EXTENDED TO MAY 17, 2021

(Rev. January 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

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. JUL 1 2019 and ending JUN 30, 2020 A For the 2019 calendar year, or tax year beginning C Name of organization В Check if applicable: D Employer identification number Address change ACKERMAN INSTITUTE FOR THE FAMILY Name 13-1923959 change Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 936 BROADWAY 212-879-4900 8,357,001. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended NEW YORK, NY 10010 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MARTHA FLING Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WWW.ACKERMAN.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > . Year of formation: 1960 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: THE INSTITUTE IS DEDICATED TO **Activities & Governance** THE STUDY. DIAGNOSIS AND TREATMENT OF FAMILY RELATIONSHIP PROBLEMS if the organization discontinued its operations or disposed of more than 25% of its net assets. 24 3 Number of voting members of the governing body (Part VI, line 1a) 24 Number of independent voting members of the governing body (Part VI, line 1b) 4 85 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 24 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 0. 7h **Prior Year Current Year** 1,451,839, 1,768,788. Contributions and grants (Part VIII, line 1h) 8 Revenue 1,825,970. 1,577,486. 9 Program service revenue (Part VIII, line 2g) 601,319 798,913. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 532,863 75,026. 11 4,411,991 4,220,213. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 57,650. 104,726. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,329,092. 3,809,249. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 93 000 65 000. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,839,808, 1,844,653. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,319,550. 5,823,628. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -907,559. -1,603,415. Revenue less expenses. Subtract line 18 from line 12 **End of Year Beginning of Current Year** 22,260,138. 24,277,269 Total assets (Part X, line 16) 376,701 816,548. 21 Total liabilities (Part X, line 26) 三年 23,900,568. 21,443,590. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date	
Here				
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	JAMES J. REILLY	James Reilly	2/18/2021	if self-employed P00183769
Preparer	Firm's name CONDON O'MEARA MCGINTY &	DONNELLY LLP	Firm's	SEIN ► 13-3628255
Use Only	Firm's address ONE PARTERY PARK PLAZA			
	NEW YORK, MY 0 0	OVOr C	Pron	_{NO.} 212-661-7777
May the I	RS discuss this return with he represent the wab	v ? (see il structions)		Yes No
		<u> </u>		000

13-1923959

1	Briefly describe the organization's mission:	X
•	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
	If "Yes," describe these new services on Schedule O.	
3	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.	—
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	
	revenue, if any, for each program service reported.	
1 a	(Code:) (Expenses \$3,613,528. including grants of \$104,726.) (Revenue \$	958,906.
	EDUCATION AND WORKSHOPS (SEE SCHEDULE O).	
4b	(Code:) (Expenses \$1,072,781. including grants of \$) (Revenue \$	623 508.
10	CLINIC SERVICES (SEE SCHEDULE O).	<u> </u>
	<u> </u>	
1 c	(Code:) (Expenses \$	
4d	Other program services (Describe on Schedule O.)	<u> </u>
	Expenses \$ including grants of \$ evenue \$)
1e	Total program service expenses \ 4000, \ 809	

13-1923959

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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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			
3	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		10	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	21	
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,		v	
	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			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17		10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17	х	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	-17	21	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0	х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			17
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the Una mization attach a copy of its audited financial statements this return?	20b		
21	Did the organization report more than \$,000 of grains or on en assistance to any do nestic organization or			
	domestic government on Part X, c um (A, ine 1? / es colvoles Sche lule I, Parts / inc II	21	000	Х
932003	01-20-20	Form	990	(2019)

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
L	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
·	"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? <i>If</i> "Yes," <i>complete</i>			
	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			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
. u	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is contidued to containe a response of flote to any line in this fact v		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 116		.03	.45
	Enter the number of Forms 120 included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup with foll ling rules by riepo table as ments to vendor and rigon at eighting			
,	(gambling) winnings to prize whner?	1c	х	
		_	000	

Form **990** (2019)

932004 01-20-20

Form	990 (2019) ACKERMAN INSTITUTE FOR THE FAMILY 13-192395	9	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 85			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	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?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	Х	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	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			
	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		

axpayer

Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

excess parachute payment(s) during the year?

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," see instructions and file Form 4720, Schedule N.

Х

Form **990** (2019)

14a

14b

ACKERMAN INSTITUTE FOR THE FAMILY

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year 24 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Х 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο Yes 10a Did the organization have local chapters, branches, or affiliates? X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 Х 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, a phone number of the person who possesses the org tion's books and records MICHELE BURFEIND 936 BROADWAY, NEW YORK

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.

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

Check this box if neither the organization n	1	Jiga	ııı∠d			ipen	salt			(F)
(A)	(B)				C) ition	1		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than c		Reportable compensation	Reportable	Estimated
	hours per week					s both or/trust		from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				pe pe		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	Iltrus	nal tr		loyee	omb				and related
	below	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	hul	lus	0#	Ke	Hig	For			
(1) GISSELLE ACEVEDO	40.00	-						206 252	2	1 000
CEO/PRESIDENT	20.00		_	Х				296,850.	0.	1,900
(2) ADI LOEBL	20.00	-						105 105		40.550
MEDICAL DIRECTOR	20.00					Х		195,197.	0.	13,573
(3) JEAN MALPAS	32.00	-						160 576		42.400
DIRECTOR OF GENDER & FAMILY PROJECT (4) JAMA TOUNG	40.00	-	-		-	Х		162,576.	0.	13,480
(4) JAMA TOUNG VICE PRESIDENT OF DEVELOPMENT	40.00	-				x		140 006	0.	12 750
(5) KIRAN ARORA	40.00					^		140,086.	0,	12,759
VICE PRESIDENT OF DE&I	40.00	1				x		133,289.	0.	11,738
(6) MARTHA FLING	3.00								- •	,
CHAIRMAN		х		х				0.	0.	0
(7) IRA SALLEN	3.00									
VICE CHAIR		х		х				0.	0.	0
(8) ROBERT C. RUCKH	3.00									
TREASURER		Х		Х				0.	0.	0
(9) ALFRED G. FELIU	3.00									
SECRETARY		Х		Х				0.	0.	0
(10) LINDA DISHY	3.00									
DIRECTOR		Х						0.	0.	0
(11) DAYAN KAZI	3.00	1								
DIRECTOR		Х						0.	0.	0
(12) GREGORY T. ROGERS	3.00	_								
DIRECTOR		Х						0.	0.	0
(13) LESLIE ROBERTS	3.00	_								
DIRECTOR		Х						0.	0.	0
(14) THOMAS G. KAHN	3.00	-						_	_	_
DIRECTOR		Х	_		_			0.	0.	0
(15) DEBORAH WERNER	3.00								•	_
DIRECTOR (16) TRANSFERE MONNINGER	2.00	Х						0.	0.	0
(16) JEANETTE MONNINGER	3.00								0	_
DIRECTOR (17) ALICE K. NETTER		Х		.					0.	0
DIRECTOR	X	X	1				,	Cop	0.	0
932007 01-20-20			' '						<u> </u>	Form 990 (201

Part VII Section A. Officers, Directors, Trus	1	oloy	ees,			ghes	t C		• •	Т	(E)	
(A)	(B) Average			(C Pos	زر) ition	1		(D)	(E)	_ ا	(F)	1
Name and title	hours per		not c	heck ı	more	than o s both		Reportable compensation	Reportable compensation	1	stimate mount	
	week					r/trus		from	from related		other	
	(list any	director						the	organizations	cor	npensa	
	hours for	or dire	۵			ted		organization	(W-2/1099-MISC)	.	from th	e
	related	stee	trustee			bensa		(W-2/1099-MISC)		1	ganizat	
	organizations below	ual tru	ional		r em ployee	t com				1	nd relat	
	line)	Individual trustee or	Institutional ·	Officer	Key em	Highest compensated employee	Former			016	ganizati	0115
(18) BEVERLY GREENE	3.00											
DIRECTOR		Х						0.	0.			0.
(19) RACHEL MANISCHEWITZ ROCKER	3.00	1										
DIRECTOR		Х						0.	0.			0.
(20) ARTHUR MASLOW	3.00	1										
DIRECTOR		Х						0.	0.	_		0.
(21) CLYDE BROWNSTONE	3.00	4						_	_			_
DIRECTOR		Х						0.	0.	_		0.
(22) JEANNIE ACKERMAN CURHAN	3.00	-						0	0.			0
DIRECTOR (23) SHERI SANDLER	3 00	Х						0.	٠.	-		0.
DIRECTOR	3.00	x						0.	0.			0.
(24) STEPHEN SOKOLOFF	3.00							0.	· ·			
DIRECTOR	3.00	x						0.	0.			0.
(25) ARNOLD SYROP	3.00	 										
DIRECTOR		х						0.	0.			0.
(26) IMKE OSTER	3.00								<u>-</u>			
DIRECTOR		х						0.	0.			0.
1b Subtotal		1						927,998.	0.		53,	450.
c Total from continuation sheets to Part V							•	0.	0.		•	0.
d Total (add lines 1b and 1c)							•	927,998.	0.		53,	450.
2 Total number of individuals (including but r							o re	ceived more than \$100,	000 of reportable			
compensation from the organization												5
											Yes	No
3 Did the organization list any former officer	, director, trust	ee, k	кеу е	mpl	oye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for s	such individual									3		Х
4 For any individual listed on line 1a, is the s	•		•					•	•			
and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	J fo	or such individual		4	Х	
5 Did any person listed on line 1a receive or	•				•			•				
rendered to the organization? If "Yes, " cor	<u>nplete Schedul</u>	e J f	or st	ıch r	oers	on .				5		Х
Section B. Independent Contractors 1 Complete this table for your five highest co	mponeated inc	lono	ndo	at co	ntr	acto	rc th	est received more than \$	100 000 of componer	tion f	rom.	
the organization. Report compensation for	•	•							, ,	ttiOi i	OIII	
(A)	tire carerraar y			· <u>g</u> ···			<u> </u>	(B)			C)	
Name and business	address	NO	NE					Description of s	ervices (ensatio	'n
2 Total number of independent putractors (including but n	ot lir	nited	d to t	thos	se lis	ted	abord, tho received mo	ore than			
	-											
\$100,000 of compensation fro n the organ	at on		1			Y	_	(L)				
	IALE NOTAN	ATI-E	1	H	E	4	_	Cop	V	Form	990 (2019)

	ITUTE FOR	11117	r n.	ытп	1				13-19239	139
Part VII Section A. Officers, Directors, True	stees, Key En	nployees, and Highest						Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours	(cl		Pos	C) ition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatior from the organization and related organizations
27) NICOLE POTEAT DIRECTOR	3.00	х						0.	0.	(
28) JANINE WEISENBECK	3.00									
DIRECTOR		х						0.	0.	

Form 990 (2019) ACKERMAN IN Part VIII Statement of Revenue

		Check if Schedule O c	onta	ains a response	or note to any line	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lunction revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns		1a					
ant		Membership dues							
ဇ် မြ		Fundraising events			362,145.				
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations			,				
i⊇ i≅		Government grants (contri							
Sin		All other contributions, gifts,							
e Ħ	'				1,406,643.				
ē		similar amounts not included			8,234.				
out	_	Noncash contributions included in I		•	0,234.	1 760 700			
Og	r	Total. Add lines 1a-1f				1,768,788.			
					Business Code	050 005	252 226		
Se	2 a				900099	958,906.	958,906.		
Program Service Revenue	b	PATIENT SERVICES			900099	618,580.	618,580.		
Segre	c								
eve	c	l							
P. G.	e	·							
Ā	f	All other program service	rever	nue					
	ç	Total. Add lines 2a-2f				1,577,486.			
	3	Investment income (includ	ling (dividends, intere	st, and				
		other similar amounts)	_			325,836.			325,836.
	4	Income from investment o							
	5	Royalties							
	•	110741100		(i) Real	(ii) Personal				
	6 -	Gross rents	6a	62,236.	()				
		Cross rents Less: rental expenses	6b	0.					
		Rental income or (loss)	6c	62,236.					
		` '		02,200.		62,236.			62,236.
		Net rental income or (loss)	<u> </u>	(i) Securities	(ii) Other	02,230.			02,250.
	/ a	Gross amount from sales of	_		(ii) Otriei				
		assets other than inventory	7a	4,374,297.					
_	b	Less: cost or other basis							
Jue		and sales expenses							
ther Revenue	C	Gain or (loss)	7с	473,077.					
æ	C	Net gain or (loss)		·····		473,077.			473,077.
þer	8 a	Gross income from fundraising							
ŏ		including \$3	862,	145. of					
		contributions reported on	line	1c). See					
		Part IV, line 18		8a	243,430.				
	b	Less: direct expenses		8b	235,568.				
	c	Net income or (loss) from t	fund	raising events		7,862.			7,862.
	9 a	Gross income from gamin	g ac	tivities. See					
		Part IV, line 19		I					
	b	Less: direct expenses							
		Net income or (loss) from			•				
		Gross sales of inventory, le							
		and allowances							
	h			10b					
		Net income or (loss) from s							
\rightarrow		FIACE HOOTHE OF (1099) HOTHS	Jaics	SOLITIVELITORY	Business Code				
ns	11 6	MISC. INCOME			900099	4,928.	4,928.		
Miscellaneous Revenue					33333	1,520.	1,520.		
llar en	b								
See.	C		_						<u> </u>
Ĕ		All other revenue							
		Total. Add lines 11a-11d	4			4,528.	AA!		060.011
	12	Total revenue. See instruc o	ns		/	4 220,23.	1087,414.	0.	869,011.
932009	01-20	0-20						7	Form 990 (2019)

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 (D) Do not include amounts reported on lines 6b, Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 104,726. 104,726. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 525,751. trustees, and key employees 613,588. 35,879 51,958. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,594,564. 2,222,436. 151,978. 220,150. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 28,521 24,616. 1,602 2,303. 373,834 322,653. 20,994 30,187. 9 Other employee benefits 198,742. 171,533. 11,161 16,048. 10 Payroll taxes Fees for services (nonemployees): Management а Legal 38,323. 26,450. 8,203 3,670. Accounting Lobbying 65,000. 65,000. Professional fundraising services. See Part IV, line 17 71,872. 71,872. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 404,886 279,444 86,668 38,774. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 112,354 93,592 7,358. 11,404 13 Office expenses 87,877 63,205 14,532 10,140. 14 Information technology 15 Royalties 53,474 238,005. 166,104 18,427. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 66,855. 2,810. Conferences, conventions, and meetings 62,683. 1,362. 19 20 21 Payments to affiliates 387,462 270,411. 87,053 29,998. 22 Depreciation, depletion, and amortization 55,735. 38,898. 12,522 4,315. 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) INDEPENDENT CONTRACTORS 278,371. 276,110. 436 1,825. MISCELLANEOUS 51,466 21,301 29,609 556. CREDIT CARD/FINANCE CHA 29,529. 1,099. 28,430. EQUIPMENT AND OTHER LEA 21,918. 15,297. 4,924 1,697. All other expenses 5,823,628 4,686,309 633,551 503,768. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint co a combined educational campaign and fundrai

932010 01-20-20

Part X Balance Sheet

Part	[X	Balance Sneet					
		Check if Schedule O contains a response or r	ote to an	y line in this Part X		·····	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			500.	1	235,83
	2	Savings and temporary cash investments			2,040,086.	2	1,687,38
	3	Pledges and grants receivable, net			223,100.	3	115,00
	4	Accounts receivable, net			480,748.	4	467,87
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe				
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
v.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	B			182,303.	9	67,46
	10a	Land, buildings, and equipment: cost or other	. [
		basis. Complete Part VI of Schedule D	. 10a	12,054,073.			
	b	Less: accumulated depreciation			9,669,255.	10c	9,491,87
	11	Investments - publicly traded securities			11,571,832.	11	10,194,71
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			109,445.	15	
	16	Total assets. Add lines 1 through 15 (must ed			24,277,269.	16	22,260,13
	17	Accounts payable and accrued expenses		129,412.	17	135,58	
	18	Grants payable		18			
	19	Deferred revenue	83,455.	19	32,45		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complet				21	
ا م	22	Loans and other payables to any current or fo					
Ë		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the		22			
ן בֿ	23	Secured mortgages and notes payable to unre		23			
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir					
		of Schedule D	•	·	163,834.	25	648,50
	26	-			376,701.	26	816,54
		Organizations that follow FASB ASC 958, c	heck her	e ▶ X			
Ses		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			18,124,948.	27	17,079,16
	28	Net assets with donor restrictions		5,775,620.	28	4,364,43	
2		Organizations that do not follow FASB ASC					
2		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current fund	ds			29	
Set:	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
- □	32	Total net assets or fund balances			23,900,568.	32	21,443,59
	33	Total liabilities and net assets/fund balances			24,277,269.	33	22,260,138

Form 990 (2019)

Act and OMB Circular A-133?

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2019)

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

			GO to www.iis.gov	//Formago for manacine	nis and th	e latest li	normation.		
Name	of t	he organization							identification number
David			AN INSTITUTE FO						13-1923959
Part		Reason for Public (onarity Status (All organizations must co	mplete thi	is part.) Se	e instructions	S	
The or	gani	zation is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only o	one box.)			
1 _	_	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2 _		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	1990 or 99	90-EZ).)			
3 _		A hospital or a cooperative					-		
4 _		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5 _		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental i	unit or from th	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	: II.)				
9 [An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
		university:		,				· ·	
10	Х	An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	ort from c	ontributio	ns, membersl	nip fees, an	d gross receipts from
		activities related to its exem	*	• •				•	· ·
		income and unrelated busin	-	•					-
		See section 509(a)(2). (Cor		,				,	,
11 [An organization organized a	•	vely to test for public saf	etv. See	section 50)9(a)(4).		
12		An organization organized a	•		•			rrv out the	purposes of one or
_		more publicly supported or	-	· · ·	-			•	•
		lines 12a through 12d that	-						
а		Type I. A supporting orga						-	aivina
_		the supported organization	•	•		-			
		organization. You must o		• • • •					9
b		Type II. A supporting org			ion with its	s supporte	ed organizatio	n(s) by hay	rina
-		control or management o	•				_	•	-
		organization(s). You mus						900 00.[9]	
С		Type III functionally inte			in connect	ion with a	and functional	lly integrate	d with
·		its supported organization	• • • • • • • • • • • • • • • • • • • •			•		ny intograte	a with,
d		Type III non-functionally		·				ted organia	ration(s)
u		that is not functionally int	=					_	
		requirement (see instructi	•	• ,	•		•	i aii aileiili	C11633
		Check this box if the orga	•	-				II Type III	
C		functionally integrated, or					турет, туре	ii, Type iii	
	Ente	er the number of supported o							
		ride the following information	•	d organization(s)					
9_		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization		(described on lines 1-10	in your governi Yes	No	support (see in	nstructions)	support (see instructions)
				above (see instructions))		- 110			
				AVA		7		_	
			X				H		

LHA For Paperwork Reduction Act Notice, see the Ir structions for form 990 or 990-EZ. 932021 09-25-1

Sobedule A (Form 990 or 990-EZ) 2019

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	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						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						_
3	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.						_
		() 00/5	# N 00 / 0	() 00/-	1,0000		(0
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, third	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2019. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the	organization did no	t check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						. —
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			=			▶ □
h	10% -facts-and-circumstances test	•			•		
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						• • •
18	Private foundation. If the organization		-	•			
<u></u>	ato roundation. Il the organization	ala not oncolt a	20x 011 mile 10, 100	م, ، ن الم, ۱،۲۵, ۱،۲۵ ا		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2019

Page 3

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

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

Sec	etion A. Public Support	now, please compl	ete i ait ii.j				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not		, ,	,	, ,	,	
	include any "unusual grants.")	1,263,109.	1,477,765.	1,400,682.	1,451,839.	1,768,788.	7,362,183.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,927,233.	2,214,587.	2,315,370.	2,443,649.	1,820,916.	10,721,755.
3	Gross receipts from activities that are not an unrelated trade or business 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	3,190,342.	3,692,352.	3,716,052.	3,895,488.	3,589,704.	18,083,938.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	367,508.	331,050.	155,034.	134,000.	148,100.	1,135,692.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	: Add lines 7a and 7b	367,508.	331,050.	155,034.	134,000.	148,100.	1,135,692.
	Public support. (Subtract line 7c from line 6.)						16,948,246.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 📙	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,190,342. 455,616.	3,692,352. 477,569.	3,716,052. 587,054.	3,895,488.	3,589,704.	18,083,938. 2,351,511.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	455,616.	477,569.	587,054.	443,200.	388,072.	2,351,511.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8,422.	10,152.	5,076.	7,200.	4,928.	35,778.
	Total support. (Add lines 9, 10c, 11, and 12.)	3,654,380.	4,180,073.	4,308,182.	4,345,888.	3,982,704.	20,471,227.
14	First five years. If the Form 990 is for	G		•	•	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, L
Sec	check this box and stop here ction C. Computation of Public						P
	Public support percentage for 2019 (lin			olumn (f))		15	82.79 %
	Public support percentage from 2018		•	Oranii (1))		16	81.45 %
	ction D. Computation of Invest						<u>,,,</u>
17	Investment income percentage for 20	19 (line 10c, colum	ın (f), divided by lin	e 13, column (f))		17	11.49 %
18	Investment income percentage from 2	.018 Schedule A, F	Part III, line 17			18	11.73 %
19a	33 1/3% support tests - 2019. If the	organization did no				3 1/3%, and line 17	
	more than 33 1/3%, check this box and						
b	33 1/3% support tests - 2018. If the					_	
20	line 18 is not more than 33 1/39, choo					rted organization	

932023 09-25-19

Sobedule A (Form 990 or 990-EZ) 2019

Yes | No

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)? *** answer 10b below.
 - b Did the organization have any excess business hadings in the lax year? Not Schedule C, Form

1 2 За 3b Зс 4a 4b 4c 5a 5b 5c 6 7 8 9<u>a</u> 9b 9с 10a

Pa	rt 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?		
b	A family member of a person described in (a) above?	,	
	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.		
Sec	tion B. Type I Supporting Organizations		
	71 11 5 5	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1.00	110
•	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 tay year.		
•	organizations and what conditions or restrictions, if any, applied to sacin powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
800	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
360	tion 6. Type it Supporting Organizations		Τ
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
800	the supported organization(s). 1 tion D. All Type III Supporting Organizations		
360	tion B. All Type III Supporting Organizations		T
	Did the constitution and the control of the control of the control of the first state of the first state of the	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
_	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
800	supported organizations played in this regard. 13		
	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 instruction		Τ
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.	_	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		
	reasons for the organization's position that its supported organization(s) would have engaged in these		
_	activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
_	trustees of each of the supported organizations? Provide details in Part VI.		
b	Did the organization exercise a subctain all legre of lirection over the policies, programs, and activities of each		
	of its supported organizations. If " es. de cobbe in Fall VI, he have proved by the organization in his regular. \ 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	lv integrate	ed Type III supporting orga	nization (see
-	instructions)	, 9	, i i-i-i	\\

Schedule A (Form 990 or 990-EZ) 2019

ı aı	Type in Non-Functionally integrated 509	a)(3) Supporting Orga	inizations (continued)	1
<u>Secti</u>	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	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	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 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section E, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; 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.)	ion C,
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:	
MISC. INCOME	
2015 AMOUNT: \$ 8,422.	
2016 AMOUNT: \$ 10,152.	
2017 AMOUNT: \$ 5,076.	
2018 AMOUNT: \$ 7,200.	
2019 AMOUNT: \$ 4,928.	
Taxpaver Copy	

Sobedule A (Form 990 or 990-EZ) 2019

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

ACKERMAN INSTITUTE FOR THE FAMILY

Employer identification number

13-1923959

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Ac	counts	S. Complete if t	he
	organization answered "Yes" on Form 990, Part IV, line	e 6.				
		(a) Donor advised funds	(b) Funds	and other acco	unts
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 w	vriting that the assets held in donor advis	sed fund	ls		
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes	O No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used or	nly		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferri	ng		
					Yes	No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recreat	· —		-	nportant land are	a
	Protection of natural habitat	Preservation o	f a certi	fied histo	oric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a cor			
	day of the tax year.				leld at the End of t	he Tax Year
а	Total number of conservation easements			2a		
b				2b		
С	Number of conservation easements on a certified historic stru			2c		
d	Number of conservation easements included in (c) acquired a		ure			
_	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organi:	zation du	uring the tax	
_	year -					
4	Number of states where property subject to conservation east	· · · · · · · · · · · · · · · · · · ·				
5	Does the organization have a written policy regarding the peri					
•	violations, and enforcement of the conservation easements it				Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servatio	n easem	ents during the y	ear
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and onforcing consonue	tion oo	amanta	during the year	
7	Amount of expenses incurred in monitoring, inspecting, riandi	ling of violations, and emorcing conserva	llion eas	sements	during the year	
8	Does each conservation easement reported on line 2(d) above	e eatisfy the requirements of section 170	(h)(4)(D)	(i)		
0	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation				1es	140
J	balance sheet, and include, if applicable, the text of the footne				nes the	
	organization's accounting for conservation easements.	oto to the organization o inhahota otatom	OTTEO LITE	it deserti	303 1110	
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther S	imilar <i>i</i>	Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its revenue statement a	and bala	ince she	et works	
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	urtheran	ce of pu	blic	
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that describes these item	ns.	-		
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and	balance	sheet w	orks of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtl	herance	of public	c service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$		
				▶ \$		
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financia	al gain, p	orovide		
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:				
а	Revenue included on Form each Part VIII, line 1			▶ \$		
<u>b</u>	Assets included in Form 990, Lart X	WORL OI	$\Box I$	> \$		
LHA	For Paperwork Reduction Act No ce set the astruction	fov or 1990.	JI	S	chedule D (Forn	n 990) 2019
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Par	rt III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Othe	r Similar	Assets	(continu	ed)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	significant u	ise of its	,	,
	collection items (check all that apply):							
а	Public exhibition	d	Loan or excl	nange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mpt purpos	se in Part	XIII.	
5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	ures, or other simila	r assets			
	to be sold to raise funds rather than to be ma						Yes	No
Par	rt IV Escrow and Custodial Arrang		ete if the organization	n answered "Yes" or	n Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia		•				_	
	on Form 990, Part X?					L	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:					
							Amount	
	Beginning balance							
	Additions during the year							
е	Distributions during the year							
f	Ending balance				1 f		7	
	Did the organization include an amount on Fo						Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.							
Par	rt V Endowment Funds. Complete in							
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y			ears back
1a	Beginning of year balance	13,015,326.	12,894,288.	12,658,825.	†	14,286.		86,084.
b	Contributions	337,524.	405,824.	386,424.	<u> </u>	95,000.		22,004.
C	Net investment earnings, gains, and losses	-547,204.	555,227.	432,148.	1,20	00,765.	-1	32,872.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	1,700,214.	840 013	583 100	51	51 226	7	60,930.
Ť	Administrative expenses	11,105,432.	840,013.	583,109. 12,894,288.		51,226. 58,825.		14,286.
g	End of year balance	· · ·	13,015,326.		12,0	30,023.	11,0	14,200.
2	Provide the estimated percentage of the curr	ent year end balance 60.70) neid as:				
a	Board designated or quasi-endowment ► Permanent endowment ► 24.98		_%					
b	Term endowment 14.32	%						
С	The percentages on lines 2a, 2b, and 2c shou							
22	Are there endowment funds not in the posses	•	tion that are hold an	d administered for t	ho organiza	tion		
Ja		ssion of the organiza	tion that are ned an	d administered for the	ne organiza	ition	Г	res No
	by: (i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza						3b	
4	Describe in Part XIII the intended uses of the						0.0	
	rt VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.			
	Description of property	(a) Cost or o			Accumulate	ed	(d) Book	value
_		basis (investr	٠,	' '	epreciation			
1a	Land							
	Buildings		11	,178,965.	1,775,3	153.	9,4	03,812.
	Leasehold improvements							
	Equipment			468,325.	365,	990.	1	02,335.
	Other			406,783.	421,	057.		14,274.
Total	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. column (B). line 1(Oc.)		•	9,4	91,873.
						Schedule	D (Form 9	990) 2019

Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
Financial derivatives	. , ,		·
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(r) (G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
art IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Dealership
· · · · · · · · · · · · · · · · · · ·	Description		(b) Book value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	<u>15.)</u>	>	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) SALARIES & PAYROLL TAXES PAYABLE			79,001
(3) PPP LOAN			569,500
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	05.)	<u> </u>	648,501
tal. (Column (b) must equal Form 990, Part X, col. (B) line Liability for uncertain tax positions. In Part XIII, provide t			· · · · · · · · · · · · · · · · · · ·
organization's liability for uncertaint ax positions. In Part XIII, provide to			
organization o nability for uncertained positions under r	AND AND 140. OTTECK TO		edule D (Form 990) 2019
			5.3.5 D (1 51111 990) 20 13

Schedule D (Form 990) 2019 ACKERMAN INSTITUTE FOR THE FAMILY			13-1923959	Page 4
Part XI Reconciliation of Revenue per Audited Financial State	ements With R	evenue per Re	turn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1 Total revenue, gains, and other support per audited financial statements			1	3,125,052.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
a Net unrealized gains (losses) on investments		-853,563.		
b Donated services and use of facilities			-	
c Recoveries of prior year grants			-	
d Other (Describe in Part XIII.)				-853,563,
e Add lines 2a through 2d 3 Subtract line 2e from line 1			2e 3	3,978,615.
3 Subtract line 2e from line 14 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	0,570,010,
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	71,872.		
b Other (Describe in Part XIII.)		169,726.		
c Add lines 4a and 4b			4c	241,598
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,220,213.
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With I	Expenses per F	Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
Total expenses and losses per audited financial statements			1	5,582,030.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
a Donated services and use of facilities			-	
b Prior year adjustments			-	
c Other losses			-	
d Other (Describe in Part XIII.)				0
e Add lines 2a through 2d			2e	5,582,030.
3 Subtract line 2e from line 1			3	3,302,030
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:a Investment expenses not included on Form 990, Part VIII, line 7b	4a	71,872.		
b Other (Describe in Part XIII.)		169,726.	-	
c Add lines 4a and 4b		•	4c	241,598,
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18			5	5,823,628.
Part XIII Supplemental Information.	-/-			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	; Part IV, lines 1b ar	nd 2b; Part V, line 4	; Part X, line 2; F	Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	y additional informa	ation.		
PART V, LINE 4:				
THE BOARD DESIGNATED FUND IS FUNDS SET ASIDE TO BE USED AT THE	E DISCRETION			
OF MILE DOADD. MIMILIN MILE BUND CONCIONS OF MUDBE DESERVE BUNDS	MILE DECEDITE			
OF THE BOARD. WITHIN THE FUND CONSISTS OF THREE RESERVE FUNDS.	. THE RESERVE			
FUND WAS SET UP USING MONIES FROM THE SALE OF THE BUILDING. IT	מסק תקפוו פו יו			
TOND WAS SET OF OSING MONTES FROM THE SAME OF THE BOTHDING, I	I IS OBED FOR			
CONDO MAINTENANCE FEES AND OTHER EXPENSES APPROVED BY BOARD. T	THE BUILDING			
RESERVE WAS SET UP FOR ALL FUTURE CAPITAL IMPROVEMENTS TO THE	CONDO. THE			
ACCRUAL WAS ESTABLISHED WHEN THE PRICE WAS NEGOTIATED FOR THE	NEW SPACE.			
THE CAPITAL EXPENDITURES RESERVE WAS SET UP FOR UPDATING NEW H	EQUIPMENT			
SUCH AS VIDEO AND COMPUTER EQUIPMENT IN FUTURE YEARS.				
THE INSTITUTE'S TEMPORARILY DESTRICTED NET ASSETS CONSIST OF A	ASSETS THAT			
HAVE A CRECIAL RECORD CONTON LA X X X X X X X X X X X X X X X X X X	II TNEI DEI Z)		
	LINEL BEL W	/ 	0-1-11-57	600) 55 ::
932054 10-02-19			Schedule D (Fo	orm 4401 2019

Schedule D (Form 990) 2019 ACKERMAN INSTITUTE FOR THE FAMILE	13 1723737	Page 5
Part XIII Supplemental Information (continued)		-
IS A DESCRIPTION OF THE RESTRICTED INVESTMENT HOLDINGS, WHICH MAKES UP		
MAJORITY OF THE NET ASSET BALANCE.		
DUMIN DEDI WANN BUND MUTG TG AN ENDOWNEND GEW HD TN AN INDIVIDUAL		
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.		
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		
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,		
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 65,000.		
SCHOLARSHIPS, NET WITH TUITION 104,726.		
TOTAL TO SCHEDULE D, PART XI, LINE 4B 169,726.		

PART XII, LINE 4B - OTHER POJUSANT DAYER COPY

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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 ACKERMAN 3	INSTITUTE FOR THE FAMILY				13-192395	ntification number
Part I Fundraising Activities required to complete this pa	Complete if the organization answ	vered "Y	es" or	n Form 990, Part IV, li	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rail a	ised funds through any of the follow e Solicit f Solicit g X Special or oral agreement with any individual Part VII) or entity in connection with ividuals or entities (fundraisers) purs	cation of cation of al fundra al (includ professi	non-g gover aising ling of onal fo	overnment grants nment grants events fficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
BUCKLEY HALL EVENTS - 17-19		Yes	No			
MARBLE AVENUE, PLEASANTVILLE,	GALA		Х	605,575.	65,000.	540,575.
3 List all states in which the organizati	on is registered or licensed to solicit		▶ utions	605,575.	65,000.	540,575. gistration
or licensing.						
LUA For Denominario Dedication A. No.	01410-04-44		non d		Saladia C (Faure C	90 or 990-EZ) 2019
LHA For Paperwork Reduction Act No SEE PART IV FOR Q 932081 09-11-19	NT NUATO S		990-1	COP	Cecule G (Form 9	990-EZ) 2019

		of fundraising event contributions and gr	•	·	vents with gross receip	·
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
ω.			(event type)	(event type)	(total number)	col. (c))
Revenue						
Rev	1	Gross receipts	605,575.			605,575.
	2	Less: Contributions	362,145.			362,145.
	3	Gross income (line 1 minus line 2)	243,430.			243,430.
	4	Cash prizes				
	5	Noncash prizes				
ses						
ben	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
의	8	Entertainment				
	9	Other direct expenses				235,568.
	10				>	235,568.
Pa	11 rt l			. 000 Dart IV line 10 and		7,862.
1 4		Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or r	eported more than	
		,	(a) Pingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Reve						
۳	1	Gross revenue				
တ္သ	2	Cash prizes				
ense		Managaharana				
EX S	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
	Ŭ	Thet garming income sammary. Subtract line 7	nominic i, column (u)			l .
9	En	ter the state(s) in which the organization condu	ucts gaming activities: _			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	rear?	Yes No
		Yes," explain:				·
93208	32 09	D-11-19	n 0 1/6	er Co	Schedule G (Fo	rm 990 or 990-EZ) 2019
		IAX	uavt	さし しし		
		. —17 1	1 - J			

Sch	nedule G (Form 990 or 990-EZ) 2019 ACKERMAN INSTITUTE FOR THE FAMILY	13-192395	9	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
	Indicate the percentage of gaming activity conducted in:	1 1	l	
	a The organization's facility			<u>%</u>
	h An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name >			
	Name			
	Address ►			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ı	b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	ıt		
	of gaming revenue retained by the third party > \$			
(c If "Yes," enter name and address of the third party:			
	Name			
	Address			
	Address			
16	Gaming manager information:			
	daning manager information.			
	Name >			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
•	retain the state gaming license?	,	Yes	No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); are	nd Part III, line	es 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SCI	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
/ T \	NAME OF FUNDRAISER: BUCKLEY HALL EVENTS			
(1)	NAME OF FUNDRAISER: BUCKLEI HALL EVENTS			
(T)	ADDRESS OF FUNDRAISER: 17-19 MARBLE AVENUE, PLEASANTVILLE, NY 10570			
<u>\</u>	mbhabb oi iomhaitean. I' is manbal manou, illaibhairtalad, ai 10070			
_				
	- Jaynavar Linnv			
	- I axpayor Copy			
9320	983 09-11-19 Schedule G	(Form 990 o	r 990	-EZ) 2019

nedule G (Form 990 or 990-EZ) ACKERMAN INSTITUTE FOR THE FAMILY	13-1923959	Page 4
art IV Supplemental Information (continued)		
Taxpayer C	CONV	
Idxudveil	Schedule G (Form 990	or 990-EZ)
04-01-19		
41		
17 152490 4390AC 2019.05050 AC	KERMAN INSTITUTE FOR TH	. 4390A

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

rvanic oi	ACKERMAN INST	ITUTE FOR THE	FAMILY					13-1923959		
Part I	Part I General Information on Grants and Assistance									
	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?									
2 De	scribe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	l States.					
Part II	Grants and Other Assistance to	Domestic Organiz	ations and Domestic	Governments.	Complete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any		
	recipient that received more than \$					(f) Method of	Т	T		
1 (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	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
			and the second second second							
	er total number of section 501(c)(3) er total number of other organizations		gariizations listed in the	e line i table				<u> </u>		
	or Paperwork Reduction Act Notice		or for I orm 90	IVE		JOL) (Schedule I (Form 990) (2019)		
932101 10-	26-19			42			J			

	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
HOLARSHIPS	47	104,726.	0.		
		,			
art IV Supplemental Information. Provide the information	required in Part I, line	e 2; Part III, column	(b); and any other ac	Iditional information.	
RT I, LINE 2:					
HOLARSHIP COMMITTEE COMPRISED OF PRESIDENT/CEC), DIRECTOR OF T	RAINING,			
RECTOR OF FINANCE, CO-DIRECTOR OF SOCIAL WORKS	S & DIVERSITY AN	D BOARD			
MBER(S) REVIEWS THE FINANCIAL AID APPLICATION	SUBMITTED BY ST	UDENTS. THE			
MMITTEE REVIEWS THE STUDENT'S TAX RETURN FORMS	S AND LETTER OF				
		TAI NEED			
COMMENDATION AND DETERMINES ELIGIBLE STUDENTS	BASED ON FINANC	IAL NEED.			

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

ACKERMAN INSTITUTE FOR THE FAMILY

Employer identification number 13-1923959

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 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 Indicate which, if any, of the following the 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 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: Х a 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 c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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. 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: Х a The organization? 5a Х Any related organization? 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: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 Х Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х 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)?

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

Schedule J (Form 990) 2019

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-MI	SC compensation	(C) Retirement and		(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base (ii) Bonus 8 incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) GISSELLE ACEVEDO	(i)	296,850.	0.	0.	1,900.	0.	298,750.	0.	
CEO/PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0,	
(2) ADI LOEBL	(i)	195,197.	0.	0.	1,900.	11,673.	208,770.	0.	
MEDICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) JEAN MALPAS	(i)	162,576.	0.	0.	1,800.	11,680.	176,056.	0.	
DIRECTOR OF GENDER & FAMILY PROJECT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) JAMA TOUNG	(i)	140,086.	0.	0.	0.	12,759.	152,845.	0.	
VICE PRESIDENT OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
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_	<u>.</u>								
	i)			10 10		101			
	ii)	X							
		UA					Schad	ule J (Form 990) 2019	

13-1923959

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

Taxpayer Copy

Schedule J (Form 990) 2019

SCHEDULE O

Internal Revenue Service

(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

Name of the organization

ACKERMAN INSTITUTE FOR THE FAMILY

Employer identification number 13-1923959

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 LHA For Paperwork Reduction le O (Form 990 or 990-EZ) (2019) 932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
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.	

932212 09-06-19

ACKERMAN INSTITUTE FOR THE FAMILY	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 PLINE 11B:	
THE FORM 990 IS INITIALLY FEVILWED BY THE TREE SUFER OF THE BOARD OF School Sch	ule O (Form 990 or 990-EZ) (2019)
40	

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 2020)

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. 1545-0047

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). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print ACKERMAN INSTITUTE FOR THE FAMILY 13-1923959 Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 936 BROADWAY return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. Enter the Return Code for the return that this application is for (file a separate application for each return) 1 **Application** 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 4720 (other than individual) Form 4720 (individual) Form 990-PF Form 5227 10 Ω4 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 MICHELE BURFEIND, THE INSTITUTE The books are in the care of > 936 BROADWAY - NEW YORK, NY 10010 Telephone No. ▶ 212-879-4900 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and TINs of all members the extension is for. MAY 17, 2021 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ▶ X tax year beginning JUL 1, 2019 JUN 30, 2020 , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2020)

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

07/01/2019

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

and Ending (mm/dd/yyyy) 06/30/2020

2019

Open to Public Inspection

1.General Information

For Fiscal Year Beginning (mm/dd/yyyy)

Check if Applicable: Address Change	Name of Org	•		FOR THE	FAMTI.V			tification Number (EIN):
Name Change	Mailing Add		. 011	TOR THE	IMILLI		NY Registration	
Initial Filing		ROADWAY					00-44-4	
Final Filing	City / State						Telephone:	
Amended Filing	1 -		001	0			212 879	-4900
Reg ID Pending	Website:						Email:	
Trog is 1 origing		CKERMAN.OF	RG					@ACKERMAN.ORG
Check your organization	•						<u> </u>	
registration category:	7A or	nly EPTL o	only	X DUAL (7A	& EPTL)	EXEMPT*		tration Category in the twww.CharitiesNYS.com.
2. Certification								
See instructions for certi-	fication require	ements. Improper	certific	ation is a violation	of law that r	may be subjec	t to penalties. The	certification requires
two signatories.								
We certify under p	penalties of pe	erjury that we revie	wed th	is report, includin	all attachme	ents, and to th	e best of our knowl	edge and belief,
they a	re true, correc	t and complete in	accord	lance with the law	s of the State	e of New York	applicable to this re	eport.
President or Authorized	Officer:							
		Signature				Print Nar	ne and Title	Date
Chief Financial Officer o	r Treasurer:							
		Signature				Print Nar	ne and Title	Date
3. Annual Reporting	g Exemption	on						
Check the exemption(s) t	hat apply to y	our filing. If your o	rganiz	ation is claiming a	n exemption	under one cat	egory (7A or EPTL	only filers) or both
categories (DUAL filers) t	hat apply to y	our registration, co	omplet	e only parts 1, 2,	and 3, and su	ubmit the certi	fied Char500. No fe	ee, schedules, or
additional attachments a	re required. If	you cannot claim	an exe	mption or are a D	JAL filer that	claims only o	ne exemption, you	must file applicable
schedules and attachme	nts and pay a	pplicable fees.						
							government agenci	
			not en	gage a professior	al fund raise	r (PFR) or func	I raising counsel (FI	RC) to solicit
contributi	ons during the	e fiscal year.						
		on: Gross receipts	did no	ot exceed \$25,000	and the mar	rket value of a	ssets did not excee	ed \$25,000 at any time
during the	e fiscal year.							
4.0-1								
4. Schedules and A	ittacnmeni	ts						
See the following page								
for a checklist of	X Yes	No 4a. Did yo	ur org	anization use a pr	ofessional fur	nd raiser, fund	raising counsel or	commercial co-venturer
schedules and		for fund ra	aising a	activity in NY State	? If yes, con	nplete Schedu	le 4a.	
attachments to	_	_						
complete your filing.	Yes 🛚 🗵	🗓 No 4b. Did th	e orga	nization receive g	overnment gr	rants? If yes, c	omplete Schedule	4b.
F.F								
5. Fee					1		1	
See the checklist on the	7A filin	g fee:	EPTL	. filing fee:	Total fee:		Make a single	check or money order
next page to calculate yo	our						_	ayable to:
fee(s). Indicate fee(s) you								tment of Law"
are submitting here:	\$	25.	\$ <u></u>	750.	\$	775.	Бераг	ont or Luw
L CHAR500 Annual Filing fo	r Charitah	Drganizations (Upd	ated I	anuary 2020) _				
*The "Exempt" category re		gapitat on's VYS r	eg stra	Sats	not refer to	its IF S ta	sig at or	
968451 01-08-20 1019				a y C			y y	Page 1

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: $\boxed{\underline{X}}$ If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers	s (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: X 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 Condisclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our revent filing year. We have included an IRS Form 990-EZ for state purposes only. If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Review Report if you received total revenue and support greater than \$250,000 X Audit Report if you received total revenue and support greater than \$750,000 No Review Report or Audit Report is required because total revenue and support greater than \$250,000 We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	the exceeded \$25,000 and/or our assets exceeded \$25,000 in the exceeded \$25,00						
Calculate Your Fee							
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a \$\overline{X}\$ \$25, if you did not check the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")						
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 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 \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	DUAL filers are registered under both 7A and EPTL. EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations . These organizations are not required to file annual financial reports but may do so voluntarily.						
	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com .						
Send Your Filing 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 Charities Bureau Registration Section 28 Liberty Street New York NY 10005	 IRS Form 990 Part I, line 22 IRS Form 990 EZ Part I, line 21 IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)). 						

Need Assistance?

www.CharitiesNYS.com Visit:

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.g

Email: Charities.Bureau@ag.ny.gatalogates.Bureau.gatalogates.Bureau.gata

CHAR500

2019

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	TE FOR THE FAMILY	00-44-43			
2. Professional Fund Rais	er, 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:	322 373 2000			
	PLEASANTVILLE, NY 10570				
	111111111111111111111111111111111111111				
3. Contract Information	10				
Contract Start Date: 03/01/2019	Contract End Date: 11/15/2019				
03/01/2013	11/10/2019				
4. Description of Services	3				
Services provided by FRP: GALA FUNDRAISING	EVIENING				
GALA FUNDRAISING	EVENTS				
5. Description of Compen	sation				
Compensation arrangement with	FRP:	Amount Paid to FRP:			
FEES FOR SERVICE	S PER CONTRACT	65,000			
	65,000.				
6. Commercial Co-Venturer (CCV) Report					
o. Commercial Co-Ventur	er (OOV) neport				
Yes No If services	were provided by a CCV, did the CCV provide the chari	table organization with the interim or closing report(s)			
required •	required to 173(a) part 3 of the Executive Law Article 7A?				

1019 CHAR500 Schedule 4a: Professional Fur Raisers, Fun Raising Counsels, Commercial Co-lentures (Updated January 2020)

968471 01-08-20

Financial Statements
for the year ended
June 30, 2020
(with summarized
comparative information for 2019)

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, 2020 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, 2020 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 2019 financial statements, and our report dated December 17, 2019, 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, 2019 is consistent, in all material respects, with the financial statements from which it has been derived.

Combon O'Mean McDit : Ormell LLP

Statement of Financial Position June 30, 2020 and June 30, 2019

Assets

		2020			2019	
	Without Donor Restrictions	With Donor <u>Restrictions</u>	Total	Without Donor Restrictions	With Donor Restrictions	Total
Current assets				ACSTRICTIONS	103111CHOHS	<u> 0</u> ફ21
Cash and cash equivalents	\$ 1,595,074	\$ 328,143	\$ 1,923,217	\$ 1,186,049	\$ 854,537	\$ 2,040,586
L vestments, at fair value	6,188,424	4,006,287	10,194,711	6,728,749	4,843,083	11,571,832
Accounts receivable, net	467,871	-	467,871	480,748	-	480,748
Contributions receivable	85,000	30,000	115,000	145,100	62,000	207,100
Prepaid expenses and other assets	67,466		67,466	182,303		182,303
Total current assets	8,403,835	4,364,430	12,768,265	8,722,949	5,759,620	14,482,569
Contributions receivable, net of corrent portion						
operty and equipment, at cost,	-	-	-	-	16,000	16,000
and equipment, at cost,	9,491,873	_	9,491,873	9,669,255		9,669,255
erred compensation				109,445	<u>-</u>	9,009,233 109,445
Total assets	<u>\$ 17,895,708</u>	<u>\$ 4,364,430</u>	\$22,260,138	<u>S 18,501,649</u>	<u>\$ 5,775,620</u>	<u>\$ 24,277,269</u>
lacktriangle		Lial	bilities and Net	Assets		
rent liabilities						
PPP loan	\$ 569,500	\$ -	\$ 569,500	\$ -	\$ -	\$ -
Accounts payable and accrued expenses	135,589	_	135,589	129,412	4	129,412
Accrued salaries and payroll taxes	79,001	-	79,001	54,389	-	54,389
Deferred tuition and fees revenue	<u>32,458</u>		32,458	<u>83,455</u>		<u>83,455</u>
Total current liabilities	816,548	-	816,548	267,256	-	267,256
De erred compensation				109,445		109,445
Total liabilities	816,548		<u>816,548</u>	<u> 376,701</u>		376,701
Without donor restrictions						
Operating	846,285	_	846,285	1,215,987		1 215 007
Board-designated fund	6,741,002	_	6,741,002	7,239,706	-	1,215,987 7,239,706
Sub-total	7,587,287	_	7,587,287	8,455,693		8,455,693
Net investment in property and	.,,		,,007,201	0,100,075		0,455,055
equipment	<u>9,491,873</u>		<u>9.491,</u> 873	9,669,255	_	9,669,255
Total without donor restrictions	17,079,160	<u>.</u>	17,079,160	18,124,948		18,124,948
With donor restrictions		<u>4,364,430</u>	4,364,430		<u>5,775,6</u> 20	5,775,620
Total net assets	17,079,160	4,364,430	21,443,590	18,124,948	5,775,620	23,900,568
Total liabilities and net assets	<u>\$ 17,895,708</u>	<u>\$ 4,364,430</u>	<u>\$22,260,138</u>	<u>\$ 18,501,649</u>	<u>\$ 5,775,620</u>	\$ 24,277,269

See notes to financial statements.

Statement of Activities For the Years Ended June 30, 2020 and June 30, 2019

	2020			2019			
	Without Donor	With Donor	T.A.I	Without Donor	With Donor		
Revenue and support	Restrictions	Restrictions	<u>Total</u>	Restrictions	Restrictions	Total	
Or ints and contributions Special events, net of direct expenses	\$ 1,184,119	\$ 222,524	\$ 1,406,643	\$ 831,108	\$ 193,924	\$ 1,025,032	
of \$300,568 in 2020 and \$298,029 in 2019	305,007	-	305,007	746,457	-	746,457	
Patient services	618,580	-	618,580	678,579	-	678,579	
uition and fees	854,180	-	854,180	1,089,74 1	<u></u>	1,089,741	
Nental	62,236	-	62,236	113,013	-	113,013	
rivestment return, net	462,812	264,229	727,041	186,754	340,707	527,461	
Miscellancous	4,928	-	4,928	7,200		7,200	
Net assets released from restrictions	1,086,510	(1,086,510)		513,260	(513,260)		
Total revenue and support	<u>4,578,372</u>	<u>(599,757</u>)	<u>3,978,615</u>	4,166,112	<u>21,371</u>	4,187,483	
Expenses							
Program services							
Clinical services	1,072,781	-	1,072,781	1,034,596	-	1,034,596	
Education and workshops	<u>3,508,802</u>	<u> </u>	<u>3,508,802</u>	3,149,747	_	3,149,747	
Total program services	4,581,583		<u>4,581,583</u>	4,184,343		4,184,343	
Supporting activities							
Management and general	561,679	_	561,679	530,258	_	530,258	
Fundraising	438,768		438,768	380,441	_	380,441	
Total supporting activities	1,000,447		1,000,447	910,699		910,699	
Total expenses	5,582,030		5,582,030	5,095,042		5,095,042	
Increase (decrease) from operating activities before unrealized gain							
(loss) on investments	(1,003,658)	(599,757)	(1,603,415)	(928,930)	21,371	(907,559)	
Unrealized gain (loss) on investments	(42,130)	(811,433)	(853,563)	400,910	32,134	433,044	
Increase (decrease) in net assets	(1,045,788)	(1,411,190)	(2,456,978)	(528,020)	53,505	(474,515)	
Net assets, beginning of year	18,124,948	5,775,620	23,900,568	18,652,968	5,722,115	_24,375,083	
Net assets, end of year	<u>\$17,079,160</u>	<u>\$ 4,364,430</u>	<u>\$ 21,443,590</u>	<u>\$ 18,124,948</u>	\$ 5,775,620	\$ 23,900,568	

See notes to financial statements.

Statement of Functional Expenses For the Year Ended June 30, 2020

(With Summarized Comparative Information for the Year Ended June 30, 2019)

_	2020				2019			
_	Program Services Supporting Activities			_	<u> </u>			
ô,	Clinical Services	Education and <u>Workshops</u>	Total Program Services	Management and General	Fundraising	Total Supporting Activities	<u>Total</u>	<u>Total</u>
Expenses	Ф /71 00 0	Φ Δ ΔΕ4 ΠΟ Δ	ф 2.72 С000	ሰ 10 2 /10	Φ 270 040	A 17.0.150	φ Δ 105 5 1 0	# 3 00 6 3 0 3
Salaries	\$ 671,290	\$ 2,054,799	\$ 2,726,089	\$ 186,419	\$ 270,040	\$ 456,459	\$ 3,182,548	\$ 2,806,397
Payroll taxes and fringe benefits	152,659	388,241	540,900	35,195	50,606	85,801	626,701	522,695
ependent contractors	34,947	241,163	276,110	436	1,825	2,261	278,371	371,325
Building maintenance and utilities	38,973	127,131	166,104	53,474	18,427	71,901	238,005	261,845
Professional fees and payroll services	54,001	251,893	305,894	94,871	42,444	137,315	443,209	236,092
Meterials and office supplies	7,375	26,741	34,116	5,455	4,751	10,206	44,322	96,957
— Computer system	28,258	34,947	63,205	14,532	10,140	24,672	87,877	83,533
Insurance	9,127	29,771	38,898	12,522	4,315	16,837	55,735	53,404
Equipment and other leasing	3,589	11,708	15,297	4,924	1,697	6,621	21,918	22,826
Telephone	4,409	11,463	15,872	4,821	1,661	6,482	22,354	21,779
Trivel, meals, conferences and meetings	2,049	60,634	62,683	2,810	1,362	4,172	66,855	145,251
Printing, postage, mailing and advertising	822	42,782	43,604	1,128	946	2,074	45,678	17,132
Cr dit card and finance charges	659	440	1,099	28,430	-	28,430	29,529	45,423
Miscellaneous	<u>1,177</u>	20,124	21,301	29,609	556	30,165	51,466	11,739
Total expenses before depreciation	1,009,335	3,301,837	4,311,172	474,626	408,770	883,396	5,194,568	4,696,398
Depreciation	<u>63,446</u>	206,965	270,411	87,053	29,998	117,051	<u>387,462</u>	398,644
Total expenses	<u>\$1,072,781</u>	<u>\$ 3,508,802</u>	<u>\$ 4,581,583</u>	<u>\$ 561,679</u>	<u>\$.438,768</u>	<u>\$ 1,000,447</u>	<u>\$ 5,582,030</u>	<u>\$_5,095,042</u>

See notes to financial statements.

Statement of Cash Flows

	For the Years Ended June 30		
	2020	2019	
Cash flows from operating activities			
(Decrease) in net assets	\$ (2,456,978)	\$ (474,515)	
Adjustments to reconcile (decrease) in net assets			
to net cash (used in) operating activities			
Depreciation	387,462	398,644	
Donated securities	(8,234)	(31,070)	
Proceeds from sales of donated securities	8,234	31,070	
Realized (gain) on sale of investments	(473,077)	(271,132)	
Unrealized (gain) loss on investments	853,563	(433,044)	
(Increase) decrease in			
Accounts receivable	12,877	(344,273)	
Contributions receivable	108,100	(44,100)	
Prepaid expenses and other assets Increase (decrease) in	114,837	(64,252)	
Accounts payable and accrued expenses	6,177	(28,508)	
Accrued salaries and payroll taxes	24,612	26,339	
Deferred tuition and fees revenue	(50,997)	(103,438)	
Net cash (used in) operating activities	(1,473,424)	(1,338,279)	
Cash flows from investing activities			
Purchase of investments	(3,369,428)	(4,724,625)	
Proceeds from sales of investments	4,366,063	5,147,978	
Acquisition of property and equipment	(210,080)	(344,159)	
Net cash provided by investing activities	786,555	79,194	
Cash flows from financing activities			
Borrowings on line of credit	220,000	-	
Repayments of line of credit	(220,000)	-	
Proceeds from PPP loan	569,500	-	
Net cash provided by financing activities	569,500	us .	
Net (decrease) in cash and cash equivalents	(117,369)	(1,259,085)	
Cash and cash equivalents, beginning of year	2,040,586	3,299,671	
Cash and cash equivalents, end of year	\$ 1,923,217	\$ 2,040,586	

Notes to Financial Statements June 30, 2020

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, 2020

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, 2020, the Organization did not have an allowance for doubtful accounts. As of June 30, 2019, the Organization had an allowance for doubtful accounts of approximately \$7,000, for the receivables that may not be collectible. 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 30 years. During the 2020 and 2019 fiscal years, fully depreciated property and equipment totaling \$86,003 years and \$4025 respectively, were deleted from the accounts of the Organization.

Notes to Financial Statements (continued) June 30, 2020

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, 2019, from which the summarized information was derived.

Notes to Financial Statements (continued) June 30, 2020

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, 2020. 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.

Risks and uncertainties

On March 13, 2020, a national emergency was declared due to extraordinary circumstances resulting from the coronavirus (COVID-19). The economic impact of the coronavirus on the Organization's future financial operations is not readily determinable.

Subsequent events

The Organization has evaluated events and transactions for potential recognition or disclosure through December 15, 2020, 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.

Notes to Financial Statements (continued) June 30, 2020

Note 2 - Liquidity and availability of financial assets (continued)

The following is a summary of the Organization's liquid assets as of June 30, 2020 and June 30, 2019 that are available for general use within one year of the statement of financial position date:

	2020	2019
Cash and cash equivalents	\$ 1,923,217	\$ 2,040,586
Investments, at fair value	10,194,711	11,571,832
Accounts receivable, net	467,871	480,748
Current portion of contributions receivable	<u>115,000</u>	207,100
Sub-total	12,700,799	14,300,266
Less: net assets with perpetual donor restrictions	<u>(2,773,933</u>)	<u>(2,773,933</u>)
Total	<u>\$ 9,926,866</u>	\$11,526,333

In addition, the Organization also has available a \$1,000,000 revolving line of credit (see note 5) that may be drawn upon as necessary during the year.

Note 3 – Investments

The following is a summary of investments held by the Organization as of June 30, 2020 and June 30, 2019:

	20	020	20)19
	Cost	Fair Value	Cost	Fair Value
Equities – domestic Fixed income Mutual funds – equities Total	\$ 6,072,960 2,283,596 463,071 \$ 8,819.627	\$ 7,275,970 2,470,056 448,685 \$ 10,194,711	\$ 6,481,876 2,361,308 500,001 \$ 9,343,185	\$ 8,602,692 2,478,752 490,388 \$ 11,571,832

Net investment return consists of the following for the years ended June 30, 2020 and June 30, 2019:

	2020	2019
Realized gain on sale of investments	\$ 473,077 \$	271,132
Interest and dividends	325.836	330,187
Sub-total	798,913	601,319
Less: investment fees Total	$\frac{(71,872)}{\$ 727,041} = {\$}$	(73,858) 5 527,461
Unrealized gain (loss) on investments	<u>\$ (853,563)</u> <u>\$</u>	433,044
laxpayer	Copy	

Notes to Financial Statements (continued) June 30, 2020

Note 4 - Property and equipment

A summary of the property and equipment as of June 30, 2020 and June 30, 2019 is as follows:

	2020	2019
Office condominium and		
improvements	\$ 11,178,965	\$ 10,974,325
Furniture and fixtures	468,325	468,325
Computer and video equipment	406,783	487,946
Total	12,054,073	11,930,596
Less: accumulated depreciation	2,562,200	2.261,341
Total property and equipment	<u>\$ 9,491,873</u>	\$ 9,669,255

Note 5 – Line of credit

The Organization has available a \$1,000,000 revolving line of credit which expires May 22, 2021. Amounts borrowed under the line bear interest at the Wall Street Journal Prime Rate less .25% per annum. As of June 30, 2020, the interest rate was 3.0%. The line of credit is secured by the Organization's personal assets. As of June 30, 2020, there were no outstanding amounts on the line of credit.

Note 6 - PPP Loan

In May 2020, the Organization applied for and received \$569,500 under the Paycheck Protection Program ("PPP") which is a business loan program established under the Coronavirus Aid, Relief, and Economic Security Act. The Organization has elected to record the proceeds as a liability until the loan is, in part or wholly, forgiven and the Organization is legally released. The Organization believes it has spent all of the proceeds in accordance with the terms of PPP loan program and expects to have the loan forgive in its entirety during the 2021 fiscal year. Any amounts not forgiven are subject to interest at a fixed rate of 1% for a two year-term.

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.

Notes to Financial Statements (continued) June 30, 2020

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

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.

Net assets with temporary donor restrictions

Net assets with temporary donor restrictions activity for the year ended June 30, 2020 is as follows:

	Balance June 30, 2019	Contributions	Investment Return, Net	Net Assets Released from Restrictions	Balance June 30, 2020
CKCC Projects	\$ 19,429	\$ -	\$ -	\$ (19,429)	\$ -
Ruth Perl Kahn Fund	1,910,931	-	(565,430)	(184,243)	1,161,258
Developing Child and Family	, ,		(, ,	(,,	-,,
Project	52,500	104,923	~	(114,936)	42,487
Schoolman	3,367	-	_	` _ ′	3,367
Relational Trauma	56,344	27,000	-	(79,930)	3,414
Scholarship Program	37,194	4,301	_	(35,000)	6,495
Maslow Scholarship Fund	116,418	-	(14,054)	(34,726)	67,638
Oppenheim Fellowship	50,000	-		(25,000)	25,000
Special Needs Project	-	20,000	-	(20,000)	,
Center for Work & Family	6,031	_	_	(2,675)	3,356
Center for Alcohol					·
& Substance Abuse	4,652	-	-	-	4,652
Soul Work Conference	3,550	-	_	(2,200)	1,350
Substance Abuse	5,885	1,000	_	(3,000)	3,885
Brownstone Fellowship	34,709	-	_	(10,000)	24,709
Emergency Fund	3,265	-	_	-	3,265
Adolescent Program	5,259	-	_	-	5,259
Tina Fund	3,000	-	-	-	3,000
Gender & Family	455,522	60,000	-	(482,833)	32,689
General operations	28,000	-	-	(28,000)	-
Challenge Grant Gift	159,084	-	32,280	(33,070)	158,294
International Training	30,740	-	_	(11,288)	19,452
Foster Care	4.985	5300		(180)	10,105
Justice Project	X 0.822	1VEI			10,822
Total	<u>\$ 3,0(1,687</u>	<u>\$222,524</u>	<u>\$ (547,204)</u>	\$(1\ddot)86.510)	\$_1,590,497

Notes to Financial Statements (continued) June 30, 2020

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, 2020 and June 30, 2019:

		2020	
	Temporary	Perpetually	,
	Restricted	Restricted	Total
Ruth Perl Kahn Fund	\$ 1,161,258	\$ 1,773,933	\$ 2,935,191
Maslow Scholarship Fund	67,638	-	67,638
Challenge Grant Gift	158,294	1,000,000	1,158,294
Total	<u>\$_1,387,190</u>	\$ 2,773,933	\$ 4,161,123
		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	<u>159,084</u>	1,000,000	1,159,084
Total	<u>\$ 2.186,433</u>	\$ 2,773,933	\$ 4,960,366

Note 8 – Commitment and contingency

Employee agreement

The Organization is obligated under an agreement with a key employee for two years, which commenced February 3, 2020. 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 2020 and 2019 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 2020 and 2019 fiscal years.

Notes to Financial Statements (continued) June 30, 2020

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, 2020 and June 30, 2019 was \$29,771 and \$21,776, respectively.

403(b) plan

The Organization also has a 403(b) 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 maintained a non-qualified 457(b) deferred compensation plan (the "plan") for a former key employee. There were no contributions to the plan for the 2020 and 2019 fiscal years. The assets of the plan remained assets of the Organization until paid to the former key employee. In February 2020, the assets of the plan were paid to the former employee.

Note 11 – Legal proceeding

The Organization was involved in a legal proceeding arising in the ordinary course of business. The legal proceeding was settled in August 2020 at an immaterial cost to the Organization.

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 cligible to receive the maximum charitable tax deductions available for public charities under the Code.