EXTENDED TO MAY 15, 2020

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

ΑΙ	For the	2018 calendar year, or tax year beginning $\mathtt{JUL}\ 1$, 2018 ar	d ending J	UN 30, 2019			
	Check if applicable:	C Name of organization		D Employer identifie	cation number		
	Address change	ACKERMAN INSTITUTE FOR THE FAMILY					
	Name change	Doing business as		13-19	23959		
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 936 BROADWAY	Room/suite	E Telephone number 212-879-4900			
	☐return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,524,936.		
	Amende return			H(a) Is this a group re			
	Applica-	F Name and address of principal officer: MARTHA FLING		for subordinates			
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
<u> </u>	Tax-exer	npt status: \boxed{X} 501(c)(3) $\boxed{}$ 501(c) () \blacktriangleleft (insert no.) $\boxed{}$ 4947(a)() or 527	If "No," attach a	list. (see instructions)		
J	Website	: WWW.ACKERMAN.ORG		H(c) Group exemption	n number		
		rganization: X Corporation Trust Association Other Summary	L Year	of formation: 1960	1 State of legal domicile: NY		
_	1 B	riefly describe the organization's mission or most significant activities: THE	NSTITUTE :	IS DEDICATED TO			
Governance	T	HE STUDY, DIAGNOSIS AND TREATMENT OF FAMILY RELATIONSHIP					
r	2 0	heck this box 🕨 🔲 if the organization discontinued its operations or disp	osed of more	than 25% of its net ass	sets.		
o Ve	3 1	umber of voting members of the governing body (Part VI, line 1a)		3	25		
		umber of independent voting members of the governing body (Part VI, line 1b)		4	25		
8	5 T	otal number of individuals employed in calendar year 2018 (Part V, line 2a)		5	63		
Vi t i	6 T	otal number of volunteers (estimate if necessary)		6	25		
Activities &	7a⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
_	b N	et unrelated business taxable income from Form 990-T, line 38		7b	0.		
				Prior Year	Current Year		
ē	8 C	ontributions and grants (Part VIII, line 1h)		1,400,682.	1,451,839.		
Revenue	9 P	rogram service revenue (Part VIII, line 2g)		1,973,520.	1,825,970.		
Se.	10 Ir	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		955,828.	601,319.		
_	11 (ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		280,995.	532,863.		
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,611,025.	4,411,991.		
	1	rants and similar amounts paid (Part IX, column (A), lines 1-3)		51,238.	57,650.		
	1	enefits paid to or for members (Part IX, column (A), line 4)		2 601 550	2 220 002		
es	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		2,691,559.	3,329,092.		
Expenses	16a ⊦	rofessional fundraising fees (Part IX, column (A), line 11e)		63,000.	93,000.		
ΩX	b 1		3,441.	1,678,123.	1 930 909		
_	"	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,483,920.	1,839,808. 5,319,550.		
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		127,105.	-907,559.		
		evenue less expenses. Subtract line 18 from line 12		eginning of Current Year			
Assets or	20 T	otal assets (Part X, line 16)	В	24,852,033.	End of Year 24,277,269.		
ASS6	20 T	otal liabilities (Part X, line 26)		476,950.	376,701.		
Net/	-1	et assets or fund balances. Subtract line 21 from line 20		24,375,083.	23,900,568.		
_	art II	Signature Block			23,333,333,		
		es of perjury, I declare that I have examined this return, including accompanying schedu	les and statem	ents, and to the best of my	knowledge and belief, it is		
		and complete. Declaration of preparer (other than officer) is based on all information of		•	,		
	T						
Sig	ın İ	Signature of officer		Date			
Hei							
		Type or print name and title					
		Print/Type preparer's name Preparer's signature	- 44	Date Check	PTIN		
Pai		AMES J. REILLY James J. A	eilly	5/1/2020 if self-employ	P00183769		
Pre	parer	irm's name ▶ CONDON O'MEARA MCGINTY & DOMMELLY LLP	0	Firm's EIN 13-3628255			
Use	Only	irm's address ONE PARKET PARK PLAZA					
_		NEW YORK, AT 1000		A ton no.212	-661-7777		
Ма	y the IRS	6 discuss this return with he representation above the interruttion in the second seco			X Yes No		

13-1923959

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
3	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?	Yes X No
•	If "Yes," describe these changes on Schedule O.	165140
ŀ	Describe the organization's program service accomplishments for each of its three largest program services, as measured by Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total revenue, if any, for each program service reported.	
la	2 207 207	1,089,741.
	EDUCATION AND WORKSHOPS (SEE SCHEDULE O).	
·b	(Code:) (Expenses \$1,034,596. including grants of \$) (Revenue \$) CLINIC SERVICES (SEE SCHEDULE O).	143,423.
c	(Code:) (Expenses \$	
	Other program services (Describe in Schedule O.)	
ŀd		
ld 	Expenses \$ including grants of \$)

Part IV Checklist of Required Schedules

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
•	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV	-		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	х	
4.4	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		17	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
=	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
10		-17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	41	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the an attach a copy of its audited financial statements this return?	20b		<u> </u>
21	Did the organization report mole than \$,000 of grams or on en assistance to any do nestic organization or			17
	domestic government on Part X, c un (A, ine 1? 1 es col oble. Sche lule I, Parts V no II	21	000	Х
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Form 990 (2018)

ACKERMAN INSTITUTE FOR THE
Part IV | Checklist of Required Schedules (continued)

1 3	Continued)		Vaa	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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,"	1		
	complete Schedule L, Part II	26		Х
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		Х
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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			٠.,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		—
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
27	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			х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Δ.
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	
Pai	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	21	
· ui	Check if Schedule O contains a response or note to any line in this Part V			
	2.155 52.154410 6 65.144110 4 165penies of note to dry into in the fact v		V	<u> </u>
4-	Enter the number reported in Box 3 of Form 1096. Enter -0: if not applicable		Yes	No
	Zinci die names reperted in 2000 en rem recei Encir e in net applicable	-		
	Little the number of Forms. Cancidded in time 1a. Little 10-11 not applicable	-		
С	Did the organization comply with backet with foll ring rules in reportable; ay rients to vendor and resonable of ming (gambling) winnings to prize winner?	1c	х	
03300	to garnbling) withings to prize written (*)		990	(2012)
UUZUI14	: 16-0 i- 10	I UIII		رن ا ب∟.

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			<u> </u>	age •
. u.	Continued)		$\overline{}$	Vaa	Na
0-	Fatantha mushay of application and day Fame W.O. Transposition of Ways and Tay Obstansiate			Yes	No
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	63			
	The die calcinear year chaing with or within the year covered by this retain	-	0.	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				.,,
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. Li	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	∟'	4a		Х
b	If "Yes," enter the name of the foreign country:	_			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. –	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	上	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. L!	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	. L	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	L	6b		
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 and services provided to the payor	? .	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	- F	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	.	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
e	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?	" F	7f	Х	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
Ū	sponsoring organization have excess business holdings at any time during the year? N/A		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	,	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	. —	9b		
10	Section 501(c)(7) organizations. Enter:	. F.			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	\dashv			
11	Section 501(c)(12) organizations. Enter:	\dashv			
''	N/A				
b	Gross income from members or snareholders	\dashv			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	\dashv ,	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	H.	Za		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	\dashv			
	37/3	-	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	· -	Joa		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
b	organization is licensed to issue qualified health plans				
•	Enter the amount of reserves on hand	\dashv			
	Bid the consciention was in a superior for indeed to a facility of the facilit	٦,	14a		х
14a		. —			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		15		x
	excess parachute payment(s) during the year?		15		
16	If "Yes," see instructions and file Form 4720, Schedule N.		16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	· F	16		
	If "Yes," complete Form 47 100 100 100 100 100 100 100 100 100 10		Eor	990	(2018)
	Taxpayer Copy	ŀ	LALUI	J30	رکا الا
	I UMPUYUI UUPY				
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion 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	1a		25			
	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	Enter the number of voting members included in line 1a, above, who are independent	1b		25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other				
	officer, director, trustee, or key employee?]	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 99				4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?			5		Х
6	Did the organization have members or stockholders?				6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or applications are considered as a second control of the organization have members, stockholders, or other persons who had the power to elect or application of the organization have members and the organization have members as a second control of the organization have members and the organization have been also been as the organization of the organization have members and the organization of the organization have been also been as the organization of the organiz	•					
	more members of the governing body?				7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto		,				
	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	· ·				
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?			}	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach the control of the				_		۱.,
800	organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)			.,	
40-	Did the constitution have been been been been as a fellow-			ſ	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			·····	10a		Α
b	If "Yes," did the organization have written policies and procedures governing the activities of such change branches to apply their operations are consistent with the organization's exempt purposes?	•			10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body		ro filing the form		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Delo	re ming the form	''	1 Ia		
12a	Pill the state of			ı	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			Г	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			·····	120		
·	in Schedule O how this was done	,			12c	х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?			г	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval			·····			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-					
а	The organization's CEO, Executive Director, or top management official			ĺ	15a	Х	
	Other officers or key employees of the organization				15b	Х	
	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	nent v	∕ith 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			[
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	izatio	n's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ №						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	d 990	-T (Section 501	(c)(3)s	only) a	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain		,				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict c	f interest policy	, and f	inanc	ial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records				
	MICHELE BURFEIND, THE NST TO E 21 7079 45 0		₩				
	936 BROADWAY, NEW YORK NY 1 01		.y			000	
832006	12-31-18	1			Form	990	(2018)

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

Employees, and Independent Contractors

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

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

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

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

Check this box if neither the organize	zation nor any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		l than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	person is both an a director/trustee)			compensation	compensation	amount of
	week		cer an	a a a	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			sated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	trust		99	n ben		(W-2/1099-MISC)		organization and related
	below	dual t	tiona		nploy	st cor	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizatione
(1) MARTHA FLING	3.00									
CHAIRMAN		х		х				0.	0.	0.
(2) IRA SALLEN	3.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) ROBERT C. RUCKH	3.00									
TREASURER		Х		Х				0.	0.	0.
(4) ALFRED G. FELIU	3.00									
SECRETARY		Х		Х				0.	0.	0.
(5) LINDA DISHY	3.00									
DIRECTOR		Х						0.	0.	0.
(6) HARRIET HABERT	3.00									
DIRECTOR		Х						0.	0.	0.
(7) DAYAN KAZI	3.00									
DIRECTOR		Х						0.	0.	0.
(8) GREGORY T. ROGERS	3.00									
DIRECTOR		Х						0.	0.	0.
(9) LESLIE ROBERTS	3.00									
DIRECTOR		Х						0.	0.	0.
(10) THOMAS G. KAHN	3.00									
DIRECTOR		Х						0.	0.	0.
(11) DORIS C. KEMPNER	3.00									
DIRECTOR		Х						0.	0.	0.
(12) DEBORAH WERNER	3.00									
DIRECTOR		Х						0.	0.	0.
(13) JEANETTE MONNINGER	3.00									
DIRECTOR		Х						0.	0.	0.
(14) ALICE K. NETTER	3.00									
DIRECTOR		Х						0.	0.	0.
(15) DANIEL ROCKER	3.00									
DIRECTOR		Х						0.	0.	0.
(16) PAULA K. OPPENHEIM	3.00									
DIRECTOR		Х						0.	0.	0.
(17) ARTHUR MASLOW			1			Y		Cop		
DIRECTOR	axo	X							0.	0.
832007 12-31-18			J						J	Form 990 (2018

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hi	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos			nne	Reportable	Reportable		Es	timat	ed
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	pensation		nount	of
	week	_	cer ar	id a d	irecto	or/trus	tee)	from	from related			other	
	(list any	director						the	organizations			pensa	
	hours for related	or di	e e			ated		organization	(W-2/1099-MISC))		om th	
	organizations	ustee	trustee		9	Suedi		(W-2/1099-MISC)			•	anizat d relat	
	below	ual tr	tional		ploye	t con	_					a reiai anizati	
	line)	Individual trustee or	Institutional t	Officer	sey employee	Highest compensated employee	Former				orga	ıııızatı	10113
(18) CLYDE BROWNSTONE	3.00												
DIRECTOR		Х						0.		0.			0.
(19) JEANNIE ACKERMAN CURHAN	3.00												
DIRECTOR		х						0.		٥.			0.
(20) SHERI SANDLER	3.00												
DIRECTOR		Х						0.		٥.			0.
(21) STEPHEN SOKOLOFF	3.00												
DIRECTOR		Х						0.		0.			0.
(22) ARNOLD SYROP	3.00												
DIRECTOR		Х						0.		٥.			0.
(23) IMKE OSTER	3.00	-											
DIRECTOR	2 00	Х				-		0.		0.			0.
(24) NICOLE POTEAT DIRECTOR	3.00	x						0.		٥.			0.
(25) JANINE WEISENBECK	3.00							•		+			••
DIRECTOR	3,00	х						0.		٥.			0.
(26) GISELLE ACEVEDO	40.00												
CEO/PRESIDENT		1		x				132,860.		٥.		2,	450.
1b Sub-total			_					132,860.		0.		2,	450.
c Total from continuation sheets to Part VI								723,037.		0.	53,377.		
d Total (add lines 1b and 1c)							•	855,897.		0.	55,827.		
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable				
compensation from the organization								,	•				6
												Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee,	or l	highest compensated er	nployee on				
line 1a? If "Yes," complete Schedule J for s	uch individual									.	3		Х
4 For any individual listed on line 1a, is the su	•							•	•				
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4	Х	
5 Did any person listed on line 1a receive or a	•				•			•					
rendered to the organization? If "Yes," com	plete Schedul	e J f	or st	ıch <u>ı</u>	oers	on					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co										nsat	ion fro	om	
the organization. Report compensation for	ine calendar ye	ear e	enair	ig w	itn c	or wi	tnin		ear.		10	• • • • • • • • • • • • • • • • • • • •	
(A) Name and business	address	NO	NE					(B) Description of s	ervices	С	(C ompe		n
								1			•		
							\dashv						
2 Total number of independent actors (in	ncluding but n	ot lir	nited	to t	thos	se lis	ted	abortho received mo	ore than				
\$100,000 of compensation from the organic SEE PART VII, SECTION A ONT IN													
SEE PART VII SECTION A CONTIN	AVION SHE	TIS		7 (- 1			, \ /		Form	990 /	(2018)

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Form 990 ACKERMAN INS	FITUTE FOR	THE	FA	MIL	Y				13-19239	959
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd F	ligh	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	ı		Reportable	Reportable	Estimated
	hours	(c	heck	all '	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	iduali	ution	ь Б	Key employee	estco	er			0.ga <u>_</u> a
	line)	Indivi	Instit	Officer	Key e	High	Former			
(27) LOIS BRAVEMAN	40.00									
CEO/PRESIDENT				х				252,756.	0.	23,504.
(28) JEAN MALPAS	32.00									
DIRECTOR OF PROJECT						Х		128,560.	0.	11,928.
(29) ADRIANA LONDONO	40.00									
DIRECTOR OF DEVELOPMENT						Х		129,872.	0.	12,274.
(30) ADI LOEBL	20.00									
MEDICAL DIRECTOR	40.00					Х		109,219.	0.	3,504.
(31) LISA LAVELLE	40.00					,,		100 630	0	2 167
DIRECTOR OF TRAINING						Х		102,630.	0.	2,167.
	-					_				
			L			L				
						_				
	<u> </u>						<u> </u>			
								702 025		E2 288
Total to Part VII, Section A, line 1c								723,037.		53,377.

		Check if Schedule O conta	ains a res	sponse	or note to any line	e in this Part VIII			<u></u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
(O (O	1 2	Federated campaigns	I	1a			Toveride	Toveride	312 - 314
Contributions, Gifts, Grants and Other Similar Amounts				1b					
ij g				1c	426,807.				
fts,		Fundraising events			420,007.				
ig ig		Related organizations	- 1	1d					
ns, Sim		Government grants (contributi	Г	1e					
e jë	T	All other contributions, gifts, gran			1 025 022				
- ế		similar amounts not included above		1f	1,025,032.				
ont od (_	Noncash contributions included in lines			31,070.	1 451 020			
<u>0</u> <u>8</u>	h	Total. Add lines 1a-1f				1,451,839.			
					Business Code	1 145 201	1 145 201		
e S	2 a				900099	1,147,391.			
e ⊆	b	PATIENT SERVICES			900099	678,579.	678,579.		
Program Service Revenue	С								
g an	d								
б д	е								
<u>-</u>	f	All other program service reve	nue						
	g	Total. Add lines 2a-2f				1,825,970.			
	3	Investment income (including	dividends	s, inter	est, and				
		other similar amounts)			▶	330,187.			330,187.
	4	Income from investment of tax	k-exempt	bond p	oroceeds 🕨				
	5	Royalties	. <u></u>		>				
			(i) R	eal	(ii) Personal				
	6 a	Gross rents	113	3,013.	,				
	b	Less: rental expenses		0.	,				
		Rental income or (loss)	113	3,013.	,				
	d	Net rental income or (loss)				113,013.			113,013.
		Gross amount from sales of	(i) Secu		(ii) Other				
		assets other than inventory	5,179	0,048.	,				
	b	Less: cost or other basis							
		and sales expenses	4,907	7,916.	.				
	С	Gain or (loss)							
	d	Net gain or (loss)			•	271,132.			271,132.
		Gross income from fundraising				,			,
Jue	-	including \$ 426	•						
Ş.		contributions reported on line		•					
Be		Part IV, line 18	,	a	617,679.				
Other Reven	h	Less: direct expenses							
ŏ		Net income or (loss) from fund			, <u> </u>	412,650.			412,650.
		Gross income from gaming ac				,			
	Ja	Part IV, line 19			J				
	h	Less: direct expenses							
		Net income or (loss) from gam			·				
				ues .					
	10 a	Gross sales of inventory, less							
	L	and allowances a Less: cost of goods sold b							
		Less: cost of goods sold							
}	С	Net income or (loss) from sales		ιιory .					
}	44	Miscellaneous Revenue MISC. INCOME	e		Business Code 900099	7 200	7,200.		
					300033	7,200.	7,200.		
	b	-							
	C								
		All other revenue						_	
		Total. Add lines 11a-11d				7,700.	, AAN		1 106 225
	12	Total revenue. See instructions		7-	<i></i>	4 411,911.	10.3°, 10°.		1,126,982.
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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6h.

(A)

(B)

(C)

	Check if Schedule O contains a respons	se or note to any line in t	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	57,650.	57,650.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	505,328.	428,431.	33,883.	43,014.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,334,247.	1,978,414.	156,780.	199,053.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,876.	1,597.	123.	156.
9	Other employee benefits	313,636.	267,105.	20,521.	26,010.
10	Payroll taxes	174,005.	148,190.	11,385.	14,430.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	37,264.	30,290.	5,186.	1,788.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	93,000.			93,000.
f	Investment management fees	73,858.		73,858.	
g	,				
	column (A) amount, list line 11g expenses on Sch 0.)	168,571.	137,023.	23,464.	8,084.
12	Advertising and promotion	125.060	00.402	10.003	15 400
13	Office expenses	135,868.	98,493.	19,893.	17,482.
14	Information technology	83,533.	60,119.	13,497.	9,917.
15	Royalties	261 045	100 740	F0 000	20 272
16	Occupancy	261,845.	182,743.	58,829.	20,273.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	145 251	120 226	2 751	2.264
19	Conferences, conventions, and meetings	145,251.	139,236.	3,751.	2,264.
20	Interest				
21	Payments to affiliates	398,644.	278,215.	89,565.	30,864.
22	Depreciation, depletion, and amortization	53,404.	37,271.	11,998.	4,135.
23	Insurance	55,404.	37,271.	11,330.	4,135.
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 0.)				
а	HONORARIUMS AND RESEARC	371,325.	370,181.	368.	776.
b	CREDIT CARD/FINANCE CHA	75,680.	1,033.	74,647.	
c	EQUIPMENT AND OTHER LEA	22,826.	15,931.	5,128.	1,767.
d	MISCELLANEOUS	11,739.	10,071.	1,240.	428.
	All other expenses		,	,	
25	Total functional expenses. Add lines 1 through 24e	5,319,550.	4,241,993.	604,116.	473,441.
26	Joint costs. Complete this line only if the organization			,	•
	reported in column (B) joint coets from a combined				
	educational campaign and fundraising sciention		er Co	n I	
	Check here if following SOP 8-2 (SC 9 3-77 J)	Java			
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Part X Balance Sheet

rai	π χ_	Charles & Cabadella Characterina a grandona a grand		a in this Davi V			
		Check if Schedule O contains a response or not	e to any iin	ie in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			500.	1	500
	2	Savings and temporary cash investments			3,299,171.	2	2,040,086
	3	Pledges and grants receivable, net	179,000.	3	223,100		
	4	Accounts receivable, net			136,475.	4	480,748
	5	Loans and other receivables from current and fo					<u> </u>
		trustees, key employees, and highest compensa					
						5	
	6	Part II of Schedule L Loans and other receivables from other disquali					
	"	section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of sect				6	
Assets	_	employees' beneficiary organizations (see instr).					
Ass	7	Notes and loans receivable, net				7	
•	8	Inventories for sale or use		·····	110 051	8	102 202
	9		 I I		118,051.	9	182,303
	10a	Land, buildings, and equipment: cost or other	1	11 020 506			
		basis. Complete Part VI of Schedule D	1 1		0 500 540		0 660 055
		Less: accumulated depreciation		2,261,341.	9,723,740.	10c	9,669,255
	11	Investments - publicly traded securities			11,291,009.	11	11,571,832
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	104,087.	15	109,445		
	16	Total assets. Add lines 1 through 15 (must equ			24,852,033.	16	24,277,269
	17	Accounts payable and accrued expenses			157,920.	17	129,412
	18	Grants payable				18	
	19	Deferred revenue		L	186,893.	19	83,455
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of S	Schedule D		21	
Ş	22	Loans and other payables to current and former	officers, di	irectors, trustees,			
≝		key employees, highest compensated employee	es, and disc	qualified persons.			
Liabilities		Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third parti	ies		24	
	25	Other liabilities (including federal income tax, pa	yables to re	elated third			
		parties, and other liabilities not included on lines	s 17-24). Co	omplete Part X of			
		Schedule D		L	132,137.	25	163,834
	26	Total liabilities. Add lines 17 through 25			476,950.	26	376,701
		Organizations that follow SFAS 117 (ASC 958), check he	ere 🕨 🗓 and			
S		complete lines 27 through 29, and lines 33 an	d 34.				
၁င	27	Unrestricted net assets			18,652,968.	27	18,124,948
alar	28	-			2,948,182.	28	3,001,687
Ä	29	Democratic material and accorde			2,773,933.	29	2,773,933
Ĕ		Organizations that do not follow SFAS 117 (A					
F		and complete lines 30 through 34.		. —			
ts c	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Š	33	Total net assets or fund balances			24,375,083.	33	23,900,568
					, , ,		, , , , , , , , , , , , , , , , , , , ,

Form 990 (2018)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,411 5,319	<u> </u>	
2	Total expenses (must equal Part IX, column (A), line 25)					
3	Revenue less expenses. Subtract line 2 from line 1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	4,375	,083.	
5	Net unrealized gains (losses) on investments	5		433	,044.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			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	2	3,900	,568.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		<u> </u>	
			_	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," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	y X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2	c X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	lit			
	Act and OMB Circular A-133?		3	а	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	it			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	000		

Form **990** (2018)

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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

2018

Open to Public Inspection

Employer identification number Name of the organization ACKERMAN INSTITUTE FOR THE FAMILY 13-1923959 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

LHA For Paperwork Reduction Act Notice, see the Ir

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u> </u>	tion A. Public Support						
	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	include any "unusual grants.")						
2	Tax revenues levied for the organ- ization'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						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						_
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	· ·	, ,	•	,	()()	
Sec	organization, check this box and stop tion C. Computation of Publi	o Support Per	centage				P
				I (5)		44	
	Public support percentage for 2018 (li		•	* * * * * * * * * * * * * * * * * * * *		15	<u>%</u>
	Public support percentage from 2017 33 1/3% support test - 2018. If the contract of the contra						<u>%</u>
ioa	stop here. The organization qualifies						. —
h	33 1/3% support test - 2017. If the c		-			or more check thi	
b	and stop here. The organization qual	•		•		•	
170	10% -facts-and-circumstances test						
11 a		-					
	and if the organization meets the "fac meets the "facts-and-circumstances"			=	· · · · · · · · · · · · · · · · · · ·	-	
h	10% -facts-and-circumstances test						
b	more, and if the organization meets the	ū				Ť	
	organization meets the "facts-and-circ				-		,
18	Private foundation. If the organization		-	•			
10	Trivate loundation. If the organization	n ala not oncor a	557 OH III 16 10, 10	a, 100, 17a, 01 171		nd see instructions	

Page 3

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

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

Se	ction A. Public Support		<u>'</u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,528,621.	1,263,109.	1,477,765.	1,400,682.	1,451,839.	7,122,016.
	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,836,434.	1,927,233.	2,214,587.	2,315,370.	2,443,649.	10,737,273.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	3,365,055.	3,190,342.	3,692,352.	3,716,052.	3,895,488.	17,859,289.
	Amounts included on lines 1, 2, and	, , , , , , , , ,	, , , , , = = 0	, = , = , = = •	, , , , , , - •	, , , , = , = ,	, , , , - ,
	3 received from disqualified persons	356,301.	367,508.	331,050.	155,034.	134,000.	1,343,893.
k	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.
(Add lines 7a and 7b	356,301.	367,508.	331,050.	155,034.	134,000.	1,343,893.
	Public support. (Subtract line 7c from line 6.)						16,515,396.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	3,365,055.	3,190,342.	3,692,352.	3,716,052.	3,895,488.	17,859,289.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	414,160.	455,616.	477,569.	587,054.	443,200.	2,377,599.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	414,160.	455,616.	477,569.	587,054.	443,200.	2,377,599.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8,485.	8,422.	10,152.	5,076.	7,200.	39,335.
13	Total support. (Add lines 9, 10c, 11, and 12.)	3,787,700.	3,654,380.	4,180,073.	4,308,182.	4,345,888.	20,276,223.
14	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	year as a section	501(c)(3) organiza	tion,
							>
	ction C. Computation of Public					<u> </u>	
	Public support percentage for 2018 (li	, (,,	•	olumn (f))		15	81.45 %
	Public support percentage from 2017					16	80.63 %
	ction D. Computation of Inves			- 401 (6)		47	11 72 ~
	Investment income percentage for 20					17	11.73 % 11.64 %
	Investment income percentage from 2			n line 14, and line		18 3 1/3% and line 17	
198	a 33 1/3% support tests - 2018. If the						r is not
L	more than 33 1/3%, check this box an 33 1/3% support tests - 20 177 1640	•	•				
L	line 18 is not more than 33 1/39, ch					rt d organization	
20	Private foundation If the organization	X	Jia Va Jos	- or 10b, object the		estions	······· []

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Sobedule A (Form 990 or 990-EZ) 2018

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c 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.
- **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.
- **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.
- 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.
- 5a 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- 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.
- **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.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? **Test*, ** answer 10b below.
 - b Did the organization have any excess business had in its in its excess business had in its in its excess business had been also
Yes No 1 2 За 3b Зс 4a 4b 4c 5a 5b 5c 6 7 8 9<u>a</u> 9b 9с 10a

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Pai	Tt 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)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
Sec	tion 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			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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		
Sec	tion C. Type II Supporting Organizations			
	<u> </u>		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
·	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			
		1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	<u> </u>		
	uon 217 iii 13po iii cuppor iiiig cigaiiii2iiione		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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			
		1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instance)	ructions,		
2	Activities Test. Answer (a) and (b) below.		Yes	No
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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the support and organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a subcan all legre of lirection over the policies, programs, and activities of each			
	of its supported organizations. If " es de ch'be in Fall VI he had pave" but he organization in this securd.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on l	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	ctions A through E.	
Sect	ion 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		
	ion 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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		
	ion 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		d Type III supporting orga	nization (see
•	instructions)	.,grate		

Schedule A (Form 990 or 990-EZ) 2018

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
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	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
i_	Carryover from 2013 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 17v, 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, 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 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.)	Section C, e 1e; Part V,
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:	
MISC, INCOME	
2014 AMOUNT: \$ 8,485.	
2015 AMOUNT: \$ 8,422.	
2016 AMOUNT: \$ 10,152.	
2017 AMOUNT: \$ 5,076.	
2018 AMOUNT: \$ 7,200.	
Taxpaver Copy	

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2018

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2014 Amount	2015 Amount	2016 Amount	2017 Amount	2018 Amount
OARD MEMBERS	356,301.	367,508.	331,050.	155,034.	134,000
	+				
	+				
	++				
	+				
	+				
-					
Total to Schedule A, Part III, Line 7a	. X56 30	1 V 3 (7,5) [.]	3 (05).	155,034.	134,000

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	ACKERMAN INSTITUTE FOR THE F	13-1923959		
Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.		
		(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's ex	xclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors 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 of	conferring	
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the orga			
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of a hist	orically impo	ortant land area
	Protection of natural habitat	Preservation of a cert		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic structure.			
	Number of conservation easements included in (c) acquired aff			
-	listed in the National Register	•	I	
3	Number of conservation easements modified, transferred, release			during the tax
_	year >	acca, changaichea, ch teirimiatea 2, the	o. ga _ ao.	. daming and tax
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period			
·	violations, and enforcement of the conservation easements it h			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
Ū		and my or violations, and emercing cons	orvation out	comonic daming the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservat	ion esseme	nts during the year
•	\$\Delta \text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	ng of violations, and emoroting conservat	lion cascino	nts during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 1700	h)(4)(B)(i)	
Ü			, , , , , , ,	Yes No
9	In Part XIII, describe how the organization reports conservation			
3	include, if applicable, the text of the footnote to the organization	•		•
	conservation easements.	on s ilitariciai statements that describes t	ile organiza	tion's accounting to
Par		Art. Historical Treasures. or Ot	her Simila	ar Assets.
	Complete if the organization answered "Yes" on Form 9			
12	If the organization elected, as permitted under SFAS 116 (ASC		ent and hal	ance sheet works of art
ıu	historical treasures, or other similar assets held for public exhibit	,,		,
	the text of the footnote to its financial statements that describe		ice of public	service, provide, in rait Aiii,
b	If the organization elected, as permitted under SFAS 116 (ASC		and balance	shoot works of art, historical
b	•	· · · · · ·		
	treasures, or other similar assets held for public exhibition, edu	deation, or research in furtherance or pur	one service,	provide the following amounts
	relating to these items: (i) Poyonus included on Form 990, Part VIII, line 1			¢
	(i) Revenue included on Form 990, Part VIII, line 1		_	\$
•				·
2	If the organization received or held works of art, historical treas		gain, provid	ie
	the following amounts required to be reported under SFAS 116	o (ASC 958) relating to these items:		Φ.
a				\$
	Assets included in Form 990, Lart X		-}\/	\$ Schedule D (Form 990) 2018
		folvor 1999.	J Y	Schedule D (Form 990) 2018
832051	10-29-18			

Pai	T III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Otl	ner Si	milar Asse	ets _{(contir}	nued)			
3	Using the organization's acquisition, accession	on, and other record	s, check any of the f	ollowing that are a	a signifi	icant use of its	s collection	items			
	(check all that apply):										
а	Public exhibition	d	I Loan or exc	hange programs							
b	Scholarly research	е	Other								
С	c Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No										
Pai	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered "Yes"	on For	m 990, Part I	V, line 9, or				
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contributions	s or other assets r	not inclu	uded					
	on Form 990, Part X?					l	Yes	No			
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:								
							Amoun	t			
С	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f					
	Did the organization include an amount on Fo				-	l	Yes	☐ No			
	If "Yes," explain the arrangement in Part XIII.										
Pai	T V Endowment Funds. Complete in										
		(a) Current year	(b) Prior year	(c) Two years bac		Three years bac					
	Beginning of year balance	12,894,288.	12,658,825.	<u> </u>		12,386,084		734,832.			
b	Contributions	405,824.				322,004	_	957,683.			
C	Net investment earnings, gains, and losses	555,227.	432,148.	1,200,76	٥٠	-132,87	۷.	387,825.			
d	Grants or scholarships				_						
е	Other expenditures for facilities										
	and programs	840,013.	583,109.	551,22	6	760,930	n	694,256.			
Ť	Administrative expenses	13,015,326.		· · · · · ·		11,814,280		386,084.			
g	End of year balance				٠٠	11,014,200	0. 12,	, 300,004.			
2	Provide the estimated percentage of the curre Board designated or quasi-endowment	ent year end balance 56.62	e (line 1g, column (a) %) neid as.							
_	Permanent endowment 16.80	%									
b	Temporarily restricted endowment	26.58 %									
·	The percentages on lines 2a, 2b, and 2c shou										
32	Are there endowment funds not in the posses	•	ation that are held an	nd administered fo	r the o	raanization					
ou	by:	solon of the organize	ation that are field ar	ia aarriiriistoroa ro	1 1110 01	gariization		Yes No			
	(i) unrelated organizations						3a(i)	X			
								х			
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11a. S	ee Form 990, Parl	t X, line	10.					
	Description of property	(a) Cost or o	ther (b) Cost	or other (c) Accu	mulated	(d) Boo	k value			
		basis (investr		(other)	depred						
1a	Land										
	Buildings		10	,974,325.	1	,476,086.	9,	498,239.			
	Leasehold improvements										
	Equipment			468,325.		431,103.		37,222.			
	Other			487,946.		354,152.		133,794.			
	I. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 10	Oc.)			9,	669,255.			
			,	<u></u>			ule D (Forn	990) 2018			

Part VII	Investments	- Other Securities.					
		organization answered "Yes"		line 11b.			
		tegory (including name of security)	(b) Book value		(c) Method of va	aluation: Cost or en	d-of-year market value
. ,							
	-held equity interes	ts					
(3) Other							
(A)							
(B)							
(C)							
(D) (E)							
(F)							
(G)							
(H)							
	b) must equal Form 9	990, Part X, col. (B) line 12.)					
		- Program Related.					
	Complete if the c	organization answered "Yes"	on Form 990, Part IV,	line 11c.	See Form 990, F	Part X, line 13.	
	(a) Description		(b) Book value				d-of-year market value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
<u>(7)</u>							
(8)							
<u>(9)</u>	b)	200 Dart V and (D) Pro 40)					
Part IX	Other Assets	990, Part X, col. (B) line 13.)					
I dit ix			on Form 900 Part IV	lino 11d	Soo Form 000 F	Part V lina 15	
	Complete ii trie c	erganization answered "Yes" (a)	Description	ille i iu.	See Form 990, F	art A, iiile 15.	(b) Book value
(1)		(/					(-,
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Colu	ımn (b) must equal Other Liabilit	Form 990. Part X. col. (B) lind i es.	e 15.)			>	
		organization answered "Yes"	on Form 990, Part IV,	line 11e	or 11f. See Form	990, Part X, line 25	
<u>1. </u>	(a)	Description of liability		(b) E	Book value		
	deral income taxes						
<u> </u>		LL TAXES PAYABLE			54,389.		
(3) DEF	FERRED COMPENS.	ATION			109,445.		
(4)							
(5)							
(6)							
(7)							
(8)							
<u>(9)</u>					163,834.		
		Form 990, Part X, col. (B) line	,	to to the	, ,	appoint state	hat raparts the
		positions. In Part XIII, provide					
organiz	auon s hability for t	uncett intax positions under	FIIN 40 (ASC /40). Ch	eck nere	II TO 3XI OT the		
		lax	HVK		().)		nedule D (Form 990) 2018
022052 10 00	10	· W/	, u y U			\sim y	
832053 10-29-	18	•	2.2				

Schedule D (Form 990) 2018 ACKERMAN INSTITUTE FOR THE FAMILY 13-1923959					
Pai	t XI Reconciliation of Revenue per Audited Financial Statem	nents With Re	evenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,620,527.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		433,044.		
b	Donated services and use of facilities				
C	Recoveries of prior year grants	1			
d	Other (Describe in Part XIII.)			0.	433,044.
e	Add lines 2a through 2d			2e 3	4,187,483.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	1,107,100.
а		4a	73,858.		
b	Other (Describe in Part XIII.)		150,650.		
	Add lines 4a and 4b			4c	224,508.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				4,411,991.
	t XII Reconciliation of Expenses per Audited Financial State	ments With E	xpenses per R		, ,
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	5,095,042.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1				5,095,042.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	73,858.		
b			150,650.		
С				4c	224,508.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5,319,550.
Pa	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b an	d 2b; Part V, line 4;	; Part X, line 2; P	art XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional informa	tion.		
PART	V, LINE 4:				
THE	BOARD DESIGNATED FUND IS FUNDS SET ASIDE TO BE USED AT THE I	DISCRETION			
OF 1	HE BOARD. WITHIN THE FUND CONSISTS OF THREE RESERVE FUNDS. T	THE RESERVE			
FUNI	WAS SET UP USING MONIES FROM THE SALE OF THE BUILDING. IT 1	IS USED FOR			
CONI	O MAINTENANCE FEES AND OTHER EXPENSES APPROVED BY BOARD. THE	E BUILDING			
RESE	RVE WAS SET UP FOR ALL FUTURE CAPITAL IMPROVEMENTS TO THE CO	ONDO. THE			
ACCF	UAL WAS ESTABLISHED WHEN THE PRICE WAS NEGOTIATED FOR THE NE	EW SPACE.			
THE	CAPITAL EXPENDITURES RESERVE WAS SET UP FOR UPDATING NEW EQU	JIPMENT			
SUCI	AS VIDEO AND COMPUTER EQUIPMENT IN FUTURE YEARS.				
THE	INSTITUTE'S TEMPORARILY DESTRICTED NET ASSETS CONSIST OF ASS	SETS THAT			
	Laynavar		171/		
HAVE	A SPECIAL RESTRICTION THAT WAS A ROSED BY THE DOMON. OUTLI	INEL BEL W	$\mathcal{L}\mathcal{V}\mathcal{V}$		
93205	4 10-29-18			Schedule D (Fo	rm 990) 2018

Schedule D (Form 990) 2018 ACKERMAN INSTITUTE FOR THE FAMILY	13-1923959	Page 5
Part XIII Supplemental Information (continued)		
IS A DESCRIPTION OF THE RESTRICTED INVESTMENT HOLDINGS, WHICH MAKES UP		
MAJORITY OF THE NET ASSET BALANCE.		
INDUSTRIAL INDUSTRIAL PROPERTY.		
RUTH PERL KAHN FUND: THIS IS AN ENDOWMENT SET UP IN AN INDIVIDUAL		
INVESTMENT ACCOUNT. THE DONOR STIPULATIONS PERMIT THE EXPENDITURE OF UP TO		
5% OF THE FAIR-MARKET VALUE OF THE FUNDS TO BE USED FOR OPERATIONS.		
of the thir middle of the tone to be oble to ordinations.		
MASLOW SCHOLARSHIP FUND: THIS IS AN ENDOWMENT SET UP IN AN INDIVIDUAL		
INVESTMENT ACCOUNT THAT IS RESTRICTED FOR SCHOLARSHIPS. THESE SCHOLARSHIPS		
ARE SOLELY FOR TRAINEES OF COLOR AND TRAINEES WORKING IN COMMUNITY		
ACENCIES AND SCHOOLS. THE ADDITIONS ARE CAREELLLY DEVIEWED AND		
AGENCIES AND SCHOOLS. THE APPLICATIONS ARE CAREFULLY REVIEWED AND		
DETERMINATIONS ARE MADE FINANCIAL NEEDS. WHEN THE AMOUNT OF SCHOLARSHIPS		
EXCEEDS 5% OF THE FAIR VALUE OF THE FUNDS A WRITTEN APPROVAL IS GRANTED.		
CHALLENGE GRANT GIFT: THIS ENDOWMENT IS COMPRISED OF INVESTMENT REVENUE,		
CHADDENGE GRANT GIFT: THIS ENDOWMENT IS COMPRISED OF INVESTMENT REVENUE,		
RECORDED AS TEMPORARY RESTRICTED, ON WHAT IS EARNED ON \$1M CONTRIBUTED BY		
A DONOR THAT'S PERMANENTLY RESTRICTED. THESE EARNINGS ARE USED FOR		
OPERATIONS, SPECIFICALLY USED FOR CONDO MAINTENANCE.		
THE PERMANENTLY RESTRICTED NET ASSETS IS AN ENDOWMENT SET UP BY THE RUTH		
PERL KAHN FUND.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
·		
PROFESSIONAL FUNDRAISER 93,000.		
SCHOLARSHIPS, NET WITH TUITION 57,650.		
TOTAL TO SCHEDULE D, PART XI, LINE 4B 150,650.		

PART XII, LINE 4B - OTHER ADJUSTANTS: DAYER CODY

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	<u> </u>					Employer ide	ntification number
	NSTITUTE FOR THE FAMILY					13-192395	
Fundraising Activities required to complete this par	 Complete if the organization answet 	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	e Solicita f Solicita g X Special or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover lising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
BUCKLEY HALL EVENTS - 17-19		Yes	No				
MARBLE AVENUE, PLEASANTVILLE,	GALA		X	546,727.		93,000.	453,727.
Total 3 List all states in which the organization	on is registered or licensed to solicit o		▶ utions	546,727. or has been notified	it is e	93,000. exempt from req	453,727. gistration
or licensing.							

SEE PART IV F

	irt i	of fundraising Events . Complete if the of fundraising event contributions and gr	-			
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA	GENDER & FAMILY		col. (c))
Φ			(event type)	(event type)	(total number)	001. (0)
Revenue	1	Gross receipts	546,727.	497,759.		1,044,486.
	2	Less: Contributions	325,357.	101,450.		426,807.
	3	Gross income (line 1 minus line 2)	221,370.	396,309.		617,679.
	4	Cash prizes				
	5	Noncash prizes				
Ses						
Expe	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses		95,709.		205,029.
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		>	205,029.
	11					412,650.
Pa	ırt I		answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	(L.) Dull tabe (instant		(.1) Tatal manaina (a dal
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo, progressive billigo		ooi. (a) tillough ooi. (c)
Re	1	Cross revenue				
	•	Gross revenue				
ses	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses				
			Yes%	Yes %	Yes %	
	6	Volunteer labor	No	No	No No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		>	
		ter the state(s) in which the organization cond	_			
		the organization licensed to conduct gaming a				Yes No
b	If "	No," explain:				
	_					
10a	\/\c	ere any of the organization's gaming licenses r	evoked suspended or to	erminated during the tay v	ear?	Yes No
		Yes," explain:			car:	
~	••	, 				
	_					
0200	20 10	0.02.19			Schedula C (Ear	rm 990 or 990 E7\ 2019
∪ ∪∠U≀	ید ال	1-03-18 2 Y	nave	er Co	Collegie G (FOI	555 or 550-EZJ 2010
		IUA	Payl		γ V V	
			• •			

Sch	edule G (Form 990 or 990-EZ) 2018 ACKERMAN INSTITUTE FOR THE FAMILY	13-1923959	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
12		Yes	No
40	to administer charitable gaming?	L 165	NO
	Indicate the percentage of gaming activity conducted in:	1 1	
	The organization's facility		%
	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15:	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
136	boes the organization have a contract with a tillid party from whom the organization receives gaining revenue?	103	140
	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	+	
		ı	
	of gaming revenue retained by the third party \$\bigs\\$		
•	If "Yes," enter name and address of the third party:		
	News N		
	Name		
	Address		
	Address		
16	Coming manager information		
16	Gaming manager information:		
	Nama 🏲		
	Name		
	Coming manager companyation		
	Gaming manager compensation \$		
	Description of comings unsaided •		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	s the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	L No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ie	
_	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III, lines 9,	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I)	NAME OF FUNDRAISER: BUCKLEY HALL EVENTS		
(I)	ADDRESS OF FUNDRAISER: 17-19 MARBLE AVENUE, PLEASANTVILLE, NY 10570		
_			
	—		
	Lovnovor ('onv		
8320	83 10-03-18 Schedule G	(Form 990 or 99	0-EZ) 2018
		-	•

edule G (Form 990 or 990-EZ) ACKERMAN INSTITUTE FOR THE FAMILY	13-1923959	Page 4
rt IV Supplemental Information (continued)		
Taxpayer Co	nv	
Iaxbavel	Schedule G (Form 990	or 990-EZ)
4 04-01-18	ı J	
40 30 152490 4390AC 2018.05080 ACKERMAN	INSTITUTE FOR TH	42007

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ACKERMAN INS	TITUTE FOR THE	FAMILY					13-1923959
Part I General Information on Grants	and Assistance						
1 Does the organization maintain record	s to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used to award the grants or as	sistance?						Yes No
2 Describe in Part IV the organization's p	procedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to	o Domestic Organi	zations and Domestic	Governments.	Complete if the org	anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more that	n \$5,000. Part II can	be duplicated if additi	onal space is need	ed.	(0) 14 - 14 - 14 - 1	T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3)	rnment or	ganizations listed in th	e line 1 table				>
3 Enter total number of other organization	ons li ted in the e '	Tab					
LHA For Paperwork Reduction Act Notice	ce, see the least to	or (for Form 190	1 y		ノUL	Jγ	Schedule I (Form 990) (2018)
832101 11-02-18			41				

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS	25	57,650.	0.		
		•			
Part IV Supplemental Information. Provide the information re-	uuired in Part I, lin	e 2; Part III, column	(b); and any other ac	I dditional information.	
PART I, LINE 2:					
SCHOLARSHIP COMMITTEE COMPRISED OF PRESIDENT/CEO,	DIRECTOR OF I	RAINING,			
CO-DIRECTOR OF SOCIAL WORKS & DIVERSITY AND BOARD	MEMBER(S) REV	TIEWS THE			
FINANCIAL AID APPLICATION SUBMITTED BY STUDENTS. T	THE COMMITTEE	REVIEWS THE			
STUDENT'S TAX RETURN FORMS AND LETTER OF RECOMMEND	DATION AND DET	ERMINES			
ELIGIBLE STUDENTS BASED ON FINANCIAL NEED.					
ELOUDE DIODERIO DIDED ON TIMENOTIE NEED,					
<u> </u>	m		r	'Any	

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 Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

ACKERMAN INSTITUTE FOR THE FAMILY

Employer identification number 13-1923959

Pa	art I Questions Regarding Compensation			
			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 directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
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			
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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
a	The organization?	5a		X
D	Any related organization?	5b		
6	If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6	contingent on the net earnings of:			l
а	· ·	6a		х
	The organization? Any related organization?	6b		Х
J	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
•	is the least to the control of the discount is Developed to Form the first t	8		х
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(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	
(1) LOIS BRAVEMAN	(i)	252,756.	0.	0.	11,450.	12,054.	276,260.	0	
CEO/PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	400								
	i)	AV	MA1	IOK		HH-			
	ii)								

Part III Supplemental Informa	tion	
Provide the information, explanati	ion, 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 an	ny additional information.
	T - 1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /	
	Taxpayer Copy	Schedule J (Form 990) 2018
832113 10-26-18		
	15	

SCHEDULE M (Form 990)

Noncash Contributions

(a)

OMB No. 1545-0047

Open to Public Inspection

(d)

Department of the Treasury Internal Revenue Service

Types of Property

Part I

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

Attach to Form 990.

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

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

(b)

(c)

		Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of de noncash contribu		-	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	1	31,070.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other							
26	Other							
27	Other							
28	Other ()							
<u>20</u> 29	Number of Forms 8283 received by the organi	zation during	the tay year for o	ontributions				
25	for which the organization completed Form 82							
	for which the organization completed form oz	00,1 ait iv, i	Jones Acknowledg	Joinent		,	Vas	No
30-2	During the year, did the organization receive b	v contributio	n any property rep	orted in Part I lines 1 throug	h 28 that it		163	140
Jua	must hold for at least three years from the date	-		· · · · · · · · · · · · · · · · · · ·	·			
	exempt purposes for the entire holding period	_				30a		Х
h	If "Yes," describe the arrangement in Part II.	·				Sua		
	,	ooliev that re	auiros tho roviou	of any ponetandard contribut	ions?	24		Х
31	Does the organization have a gift acceptance				ions?	31		
3 ∠a	Does the organization hire or use third parties contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	olumn (c) foi	a type of property	for which column (a) is chec	cked,			
	describe in Part II.							
ΙЦΛ	For Panerwork Reduction Act Notice see	the Instruct	ions for Form 900	1	Schodulo M	(Earm	aan)	2019

Taxpayer Copy

SCHEDULE 0

(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.

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

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

ACKERMAN INSTITUTE FOR THE FAMILY

Employer identification number 13-1923959

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
AND TO THE TRAINING OF FAMILY THERAPISTS.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION 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.	
FORM 990, 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	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18	hedule O (Form 990 or 990-EZ) (2018)

Name of the organization ACKERMAN INSTITUTE FOR THE FAMILY	Employer identification number 13-1923959
IS WIDELY ACKNOWLEDGED AS A PIONEER IN THE FIELD OF FAMILY THERAPY. THE	
ACKERMAN TRAINING PROGRAM OFFERS STUDENTS A COURSE OF STUDY THAT	
COMBINES 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.	
FAMILI THERAPI.	

Name of the organization ACKERMAN INSTITUTE FOR THE FAMILY	Employer identification number 13-1923959
FORM 990, 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.	
FORM 990, PART VI, SECTION A, LINE 2:	
DEBORAH WERNER, DIRECTOR, AND IRA SALLEN, DIRECTOR, HAVE A FAMILY	
RELATIONSHIP.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS INITIALLY REVIEWED BY THE TREASURER OF THE BOARD OF	

Name of the organization ACKERMAN INSTITUTE FOR THE FAMILY	Employer identification number 13-1923959
DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. THE FORM 990	
IS AVAILABLE TO BOARD OF DIRECTORS UPON REQUEST.	
FORM 990, PART VI, SECTION B, LINE 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.	
FORM 990, PART VI, SECTION B, LINE 15:	
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.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE INSTITUTE DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC.	

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

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

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

				Enter file	r's identifying	j number
ype or orint	Name of exempt organization or other filer, see instruc	ctions.		Employer	identification	number (EIN) o
	ACKERMAN INSTITUTE FOR THE FAMILY				13-19239	959
ile by the lue date for ling your eturn. See	Number, street, and room or suite no. If a P.O. box, se 936 BROADWAY	ee instruct	ions.	Social se	curity number	(SSN)
nstructions.	City, town or post office, state, and ZIP code. For a for NEW YORK, NY 10010	reign add	ress, see instructions.			
nter the	Return Code for the return that this application is for (file	a separa	te application for each return)			0 1
Applicati	on	Return	Application			Return
s For		Code	Is For			Code
orm 990	or Form 990-EZ	01	Form 990-T (corporation)			07
orm 990	-BL	02	Form 1041-A			08
orm 472	0 (individual)	03	Form 4720 (other than individua	ıl)		09
orm 990	-PF	04	Form 5227			10
orm 990	I-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
orm 990	I-T (trust other than above)	06	Form 8870			12
	mICHELE BURFEIND, THE poks are in the care of \rightarrow 936 BROADWAY - NEW YOR none No. \rightarrow 212-879-4900					
Teleph	·	in the Un	Fax No. fited States, check this box	If this is for	the whole gro	-
Teleph If the coox ▶ [If this loox ▶ [ooks are in the care of 936 BROADWAY - NEW YOR none No. 212-879-4900 organization does not have an office or place of business is for a Group Return, enter the organization's four digit G	in the Uni Group Exe and atta	Fax No. Fax No. ited States, check this box mption Number (GEN) ch a list with the names and EINs 5, 2020 , to	If this is for s of all membe	the whole gro	on is for.
Teleph If the coox ▶ [I re the	ooks are in the care of ▶ 936 BROADWAY - NEW YOR none No. ▶ 212-879-4900 organization does not have an office or place of business is for a Group Return, enter the organization's four digit G . If it is for part of the group, check this box ▶ □ quest an automatic 6-month extension of time until organization named above. The extension is for the organization named above.	in the Uni Group Exe and atta MAY 1 unization's	Fax No. Fax No. ited States, check this box mption Number (GEN) ch a list with the names and EINs 5, 2020 , to	If this is for s of all membe	the whole gro	on is for.
Teleph If the c If this cox ▶ I I re the ▶ I	ooks are in the care of ▶ 936 BROADWAY - NEW YOR none No. ▶ 212-879-4900 organization does not have an office or place of business is for a Group Return, enter the organization's four digit G . If it is for part of the group, check this box ▶ □ quest an automatic 6-month extension of time until organization named above. The extension is for the organization calendar year or	in the Uniter In	Fax No. Fax No	If this is for s of all membe	the whole gro	on is for.
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Teleph If the co If this poox ▶ [1 I re the	poks are in the care of ▶ 936 BROADWAY - NEW YOR none No. ▶ 212-879-4900 organization does not have an office or place of business is for a Group Return, enter the organization's four digit General in the group, check this box ▶ □ quest an automatic 6-month extension of time untile organization named above. The extension is for the organization of time untile organization named above. The extension is for the organization is for Forms 990-BL, 2018 The tax year entered in line 1 is for less than 12 months, change in accounting period This application is for Forms 990-BL, 990-PF, 990-T, 4720, or nonrefundable credits. See instructions.	in the Uniform Execution and attainment of the Uniform Indication in Ind	Fax No. Fax No. ited States, check this box	If this is for s of all membe file the exem	the whole gro	on is for.
Teleph If the co If this pox ▶ [1 I re the	poks are in the care of ▶ 936 BROADWAY - NEW YOR none No. ▶ 212-879-4900 proganization does not have an office or place of business is for a Group Return, enter the organization's four digit Good of the group, check this box ▶ □ quest an automatic 6-month extension of time until organization named above. The extension is for the organization of the interval of t	in the Uniform Execution and attainment of the Uniform Execution and attainment of the Uniform Execution is a second or 6069, and the Uniform Execution is a second or	Fax No. Fax No	If this is for s of all member file the exem	the whole groes the extension pt organization	on is for. n return for
Teleph If the co If this pox 1	poks are in the care of ▶ 936 BROADWAY - NEW YOR mone No. ▶ 212-879-4900 organization does not have an office or place of business is for a Group Return, enter the organization's four digit Good and the group, check this box ▶ □ quest an automatic 6-month extension of time until organization named above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization place of the group of th	in the Uniter on the Uniter of	Fax No. Fax No. ited States, check this box	If this is for s of all member file the exem	the whole gro	on is for.
Teleph If the co If this soox If this soox If the co If this soox If the co If this soox If the co If	poks are in the care of ▶ 936 BROADWAY - NEW YOR none No. ▶ 212-879-4900 proganization does not have an office or place of business is for a Group Return, enter the organization's four digit Good of the group, check this box ▶ □ quest an automatic 6-month extension of time until organization named above. The extension is for the organization of the interval of t	in the Uniter of	Fax No. Fax No	If this is for s of all member file the exem	the whole groes the extension pt organization	on is for. n return for

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

EXTENDED TO MAY 15, 2020

Form	990-T	Example organization Buomood modine rax notam							OMB No. 1545-0687
			•	nd proxy tax unde		` ''	20 0010		2010
		For ca	lendar year 2018 or other tax year					<u> </u>	ZU 10
	ment of the Treasury Il Revenue Service	•	Do not enter SSN numbe		be ma	de public if your organiza			Open to Public Inspection for 501(c)(3) Organizations Only
A _	Check box if address changed		Name of organization (L	Check box if name ch	hanged	and see instructions.)		(Empl	oyer identification number oyees' trust, see ctions.)
B Ex	empt under section	Print	ACKERMAN INSTITU		13-1923959				
X] 501(c)(3)	Or Number, street, and room or suite no. If a P.O. box, see instructions.							ated business activity code nstructions.)
	408(e) 220(e)	.,,,,	936 BROADWAY					-	
	408A530(a) 529(a)		City or town, state or pro NEW YORK, NY 10	vince, country, and ZIP or 010	foreigi	n postal code			
C Boo	ok value of all assets and of year		F Group exemption num		<u> </u>				
				e X 501(c) corp	oration		401(a)		Other trust
	_	-	ition's unrelated trades or t	ousinesses.			the only (or first) un		the second
	de or business here		so at the and of the provin	ua contanaa complete Da	rto Lon	•	complete Parts I-V.		
	siness, then complete		ace at the end of the previo	us semence, complete Pal	ris i aii	u II, complete a Schedule	IVI TOT EACH AUURION	ai iraue	OI .
			ooration a subsidiary in an	affiliated group or a paren	ıt-suhsi	diary controlled group?	▶ [Ye	s No
			tifying number of the parer		it ouboi	diary controlled group.			
			MICHELE BURFEIND,			Telepho	one number 🕨 2:	12-87	9-4900
Pai	rt I Unrelated	d Trac	de or Business Inc	ome		(A) Income	(B) Expenses	3	(C) Net
1 a	Gross receipts or sale	es							
	Less returns and allov			c Balance ▶	1c				
			A, line 7)		2				
	Gross profit. Subtract				3				
			ch Schedule D)		4a				
			Part II, line 17) (attach Forn		4b 4c				
			stsship or an S corporation (a		5				
				· ·	6				
			ne (Schedule E)		7				
			and rents from a controlled		8				
	· · · · · · · · · · · · · · · · · · ·		on 501(c)(7), (9), or (17) o	-	9				
10	Exploited exempt activ	vity inco	me (Schedule I)		10				
11	Advertising income (S	Schedule	e J)		11				
			ns; attach schedule)		12				
	Total. Combine lines	3 throu	gh 12		13	0.			
Pa			ot Taken Elsewher utions, deductions must				income.)		
14	Compensation of off	icers, di	rectors, and trustees (Sche	edule K)				14	
15								15	
16								16	
17								17	
18			ee instructions)					18	
19			o instructions for limitation					19	
20 21			e instructions for limitation 562)					20	
22			n Schedule A and elsewher					22b	
23								23	
24			mpensation plans					24	
25								25	
26			chedule I)					26	
27			hedule J)					27	
28	Other deductions (at	tach sch	nedule)					28	
29			14 through 28					29	0.
30			ncome before net operating					30	0.
31		-	loss arising in tax years be		ry 1, 20	18 (see instructions)		31	^
32	unrelated business t	axable i	ncome. Subtract line 31 fro	m line 30				32	0.

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2018)

Form 990-7	,		13-1923	959		Page
Part I	II Total Unrelated Business Taxable Income					
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e instruc	tions)	33		0
34	Amounts paid for disallowed fringes			34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	uctions)		35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s	um of				
	lines 33 and 34			36		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,	,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line					
	enter the smaller of zero or line 36			38		0
Part I	V Tax Computation					
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		>	39		0
40	$\textbf{Trusts Taxable at Trust Rates.} \ \ \textbf{See instructions for tax computation.} \ \ \textbf{Income tax on the amount}$					
	Tax rate schedule or Schedule D (Form 1041)		>	40		
41	Proxy tax. See instructions			41		
42	Alternative minimum tax (trusts only)			42		
43	Tax on Noncompliant Facility Income. See instructions			43		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44		0
Part \	Tax and Payments					
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a				
b	Other credits (see instructions)	45b				
C						
d	Credit for prior year minimum tax (attach Form 8801 or 8827)					
е	Total credits . Add lines 45a through 45d			45e		
46	Subtract line 45e from line 44			46		0
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88			47		
48	Total tax. Add lines 46 and 47 (see instructions)			48		0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49		0
	Payments: A 2017 overpayment credited to 2018	50a	899.	-		
b	2018 estimated tax payments	50b	1,800.			
C	Tax deposited with Form 8868	50c	6,700.			
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d				
	Backup withholding (see instructions)	50e				
f	Credit for small employer health insurance premiums (attach Form 8941)	50f				
g						
	Form 4136 Other Total ▶	50g				
51	Total payments. Add lines 50a through 50g			51	9,	, 399
52	,			52		
53	, , , , , , , , , , , , , , , , , , , ,			53		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		., >	54		, 399
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		Refunded	55	9,	, 399
Part \		•	· · · · · · · · · · · · · · · · · · ·			_
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature		*		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	-				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign c	country			
	here				_	_
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or to	ansferor	to, a foreign trust?			
	If "Yes," see instructions for other forms the organization may have to file.					
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$\infty\$\$			dae and baliaf iti	in tour	
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer			uge and belief, it	o uue,	
Here				ay the IRS discus		with
	Signature of officer Date Title			e preparer shown		
				structions)? X	Yes	No
	Print/Type preparer's name Preparer's signature Da	ite		if PTIN		
Paid	TAMES I DETILY	5/1/202	self- employed	D00103	760	
Prepa	TIPET TO A COMPON O'MEADA MOGILIAN A DOMINION AND A COMPONION OF THE PROPERTY	JI 112U	 	P00183	628255	
Use C	only Third Harris		Firm's EIN ►	13-36	20233	
	ONE BATTERY PARK PLAZA		I			

Form **990-T** (2018)

Firm's address NEW YORK, NY 10004

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

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 https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

All corpo	rations required to file an income tax return other than Fo	rm 990-T	(including 1120-C filers), partnershi	ps, REMICs	s, and trusts		
must use	Form 7004 to request an extension of time to file income	tax retur	ns.	-			
-	No. of the state o			1	er's identifying n		
Type or print							
print	ACKERMAN INSTITUTE FOR THE FAMILY		13-192395	9			
File by the due date for	Number, street, and room or suite no. If a P.O. box, se	ee instruct	ions.	Social se	curity number (S	 SN)	
filing your return. See	936 BROADWAY				,	,	
instructions.	City, town or post office, state, and ZIP code. For a for NEW YORK, NY 10010	reign add	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	a separa	te application for each return)			0 7	
Applicati	ion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990)-BL	02	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990)-PF	04	Form 5227			10	
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	O-T (trust other than above) MICHELE BURFEIND, THE	06	Form 8870			12	
• If the	none No. ▶ 212-879-4900 organization does not have an office or place of business is for a Group Return, enter the organization's four digit G . If it is for part of the group, check this box ▶	Group Exe		. If this is fo	r the whole group		
the	equest an automatic 6-month extension of time until organization named above. The extension is for the organization named above. The extension is for the organization calendar year or tax year beginning orgular July 1, 2018 The tax year entered in line 1 is for less than 12 months, change in accounting period	nization's	return for: d ending JUN 30, 2019	le the exem	npt organization r ·	eturn for	
any	nis application is for Forms 990-BL, 990-PF, 990-T, 4720, y nonrefundable credits. See instructions.			3a	\$	9,399.	
	nis application is for Forms 990-PF, 990-T, 4720, or 6069,	•				2 600	
	imated tax payments made. Include any prior year overpa			3b	\$	2,699.	
	lance due. Subtract line 3b from line 3a. Include your pay				_	6,700.	
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$		
instruction:	If you are going to make an electronic funds withdrawal ((direct det	oit) with this Form 8868, see Form	3453-EO an	d Form 88/9-EO	for payment	

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

Form 8868 (Rev. 1-2019)

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

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

2018

Open to Public Inspection

1.General Information

For Fiscal Year Beginnin	For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2018 and Ending (mm/dd/yyyy) 06/30/2019					
Check if Applicable: Address Change	Name of Organization: ACKERMAN INSTI	TUTE FOR THE	FAMILY	Employer Identification Number (EIN): 13-1923959		
Name Change	Mailing Address:			NY Registration Number:		
Initial Filing	936 BROADWAY			00-44-43		
Final Filing	City / State / ZIP:			Telephone:		
Amended Filing	NEW YORK, NY	10010		212 879-4900		
Reg ID Pending	Website:			Email:		
	WWW.ACKERMAN.C	RG		MPRONKO@ACKERMAN.ORG		
Check your organization'	S			Confirm your Degistration Catagory in the		
registration category:	7A only EPTL	only X DUAL (7A 8		Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.		
2. Certification				.		
See instructions for certif	fication requirements. Imprope	er certification is a violation	of law that may be subject	to penalties. The certification requires		
two signatories.						
	re true, correct and complete i			best of our knowledge and belief, oplicable to this report.		
Troolaont of Alathonizoa	Signature		Drint Nam	e and Title Date		
	Signature		FIIILINAIII	e and Title Date		
Chief Financial Officer o	r Treasurer					
Officer Financial Officer o	Signature		Print Nam	e and Title Date		
	Oignataro		i intervani	o and Title Bate		
3. Annual Reporting	g Exemption					
Check the exemption(s) t	hat apply to your filing. If your	organization is claiming ar	exemption under one cate	gory (7A or EPTL only filers) or both		
categories (DUAL filers) t	hat apply to your registration,	complete only parts 1, 2, a	nd 3, and submit the certifi	ed Char500. No fee, schedules, or		
additional attachments a	re required. If you cannot clair	n an exemption or are a DU	JAL filer that claims only on	e exemption, you must file applicable		
	nts and pay applicable fees.					
exceed \$2				overnment agencies, etc. did not raising counsel (FRC) to solicit		
		ts did not exceed \$25,000	and the market value of ass	sets did not exceed \$25,000 at any time		
during the	e fiscal year.					
4. Schedules and Attachments						
	ittaciiiieiits					
See the following page	V					
	for a checklist of X Yes No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer					
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.						
attachments to						
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.						
5. Fee						
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	Malas a single shart		
next page to calculate yo	1			Make a single check or money order		
fee(s). Indicate fee(s) you				payable to:		
				IID an autor and a fit and I		
are submitting here:	\$ <u>25.</u>	\$ 750.	\$ <u>775.</u>	"Department of Law"		

CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

The Exempt dategory folds to an organization's five registration status, it does not fold to its inditax designation.

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:					
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)					
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants					
Check the financial attachments you must submit with your CHAR500:					
IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable					
X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Cordisclosure and will not be available for public review.	ntributors). Schedule B of public charities is exempt from				
Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenufiling year. We have included an IRS Form 990-EZ for state purposes only.	ue exceeded \$25,000 and/or our assets exceeded \$25,000 in the				
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public	· · · · · · · · · · · · · · · · · · ·				
Review Report if you received total revenue and support greater than \$250,000	U and up to \$750,000.				
X Audit Report if you received total revenue and support greater than \$750,000	ant in long them \$050,000				
No Review Report or Audit Report is required because total revenue and suppr					
We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	requirea				
Calculate Your Fee					
	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?				
For 7A and DUAL filers, calculate the 7A fee:	Organizations are assigned a Registration Category upon				
TO TA AND DOAL MEIS, CAICUIATE THE TA TEE.	registration with the NY Charities Bureau:				
\$0, if you checked the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York				
X \$25, if you did not check the 7A exemption in Part 3a	under Article 7-A of the Executive Law ("7A")				
For EPTL and DUAL filers, calculate the EPTL fee:	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct				
CO if you shooked the EDTI assessation in Doct Ob	activities for charitable purposes in NY.				
\$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.				
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000	•				
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration				
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	Exemption for Charitable Organizations. These				
X \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	organizations are not required to file annual financial reports				
\$1500, if the NET WORTH is \$50,000,000 or more	but may do so voluntarily.				
The foot, in the NET World his que, good, good of more	Confirm your Registration Category and learn more about NY law at www.charitiesNYS.com .				
Send Your Filing	Man de Ma				
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH?				
	NET WORTH for fee purposes is calculated on:				
NYS Office of the Attorney General	- IRS Form 990 Part I, line 22				
Charities Bureau Registration Section	- IRS Form 990 EZ Part I, line 21 - IRS Form 990 PF, calculate the difference between				
28 Liberty Street	Total Assets at Fair Market Value (Part II, line 16(c)) and				
New York, NY 10005	Total Liabilities (Part II, line 23(b)).				

Need Assistance?

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

868461 01-15-19 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

CHAR500

2018

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers www.CharitiesNYS.com

Open to Public Inspection

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

Definitions

A Professional Fund Raiser (PFR), in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4). A Fund Raising Counsel (FRC) does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A Commercial Co-Venturer (CCV) is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

Professional fund raising does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization

1. Organization Information	on					
Name of Organization:		NY Registration Number:				
ACKERMAN INSTITU	ACKERMAN INSTITUTE FOR THE FAMILY 0					
2. Professional Fund Rais	2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information					
Fund Raising Professional type:	Name of FRP:	NY Registration Number:				
X Professional Fund Raiser	BUCKLEY HALL EVENTS	32-59-96				
	Mailing Address:	Telephone:				
Fund Raising Counsel	 17-19 MARBLE AVENUE	914-579-1000				
Commercial Co-Venturer	City / State / ZIP:					
	 PLEASANTVILLE, NY 10570					
2 Contract Information						
3. Contract Information Contract Start Date:	Contract End Date:					
03/01/2018	04/31/19					
4. Description of Services	3					
Services provided by FRP: GALA FUNDRAISING	DIVIDIMO					
GALA FUNDRAISING	EVENTS					
5. Description of Comper	sation					
Compensation arrangement with FEES FOR SERVICE		Amount Paid to FRP:				
I IIID TOK BIKVICI	D I III CONTINCI	93,000.				
6. Commercial Co-Ventur	rer (CCV) Report					
Yes No If services	were provided by a CCV, did the CCV provide the charitable orga	anization with the interim or closing report(s)				

868471 01-15-19

1019 CHAR500 Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers (Updated January 2019)

required by Section 173(a) part 3 of the Executive Law Article 7A?

Financial Statements
for the year ended
June 30, 2019
(with summarized
comparative information for 2018)

Condon
O'Meara
McGinty &
Donnelly llp

Certified Public Accountants

One Battery Park Plaza New York, NY 10004-1405 Tel: (212) 661 - 7777 Fax: (212) 661 - 4010

Independent Auditor's Report

To the Board of Directors of Ackerman Institute for the Family

We have audited the accompanying financial statements of the Ackerman Institute for the Family which comprise the statement of financial position as of June 30, 2019 and the related statements of activities, functional expenses and cash flows for the year then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to in the first paragraph on the previous page present fairly, in all material respects, the financial position of Ackerman Institute for the Family as of June 30, 2019 and the results of its activities and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited the Ackerman Institute for the Family's 2018 financial statements, and our report dated December 18, 2018, expressed an unmodified opinion on those audited financial statements. In our opinion, the summarized comparative information presented as of and for the year ended June 30, 2018 is consistent, in all material respects, with the financial statements from which it has been derived.

Comba O'Menon McDit : armely LLP

December 17, 2019

Statement of Financial Position June 30, 2019 and June 30, 2018

Assets

	2019			2018		
	Without Donor Restrictions	With Donor <u>Restrictions</u>	Total	Without Donor Restrictions	With Donor <u>Restrictions</u>	<u>Total</u>
Current assets				# 0.400.6D#	A 979 004	e 2.000.671
Cash and cash equivalents	\$ 1,186,049	\$ 854,537	\$ 2,040,586	\$ 2,420,687	\$ 878,984	\$ 3,299,671
Investments, at fair value	6,728,749	4,843,083	11,571,832	6,575,878	4,715,131	11,291,009
Accounts receivable, net	480,748	-	480,748	136,475	-	136,475
Contributions receivable	145,100	62,000	207,100	51,000	58,000	109,000
Prepaid expenses and other assets	182,303		182,303	118,051	5.650.115	118.051
Total current assets	8,722,949	5,759,620	14,482,569	9,302,091	5 , 652,115	14,954,206
Contributions receivable, net of current portion	-	16,000	16,000	-	70,000	70,000
Property and equipment, at cost,			0.660.055	0.703.740		9,723,740
net of accumulated depreciation	9,669,255	-	9,669,255	9,723,740	-	104 <u>.087</u>
Deferred compensation	109,445		<u>109,445</u>	104,087		104,087
Total assets	<u>\$ 18,501,649</u>	<u>\$ 5,775,620</u>	<u>\$24,277,269</u>	<u>\$ 19,129,918</u>	<u>\$ 5,722,115</u>	<u>\$ 24,852,033</u>
		Lial	oilities and Net.	Assets		
Current liabilities					_	h 157.000
Accounts payable and accrued expenses	\$ 129,412	\$ -	\$ 129,412	\$ 157,920	\$ ~	\$ 157,920
Accrued salaries and payroll taxes	54,389	-	54,389	28,050	-	28,050
Deferred tuition and fees revenue	83,455		83,455	186,893		<u>186,893</u>
Total current liabilities	267,256	-	267,256	372,863	-	372,863
and the second second	109 <u>,445</u>	_	109,445	104,087	_	104,087
Deferred compensation Total liabilities	37 <u>6.701</u>		376,701	476,950		476,950
	370.701			1.1 542 5		
Net assets						
Without donor restrictions	1,215,987	_	1,215,987	1,757,055	-	1,757,055
Operating	7,239,706	_	7,239,706	7,172,173	_	7,172,173
Board-designated fund Sub-total	8,455,693		8,455,693	8,929,228		8,929,228
Net investment in property and			0.660.055	0.732.740		9,723,740
equipment	9,669,255		9,669,255	9,723,740		18,652,968
Total without donor restrictions	18,124,948	-	18,124,948	18,652,968	5,722,115	5,722,115
With donor restrictions		5,775,620	5,775,620	19.650.069	5,722,115	24,375,08 <u>3</u>
Total net assets	18,124,948	<u>5,775,620</u>	23,900,568	<u> 18,652,968</u>	3,144,113	<u> </u>
Total liabilities and net assets	<u>\$ 18,501,649</u>	<u>\$ 5,775,620</u>	<u>\$24,277,269</u>	<u>\$ 19,129,918</u>	<u>\$ 5,722,115</u>	<u>\$ 24,852,033</u>

Statement of Activities For the Years Ended June 30, 2019 and June 30, 2018

	2019			2018			
	Without Donor	With Donor		Without Donor	With Donor		
	Restrictions	Restrictions	<u>Total</u>	Restrictions	Restrictions	Total	
Revenue and support	A 201 100	m 102.024	e 1 005 020	\$ 531,794	\$ 326,421	\$ 858,215	
Grants and contributions	\$ 831,108	\$ 193,924	\$ 1,025,032	⊅ <i>531,754</i>	ψ 320, 12 1	\$ 050,210	
Special events, net of direct expenses	746,457	_	746,457	602,730	_	602,730	
of \$298,029 in 2019 and \$281,587 in 2018 Patient services	678,579	_	678,579	681,167	-	681,167	
Tuition and fees	1,089,741	_	1,089,741	1,241,115		1,241,115	
Rental	113,013		113,013	152,656	-	152,656	
Investment return, net	186,754	340,707	527,461	365,683	514,011	879,694	
Miscellaneous	7,200	-	7,200	5,076	(400,502)	5,076	
Net assets released from restrictions	<u>513,260</u>	(513,260)		420,523	(420,523)	4,420,653	
Total revenue and support	4,166,112	21,371	4,187,483	4,000,744	419,909	4,420,033	
Expenses							
Program services	1.024.506	-	1,034,596	893,978	_	893,978	
Clinical services	1,034,596 3,149,747	-	3,149,747	2,595,414	_	2,595,414	
Education and workshops	4,184, <u>343</u>		4,184,343	3,489,392	-	3,489,392	
Total program services	4,104,242			23,102,022			
Supporting activities			500.050	A71 670		471,678	
Management and general	530,258	-	530,258	471,678 332,478	- -	332,478	
Fundraising	380,441		380,44 <u>1</u> 910,699	804,156		804,156	
Total supporting activities	<u>910,699</u>	- _					
Total expenses	<u>5,095,042</u>		<u>5,095,042</u>	<u>4,293,548</u>		<u>4,293,548</u>	
Increase (decrease) from operating							
activities before unrealized gain	(000.000)	01.071	(907,559)	(292,804)	419,909	127,105	
(loss) on investments	(928,930)	21,371	(907,339)	-	•		
Unrealized gain (loss) on investments	400,910	32,134	433.044	<u>119,937</u>	(406,960)	(287,023)	
Increase (decrease) in net assets	(528,020)	53,505	(474,515)	(172,867)	12,949	(159,918)	
Net assets, beginning of year	18,652,968	<u>5,722,115</u>	<u>24,375,083</u>	<u> 18,825,835</u>	<u>5,709,166</u>	<u>24,535,001</u>	
Net assets, end of year	<u>\$18,124,948</u>	<u>\$ 5,775,620</u>	<u>\$ 23,900,568</u>	<u>\$ 18,652,968</u>	<u>\$ 5,722,115</u>	<u>\$ 24,375,083</u>	

See notes to financial statements.

Statement of Functional Expenses For the Year Ended June 30, 2019 (With Summarized Comparative Information for the Year Ended June 30, 2018)

	2019					2018		
	Pro	gram Services		Supporting Activities				
	Clinical Services	Education and Workshops	Total Program Services	Management and <u>General</u>	<u>Fundraising</u>	Total Supporting Activities	<u>Total</u>	Total
Expenses		A 4 550 500	0.000.000	d 100 400	ቀ <u>ኅ</u> ንበ 21 <i>ር</i>	# 427.000	\$ 2,806,397	\$ 2,256,238
Salaries	\$ 649,006	\$ 1,729,583	\$ 2,378,589	\$ 188,492	\$ 239,316	\$ 427,808	522,695	435,321
Payroll taxes and fringe benefits	131,581	313,567	445,148	34,200	43,347	77,547	371,325	333,562
Honorariums and research	36,285	333,896	370,181	368	776 20,273	1,144 79,102	261,845	259,549
Building maintenance and utilities	42,877	139,866	182,743	58,829	9,872	38,522	205,835	182,626
Professional fees and consulting	50,032	117,281	167,313	28,650	12,720	27,202	96,957	41,564
Materials and office supplies	14,678	55,077	69,755	14,482	9,917	23,414	83,533	77,267
Computer system	22,671	37,448	60,119	13,497	4,135	16,133	53,404	50,690
Insurance	8,745	28,526	37,271	11,998	1,767	6,895	22,826	24,523
Equipment and other leasing	3,738	12,193	15,931	5,128	1,662	6,486	21,779	20,597
Telephone	3,515	11,778	15,293	4,824	·	6,015	145,251	79,900
Travel, meals, conferences and meetings	4,352	134,884	139,236	3,751	2,264	3,687	17,132	26,516
Printing, postage, mailing and advertising	543	12,902	13,445	587	3,100	74,647	75,680	59,618
Credit card and finance charges	392	641	1,033	74,647	420	•	11,739	17,075
Miscellaneous	904	9,167	10,071	1,240	428	1,668	4,696,398	3,865,046
Total expenses before depreciation	969,319	2,936,809	3,906,128	440,693	349,577	790,270	4,050,356	3,003,040
Depreciation	<u>65,277</u>	212,938	<u>278,215</u>	89,565	30,864	120,429	<u>398,644</u>	428,502
Total expenses	<u>\$ 1,034,596</u>	\$ 3,149,747	<u>\$ 4,184,343</u>	S 530,258	<u>\$ 380,441</u>	<u>\$ 910,699</u>	<u>\$_5,095,042</u>	<u>\$ 4,293,548</u>

See notes to financial statements.

For the

ACKERMAN INSTITUTE FOR THE FAMILY

Statement of Cash Flows

	For the Years Ended June 30			d
		2019		2018
Cash flows from operating activities				
(Decrease) in net assets	\$	(474,515)	\$	(159,918)
Adjustments to reconcile (decrease) in net assets				
to net cash provided by (used in) operating activities				
Depreciation		398,644		428,502
Donated securities		(31,070)		(20,415)
Proceeds from sales of donated securities		31,070		20,479
Realized (gain) on sale of investments		(271,132)		(521,430)
Contribution with perpetual donor restrictions		-		(500)
Unrealized (gain) loss on investments		(433,044)		287,023
(Increase) in				
Accounts receivable		(344,273)		(5,824)
Contributions receivable		(44,100)		(25,600)
Prepaid expenses and other assets		(64,252)		(14,178)
Increase (decrease) in				
Accounts payable and accrued expenses		(28,508)		(18,605)
Accrued salaries and payroll taxes		26,339		(22,214)
Deferred tuition and fees revenue		(103,438)		98,120
Net cash provided by (used in) operating				
activities	_	<u>(1,338,279</u>)		45,440
Cash flows from investing activities				
Purchase of investments		(4,724,625)		(4,031,941)
Proceeds from sales of investments		5,147,978		4,144,166
Acquisition of property and equipment	_	(344,159)		<u>(166,586</u>)
Net cash provided by (used in)				
investing activities		<u>79,194</u>	_	(54,361)
Cash flows provided by financing activities				7 00
Contribution with perpetual donor restrictions	_		_	500
Net (decrease) in cash and cash equivalents		(1,259,085)		(8,421)
Cash and cash equivalents, beginning of year	_	3,299,671		3,308,092
Cash and cash equivalents, end of year	<u>\$</u>	2,040,586	<u>\$</u>	3,299,671

Notes to Financial Statements June 30, 2019

Note 1 - Nature of organization and summary of significant accounting policies

Nature of organization

Ackerman Institute for the Family (the "Organization") is a not-for-profit organization which provides innovative couple and family therapy services through its on-site clinic; post graduate training in couple and family therapy for mental health professionals; and cutting edge research that focuses on the development of new treatment models and training techniques.

Basis of presentation

The financial statements of the Organization are prepared on the accrual basis of accounting.

Net assets

The Organization's net assets consist of:

Without donor restrictions

Net assets without donor restrictions consist of amounts that can be spent at the discretion of the Organization. The net assets also include those funds that are designated for specific purposes by the Board of Directors.

Board-designated net assets mainly consist of the remaining proceeds from the sale of the building less the purchase and build-out costs for the Organization's new office space as well as capital improvements to the building. The Organization uses the earnings from the board-designated fund to pay the office condominium common charges each year and other projects approved by the Board of Directors.

With donor restrictions

Temporary donor restrictions

Net assets with temporary donor restrictions consist of contributions that are restricted by the donor for a specific purpose or pertain to future periods.

Perpetual donor restrictions

Net assets with perpetual donor restrictions consist of contributions that are restricted by the donor in that the principal must remain in perpetuity.

Notes to Financial Statements (continued) June 30, 2019

Note 1 - Nature of organization and summary of significant accounting policies (continued)

Contributions

The Organization reports contributions as support with temporary donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a designated restriction expires, that is, when a stipulated time restriction ends or the purpose for restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions. Contributions with temporary donor restrictions are reported as increases in net assets without donor restrictions if the restrictions are satisfied within the same fiscal year the contributions are received.

Cash equivalents

The Organization considers highly liquid investments with an original maturity of 90 days or less to be cash equivalents.

Investments

The Organization reports investments at fair value in the statement of financial position. The fair value of the investments is based on publicly quoted market prices. Realized and unrealized gains and losses are reflected in the statement of activities as increases and decreases in net assets without donor restrictions unless their use is restricted by donor stipulation.

Fair value measurements

Accounting principles generally accepted in the United States of America established a fair value hierarchy that prioritizes the inputs used to measure fair value into three broad levels. The Organization's investments are measured using Level 1 inputs, which are defined as quoted prices in active markets for identical assets that the reporting entity has the ability to access at the measurement date.

Allowance for doubtful accounts

As of June 30, 2019, the Organization has an allowance for doubtful accounts of approximately \$7,000, for the receivables that may not be collectible. As of June 30, 2018, the Organization did not have an allowance for doubtful accounts. Such estimate is based on management's experience, the aging of the receivables, subsequent receipts and current economic conditions.

Property and equipment

Property and equipment are recorded at cost. It is the Organization's policy to capitalize expenditures for those items in excess of \$1,000. Lesser amounts are expensed. Depreciation is being provided on the straight-line method over the estimated useful lives of the assets, which range from 5 to 39 years. During the 2019 fiscal year, fully depreciated property and equipment totaling \$4,025 were deleted from the accounts of the Organization.

Notes to Financial Statements (continued) June 30, 2019

Note 1 - Nature of organization and summary of significant accounting policies (continued)

Fees for service revenue

Patient services revenue is reported at the estimated net realizable amounts from patients, third-party payers and other services rendered. Self-pay revenue is recorded at published charges with charitable allowances deducted to arrive at net self-pay revenue. All other patient services revenue is recorded at published charges with contractual allowances deducted to arrive at patient services.

Tuition payments are recorded as revenue over the term of the course. Deferred revenue represents tuition payments received from students in advance of the commencement of a course.

Rental revenue

Rental revenue is received from faculty members for use of the Organization's facilities to provide private counseling and is recorded when earned.

Functional expenses

The cost of providing the various programs and other activities has been summarized on a functional basis. Accordingly, certain costs have been allocated among the program services and supporting activities benefited. Natural expenses attributable to more than one functional expense category are allocated using a variety of cost allocation techniques primarily consisting of salary and wages and time and effort reporting.

In-kind services

Organizations are required to recognize contributions of services if they create or enhance non-financial assets, or require specialized skills, are provided by individuals possessing those skills and typically would have been purchased if not provided in-kind. Board members and other individuals volunteer their time and perform a variety of tasks that assist the Organization. These services do not meet the criteria to be recorded and have not been included in the financial statements.

Summarized comparative information

The financial statements include certain prior-year summarized comparative information in total but not by functional classification. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended June 30, 2018, from which the summarized information was derived.

Notes to Financial Statements (continued) June 30, 2019

Note 1 - Nature of organization and summary of significant accounting policies (continued)

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements. Actual results could differ from these estimates.

Concentrations of credit risk

The Organization's financial instruments that are potentially exposed to concentrations of credit risk consist primarily of cash, cash equivalents, investments and receivables. The Organization places its cash and cash equivalents with what it believes to be quality financial institutions. The Organization's investments are exposed to various risks such as interest rate, market volatility, liquidity and credit. Due to the level of uncertainty related to the foregoing, it is reasonably possible that changes in these risks could materially affect the fair value of the investments reported in the statement of financial position as of June 30, 2019. The Organization routinely assesses the financial strength of its holdings in its investment portfolio. The Organization monitors the collectibility of its receivables on an ongoing basis. As a consequence, management believes concentrations of credit risk are limited.

Not-for-Profit Financial Statement Presentation

During the 2019 fiscal year, the Organization adopted Accounting Standards Update No. 2016-14 (ASU) Not-for-Profit Entities: Presentation of Financial Statements of Not-for-Profit Entities. This guidance is intended to improve the net asset classification requirements and the information presented in the financial statements and notes about a not-for-profit entity's liquidity, financial performance, and cash flows.

A summary of the net asset reclassifications required by the adoption of ASU 2016-14 as of June 30, 2017 is as follows:

Net Asset Classifications	Without Donor Restrictions	With Donor Restrictions	Total Net Assets
As previously presented Unrestricted	\$ 18,825,835	\$ -	\$ 18,825,835
Temporarily restricted	-	2,935,733	2,935,733
Permanently restricted		<u>2,773,433</u>	2.773,433
Net assets, as reclassified June 30, 2017	\$18,82 <u>5,835</u>	\$ 5,709,166	\$ 24,535,001

In addition, in accordance with the adoption of ASU 2016-14, the Organization has also reclassified its 2018 fiscal year net asset classifications.

Notes to Financial Statements (continued) June 30, 2019

Note 1 - Nature of organization and summary of significant accounting policies (continued)

Subsequent events

The Organization has evaluated events and transactions for potential recognition or disclosure through December 17, 2019, which is the date the financial statements were available to be issued.

Note 2 - Liquidity and availability of financial assets

The Organization's working capital and cash flows have seasonal variations during the year attributable to the annual cash receipts from grants, contributions, tuition, fees and other revenue items.

The following is a summary of the Organization's liquid assets as of June 30, 2019 that are available for general use within one year of the statement of financial position date:

Cash and cash equivalents	\$ 2,040,586
Investments, at fair value	11,571,832
Accounts receivable, net	480,748
Contributions receivable	207,100
Sub-total	14,300,266
Less: net assets with perpetual donor restrictions	(2,773,933)
Total	\$11,526,333

In addition, the Organization also has available a \$1,000,000 revolving line of credit (see note 6) that may be drawn upon as necessary during the year.

Note 3 - Contributions receivable

Contributions receivable consist of the following as of June 30, 2019:

Due in one year	\$ 207,100
Due in one to five years	 16,000
Total	\$ 223,100

Notes to Financial Statements (continued) June 30, 2019

Note 4 - Investments

The following is a summary of investments held by the Organization as of June 30, 2019 and June 30, 2018:

	20)19	2018		
	Cost	Fair Val <u>ue</u>	Cost	Fair Value	
Equities – domestic Fixed income Mutual funds – equities Total	\$ 6,481,876 2,361,308 500,001 \$ 9,343,185	\$ 8,602,692 2,478,752 490,388 \$ 11,571,832	\$ 6,713,482 2,030,599 751,325 \$ 9,495,406	\$ 8,525,678 2,040,321 <u>725,010</u> \$ 11,291,009	

Net investment return consists of the following for the years ended June 30, 2019 and June 30, 2018:

	<u>2019</u>	2018
Realized gain on sale of investments	\$ 271,132	\$ 521,430
Interest and dividends	330,187	434,398
Sub-total	601,319	955,828
Less: investment fees	(73.858)	(76,134)
Total	\$ 527,461	\$ 879,694
Unrealized gain (loss) on investments	<u>\$ 433,044</u>	\$ (287,023)

Note 5 - Property and equipment

A summary of the property and equipment as of June 30, 2019 and June 30, 2018 is as follows:

	2019	2018
Office condominium and improvements	\$ 10,974,325	\$ 10,678,977
Furniture and fixtures Computer and video equipment	468,325 <u>487,946</u>	453,350 458,135
Total Less: accumulated depreciation	11,930,596 2,261,341	11,590,462 <u>1,866,722</u>
Total property and equipment	\$ 9,669,255	\$ 9,723,740

Notes to Financial Statements (continued) June 30, 2019

Note 6 - Line of credit

The Organization has available a \$1,000,000 revolving line of credit which expires January 1, 2021. Amounts borrowed under the line bear interest at the Wall Street Journal Prime Rate less 1.50% per annum. The line of credit contains a restrictive borrowing covenant as outlined in the agreement and is collateralized by a money market account held with the lender for the Organization totaling approximately \$1,000,000.

Note 7 - Endowments and net assets with donor restrictions

The Organization's endowment consists of three individual funds established for specific purposes. Its endowment includes donor-restricted endowment funds. Under the New York Prudent Management of Institutional Funds Act (NYPMIFA), the provisions of which apply to endowment funds, the Organization is required to act prudently when making decisions to spend or accumulate donor restricted endowment assets and in doing so to consider a number of factors including the duration and preservation of its donor restricted endowment funds. The Organization classifies as perpetuity restricted net assets the original value of gifts donated to the permanent endowment.

Perpetual donor restrictions

These net assets represent contributions and bequests made that are restricted to investment in perpetuity. Under the Ruth Perl Kahn Fund stipulations, investment revenue earned on such fund is recorded as net assets with temporary donor restrictions and added to the respective fund balance. In addition, the donor stipulations permit the expenditure of up to 5% of the fair value of the funds to be used for operations. The Board appropriates the expenditure of the temporary restricted investment revenue by the annual budget.

Notes to Financial Statements (continued) June 30, 2019

Note 7 - Endowments and net assets with donor restrictions (continued)

Net assets with temporary donor restrictions

Net assets with temporary donor restrictions activity for the year ended June 30, 2019 is as follows:

	Balance June 30, 2018	Contributions	Investment Return, Net	Net Assets Released from Restrictions	Balance June 30, 2019
CKCC Projects	\$ 19,429	\$ -	\$ -	\$ -	\$ 19,429
Ruth Perl Kahn Fund	1,815,189	-	275,198	(179,456)	1,910,931
Family Project	_	105,000	-	(52,500)	52,500
Schoolman	3,367	-	-	-	3,367
Relational Trauma	63,984	47,000	-	(54,640)	56,344
Scholarship Program	62,044	150	-	(25,000)	37,194
Maslow Scholarship Fund	143,191	•	5,877	(32,650)	116,418
Oppenheim Fellowship	50,000	-	-	-	50,000
Special Needs Project	35,000	-	-	(35,000)	-
Center for Work & Family	1,041	4,990	-	-	6,031
Center for Alcohol					
& Substance Abuse	6,393	-	-	(1,741)	4,652
Soul Work Conference	-	3,550	-	-	3,550
Substance Abuse	-	5,885	_	-	5,885
Brownstone Fellowship	34,709	-	-	_	34,709
Emergency Fund	3,265	-	-	-	3,265
Adolescent Program	5,259	-	-	-	5,259
Tina Fund	3,000	-		-	3,000
Gender & Family	478,173	27,349	-	(50,000)	455,522
General operations	28,000	-	-	-	28,000
Challenge Grant Gift	100,578	•	91,766	(33,260)	159,084
International Training	38,583	-	-	(7,843)	30,740
Foster Care	5,275	-	-	(290)	4,985
Justice Project	51,702			<u>(40,880</u>)	10,822
Total	\$ 2,948,182	<u>\$ 193,924</u>	<u>\$ 372,841</u>	<u>\$ (513,260)</u>	\$ 3,001,687

Notes to Financial Statements (continued) June 30, 2019

Note 7 - Endowments and net assets with donor restrictions (continued)

The following is a summary of the Ruth Perl Kahn Fund, Maslow Scholarship Fund and the Challenge Grant Gift as of June 30, 2019 and June 30, 2018:

		2019	
	Temporary	Perpetually	
	Restricted	Restricted	Total
Ruth Perl Kahn Fund	\$ 1,910,931	\$ 1,773,933	\$ 3,684,864
Maslow Scholarship Fund	116,418	-	116,418
Challenge Grant Gift	159,08 <u>4</u>	1,000,000	1,159,084
Total	\$ 2,186,433	\$ 2,773,933	<u>\$ 4,960,366</u>
		2018	
	T	Da-wa a 413 a 11 r c	
	Temporary	Perpetually	TF + 1
	Temporary Restricted	Perpetually Restricted	Total
Ruth Perl Kahn Fund		<u> </u>	Total \$ 3,589,122
Ruth Perl Kahn Fund Maslow Scholarship Fund	Restricted	Restricted	
	<u>Restricted</u> \$ 1,815,189	Restricted	\$ 3,589,122

Note 8 - Commitment and contingency

Employee agreement

The Organization is obligated under an agreement with a key employee for three years, which commenced July 23, 2018. The agreement provides for certain termination provisions.

Government programs

Government supported programs are subject to audits by the granting agency.

Note 9 - Related party transactions

A member of the Board of Directors is a principal in a brokerage firm that manages several of the Organization's investment funds. Nominal fees in the nature of cost recovery were paid to the brokerage firm during the 2019 and 2018 fiscal years. Furthermore, a second member of the Board of Directors is in senior management of a brokerage firm that functions as a custodian for a portion of the Organization's investment funds. Nominal fees in the nature of cost recovery were paid to the brokerage firm during the 2019 and 2018 fiscal years.

Notes to Financial Statements (continued) June 30, 2019

Note 10 - Retirement plans

403(b) plan

All eligible employees of the Organization can participate in the 403(b) savings plan (the "savings plan"). An eligible employee may contribute a portion of his/her compensation in accordance with Internal Revenue Service regulations. The Organization matches the participants' contributions to the savings plan up to 10% of the individual participants' contributions after one year of service. The savings plan expense for the years ended June 30, 2019 and June 30, 2018 was \$21,776 and \$13,250, respectively.

Defined contribution plan

The Organization also has a defined contribution retirement plan (the "retirement plan") for one current employee. The Organization closed this plan for new employees and established the 403(b) plan above. The Organization does not contribute to the retirement plan.

Deferred compensation plan

The Organization maintains a non-qualified 457(b) deferred compensation plan (the "plan") for a former key employee. For the year ended June 30, 2018, the Organization contributed \$15,000 to the plan. There was no contribution for the 2019 fiscal year. The assets of the plan remain assets of the Organization until paid to the former key employee.

Note 11 - Legal proceeding

The Organization is currently involved in a legal proceeding arising in the ordinary course of business. The Organization believes it has a defense for the proceeding and is vigorously defending the action. In the opinion of management of the Organization, the resolution of the matter will not have a materially adverse effect on the Organization's financial statements.

Note 12 - Tax status

The Organization is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (the "Code"). In addition, the Organization has been determined by the Internal Revenue Service to be a publicly supported organization, and not a private foundation within the meaning of Section 509(a)(2) of the Code. Donors are eligible to receive the maximum charitable tax deductions available for public charities under the Code.