990 Form

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)

▶ 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.

2017
Open to Public Inspection

06/30, 20 18 07/01, 2017, and ending For the 2017 calendar year, or tax year beginning D Employer Identification number C Name of organization B Check if applic 13-1923959 ACKERMAN INSTITUTE FOR THE FAMILY Address Doing business as E Telephone number Room/suite Number and street (or P.O. box if mail is not delivered to street address) Name chase (212) 879-4900 936 BROADWAY Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ 8,472,827. G Gross receipts \$ NEW YORK, NY 10010 Amended return H(a) is this a group return for Yes X No Application pending ROBERT C. RUCKH F Name and address of principal officer: Nα Ves SAME AS C ABOVE H(b) Are all subordinates included? if "No," attach a list. (see instructions) 527 X 501(c)(3) 4947(a)(1) or 501(c) ((insert no.) Tax-exempt status: H(c) Group exemption number Website: WWW.ACKERMAN.ORG L Year of formation: 1960 M State of legal domicile: NY Form of organization: X | Corporation Trust Association Summary Part I Briefly describe the organization's mission or most significant activities: THE INSTITUTE IS DEDICATED TO THE STUDY, DIAGNOSIS AND TREATMENT OF Governance FAMILY RELATIONSHIP PROBLEMS AND TO THE TRAINING OF FAMILY THERAPISTS. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets 26. Number of voting members of the governing body (Part VI, line 1a) 26. Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 62. 5 26. 6 Ō. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 11,690. b Net unrelated business taxable income from Form 990-T, line 34 **Current Year Prior Year** 1,477,765 1,400,682. Revenue 1,973,520. 1,886,641 955,828. 965,221 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 10 280,995. 294,876. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)......... 4,611,025. 4,624,503. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 52,825 51,238. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,691,559. 2,774,184. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10), 63,000. 60,000. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,607,956. 1,678,123. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,483,920. 4,494,965 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 127,105.129,538 Revenue less expenses. Subtract line 18 from line 12. End of Year Beginning of Current Year P 24,933,008. 24,852,033. 20 Total assets (Part X, line 16) 476,950. 398,007 21 Total liabilities (Part X, line 26)...... 24,535,001. 24,375,083. Net assets or fund balances. Subtract line 21 from line 20. 22 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. elle Sign Signature of officer Here Type or print name and title Preparer's signature Print/Type preparer's name Check P00183769 Paid self-employed JAMES J REILLY Firm's EIN ▶ 13-3628255 Preparer ►CONDON O'MEARA MCGINTY & Firm's name 212-661-7777 Firm's address DONE BATTERY PARK PLAZA, NEW YORK, NY 10004-140 No May the IRS discuss this return with the preparer shown above? (see instructions) Yes Form 990 (2017) For Paperwork Reduction Act Notice, see the separate instructions.

Forr	m 990 (2017)	Page 2
_	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	[X]
1	Briefly describe the organization's mission:	
	(SEE SCHEDULE O)	
2	phot to this bod of bod 221,	es X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	s X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as n expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation the total expenses, and revenue, if any, for each program service reported.	neasured by is to others
4a	(Code:) (Expenses \$ 2,646,652. including grants of \$ 51,238.) (Revenue \$ 1,292,35. EDUCATION AND WORKSHOPS (SEE SCHEDULE O)	3.)
	EDUCATION AND WOMENIOTE (BEE BOMESCEE C)	
4b	(Code:) (Expenses \$893,978. including grants of \$) (Revenue \$681,16	7.)
	CLINIC SERVICES (SEE SCHEDULE O)	
		*** *** **
4c	: (Code:) (Expenses \$ including grants of \$) (Revenue \$)
		,
		· · · · · ·
		
	1 Other transport of Population (Population in Schodulo O.)	
4d	d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
40	e Total program service expenses ► 3,540,630.	
	,	

JSA 7E1020 1.000 4390AC M261

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Page 3

Part	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,"	١.	v	
	complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		Х
	candidates for public office? If "Yes," complete Schedule C, Part I	ا ا		
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
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	┪		
5	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			
U	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	12.01.31.4.3
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	00000000 10000000000000000000000000000		
	VII, VIII, IX, or X as applicable.	CONTRACTOR		2.10
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	١	х	
	complete Schedule D, Part VI	11a	^	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Λ
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	11c		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		21
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d		Х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	X	
	Did the organization report an amount for other liabilities in Part X, line 25? It res, complete schedule by a to 1 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
Т	the organization's separate of consolidated infancial statements for the tax year include a footnote that decreases the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
420	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
140	Schedule D, Parts XI and XII,	12a	Х	
h	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			_
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	W		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1		.,
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		v	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	ļ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1,0	v	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		X
	If "Yes," complete Schedule G, Part III	19	1	<u> </u>

Part	V Checklist of Required Schedules (continued)		<u>v .</u> [N -
	·		Yes	No
20 a	Did the digulification operate one of their modern in the	20a		X
b	it 100 to titlo 200, did the etganization attach a copy of the admines interest and the etganization	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	x	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		
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	23	x	
	employees? If "Yes," complete Schedule J			
24 a	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	24a		Х
	through 24d and complete Schedule K. If "No," go to line 25a	24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	A-710		
С	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
d 25-	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
25a	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			
U	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		į	
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			:
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		.	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			v
	Schedule L, Part IV	28b		<u>X</u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		Х
	conservation contributions? If "Yes," complete Schedule M ,	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		Х
	Part I 25% of its not constol If "Voc."	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		Х
	complete Schedule N, Part II		:	
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 00		
34	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
_	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
b	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			
00	related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	197 Note. All Form 990 filers are required to complete Schedule O.	38	Х	
		Form	990	(2017)

Par				
	Check if Schedule O contains a response or note to any line in this Part V	 i	Yes	No
	Enter the number reported in Roy 3 of Form 1096. Enter the input applicable			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.			
b	Effet the humber of Foshis W-20 included in the Fat Effet of a not approache.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
٥.	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
∠a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 62			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
IJ	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
h	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
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		X
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).	<u>.</u>		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	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	6-		х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
	gifts were not tax deductible?	OD		:
7	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	7a	X	
	and services provided to the payor?	7b	Х	
þ	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
С	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
u	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	
a,	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	illitiation lees and capital contributions included on that viii, into 12 11 11 11 11 11 11 11	 		
	Gloss receipts, included of the office of the transfer of the state of	1 1		
11	Section 501(c)(12) organizations. Enter: Grees income from members or shareholders			
a	Otoss illegine itotil illetimets of stigletiogeter (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			•
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		·	
40-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	1
ı∡a ⊾	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
E	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which		l .	
	the organization is licensed to issue qualified health plans	4		
С	Enter the amount of reserves on hand	<u> </u>		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	X
, p	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	<u></u>

Part VI

ACKERMAN INSTITUTE FOR THE FAMILY

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
C4				
Seci	ion A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	:		
b 2	Enter the number of voting members included in line 1a, above, who are independent <u>I 1b 2 c</u> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2	X	
3	any other officer, director, trustee, or key employee?	3		х
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4	****	Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		х
6 7a	Did the organization have members or stockholders?			
ra	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	X	
a b	The governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			v
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	,	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coue	·/ Yes	No
		10a	100	X
	Did the organization have local chapters, branches, or affiliates?	Iva		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a		Х
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
D	rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40.	Х	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		:
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	X	
a b	Other officers or key employees of the organization	15b	Х	
ь	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
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	464		
C/-	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NEW YORK	5047	·//3/~	anka
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and record MICHELE BURFEIND/THE INSTITUTE 936 BROADWAY, NEW YORK, NY 10010 (212)879-4900	s: ►		

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	or any related	orga	niza	tior	COI	mpen	sate	d any current offic	er, director, or trus	itee.	
(A) Name and Title	(B) Average hours per week (list any	box,	unle	Pos heck ss pe	rson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted tine)	I 24 55	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1)MARTHA FLING	3.00										
CHAIRMAN	0.	Х		Х				0.	0.	0.	
(2)GREGORY T. ROGERS	3.00								_	_	
VICE CHAIR	0.	X		Х				0.	0.	0.	
(3)ROBERT C. RUCKH	3.00									_	
TREASURER	0.	Х		Х				0.	0.	0.	
(4)ALFRED G. FELIU	3.00							_			
SECRETARY	0.	Х		Х		ļ		0.	0.	0.	
(5)LINDA DISHY	3,00							_		_	
DIRECTOR	0.	Х		<u> </u>		ļ	<u> </u>	0.	0.	0.	
(6)HARRIET HABERT	3.00			١					_		
DIRECTOR	0.	Х	ļ	<u> </u>	<u> </u>			0.	0.	0.	
(7)DAYAN KAZI	3.00							_		_	
DIRECTOR	0.	X						0.	0.	0.	
(8)MARY BIJUR	3,00										
DIRECTOR	0.	X			<u> </u>			0.	0.	0.	
(9)LESLIE ROBERTS	3.00								_		
DIRECTOR	0.	X					<u> </u>	0,	0.	0.	
(10)THOMAS G. KAHN	3.00										
DIRECTOR	0.	X	L					0.	0.	0.	
(11)DORIS C. KEMPNER	3.00									_	
DIRECTOR	0.	X			<u> </u>			0.	0.	0.	
(12)DEBORAH WERNER	3.00										
DIRECTOR	0.	Х						0.	0.	0.	
(13)JEANETTE MONNINGER	3.00									_	
DIRECTOR	0.	X						0.	0.	0,	
(14)ALICE K. NETTER	3.00	_								_	
DIRECTOR	0.	Х				1		0.	0.	0.	

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued											
(A)	(B)										
Name and title	Average				ition			Reportable	Reportable	Estimated	
	hours per							compensation	compensation from	amount of other	
	week (list any hours for	office				or/trust		from the	related organizations	compensation	
	related	옥호	3 1					organization	(W-2/1099-MISC)	from the	
	organizetions	흉활	Ě	Officer	y en	p hes	Former	(W-2/1099-MISC)	(,	organization	
	below dotted line)	[중 =	Institutional	•	Key employee	8 8				and related organizations	
	11110)	Individual trustee or director	5		yee	륋					
		Ĉ	truste			Highest compensated employee					
			u			檀					
15) DANIEL ROCKER	3.00									_	
DIRECTOR	0.	X					<u> </u>	0.	0.	0.	
16) PAULA K. OPPENHEIM	3.00							_			
DIRECTOR	0.	Х					<u> </u>	0.	0.	0.	
17) ARTHUR MASLOW	3,00							_			
DIRECTOR	0.	X					<u> </u>	0.	0.	0.	
18) CLYDE BROWNSTONE	3,00									_	
DIRECTOR	0.	X						0.	0.	0.	
19) JEANNIE ACKERMAN CURHAN	3.00										
DIRECTOR	0.	Х						0.	0.	0.	
20) SHERI SANDLER	3,00										
DIRECTOR	0.	Х						0.	0.	0.	
21) STEPHEN SOKOLOFF	3,00										
DIRECTOR	0.	X						0.	0.	0.	
22) ARNOLD SYROP	3.00										
DIRECTOR	0.	Х						0.	0.	0.	
23) IMKE OSTER	3,00									_	
DIRECTOR	0.	X						0.	0.	0.	
24) IRA SALLEN	3.00									_	
DIRECTOR	0.	X					<u> </u>	0.	0.	0.	
25) NINA TASELAAR	3.00								_	_	
DIRECTOR	0.	X					<u> </u>	0.	0.	0.	
1b Sub-total							\blacktriangleright	0.	0.	0.	
c Total from continuation sheets to Part VII, S	ection A						\blacktriangleright	634,700.	0.	54,022.	
d Total (add lines 1b and 1c)							>	634,700.	0.	54,022.	
2 Total number of individuals (including but not				d al	bove	e) who	o re	ceived more than	\$100,000 of		
reportable compensation from the organization	n ▶	- 4	1							IV N-	
										Yes No	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede	er, directo ule J for suc	r, or ch ind	tru <i>ividu</i>	iste⊦ <i>ial</i>	e, '	key e 	emp	oloyee, or highes	t compensated	3 X	
4 For any individual listed on line 1a, is the										DESCRIPTION OF THE	
organization and related organizations gr	eater than	\$15	0,0	00?	If	"Yes	S,"	complete Schedu	le J for such		
individual										4 X	

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		
	4000	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	plo	ye	es,	and h	ligi	hest Compensat	ed Employe	es (c	ontinued)
(A) Name and title	(B) Average hours per	(do r	not cl	Pos	C) sition	e than c	iue	(D) Reportable compensation	(E) Reportable compensation from		(F) Estimated amount of
	week (list any hours for	box,	unles er and	ss pe	erson lirec	is both tor/trust	an ee)	from the	related organization	ns	other compensation from the
	related organizations below dotted	Individual trustee or director	Institutional	Officer	Key emp	lighest mploye	Former	organization (W-2/1099-MISC)	(W-2/1099-M	ISC)	organization and related
	line)	al trus	onal trus		employee	сопр					organizations
		 <u>6</u>	ıstee	***************************************		Highest compensated employee					
26) JANINE WEISENBECK DIRECTOR	3.00	X						0.		0.	0.
27) LOIS BRAVERMAN	40.00										
CEO/PRESIDENT	0.			Х				299,654.		0.	27,951.
28) JEAN MALPAS	36.00							110 600		0.	10 747
DIRECTOR OF PROJECT	40.00	-			-	X		110,600.		- 0 -	10,747.
29) ADRIANA LONDONO DIRECTOR OF DEVELOPMENT	0.					x		118,985.		0.	11,873.
30) ADI LOEBL	20.00	<u> </u>									-
MEDICAL DIRECTOR	0.	<u> </u>				Х		105,461.		0.	3,451.
	<u> </u>							:			
	ļ										
						<u> </u>					
			_								
		<u>.</u>					<u> </u>				
1b Sub-total c Total from continuation sheets to Part VII, S	ection A						* * .				
d Total (add lines 1b and 1c)							o re	ceived more than	\$100,000 of		
reportable compensation from the organization	n 🕨	.,000	4			_,					
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Sched	cer, directo	or, or ch ina	tru Iivid	uste <i>ual</i>	e, ••.	key e	emp	oloyee, or highes	t compensate	ed	Yes No
4 For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	0,0	000	? /1	f "Yes	5,"	complete Schedu	ile J for su	ch	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co 'es," comple	mpen te Scl	sati hedu	ion <i>Ile</i> .	fror J foi	n any <i>such</i>	un per	related organizati son	on or individu 	ıal	5 X
Section B. Independent Contractors											
Complete this table for your five highest component of compensation from the organization. Report of year.	npensated i compensati	ndepe on for	ende r the	ent e ca	con alen	tracto dar ye	ear e	that received more ending with or with	e than \$100,0 hin the organi	000 o izatioi	f n's tax
(A) Name and business ad	dress					•		(B) Description of se	ervices	C	(C) compensation
amo una zasaco da	- MAN -		w								
							+				
	*****						-				
Total number of independent contractors (i more than \$100,000 in compensation from the state of the stat	ncluding b	ut no	t lir ►	nite	d t	o tho	se I	isted above) who	received		
JSA 75505 4 000											Form 990 (2017)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII. . (C) (D) Unrelated Revenue Total revenue Related or business excluded from tax exempt under sections function revenue 512-514 revenue Contributions, Giffs, Grants and Other Similar Amounts 1a Federated campaigns 1b 542,467. 1c 1d 1e Government grants (contributions) . . All other contributions, gifts, grants, and similar amounts not included above . 858,215 20,415. Noncash contributions included in lines 1a-1f: \$ 1,400,682 Total. Add lines 1a-1f . Program Service Revenue **Business Code** 900099 1,292,353. 1,292,353 TUITION AND FEES 2a 681,167 681,167 900099 PATIENT SERVICES C All other program service revenue . . . 1,973,520 Total. Add lines 2a-2f . . (including dividends, Investment income 434,398 434,398. 0 Income from investment of tax-exempt bond proceeds . > 0. 5 (ii) Personal (i) Real 152,656. 6a Gross rents Less: rental expenses . . . 152,656. Rental income or (loss) . . 152,656 d Net rental income or (loss) . (i) Securities (ii) Other Gross amount from sales of assets other than inventory 4,164,645 b Less: cost or other basis 3,643,215. and sales expenses 521,430. Gain or (loss) 521,430 521,430 d Net gain or (loss) Gross income from fundraising Other Revenue events (not including \$ ___ of contributions reported on line 1c). 341,850 See Part IV, line 18 a 218,587 123,263 123,263 Net income or (loss) from fundraising events. Gross income from gaming activities. See Part IV, line 19 a Net income or (loss) from gaming activities. C Gross sales of inventory, 10a returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory, **Business Code** Miscellaneous Revenue MISC. INCOME 900099 5,076 5,076 11a b All other revenue . . . 5,076. Total, Add lines 11a-11d . . 4,611,025 1,231,747. 1,978,596 Total revenue. See instructions.

JSA

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 respo			(C)	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	51,238.	51,238.		
3 Grants and other assistance to foreign				•
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	U.			
5 Compensation of current officers, directors,	224 445	202 706	21,919.	29,730
trustees, and key employees	334,445.	282,796.	21, 919	25,130
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.	1 (50 104	127,857.	173,398
7 Other salaries and wages	1,951,439.	1,650,184.	127,837.	113,390.
8 Pension plan accruals and contributions (include	40.005	0 147	711	0.67
section 401(k) and 403(b) employer contributions)	10,825.	9,147.	711.	967.
9 Other employee benefits	227,258.	192,031.	14,936.	20,291.
10 Payroll taxes	167,592.	141,614.	11,014.	14,964
11 Fees for services (non-employees):			****	
a Management	0.			
b Legal	10,000.	7,411.	1,926.	663.
c Accounting	36,923.	27,362.	7,111.	2,450
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	63,000.			63,000.
f Investment management fees	76,134.		76,134.	44-
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.).	135,703.	100,564.	26,133.	9,006.
12 Advertising and promotion	0.			
13 Office expenses	88,677.	68,949.	11,514.	8,214
14 Information technology	77,267.	54,229.	13,118.	9,920
15 Royalties	0.			
16 Occupancy	259,549.	181,141.	58,313.	20,095.
17 Travel	0.			
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
	79,900.	75,453.	1,794.	2,653
	0.			
20 Interest ,	0.			
21 Payments to affiliates	428,502.	299,054.	96,272.	33,176
	50,690.	35,376.	11,389.	3,925
23 Insurance				
24 Other expenses, Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			,	
aHONORARIUMS AND RESEARCH	333,562.	332,872.	327.	363
bCREDIT CARD/FINANCE CHARGES	59,618.	332,0120	59,618.	
	24,523.	17,115.	5,509.	1,899
cEQUIPMENT AND OTHER LEASING	17,075.	14,094.	2,217.	764
dMISCELLANEOUS	11,013.	T-1/03-1	2/211	, 0 4
e All other expenses	1 103 030	3,540,630.	547,812.	395,478
25 Total functional expenses. Add lines 1 through 24e	4,483,920.	3,340,030.	241,012.	333,410
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs	***************************************			
from a combined educational campaign and				
fundraising solicitation. Check here if	_			
following SOP 98-2 (ASC 958-720)	0.			Form 990 (2017

JSA 7E1052 1.000

Balance Sheet Part X End of year Beginning of year 500. 400. 1 3,307,692 3,299,171. 2 2 Savings and temporary cash investments 153,400 179,000. 3 Pledges and grants receivable, net 3 130,651 136,475. 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Ω 0. 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 0 0. 6 organizations (see instructions). Complete Part II of Schedule L 0. 0. 7 0. 0. 8 Inventories for sale or use 103,873. 118,051. 10a Land, buildings, and equipment: cost or 11,590,462. 10a other basis. Complete Part VI of Schedule D b Less: accumulated depreciation. 10b 1,866,722. 9,985,656. 9,723,740. 10c 11,168,891. 11,291,009. 11 11 Investments - other securities. See Part IV, line 11 12 12 0. Investments - program-related. See Part IV, line 11 13 13 O. 0. 14 14 Intangible assets _______ 82,445. 104,087. 15 15 24,933,008. 24,852,033. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 157,920. 176,525. 17 Accounts payable and accrued expenses.......... 17 0. 18 18 88,773. 186,893. 19 19 0. 0. 20 20 Tax-exempt bond liabilities 0. 0. Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and Ō. 0. 22 0. 0. 23 23 Secured mortgages and notes payable to unrelated third parties 0. 0. Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 132,709. 132,137. 25 of Schedule D 398,007. 476,950. 26 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🛛 🗓 and complete lines 27 through 29, and lines 33 and 34. Balances 18,825,835. 27 18,652,968. 27 Temporarily restricted net assets 2,935,733. 2,948,182. 28 28 2,773,433. 2,773,933. 29 Fund Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 5 Capital stock or trust principal, or current funds 30 Assets 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 š 24,535,001. 24,375,083. 33

Total net assets or fund balances

24,852,033. Form 990 (2017)

24,933,008.

33

Form 99	90 (2017)				ГА	90 12		
Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			83,9			
2								
3	Revenue less expenses. Subtract line 2 from line 1	3			.27,			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		24,5				
5	Net unrealized gains (losses) on investments	5		-287,023.				
6	Donated services and use of facilities	6				0.		
7	Investment expenses ,	7				0.		
8	Prior period adjustments	8				0.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10		24,3	75,0	083.		
Part								
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in					
	Schedule O.			.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were con					1		
	reviewed on a separate basis, consolidated basis, or both:					:		
	Separate basis Consolidated basis Both consolidated and separate basis			l				
h	Were the organization's financial statements audited by an independent accountant?			2b	Х			
~	If "Yes," check a box below to indicate whether the financial statements for the year were audi							
	separate basis, consolidated basis, or both:					:		
	X Separate basis Consolidated basis Both consolidated and separate basis							
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght					
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O.	•		1				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in					
Ju	the Single Audit Act and OMB Circular A-133?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the					
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ACKERMAN INSTITUTE FOR THE FAMILY

Ð	rti	Reason for Public Cha	rity Status (All o	rganizations must o	omplet	e this pa	art.) See instructions				
		anization is not a private four									
1	, org	A church, convention of chu									
2	-	A school described in secti-									
3	-	A hospital or a cooperative									
4	The state of the s										
•	L	hospital's name, city, and st		0011ju//01101/	- p - t			(,			
5				a college or universit	v owned	d or ope	rated by a governme	ntal unit described in			
Ŭ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	-	An organization that norma						om the general public			
•	<u> </u>	described in section 170(b)	•			J					
8	Γ	A community trust describe			Part II.)						
9	-	An agricultural research org				perated	l in conjunction with a	land-grant college			
	<u> </u>	or university or a non-land-									
		university:	J. W	,	,.		,	Ü			
10 11	X	An organization that norma receipts from activities rela support from gross investmacquired by the organizatio An organization organized a	ent income and u n after June 30, 19	nrelated business tax: 975. See section 509 (able inco (a)(2). (0	ome (les: Complete	s section 511 tax) from Part III.)	nip fees, and gross n 331/3 %of its businesses			
	\vdash	An organization organized a						arry out the nurnoses			
12		of one or more publicly su									
		Check the box in lines 12a t									
	Г	Type I. A supporting orga									
а	L	Type I. A supporting organization									
						ajointy of	the directors of truste	es of the			
L		supporting organization. \ Type II. A supporting org				with ite	eunnorted organizati	on(s) by baying			
b	' ∟	rype ii. A supporting org control or management o									
		-			the sam	e persor	is that control or mar	age the supported			
_	Г	organization(s). You must Type III functionally integ			tod in c	oppoctio	n with and functions	ly integrated with			
C		its supported organization						ily integrated with,			
_		Type III non-functionally						ted organization(s)			
C	· L	that is not functionally into									
		requirement (see instruction						an attentiveness			
_		Check this box if the orga						I Tyne III			
е	. Г	functionally integrated, or						i, 1)po iii			
f	En	ter the number of supported	• •								
,		ovide the following information									
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of			
	(-, , ,	and of outpoint of general	(,	(described on lines 1-10	listed in yo	ur governing		other support (see			
				above (see instructions))	Yes	ment?	instructions)	instructions)			
			· · · · · · · · · · · · · · · · · · ·								
(A)											
(B)											
(C)											
(D)				and the second of the second o							
(E)			Inc.								
	aí	· · · · · · · · · · · · · · · · · · ·									

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.)

500	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Cale	ildar year (or liscal year beginning ki)	(a) 2010	(5) 2011	(0) 25:10	(4) = 3 1 4	(5)	
1	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						
e	shown on line 11, column (f) Public support. Subtract line 5 from line 4	:					
	tion B. Total Support						
	ndar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	177	(", "		1		
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 activities, etc. (s					12	
13	First five years. If the Form 990 is forganization, check this box and stop here			nd, third, fourth,	, or fifth tax ye	ar as a section	501(c)(3) ▶
<u>Sec</u>	tion C. Computation of Public Sup						
14	Public support percentage for 2017 (li					15	<u>%</u> %
	Public support percentage from 2016						
16a	331/3% support test - 2017. If the org						
	box and stop here. The organization q						
b	331/3% support test - 2016. If the org this box and stop here. The organization						
4-							
17a	a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
							apported
	organization		anization did r	ot chack a hay			and line
b	15 is 10% or more, and if the orga	anization meets	s the "facts-an	d-circumstances	s" test, check t	his box and st	op here.
	Explain in Part VI how the organization						
18	supported organization Private foundation. If the organization	did not check	a box on line 13	3, 16a, 16b, 17a	a, or 17b, check	this box and see	, _
	instructions					Sahadula A /Form (

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	· · · · · · · · · · · · · · · · · · ·					
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,529,748.	1,528,621.	1,263,109.	1,477,765.	1,400,682.	7,199,925.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	1,729,793.	1,836,434.	1,927,233.	2,214,587.	2,315,370.	10,023,417.
	· · · · · · · · · · · · · · · · · · ·	1,,20,,30.	2,000,1010				
3	Gross receipts from activities that are not an						0.
_	unrelated trade or business under section 513 .						
4	Tax revenues levied for the				:		
	organization's benefit and either paid to						
	or expended on its behalf						0.
5	The value of services or facilities				Ì		
	furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	3,259,541.	3,365,055.	3,190,342.	3,692,352.	3,716,052.	17,223,342.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	258,183.	356,301.	367,508.	331,050.	155,034.	1,468,076.
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
		258,183.	356,301.	367,508.	331,050.	155,034.	1,468,076.
	Add lines 7a and 7b	200,200.			,		
8	'''						15,755,266.
<u> </u>	line 6.)						
		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Caler	ndar year (or fiscal year beginning in)	1				3,716,052.	17,223,342.
9	Amounts from line 6	3,259,541.	3,365,055.	3,190,342.	3,692,352.	3,710,032,	17,223,342.
10 a	Gross income from interest, dividends, payments received on securities loans,			,			
	rents, royalties, and income from similar				İ		
	sources	340,154.	414,160.	455,616.	477,569.	587,054.	2,274,553.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
С	Add lines 10a and 10b	340,154.	414,160.	455,616.	477,569.	587,054.	2,274,553.
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						0.
	carried on				1.000		
12	Other income. Do not include gain or						
	loss from the sale of capital assets	10 756	0 405	8,422.	10,152.	5,076.	42,891.
	(Explain in Part VI.) ATCH 1	10,756.	8,485.	0,424,	10,132,	3,0.0.	12/021
13	Total support. (Add lines 9, 10c, 11,	- 440 454		2 554 200	4 100 073	4 200 102	19,540,786.
	and 12.)	3,610,451.	3,787,700.	3,654,380.	4,180,073.	4,308,182.	
14	First five years. If the Form 990 is for						
	organization, check this box and stop here.						· · · · · · · · · · · · · · · · · · ·
<u>Sec</u>	tion C. Computation of Public Supp						80.63%
15	Public support percentage for 2017 (line 8,					15	
16	Public support percentage from 2016 Sche					16	81.35%
Sec	tion D. Computation of Investment	t Income Perc	entage				
17	Investment income percentage for 2017 (lir			3, column (f))		17	11.64%
18	Investment income percentage from 2016 3					18	10.12%
- 19 а	331/3% support tests - 2017. If the org	janization did no	ot check the box	on line 14, and	d line 15 is more	e than 331/3%, a	nd line
	17 is not more than 331/3%, check this	is box and stor	here. The orda	nization qualifies	s as a publicly	supported organiz	zation . > X
h	331/3% support tests - 2016. If the orga						
D.	line 18 is not more than 331/3 %, check						
••	Private foundation if the organization						

Supporting Organizations

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

Cooti	ion A. All Supporting Organizations	<u> </u>		
Secti	on 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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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 12a or 12b in Part I, answer (b) and (c) 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		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	1	
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 filling organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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		

Schedu	ile A (Form 990 or 990-EZ) 2017			Page 5
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			.
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			L
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		,	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
_	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	. 1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
J	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			1
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons)	
' a	The organization satisfied the Activities Test. Complete line 2 below.	,	//	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	rtions)	
·	The diganization supported a governmental only, besombe in the interview of supported a government only too	1110614	Yes	
2	Activities Test. Answer (a) and (b) below.		. 55	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
þ	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		

ACKERMAN INSTITUTE FOR THE FAMILY

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organizations.	g trust or zations r	n Nov. 20, 1970 (expla nust complete Sectio	in in Part VI). See
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	***************************************	
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y integra	ited Type III supportin	g organization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

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Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
C	From 2014			* * * * * * * * * * * * * * * * * * *
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
ī	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from		• •	
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in		•	
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015. ,			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

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

		 	***************************************	AT	TACHMENT 1	
SCHEDULE A, PART I	II - OTHER INCOM	ME				
DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
MISC, INCOME	10,756.	8,485.	8,422.	10,152.	5,076.	42,891.
TOTALS	10,756.	8,485.	8,422.	10,152.	5,076.	42,891.

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2017

Employer identification number

ACKERMAN INSTITUTE FOR THE FAMILY 13-1923959 Organization type (check one): Filers of: Section: 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Partl	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	BERNARD SELZ 121 EAST 73RD STREET NEW YORK, NY 10021	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	PAULA OPPENHEIM 90 WEST LYON FARM DRIVE GREENWICH, CT 06831	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	GAVIN SIMMS 535 WEST END AVENUE, APT.#7B NEW YORK, NY 10024	\$ <u>25,000.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	CLYDE & DIANE BROWNSTONE 784 PARK AVENUE, APT. 3B NEW YORK, NY 10021	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5_	THOMAS KAHN 555 MADISON AVENUE, 22ND FLOOR NEW YORK, NY 10022	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6_	LOUIS & ANNE ABRONS FOUNDATION 812 PARK AVENUE, APT. E NEW YORK, NY 10021	\$ 40,000.	Person X Payroll Noncash (Complete Part It for noncash contributions.)		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	H. VAN AMERINGEN FOUNDATION 37 W. 12TH STREET #11E NEW YORK, NY 10011	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	GLENN HILL 264 CUMBERLAND STREET #2 BROOKLYN, NY 11205	\$\$,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	LESLIE ROBERTS 11 MADDEN PLACE HARRISON, NY 10528	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10	DEBBIE S. WERNER 2 RUNNING BROOK LANE NEW YORK, NY 10956	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11	IRA SALLEN 1 PATRICIA DRIVE NEW CITY, NY 10956	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12	SALLY GOTTESMAN 333 WEST 88TH STREET NEW YORK, NY 10024	\$20,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Part l	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
13	ROBERT WOOD JOHNSON FOUNDATION ROUTE 1 & COLLEGE ROAD EAST PRINCETON, NJ 08543	\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
14	ELIHU ROSE 2 EAST 88TH STREET NEW YORK, NY 10128	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
15	STEPHEN SOKOLOFF 200 EAST 78TH STRRET NEW YORK, NY 10075	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution		
16	ISABEL ROSE 90 FRANKLIN STREET, 11TH FLOOR NEW YORK, NY 10013	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
17	NANCY L. WENDER 291 CHURCH STREET NEW YORK, NY 10013	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
18	STUART ZIMMER 145 EAST SADDLE RIVER ROAD SADDLE RIVER, NY 07458	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
19	JANINE WEISENBECK 225 CENTRAL PARK WEST #305 NEW YORK, NY 10024	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
20	HABE FOUNDATION 120 MILL RIVER ROAD SOUTH SALEM, NY 10590	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
21	ANN CARMEL 252 SEVENTH AVE., APT. PH C NEW YORK, NY 10001	\$\$	Person Payroli Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
22	JEANNIE A. CURHAN P. O. BOX 1492 EAST DENNIS, MA 02641	\$ 10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
23	KEITH HARING FOUNDATION 676 BROADWAY NEW YORK, NY 10012	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
24	MONCLER USA RETAIL, LLC 568 BROADWAY, STE. 301 NEW YORK, NY 10012	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
25	LINDA DISHY 26 NORTH SHORE ROAD WARREN, CT 06777	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
26_	DORIS KEMPNER 20 THE CLOSSING PURCHASE, NY 10577	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
27	PATRICIA KLINGENSTEIN 8 FOX RUN LANE GREENWICH, CT 06831	\$\\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
28	THOMAS D. KLINGENSTEIN 580 WEST END AVE., APT.#3 NEW YORK, NY 10024	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
29	ARTHUR MASLOW 530 E 72ND STREET, APT.#14D NEW YORK, NY 10021	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
30	MATTHEW MOORE 193 SECOND AVENUE, APT.#5 NEW YORK, NY 10003	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	ANDREW & JULIE KLINGENSTEIN FAMILY FUND 1823 23RD STREET, N.W. WASHINGTON, DC 20008	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	IMKE OSTER 205 MIDLAND AVENUE MONTCLAIR, NJ 07042	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	DANIEL ROCKER 142 WEST 13TH STREET NEW YORK, NY 10011	\$\$ 12,534.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	ROBERT C. RUCKH 33 GREAT HILL FARMS ROAD BEDFORD, NY 10506	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	FIONA RUDIN 10 GRACIE SQUARE, APT. 6G NEW YORK, NY 10028	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date recei
ZEBRA TECH STOCK		
	\$	04/26/20
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date rece
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date rece
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(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date rece
(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date rece

Part III	(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through the following line entry. For organizations completing Part III, enter the total of exclusively religious, characteristics of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$						
	Use duplicate copies of Part III if additio	nal space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held			
		(e) Transfer o	of gift				
	Transferee's name, address, and	ZIP + 4	Relation	iship of transferor to transferee			
		·····	·				
(-) 11-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jíft	(d) Description of how gift is held			
	anta-	ALMOSTATA III					
		· ·					
		(e) Transfer o	 of gift	***************************************			
		(0)					
	Transferee's name, address, and	ZIP + 4	Relation	ship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held			
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		· · · · · · · · · · · · · · · · · · ·					
	(e) Transfer of gift						
	(e) Hansier of Ant						
	Transferee's name, address, and	ZIP + 4	Relation	ship of transferor to transferee			

	6-male-MANA	- Port					
(a) No. from Part I	(b) Purpose of gift	(c) Use of o	jift	(d) Description of how gift is held			
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	AMM .						
	(e) Transfer of gift						
	Transferee's name, address, and	7IP + 4	Relation	ship of transferor to transferee			
	ransieree a name, audress, and						
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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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

Open to Public Inspection

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	ACK	ERMAN INSTITUTE FOR THE FAMILY	13-1923959
Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year	Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
Total number at end of year			
2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value of grants from (during year) Did the organization inform all denors and donor advisors in writing that the assets held in donor advisors funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? PartIII Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of natural habitat Preservation of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure isted in the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year is a structure included in (a). Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements included in (c) acquired after 7/25/06, and not on a historic structure included in (c) acquired after 7/25/06, and not on a historic structure down the property subject to conservation easements in those of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year is a property subject to conservation easements in the property subject to conservation easements i	-		(b) Funds and other accounts
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3. Aggregate value of grants from (during year). 4. Aggregate value at end of year. 5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6. Did the organization inform all grantees, chorors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 7. Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 7. Purpose(s) of conservation easements held by the organization (check all that apply). 7. Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of open space 7. Preservation of open space 8. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 8. Total number of conservation easements. 8. 2a			
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5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised tunds are the organization's property, subject to the organization's exclusive legal control?			
funds are the organization's property, subject to the organization's exclusive legal control?			in donor advised
Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Number of conservation easements Number of conservation easements on a certified historic structure included in (a). Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. Number of states where property subject to conservation easement is located ▶ Number of states where property subject to conservation easement is located ▶ Number of states where property subject to conservation easements it holds? Number of states where property subject to conservation easements it holds? Number of states where property subject to conservation easements it holds? No staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(f) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organiza			
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	ınds can be used
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose (s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements. Number of conservation easements included in (s) acquired after 77/25/06, and not on a historic structure listed in the National Register. Number of conservation easements included in (c) acquired after 77/25/06, and not on a historic structure listed in the National Register. Number of states where property subject to conservation easement is located by violations, and enforcement of the conservation easements in the violations, and enforcement of the conservation easements in the National Register. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcement of the conservation easements for the National Register. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcement of the conservation easements in the National Register. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year shall be a conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) Preservation easements reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(iii) Preservation easements and belance sheet, and include, if applicable, the text of the footnote to the organization is financial statement; and balance sheet, and include, if applicable, the text of the footnote to the organization is financial statement and balance sheet works of art, historical treasures, or other similar assets held for public e		only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	ny other purpose
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Protection of natural habitat	1	· · · · · · · · · · · · · · · · · · ·	
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements . 2a			
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b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register			795 mayers.
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historic structure listed in the National Register. 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶			
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. (i) Reve	a		2d
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Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	3		2,g
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	4		
violations, and enforcement of the conservation easements it holds?		Does the organization have a written policy regarding the periodic monitoring, inspecti	ion, handling of
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. In the organization elected as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part XIII, line 1. In the organization elected on Form 990, Part XIII, line 1. In the organization elected on Form 990, Part XIII, line 1. In the organization elected on Form 990, Part XIII, line 1. In the organization elected on Form 990, Part XIII, line 1.	6		
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. In the organization elected as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part XIII, line 1. In the organization elected on Form 990, Part XIII, line 1. In the organization elected on Form 990, Part XIII, line 1. In the organization elected on Form 990, Part XIII, line 1. In the organization elected on Form 990, Part XIII, line 1.		>	
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
and section 170(h)(4)(B)(ii)?			
In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	8		I
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1			
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Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1			at statements that describes the
Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	Da		r Similar Assets.
If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	ı c		
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b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	ıa	works of art, historical treasures, or other similar assets held for public exhibition, edu-	cation, or research in furtherance of
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		public service, provide, in Part XIII, the text of the footnote to its financial statements that des	cribes these items.
public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re-	evenue statement and balance sneet cation or research in furtherance of
(i) Revenue included on Form 990, Part VIII, line 1		public service, provide the following amounts relating to these items:	outon, or resoured in turnoranes of
(ii) Assets included in Form 990, Part X		(i) Revenue included on Form 990. Part VIII, line 1	▶ \$
If the organization received or held works of art historical treasures or other similar assets for financial gain, provide the		(ii) Assets included in Form 990, Part X	▶ \$
2 If the digatization received of field works of art, filotofical frederics, or other similar account for manifest game provides	2	If the organization received or held works of art, historical treasures, or other similar	assets for financial gain, provide the
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	s:
a Revenue included on Form 990, Part VIII, line 1,	а	Revenue included on Form 990, Part VIII, line 1	
b Assets included in Form 990, Part X	<u>b</u>	Assets included in Form 990, Part X	Sahadula D (Fa 200) 2047

ACKEMPAN INDITIOE LAW INDITIOE

	till Organizations Maintainin	a Collections of	Art Historical	reasures c	or Other Simi	lar Asset	s (conti	nued)
3	Using the organization's acquisition	n accession and o	ther records chec	k any of the	following that	are a signi	ficant us	e of its
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):							
_	Public exhibition	y <i>)</i> .	d Loan	or exchange p	orograms			
a b	Scholarly research		e Other		programo			
	Preservation for future gener	atione	C Oalo	LL				
C	Provide a description of the organ		and evolain how	they further t	the organization	n's exempt	DUITNOSE	in Part
4	XIII.	IZALIONS CONCENTIA	and explain now	aley fulfiler	ine organization	10 Oxompt	Parpooc	mi i ait
_	During the year, did the organizatio	n colicit or receive o	lonations of art his	orical treasur	es or other sim	ilar		
5	assets to be sold to raise funds rath						Yes	No
Da			anieu as part of the	organizations	CONCONOTT	<u> </u>	100	110
r a	Escrow and Custodial Art Complete if the organizati	on answered "Yes	s" on Form 990. F	art IV. line 9	or reported a	n amount	on Forn	n
	990, Part X, line 21.	on anomorou To	, om om ood, .		, 5			•
12	Is the organization an agent, truste	e custodian or othe	er intermediary for	contributions of	or other assets n	ot	 	
Ia	included on Form 990, Part X?					Г	Yes	No
L	If "Yes," explain the arrangement in							
D	H tes, explain the arrangement if	i Fait Aili and comp	hete the lollowing to			Amount		
_	Pegipping balance			1c		unount		
C.	Beginning balance							
d	- ·							
e	Distributions during the year							
f	Ending balance				todial account li	iahility2	Yes	No
	If "Yes," explain the arrangement in							H"
		FAIL AIII. CHECK IR	ere ii the explanation	rnas been pre	VIGCO OILL GILX		• • • • •	
Fai	Endowment Funds. Complete if the organization	on answered "Yes	" on Form 990 P	art IV line 10	n			
	Complete it the organizati	(a) Current year	(b) Prior year	(c) Two years		years back	(e) Four ye	ears back
	<u> </u>	12,658,825.	11,814,286.			34,832.		40,723.
1a	Beginning of year balance	386,424.	195,000			57,683.		10,373
b	Contributions	300,424.	133,000	3227	001.	77,0001		
C	Net investment earnings, gains,	432,148.	1,200,765.	-132,	R72 38	37,825.	6	69,365.
	and losses	432,140.	1,200,700	1327	072.	7770201		
	Grants or scholarships			-		-		
е	Other expenditures for facilities							
	and programs	583,109.	551,226.	760,	930 60	94,256.	61	85,629.
f	Administrative expenses	12,894,288.	12,658,825.	·		36,084.		34,832.
g	End of year balanceL		-			70,004.		74/002
2	Provide the estimated percentage	of the current year	end balance (line 1g	, column (a)) h	neld as:			
a	Board designated or quasi-endowm	ent ▶	2,70					
þ	Permanent endowment ► 21.0	%						
С	Temporarily restricted endowment		1000					
_	The percentages on lines 2a, 2b, a				adanimiatawa difa	r iba		
3a	Are there endowment funds not in t	ne possession of the	ie organization that	are neid and	administered to	I IIIC	V	es No
	organization by:						3a(i)	X
	(i) unrelated organizations						3a(ii)	$\frac{1}{x}$
_	(ii) related organizations						3b	- A
b	If "Yes" on line 3a(ii), are the relate	_			<i></i>		1 20	
4	Describe in Part XIII the intended u		tion's endowment it	nas.				
Pai	Land, Buildings, and Equi Complete if the organization	pment. ion answered "Ye	s" on Form 990. I	Part IV. line 1	l1a. See Form	990, Part	X, line	10.
	Description of property	(a) Cost or	other basis (b) Cost	or other basis	(c) Accumulated	(d)	Book value	→
	***************************************	(inves	tment) (other)	depreciation			
	Land		10	678,977.	1,200,418	+	0 171	8,559.
b	Buildings			010,311.	1,200,410	1	2,410	J, JJ J.
r C	Leasehold improvements			458,135.	377,986	+	Ω:	0,149.
d	Equipment			458,133.	288,318	1		5,032.
<u>e</u>	Other							$\frac{3,032.}{3,740.}$
Tota	I. Add lines 1a through 1e. (Column	(a) must equal Form	п ээυ, Рап X, сошт	ıı (¤), ilne 100	<i>:</i> / >	1	2714.	J, 14U.

Schedule D (Form 990) 2017		Page	3
Part VII Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives			_
(2) Closely-held equity interests			_
(3) Other			_
(A)	······································		
(B)			_
(C)			
(D) (E)			_
(F)			
(G)			_
(H)			_
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶			:
Part VIII Investments - Program Related.	m = 000	D . II. II	
	······	, Part IV, line 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)			_
(2)		A STATE OF THE STA	
(3)			-
(4)			
(5) (6)		Addition of the second of the	_
(7)			~~
(8)			_
(9)			_
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.	
	scription	(b) Book value	_
(1)			_
(2)			_
(3)			_
<u>(4)</u>			_
(5)			
(6)			-
(7) (8)			
(9)			_
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.), , , , ,		
Part X Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,	
	(b) Book value	Α	
(a) Description of liability (1) Federal income taxes	(S) DOOK VAILE	<u>-</u>	
(2) SALARIES & PAYROLL TAXES PAYABLE	28,0	050.	
(3) DEFERRED COMPENSATION	104,0	087.	:
(4)			
(5)			
(6)			
(7)			
(8)	***************************************		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 132, 3	137.	
Total (Column (b) must equal Form 330, Fart A, Col. (b) mis 20.)	- 1	<u> </u>	

ACKERMAN INSTITUTE FOR THE FAMILY

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 7E1270 1.000 4390AC M261

Schedule D (Form 990) 2017

Par	ıe 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•	
1	Total revenue, gains, and other support per audited financial statements	1	4,133,630.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
a b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
u e	Other (Describe in Factorial)	2e	-287,023.
3	Subtract line 2e from line 1	3	4,420,653.
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 / 6, 134.		
b	Other (Describe in Part XIII.)		
		4c	190,372.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,611,025.
Part		'n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	4,293,548.
1	Total expenses and losses per audited financial statements		1,230,010.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Filor year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	2e	
е	Add files 2a through 2d 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	3	4,293,548.
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 Potti 990, Part Viii, inte 70		
b	Other (Describe in Part XIII.)	4c	190,372.
_	Add lines 4a and 4b	5	4,483,920.
5 Dart	XIII Supplemental Information.		· · · · · · · · · · · · · · · · · · ·
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	t V, line	e 4; Part X, line
2; Parl	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	ation.	
SEE	PAGE 5		
		·	
			· · · · · · · · · · · · · · · · · · ·
JSA		Sched	ule D (Form 990) 2017

Part XIII Supplemental Information (continued)

PART V - QUESTION 4

THE INSTITUTE USES THE ENDOWMENT FUNDS FOR SCHOLARSHIPS FOR STUDENTS IN TRAINING PROGRAMS AND TO SUPPORT RESEARCH FOR THE INSTITUTE.

PART XII - LINE 4B

PROFESSIONAL FUNDRAISER: 63,000.

SCHOLARSHIPS, NET WITH TUITION & FEES: 51,238.

PART XIII - LINE 4B

PROFESSIONAL FUNDRAISER: 63,000.

SCHOLARSHIPS, NET WITH TUITION & FEES: 51,238.

SCHEDULE G (Form 990 or 990-EZ)

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 the latest instructions.

OMB No. 1545-0047
2017

Open to Public Inspection

Name of the organization					Employer identification	on number
ACKERMAN INSTITUTE FOR THE P					13-1923959	
Part I Fundraising Activities. Co				"Yes" on Form 9	∌90, Part IV, line	17.
Form 990-EZ filers are no				activities Charles	Il that apply	**************************************
1 Indicate whether the organization ra				activities, check a non-government g		
		_		government grants		
V				ising events	,	
d X Phone solicitations d X In-person solicitations	•	g [] Opc.	ciai iailaia	ioning overno		
2a Did the organization have a written	or oral agreement	with any in	dividual (in	cluding officers, d	irectors, trustees.	
or key employees listed in Form 99 b If "Yes," list the 10 highest paid incompensated at least \$5,000 by the	0, Part VII) or entit dividuals or entities	ty in connec	tion with p	rofessional fundrai	sing services?	X Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody o	idraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vI) Amount paid to (or retained by) organization
		Yes	No			
1						
ATTACHMENT 1						
2		-				
3						
		-				
4						
5					<u> </u>	

6						
7						
8						
9						
10						
10						
Total			▶	484,763.	63,000	421,763.
3 List all states in which the organiz registration or licensing.	ation is registered	or licensed	to solicit			
NY,						
Late of the second seco		- WHITE	·····		-1	
		S.H.M.		Windowsky v		
				,		
				* ***		· · · · · · · · · · · · · · · · · · ·

PAGE 36

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

		gross receipts greater than \$5,00	00.			
			(a) Event #1 GALA	(b) Event #2 GENDER&FAMILY	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	484,763.	399,554.	AAAL AAAAAAAA WAXAA	884,317
∝	2	Less: Contributions	307,234.	235,233.		542,467
		Gross income (line 1 minus line 2).				341,850
	4	Cash prizes _ , . ,	J			
Direct Expenses	5	Noncash prizes _ ,	•			
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	126,991.	91,596.		218,587
	10	Direct expense summary. Add lines 4	Lithrough 9 in column (d)	1		218,587
	11	Net income summary. Subtract line 1				123,263
Pa	rt I		anization answered "Y	es" on Form 990, Par	t IV, line 19, or repo	orted more
		than ψ15,000 of 1 of 11 330-2		(b) Puil tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Şe Ş	4	Gross revenue				
	•	Gross revenue			· · · · · · · · · · · · · · · · · · ·	
nses	2	Cash prizes				
Direct Expenses	3	Noncash prizes	42,000	- true septiminal - 194	and a substantial of the PVA	
	4	Rent/facility costs	*			madamahilili ⁹ 494 - 1 9
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d))		
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	<u></u>	
9 a b	ı İs	nter the state(s) in which the organizat the organization licensed to conduct on "No," explain:		of these states?,		. Yes No
				- AMMARAMINA		and the state of t
		/ere any of the organization's gaming l "Yes," explain:	licenses revoked, suspe			. Yes No
	_					
		AND AND AND AND AND AND AND AND AND AND			Schedule (G (Form 990 or 990-EZ) 2017

ACKERMAN INSTITUTE FOR THE FAMILY

Sched	tule G (Form 990 or 990-EZ) 2017		Page 3					
11	Does the organization conduct gaming activities with nonmembers?	Yes	No					
12	ls 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:		٠,					
а	The organization's facility	****	<u>%</u>					
b	An outside facility		%					
14	Enter the name and address of the person who prepares the organization's gaming/special events books and							
	records:							
	Name ►							
	Address ►							
15 a	Does the organization have a contract with a third party from whom the organization receives gaming							
10 4	revenue?	Yes	No					
b	and the second s							
	amount of gaming revenue retained by the third party ▶ \$							
c	If "Yes," enter name and address of the third party:							
	Name ►							
	Address ►							
16	Gaming manager information:							
	Culture in an agent an ormation.							
	Name ►							
	Gaming manager compensation ► \$							
	Description of services provided ►							
	Director/officer Employee Independent contractor							
17	Mandatory distributions:							
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	,						
	retain the state gaming license?,	Yes	No					
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	;						
	or spent in the organization's own exempt activities during the tax year ▶ \$	/- A						
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor	(v), and						
	(see instructions).	mation						
	(000 mon actions).							

Schedule G (Form 990 or 990-EZ) 2017

	CEIPTS AMOUNT PAID TO AMOUNT PAID TO IVITY (OR RETAINED BY (OR RETAINED BY FUNDRAISER ORGANIZATION	63. 63,000. 421,763.
	GROSS RECEIPTS FROM ACTIVITY	484,763.
	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	×
HIGHEST PAID FUNDRAISER	ACTIVITY	GALA
990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER	NAME AND ADDRESS OF FUNDRAISER	BUCKLEY HALL EVENTS

17-19 MARBLE AVENUE PLEASANTVILLE NY 10570

SCHEDULE 1

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public

Employer identification number 13-1923959 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information. General Information on Grants and Assistance ACKERMAN INSTITUTE FOR THE FAMILY Department of the Treasury Internal Revenue Service Name of the organization (Form 990) Part I

_ ; :ا	× Yes		s" on Form	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	the selection criteria used to award the grants or assistance? $\dots \dots	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

ŝ

1 (a) Name and address of organization or government	NE (q)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
				:			
(2)							
(3)							
- A A A A A A A A A A A A A A A A A A A				anners .			
(4)							
(5)							
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(9)							
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(2)							
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(8)							
The state of the s							
(6)							
(10)				• 111			
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	government of	organizations lis	ted in the line 1 tat	ole			
3 Enter total number of other organizations listed in the line 1 table.		Table.					

3 Enter total number of other organizations listed in the line 1 table.

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

Schedule I (Form 990) (2017)

PAGE 40

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chedule | (Form 990) (2017)

Part III

Page 2

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

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Ž (d) Amount of non-cash assistance 51,238. (c) Amount of cash grant (b) Number of recipients 21. (a) Type of grant or assistance 1 SCHOLARSHIPS Part IV Ю 9 က 4 ~

PART III

SCHOLARSHIP COMMITTEE COMPRISED OF PRESIDENT/CEO, DIRECTOR OF TRAINING,

CO-DIRECTOR OF SOCIAL WORKS & DIVERSITY AND BOARD MEMBER(S) REVIEWS THE

V a

FINANCIAL AID APPLICATION SUBMITTED BY STUDENTS. THE COMMITTEE REVIEWS

THE STUDENTS' TAX RETURN FORMS AND LETTER OF RECOMMENDATION AND

DETERMINES ELIGIBLE STUDENTS BASED ON FINANCIAL NEED.

PAGE 41

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

ACKERMAN INSTITUTE FOR THE FAMILY

Inspection Employer identification number

13-1923959

Pari	Questions Regarding Compensation			
		Execusive	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments 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)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
-	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all		1000	<u> </u>
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		G-12-E
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee	(350,045)		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		5	
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			7.00000 7.000000
		-4559-413	Section 1	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b	5-5-5-4-6	Х
	If "Yes" on line 5a or 5b, describe in Part III.	cassiner.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:	179.WED		
а	The organization?	6a		X
þ	Any related organization?	6b	200000000	
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	-		Х
_	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
0	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		Thirth:	
9	Regulations section 53 4958-6(c)?	9	9-11 116 J	التشب الانت

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	***************************************	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
LOIS BRAVERMAN	€	299,654.	0.	0	17,418.	10,533.	327,605.	
1CEO/PRESIDENT	(E)	0	0	0			0.	
	€							
2	(II)							THE RESERVE AND ASSESSED AS A SECOND ASSESSED AS A SECOND ASSESSED AS A SECOND ASSESSED AS A SECOND AS A SECOND ASSESSED AS A SECOND AS A
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9	€							
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12	(II)							
	(6)							
13	(ii)							
	(i)							
14	(II)	-						
	Ξ							
15	(E)							
	Ξ							
16	Œ							
							Sch	Schedule J (Form 990) 2017

JSA

Page 3

Schedule J (Form 990) 2017

Part III Supplemental Information

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

Schedule J (Form 990) 2017

PAGE 44

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

ACKERMAN INSTITUTE FOR THE FAMILY

Employer identification number 13–1923959

PART III - LINE 1

ORGANIZATION'S MISSION: FOUNDED IN 1960, THE ACKERMAN INSTITUTE FOR THE FAMILY IS ONE OF THE PREMIER INSTITUTIONS FOR FAMILY THERAPY AND ONE OF THE BEST KNOWN AND MOST HIGHLY REGARDED TRAINING FACILITIES FOR FAMILY THERAPISTS IN THE UNITED STATES. THE ACKERMAN INSTITUTE SERVES FAMILIES FROM ALL ETHNIC, ECONOMIC, AND RELIGIOUS BACKGROUNDS, AS WELL AS MEMBERS OF THE LGBTQ COMMUNITY FAMILIES AND COUPLES. THE ACKERMAN INSTITUTE'S MISSION IS TO PROVIDE: INNOVATIVE FAMILY AND COUPLE THERAPY THROUGH ITS ON-SITE CLINIC (LICENSED BY THE STATE OF NEW YORK OFFICE OF MENTAL HEALTH); STATE-OF-THE-ART TRAINING PROGRAMS FOR MENTAL HEALTH AND OTHER PROFESSIONALS ON-SITE, IN COMMUNITY SETTINGS AND INTERNATIONALLY; AND, CUTTING-EDGE RESEARCH INITIATIVES THAT FOCUS ON THE DEVELOPMENT OF NEW TREATMENT MODELS AND TRAINING TECHNIQUES. THROUGH THIS DYNAMIC INTERACTION OF TREATMENT, TRAINING AND RESEARCH, THE ACKERMAN INSTITUTE HELPS FAMILIES, SERVES MENTAL HEALTH CARE PROFESSIONALS AND BRINGS INNOVATIVE PERSPECTIVES TO A BROAD ARRAY OF COMMUNITY SERVICE AGENCIES AND OTHER HEALTH CARE FACILITIES.

PART III - LINE 4A

EDUCATION & WORKSHOPS: THE ACKERMAN INSTITUTE'S DEEP BELIEF IN AND COMMITMENT TO FAMILY THERAPY HAS PLAYED A MAJOR ROLE IN EXPANDING THE SCOPE OF THE FIELD OF MENTAL HEALTH, AND THE ACKERMAN INSTITUTE TODAY IS WIDELY ACKNOWLEDGED AS A PIONEER IN THE FIELD OF FAMILY THERAPY. THE ACKERMAN TRAINING PROGRAM OFFERS STUDENTS A COURSE OF STUDY THAT COMBINES

Employer identification number 13-1923959

THEORY WITH DIRECT EXPERIENCE WITH FAMILIES. EACH TRAINEE RECEIVES INDIVIDUALIZED ATTENTION FROM A DISTINGUISHED FACULTY DRAWN FROM THE FIELDS OF SOCIAL WORK, PSYCHOLOGY, FAMILY THERAPY, AND PSYCHIATRY. MANY ACKERMAN FACULTY MEMBERS DIRECT CLINICAL RESEARCH PROJECTS THAT FOCUS ON PROBLEMS INCLUDING, BUT NOT LIMITED TO, SCHOOL DIFFICULTIES, CHILD AND ADOLESCENT PROBLEMS, DEPRESSION, MARITAL ISSUES, DIVORCE, BEREAVEMENT, LEARNING DISABILITIES, FAMILY VIOLENCE, CHILD ABUSE AND INCEST, CHRONIC . MEDICAL ILLNESS, AND GENDER IDENTITY ISSUES. THE KNOWLEDGE AND INSIGHTS GAINED FROM THIS RESEARCH ARE INCORPORATED IMMEDIATELY INTO ACKERMAN'S TRAINING PROGRAMS AND DISSEMINATED TO MENTAL HEALTH CARE PROFESSIONALS LOCALLY, NATIONALLY, AND INTERNATIONALLY THROUGH LECTURES, WORKSHOPS AND PUBLICATIONS. THE ACKERMAN INSTITUTE'S EDUCATIONAL INITIATIVES ADDRESS THE NEED FOR HIGH QUALITY CLIENT CARE AND THE NEEDS OF PRACTICING PROFESSIONALS FOR INNOVATIVE MEANINGFUL FAMILY THERAPY TRAINING. ACKERMAN'S PROGRAM INCLUDES A RANGE OF OPPORTUNITIES THAT ACCOMMODATE BOTH THE PROFESSIONAL REQUIREMENTS AND TIME CONSTRAINTS OF PRACTITIONERS AT DIFFERENT STAGES OF THEIR CAREERS. THE TRAINING PROGRAM ENABLES PRACTITIONERS TO EXPAND THEIR KNOWLEDGE AND SKILLS AS THE PROVISION OF MENTAL HEALTH SERVICES GAINS GREATER RECOGNITION IN THE HEALTHCARE SYSTEM. THE ACKERMAN TRAINING PROGRAM IS OPEN TO INDIVIDUALS WITH DEGREES IN SOCIAL WORK, PSYCHOLOGY, PSYCHIATRY, MENTAL HEALTH COUNSELING, AND TO INDIVIDUALS WITH DEGREES IN MARRIAGE AND FAMILY THERAPY.

Employer identification number 13-1923959

PART III - LINE 4B

CLINIC SERVICES:

AT THE ACKERMAN INSTITUTE TREATMENT CENTER, TRAINED THERAPISTS HELP

FAMILIES FROM ALL ETHNIC, ECONOMIC AND RELIGIOUS BACKGROUNDS. FAMILY

THERAPY IS A METHOD OF UNDERSTANDING AND TREATING EMOTIONAL PROBLEMS AND

PERSONAL CRISES BY WORKING WITH THE ENTIRE FAMILY RATHER THAN THE

INDIVIDUAL. THERAPY SESSIONS FOCUS ON UNDERSTANDING INDIVIDUALS'

THOUGHTS, FEELINGS AND BEHAVIOR WITHIN THE CONTEXT OF THEIR FAMILIES. THE

GOAL IS TO HARNESS AND STRENGTHEN FAMILY RESOURCES, AND HELP FAMILY

MEMBERS WORK COLLABORATIVELY TOWARDS SOLUTIONS TO THEIR PROBLEMS. THERAPY

IS PROVIDED BY PSYCHIATRISTS, PSYCHOLOGISTS AND SOCIAL WORKERS ON THE

ACKERMAN FACULTY AND BY CLINICIANS IN POSTGRADUATE TRAINING AND

SUPERVISION AT ACKERMAN.

THE ACKERMAN CLINIC HELPS FAMILIES WITH PROBLEMS INCLUDING, BUT NOT LIMITED TO, SCHOOL DIFFICULTIES, CHILD AND ADOLESCENT PROBLEMS, MARITAL ISSUES, DIVORCE, BEREAVEMENT, LEARNING DISABILITIES, FAMILY VIOLENCE, CHILD ABUSE AND INCEST, CHRONIC MEDICAL ILLNESS, AND GENDER IDENTITY ISSUES.

PART VI, SECTION A. - QUESTION 2

DEBORAH WERNER, DIRECTOR, AND IRA SALLEN, DIRECTOR, HAVE A FAMILY RELATIONSHIP.

PART VI, SECTION B. - QUESTION 11B

THE FORM 990 IS INITIALLY REVIEWED BY THE TREASURER OF THE BOARD OF

DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. THE FORM 990

Name of the organization ACKERMAN INSTITUTE FOR THE FAMILY Employer identification number 13-1923959

IS AVAILABLE TO BOARD OF DIRECTORS UPON REQUEST.

PART VI, SECTION B. - QUESTION 12C

THE INSTITUTE REQUIRES THE BOARD OF DIRECTORS AND EXECUTIVE OFFICERS TO

COMPLETE CONFLICT OF INTEREST FORMS. THE FORMS ARE THEN REVIEWED FOR ANY
POSSIBLE CONFLICTS. THE CHAIRMAN IS NOTIFIED IF ANY CONFLICTS EXIST.

PART VI, SECTION B. - QUESTION 15A

THE CEO IS PROVIDED WITH A THREE YEAR CONTRACT. WHEN THE CONTRACT IS UP

FOR RENEWAL, THE CHAIRMAN OF THE BOARD CONDUCTS A PERFORMANCE REVIEW WITH

THE CEO. BASED UPON THE PERFORMANCE REVIEW, CHANGES ARE INCORPORATED

INTO A NEW THREE YEAR CONTRACT. THE EXECUTIVE COMMITTEE OF THE BOARD

VOTES ON FINAL APPROVAL OF THE CONTRACT AND RECOMMENDS TO THE BOARD

ACCEPTANCE OF THE CEO'S CONTRACT AND THE BOARD THEN VOTES ON THE

EXECUTIVE COMMITTEES RECOMMENDATION.

PART VI, SECTION C. - QUESTION 19

THE INSTITUTE DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

PHILLIPS OPPENHEIMER 360 LEXINGTON AVENUE NEW YORK, NY 10017 CONSULTANNT

105,000.

Form 8868'

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-1709

► File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

filing of this	form, visit www.irs.gov/efile, click on Charitie	s & Non-Pr	ofits, and click on e-file	for Charities and Non-Pro	ofits.		
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).				
All corporati	ions required to file an income tax return othe orm 7004 to request an extension of time to f	er than Forr	m 990-T (including 112				
		-1		Enter filer's identifying Employer identification nur			istructions
Type or	Name of exempt organization or other filer, see in	istructions.		Employer identification nut	nbei	(E114) OI	
print	ACKERMAN INSTITUTE FOR THE FA	AMILY		13-1923959	9		
File by the	Number, street, and room or suite no. If a P.O. bo		ctions.	Social security number (SS	N)		
due date for filing your	936 BROADWAY						
retum. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
NEW YORK, NY 10010						T-1-1	
Enter the Re	eturn Code for the return that this application	is for (file	a separate application f	or each return)			01
Application		Return	Application				Return
ls For		Code	ls For				Code
	r Form 990-EZ	01	Form 990-T (corpora	tion)			07
Form 990-B		02	Form 1041-A				08
Form 4720		03	Form 4720 (other the Form 5227	an individual)			10
Form 990-P		05	Form 6069				11
	(sec. 401(a) or 408(a) trust) (trust other than above)	06	Form 8870				12
POIIII 990-1	MICHELE BURFEIN		· · · · · · · · · · · · · · · · · · ·				
 The book 	s are in the care of ▶ 936 BROADWAY, N	NEW YORK	NY 10010				
 If the org If this is f for the whole 	ne No. ► 212 879-4900 panization does not have an office or place of for a Group Return, enter the organization's folle group, check this box ►	business in bur digit Gro If it is for pa	oup Exemption Number art of the group, check	(GEN)this box ▶ _	a	. If this and attac	h
1 reque	est an automatic 6-month extension of time u	ntil	05/15 ,20	19 , to file the exempt	orga	inization	return
for the	organization named above. The extension is	for the org	anization's return for:				
X	calendar year 20 or tax year beginning 07/0 tax year entered in line 1 is for less than 12 n	01_, 201	7_, and ending			<u>8</u>	
	Change in accounting period	NO. T. 470	0 C000	tentative tax lace any			
	application is for Forms 990-BL, 990-PF, 9	390-1, 472	u, or bubs, enter the	tentative tax, less any	3a 3	£	0.
nonrei	fundable credits. See instructions. s application is for Forms 990-PF, 990-T	4720 0	r 6060 enter any i	refundable credits and	Ja	<u> </u>	
b if this	s application is for Forms 990-FF, 990-F ated tax payments made. Include any prior ye	, 4120, C ar overnavi	ment allowed as a cred	it.	3b	\$	0.
c Balan	ce due. Subtract line 3b from line 3a. Include	vour payn	ent with this form, if re	equired, by using EFTPS		<u>!</u>	
	ronic Federal Tax Payment System). See instru		,		3c	\$	0.
Caution. If vo	ou are going to make an electronic funds withdraws	al (direct det	oit) with this Form 8868, s	see Form 8453-EO and Form	า 887	9-EO for	payment
instructions.							
	Act and Paperwork Reduction Act Notice, see inst	tructions.			Form	8868 (F	Rev. 1-2017)