release	Ending balance
Robin Hood	\$ 465,100	\$ 1,265,000	\$ 1,287,803	\$ 442,297
The Pfizer Foundation	100,000	120,000	90,200	129,800
Susan G. Komen	51,316		51,316	0
Susan G. Komen (Project Talk-2008)		72,000	13,110	58,890
Lehman Brothers Foundation		25,000		25,000
Goldman Sachs	1,280		1,280	0
United Way	10,000		10,000	0
Credit Suisse	18,750		18,750	0
Capital campaign		303,481		303,481
Stern Herman CFDA Foundation		40,000		40,000
Laura B Volger Foundation		2,500		2,500
The Deerfield Partnership Foundation		100,000		100,000
Program services	<u>\$ 646,446</u>	<u>\$ 1,927,981</u>	<u>\$ 1,472,459</u>	<u>\$ 1,101,968</u>

Note 5 Contingencies

Certain government grants may be subject to audit by the funding sources. No provision has been made for any liabilities which may arise from such audits since the amounts, if any, can not be determined at this date. Disallowances or adjustments, if any, will be reflected in the financial statements in the year of settlement.

Note 6 Operating leases

At June 30, 2008, TFC leased office space under three (3) separate operating leases.

First lease agreement: The Organization entered into a five (5) year lease agreement with Hieber Reade Street, LLC for the third, fourth, and fifth floor offices at 66 Reade Street, New York, New York 10007 for the period July 1, 2002 to June 30, 2007. The lease agreement had been extended for another four months from July 1, 2007 till October 31, 2007.



THE FAMILY CENTER, INC.

Notes to Financial Statements

June 30, 2008

Note 6 Operating leases (continued)

Second lease agreement: On June 28, 2002, the Organization entered into a five (5) year office lease agreement with Nostrand Avenue Realty Associates, LLC for the second floor office at 584 Nostrand Avenue, Brooklyn New York 11216 for the period July 1, 2002 to June 30, 2007. In November 2006, TFC exercised its renewal option under this lease for additional five (5) years through June 30, 2012.

Third lease agreement: Effective February 1, 2007, the Organization entered into a ten (10) year lease agreement with 36 LLC c/o Walter and Samuels, Inc. for a fourth floor office at 315 West 36th Street, New York, New York 10018 that terminates on January 31, 2017

- According to the contract, the property owner agreed to contribute \$300,000 to fund normal office renovations.
- The renovation was completely finished in November 2007 and TFC moved to the new office on November 12, 2007.
- The Organization paid an initial security deposit of \$200,000 in February 2007; thirty-three thousand dollars (\$33,000) of this security deposit is scheduled to be refunded on each of the following dates: April 1, 2010, April 1, 2012, and April 1, 2014, with the remainder refundable at the end of the lease.

TFC paid \$380,026 for rent in 2008. The future minimum lease payments are as follows:

Year ending June 30,	
2009	\$ 410,473
2010	422,715
2011	435,500
2012	448,830
2013	449,750
2014 and thereafter	<u>1,937,500</u>
Total	<u>\$ 4,104,768</u>

Note 7 Line of Credit

The family Center Inc. entered into agreement with North Fork Bank to use a line of credit with the amount of \$200,000 at a rate of 0.50% above the Bank's Prime Rate, adjusted as and when such Prime Rate changes. From and after the occurrence of an Event of Default hereunder, the interest rate payable hereunder shall be increased by 5% over the then applicable interest rate. The interest rate set forth is based upon the Bank's review of the Family Center Inc.'s financial condition and subjects to a rate adjustment with thirty days written noticed from the bank. As of June 30, 2008 there is no amount due to North Fork Bank.



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October 20, 2008

To the Board of Directors
The Family Center, Inc.
New York, New York

The financial statements of The Family Center, Inc., namely, the statement of financial position as of June 30, 2008 and the related statements of activities and cash flows for the year then ended and our Independent Auditors' Report thereon, are included in the preceding section of this report.

The data contained in the Schedule which follows this letter is not a required part of the basic financial statements and we did not audit or apply limited procedures to such information.

N. Cheng & Co., P.C.

THE FAMILY CENTER, INC.
Schedule of Functional Expenses
For the year ended June 30, 2008
(with comparative totals for 2007)

	Program services			Supporting services		Total program and supporting services	
	Social services	Legal services	Child Welfare	Management and general	Fund raising	Total	
Salaries	\$ 1,488,776	\$ 267,899	\$ 337,224	\$ 188,221	\$ 165,163	\$ 353,384	\$ 2,447,283
Fringe benefits	300,613	54,094	68,092	38,006	33,350	71,356	494,155
Total personnel costs	1,789,389	321,993	405,316	226,227	198,513	424,740	2,941,438
Professional fees	283,755	51,060	64,274	56,073	31,480	87,553	486,642
Supplies	43,429	7,815	9,837	5,491	39,282	44,773	105,854
Occupancy costs	270,488	48,673	61,268	34,197	30,008	64,205	444,634
Direct services to clients	127,797	22,997	28,947				179,741
Insurance	23,890	4,299	5,411	3,020	2,650	5,670	39,270
Postage and Printing	9,508	1,711	2,154	1,202	1,055	2,257	15,630
Communication	13,577	2,443	3,075	1,716	1,507	3,223	22,318
Employee training	14,903	2,682	3,376	1,885	1,653	3,538	24,499
Equipment rental and maintenance	31,617	5,689	7,162	3,996	3,508	7,504	51,972
Travel	23,087	4,154	5,229	2,919	2,561	5,480	37,950
Office expenses	22,858	4,113	5,177	2,890	2,536	5,426	37,574
Depreciation				79,745		79,745	79,745
Total expenses	\$ 2,654,298	\$ 477,629	\$ 601,226	\$ 419,361	\$ 314,753	\$ 734,114	\$ 4,467,267
							\$ 3,943,015

The notes in the preceding section of this report are an integral part of this schedule.