Form **990**

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

A	For th	ıe 2018	calendar year, or tax year beginning 07/01, 2018, a	and ending		06/3	0 , 20 19	and an arrange state.
			C Name of organization EDWIN GOULD SERVICES FOR CHILDREN		D Employer ider			
8 (Sheck if	applicable:	AND FAMILIES, INC.		13-5675	5643		
	Add	/855 108	Doing business as					
	7	e change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nur	nber		
	Initia	al return	151 LAWRENCE STREET, 5TH FLOOR		(212) 43	7-3500)	
	Fina) return/	City or town, state or province, country, and ZIP or foreign postal code					
\vdash	Ame	iineted Inded	BROOKLYN, NY 11201		G Gross receipts	œ	30,450	300
		lication	F Name and address of principal officer: ALAN MUCATEL		H(a) Is this a grou		panel,	X No
_	pend	fing	151 LAWRENCE STREET, 5TH FLOOR, BROOKLYN, NY	11201	subordinates?	į i	Yes	
	Tay-o	xempt st			H(b) Are all subordi			No
-		<u>'</u>	atus: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or WWW.RISINGGROUND.ORG	r 527	 	•	ee instructions)	
<u>-</u>					H(c) Group exemp			
		of organ		L Year of fo	mation: 1939 M s	State of leg	gal domicile:	NY
ā s	att		mmary					
	1		describe the organization's mission or most significant activities: EDWIN) SUPE	ORTING	
nce			LDREN, ADULTS, AND FAMILIES WITH COMPREHENSIVE					
ГПа			KING TOGETHER, WE CREATE STRONG FOUNDATIONS FO					
Governance	2		this box 🕨 💹 if the organization discontinued its operations or disposed					
Ö	3	Numb	er of voting members of the governing body (Part VI, line 1a)			3		20.
S.	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)			4		20.
/itie	5	Total	number of individuals employed in calendar year 2018 (Part V, line 2a)		[5		508.
Activities &	6	Totalı	number of volunteers (estimate if necessary)		,	6		35.
∢.	7a	Total	unrelated business revenue from Part VIII, column (C), line 12			7a		0.
	b	Net ur	nrelated business taxable income from Form 990-T, line 38			7b		0.
	İ				Prior Year		Current Ye	ear
ø	8	Contri	butions and grants (Part VIII, line 1h)		661,770	ō.	46,	075.
nua	9	Progra	tm service revenue (Part VIII, line 2g)		29,729,94	7.	30,404,	234.
Revenue	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d).		2:	2.		0.
Ŀ	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).		525,738	8.		0.
	12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		30,917,477	7.	30,450,	309.
	13		and similar amounts paid (Part IX, column (A), lines 1-3)			0.	4,037,	
	14		ts paid to or for members (Part IX, column (A), line 4)			0.		0.
Ś	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10), .		17,933,411	i.	19,853,	742.
Expenses	16 a		sìonal fundraising fees (Part IX, column (A), line 11e)			0.	<u> </u>	0.
χbe	b	Total f	undraising expenses (Part IX, column (D), line 25) ▶ 0.			+		
Ŵ	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		11,892,055	5.	6,669,	072.
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		29,825,466		30,560,	
	19		ue less expenses. Subtract line 18 from line 12		1,092,011		-109,	
Pes			The state of the s		ginning of Current Ye		End of Year	
Net Assets Fund Balanc	20	Total a	ssets (Part X, line 16)	- T	10,819,236		9,563,	
ASS	21	Total I	abilities (Part X, line 26)		10,893,436		10,895,	
Net Ex	22	Net as	sets or fund balances. Subtract line 21 from line 20.		-74,200		-1,331,	
	T. III		nature Block	• • • • • • •	, , , , , ,		1,001,	
		nalties of	f perjury, I declare that I have examined this return, including accompanying schedule complete. Declaration of preparer (other than officer) is based on all information of which	s and statement	s, and to the best of	my knowle	edge and be	lief it is
true	, corre	ect, and o	complete. Declaration of preparer (other than officer) is based on all information of which	preparer has an	y knowledge	,	, 19 a a a a	
			all Miss.		7/19	כיסב/זי	ما	
Sig		P 3	Signature of officer		Date	1000		
Hei	'e		FILLIOT J. HAGIER CFO					
			Type or print name and title					
		Print/1	ype preparer's name Preparer's signature	Date	Check	F PTIN		
Paid		AARO	N SHAPIRO	1	Checki self-employed	"	133381	6
	oarer		name ▶BKD, LLP	<u> </u>	Firm's EIN ▶ 44			~
Use	Only		address >1155 AVENUE OF THE AMERICAS #1200 NEW YORK, NY 10036	·	0.1	2.867		
May	the		scuss this return with the preparer shown above? (see instructions).		Phone no. 21	X		RJ_
			Reduction Act Notice, see the separate instructions.		, , , , , , , , , , , , , , , , , , ,		Form 990	(2018)
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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: ATTACHMENT 1
	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ? 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?
	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 to expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$16,008,056. including grants of \$3,649,861.) (Revenue \$17,203,561.) CHILD WELFARE PROGRAMS AND SERVICES INCLUDE FOSTER BOARDING HOME
	(FBH), PREVENTIVE SERVICES PROGRAMS AND MEDICAL AND MENTAL HEALTH
	SERVICES. THE FBH PROGRAM SERVES CHILDREN WHO HAVE EXPERIENCED
	ABUSE AND NEGLECT. THE PREVENTIVE SERVICES PROGRAMS STRENGTHEN AND PRESERVE FAMILIES AND KEEP CHILDREN SAFE BY PREVENTING CHILD ABUSE
	AND NEGLECT. HEALTH SERVICES PROVIDES PRIMARY MEDICAL CARE FOR
	CHILDREN AND YOUTH.
4b	(Code:) (Expenses \$ 7,495,399. including grants of \$ 210,347.) (Revenue \$ 8,528,857.)
	OUR INTELLECTUAL/DEVELOPMENTAL DISABILITIES SERVICES INCLUDE
	COMMUNITY BASED PROGRAMS SUCH AS GROUP RESIDENCES AND SUPPORTED
	APARTMENTS IN THE COMMUNITY, RESPITE/RECREATION SERVICES,
	SUPPORTIVE EMPLOYMENT, DAY HABILITATION SERVICES, AND MEDICAID SERVICE COORDINATION FOR BOTH CHILDREN AND ADULTS.OUR SUPPORTIVE
	CLINICAL PRACTICES ADDRESS THE ASSOCIATED EMOTIONAL, BEHAVIORAL
	AND PSYCHOLOGICAL ISSUES/DISORDERS IN ORDER TO ASSIST OUR
	CONSUMERS TO LIVE MORE FULFILLING LIVES. EMOTIONAL, BEHAVIORAL AND
	LIVE MORE FULFILLING LIVES.
_	
4c	(Code:) (Expenses \$4,516,694. including grants of \$177,164.) (Revenue \$4,671,816.) STEPS TO END VIOLENCE IS A HOLISTIC PROGRAM OF SERVICES FOR VICTIMS
	OF GENDER-BASED VIOLENCE WITH A FOCUS ON PREVENTION, INTERVENTION,
	AND POLICY ADVOCACY.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$\frac{1}{2}\text{ including grants of \$\frac{1}{2}\text{ (Revenue \$\frac{1}
46	Total program service expenses > 28.020.149.

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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," Χ 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ 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 Χ 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 Χ "Yes," complete Schedule D, Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or Χ debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. Χ 10 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Χ b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ c 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........... Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ b Was the organization included in consolidated, independent audited financial statements for the tax year? If Х "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)........... Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ 19 Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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Part	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	X	
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	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27		20		- 21
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	200		
55	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	- 50		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		-25
38	19? Note. All Form 990 filers are required to complete Schedule O.	20	Х	
Dart		38		
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		1 62	NO
	Enter the frame of reported in Box of Ferri 1000. Enter of infect approache 1,1,1,1,1,1,1			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 508			
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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	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		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

EDWIN GOULD SERVICES FOR CHILDREN 13-5675643 Page 6 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI 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	1a 2	20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.	_			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 2	2.0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ationship with			
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or ur	der the direct			37
	supervision of officers, directors, or trustees, or key employees to a management company or other	•	3	77	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi		4	X	37
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?	5	37	X
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect or appoint		77	
	one or more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval			v	
	stockholders, or persons other than the governing body?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken during			
	the year by the following:		_	х	
а	The governing body?		8a	+	-
b	Each committee with authority to act on behalf of the governing body?		8b	_ ^	+
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	be reached at	9		x
Socti	on B. Policies (This Section B requests information about policies not required by the Inte		_	<u> </u>	21
Jeen	on B. Folicies (This occurr B requests information about policies not required by the line	iriai reveria	, 000	Yes	No
40-	Did the organization have local chapters, branches, or affiliates?		10		Х
	If "Yes," did the organization have written policies and procedures governing the activities of				
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	-	101	,	
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	-	118	T	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	iiiig tile loilii! .			
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		128	X	
b					
D	rise to conflicts?	-	121	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p		,		
·	describe in Schedule O how this was done	=	120	; X	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review ar				
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15	X	
b	Other officers or key employees of the organization		151	, X	
-	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 simila	r arrangement			
-	with a taxable entity during the year?	•	168	1	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	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?		161	<u> </u>	
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable),		T (Se	ction 5	501(c
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap				
	I Dun wahaita I Anathar'a wahaita VI Ilnan raguaat I Othar (avalain in Cal	10 dula (1)			

17	List the states	with which	a conv of t	his Form 990	is required to	be filed ▶NY,

- Own website Another's website X Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records ► ELLIOT HAGLER 151 LAWRENCE STREET, 5TH FLOOR BROOKLYN, NY 11201 212-437-3500 20

Form **990** (2018)

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any						an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)MATT DEL PERCIO	1.00									
PRESIDENT	2.00	Х		Х				0.	0.	0.
(2)MARGERY E. AMES	1.00									
VICE PRESIDENT	2.00	Х		Х				0.	0.	0.
(3)CAROL CHEN	1.00									
TREASURER	2.00	Х		Х				0.	0.	0.
(4)G. CROSSAN SEYBOLT, JR.	1.00									
SECRETARY	2.00	Х		Х				0.	0.	0.
(5)CHRISTOPHE R ACKERMAN	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(6)DAVID THEOBALD	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(7)DUNCAN JAMES TURNBULL	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(8)ELLEN POLANSKY	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(9)BRIGETTE MCLEODWILLIAMS	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(10)JOSE M. JARA	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(11)JOYCE R. COPPIN-MONDESIRE	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(12)JUDITH BENITEZ	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(13)KAREN MYRIE, M.D.	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(14)KIM WALKER	1.00									
DIRECTOR	2.00	X						0.	0.	0.

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JSA.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	more	e than of is both cor/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
15) BOB SCHANZ	1.00									
DIRECTOR	2.00	X						0.	0.	0.
16) MARK BROUDE	1.00									0
DIRECTOR	2.00	Х						0.	0.	0.
17) ALLEN WAXMAN	$\frac{1.00}{2.00}$	37						0		0
DIRECTOR 18) SUSAN S. BENEDICT	1.00	X						0.	0.	0.
DIRECTOR	2.00	-						0.	0.	0.
19) THOMAS GALLAGHER	1.00	_ A						0.	0.	0.
DIRECTOR	2.00	X						0.	0.	0
20) TONY CIRINCIONE	1.00							0.	0.	0.
DIRECTOR	2.00							0.	0.	0.
21) SHARRON MADDEN	37.50	- 2						0.	0.	<u> </u>
EXECUTIVE DIRECTOR	1.00			Х				196,266.	0.	8,794.
22) BRYANT YEE	35.00			21				150,200.	0.	0,751.
ACTING CFO (THROUGH 3/19)	1.00			Х				126,790.	0.	27,427.
23) ALAN MUCATEL	1.00							12077701	3.	2,,12,,
CHIEF EXECUTIVE OFFICER	35.00			Х				0.	389,118.	18,932.
24) ELLIOT HAGLER	1.00								,	
CHIEF FINANCIAL OFFICER	35.00			Х				0.	4,808.	0.
25) ELISE ZEALAND	1.00									
GENERAL COUNSEL	35.00				Х			0.	194,907.	14,502.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, S							•	436,334.	588,833.	69,655.
d Total (add lines 1b and 1c)								436,334.	588,833.	69,655.
Total number of individuals (including but not reportable compensation from the organization)		hose		d al	bove	e) who	o re	eceived more than	\$100,000 of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	ule J for su	ch ind	ivid	ual	•		• •			Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations great	sum of repeater than	ortab \$15	le c 50,0	om 00?	per <i>If</i>	sation "Yes	n aı s,"	nd other compens complete Schedu	sation from the le J for such	

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

(B) Description of services	(C) Compensation

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

Part VII Section A. Officers, Directors, 1	rustees, Ke	y En	nplo	ye	es,	and H	ligl	hest Compensat	ed Emplo	yees (c	ontinue	d)
(A) Name and title	(B) Average hours per week (list any hours for	Position (do not check more than of box, unless person is both officer and a director/trust			is both	an	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations		Estimat amount other compens		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		fro orga and	m the inization related nizations
26) AMIEE ABUSCH	35.00											
PROGRAM DIRECTOR	0.					Х		113,278.		0.		(
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A						* * *					
Total number of individuals (including but no reportable compensation from the organizat	ot limited to t	hose					re	ceived more than	\$100,000	of		
3 Did the organization list any former of												Yes N
 employee on line 1a? If "Yes," complete Sche For any individual listed on line 1a, is the organization and related organizations 	e sum of rep greater than	oortab \$15	ole d	com	pen	satio	n ai	nd other compen	sation from	the	3	
individual	or accrue co	mpen									5	X
Section B. Independent Contractors												
 Complete this table for your five highest co compensation from the organization. Repor year. 												
(A) Name and business a	address							(B) Description of se	ervices	С	(C) ompens	ation

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

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Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to an	ny line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions)	46,075.	46,075.			
<u>e</u>	h h	Total. Add lines 1a-1f	Business Code	40,073.			
enr		PREVENTIVE SERVICES	624200	12,819,541.	12,819,541.		
æ	2a		624200				
9	b	OPWDD SERVICES	624200	8,528,855.	8,528,855.		
eΖ	C	PERMANENCY SERVICES MEDICAL AND PSYCHOLOGICAL SERVICES	624200	6,859,806. 905,297.	6,859,806.		
ηS	d	OTHER PROGRAM SERVICE REVENUE	624200	1,290,735.	1,290,735.		
ga	e		024200	1,200,133.	1,200,733.		
Program Service Revenue	f	All other program service revenue		30,404,234.			
<u></u>	3	Investment income (including divider and other similar amounts).	nds, interest,	0.			
	4	Income from investment of tax-exempt bond	proceeds . >	0.			
	5	Royalties	(ii) Personal	0.			
	6a b c d 7a	Gross rents	(ii) Other	0.			
	C	Gain or (loss)		0.			
Other Revenue	d 8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	0.	0.			
O	C	Net income or (loss) from fundraising events		0.			
		Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities		0.			
		Gross sales of inventory, less returns and allowances					
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	е	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions.		30,450,309.	30,404,234.		

13-5675643

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										
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.									
2	Grants and other assistance to domestic	4,037,372.	4,037,372.								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.	2,007,072								
4	Benefits paid to or for members	0.									
	Compensation of current officers, directors,	449,807.	106,654.	343,153.							
_	trustees, and key employees	115/0071	100,031.	3137133.							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.									
7	Other salaries and wages	15,898,539.	14,891,710.	1,006,829.							
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.									
9	Other employee benefits	2,314,347.	2,171,217.	143,130.							
10	Payroll taxes	1,191,049.	1,101,774.	89,275.							
	Fees for services (non-employees): Management	0.									
	Legal	303,347.	297,851.	5,496.							
	Accounting	98,909.		98,909.							
d	Lobbying	0.									
	Professional fundraising services. See Part IV, line 17.	0.									
f	Investment management fees	0.									
g	Other. (If line 11g amount exceeds 10% of line 25, column	981,547.	855,027.	126,520.							
12	(A) amount, list line 11g expenses on Schedule O.). Advertising and promotion	0.									
13	Office expenses	1,097,788.	945,077.	152,711.							
	Information technology	0.									
	Royalties	2,900,382.	2,550,907.	349,475.							
	Occupancy	363,397.	324,724.	38,673.							
	Travel Payments of travel or entertainment expenses		321,721.	30,073.							
	for any federal, state, or local public officials	107,425.	98,035.	9,390.							
	Conferences, conventions, and meetings	0.	,0,055.	7,370.							
	Interest Payments to affiliates	0.									
	Depreciation, depletion, and amortization	436,125.	365,086.	71,039.							
	Insurance	317,118.	255,711.	61,407.							
	Other expenses. Itemize expenses not covered										
	above (List miscellaneous expenses in line 24e. If										
	line 24e amount exceeds 10% of line 25, column										
	(A) amount, list line 24e expenses on Schedule O.)	(2,024	10.004	44 020							
	MISCELLANEOUS	63,034.	19,004.	44,030.							
b											
ر بہ											
d	All other expenses										
	Total functional expenses. Add lines 1 through 24e	30,560,186.	28,020,149.	2,540,037.							
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	-		·							
	following SOP 98-2 (ASC 958-720)	0.									

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Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X					
	·			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			0.	1	80,870.
2	Savings and temporary cash investments	0.	2	0.		
3	Pledges and grants receivable, net			0.	3	190,000.
4	Accounts receivable, net			6,510,217.	4	5,672,939.
5	Loans and other receivables from current and f					
	trustees, key employees, and highest co	omper	nsated employees.			
6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu organizations (see instructions). Complete Part II of Sche	0.	5	0.		
ets 7	Notes and loans receivable, net			0.	7	0.
Assets 8	Inventories for sale or use			0.	8	0.
▼ 9	Prepaid expenses and deferred charges			262,307.	9	172,478.
-	Land, buildings, and equipment: cost or			· · · · · · · · · · · · · · · · · · ·		,
.04		10a	6,281,776.			
ь	Less: accumulated depreciation			3,531,997.	10c	3,120,123.
11				0.	11	0.
12	Investments - other securities. See Part IV, line 11			0.	12	0.
13	Investments - program-related. See Part IV, line 11			0.	13	0.
14	Intangible assets			0.	14	0.
15	Other assets. See Part IV, line 11			514,715.	15	327,031.
16	Total assets. Add lines 1 through 15 (must equal			10,819,236.	16	9,563,441.
17	Accounts payable and accrued expenses			3,190,612.	17	3,090,657.
18	Grants payable			0.	18	0.
19	Deferred revenue			2,689,699.	19	663,289.
20	Tax-exempt bond liabilities			0.	20	0.
21	Escrow or custodial account liability. Complete Pa	art IV c	of Schedule D	0.	21	0.
g 22	Loans and other payables to current and for					
Liabilities	trustees, key employees, highest compen-					
api	disqualified persons. Complete Part II of Schedule			0.	22	0.
ت ₂₃	Secured mortgages and notes payable to unrelate			2,026,660.	23	1,788,586.
24	Unsecured notes and loans payable to unrelated to			0.	24	0.
25	Other liabilities (including federal income tax,					
	parties, and other liabilities not included on lines	17-2	4). Complete Part X			
	of Schedule D			2,986,465.	25	5,352,523.
26	Total liabilities. Add lines 17 through 25			10,893,436.	26	10,895,055.
ses	Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		there 🕨 🗓 and			
မ်္က 27	Unrestricted net assets			-469,200.	27	-1,655,690.
<u> </u>	Temporarily restricted net assets			390,000.	28	319,076.
교 29	Permanently restricted net assets			5,000.	29	5,000.
or Fund Balances 62 82 63 85	Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here ▶ and			
	Capital stock or trust principal, or current funds				30	
g 31		iipmer	nt fund		31	
₹ 32	Retained earnings, endowment, accumulated inco	ome, o	or other funds		32	
8 33				-74,200.	33	-1,331,614.
34	Total liabilities and net assets/fund balances			10,819,236.	34	9,563,441.
Net Asse 31 33	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equ Retained earnings, endowment, accumulated inco Total net assets or fund balances Total liabilities and net assets/fund balances	iipmer ome, (or other funds		31 32 33	

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		30,4		
2	Total expenses (must equal Part IX, column (A), line 25)	2		30,5		
3	Revenue less expenses. Subtract line 2 from line 1	3			09,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		_	74,2	
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8		-1,1	47,5	37.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		-1,3	31,6	14.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	oversi	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	ant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	Х	

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

EDWIN GOULD SERVICES FOR CHILDREN

Employer identification number 13-5675643

ANI	F7	AMILIES,	INC.					13-56756	43
Pai	tΙ	Reason	for Public Cha	rity Status (All o	organizations must o	complete	e this pa	art.) See instructions	S.
	_	anization is	not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, o	convention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2					. (Attach Schedule E				
3					rganization described	•			
4								n section 170(b)(1)(A)	(iii). Enter the
-			name, city, and st	=		op.ita. ao			,(,. =
5			-		a college or universit	ty owner	d or one	erated by a governme	ental unit described in
Ū		_	0(b)(1)(A)(iv). (C		a conege of aniversi	ly Owno	а от оро	rated by a governme	intal anni accombca ii
6					rnmental unit describe	d in sact	ion 170/	h\/1\/A\/ _V \	
6 7		,	, 5				•	~ ~ ~ ~ ~	om the general public
•		_		=	•	ιρροιτ ιι	Jili a yo	verninental unit of in	oni the general public
				(1)(A)(vi). (Compl		Dort II \			
8					o)(1)(A)(vi). (Complete			l in	land annut callana
9		_		=			-	I in conjunction with a	
			ty or a non-land-	grant college of ag	griculture (see instruct	iions). Ei	nter the i	name, city, and state o	the college or
	7.7	university:					,		
10	X	receipts fro	om activities rela om gross investm	ted to its exempt f rent income and u	unctions - subject to	certain e able incc	xception me (les	ntributions, membersl s, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 %of its
11		•			usively to test for publi		•	•	
12		An organiz	ation organized	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to	carry out the purposes
		•	•	•	•				See section 509(a)(3).
				· ·					nes 12e, 12f, and 12g.
а				=			-	orted organization(s),	_
-				•		•		the directors or truste	
			-		e Part IV, Sections A		ajonty of	the anothers of tracte	
b		¬ ··	0 0	•	•		with ite	supported organizati	on(s) by having
	_			•				ns that control or mar	
					, Sections A and C.	the sam	c persor	is that control of mai	age the supported
С		_				atod in co	annactio	n with, and functiona	lly intograted with
C			-	- : :	ns). You must comple				ily integrated with,
d			=		· ·			ection with its suppor	tod organization(c)
u			-			•		oution requirement and	• ,
			-		•	•		•	a an attentiveness
_	Г		•		omplete Part IV, Sect			hat it is a Type I, Type I	II Tuno III
е	_							•••	п, туре пі
f	En		-	l organizations	ionally integrated sup	porting c	nganizai	IOH.	
				_	orted organization(s).				
9_			ted organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(1) 14	airie oi suppoi	ted organization	(11) E114	(described on lines 1-10	` '	ur governing	support (see	other support (see
					above (see instructions))		ment?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tata									1

Schedule A (Form 990 or 990-EZ) 2018 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total contributions, Gifts. grants. membership fees received. (Do not include any "unusual grants.") Tax revenues levied organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other governmental publicly unit or 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 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources 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 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). % 16a 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2018 Schedule A (Form 990 or 990-EZ) 2018 Page **3**

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	629,007.	296,425.	295,270.	661,770.	46,075.	1,928,547.
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	31,799,809.	29,961,959.	29,219,090.	29,729,947.	30,404,234.	151,115,039.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0.
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	32,428,816.	30,258,384.	29,514,360.	30,391,717.	30,450,309.	153,043,586.
	Amounts included on lines 1, 2, and 3		33,233,332		00,012,121	55,155,655	
	received from disqualified persons						0.
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						0.
_	or 1% of the amount on line 13 for the year						0.
8 8	Add lines 7a and 7b						
0	line 6.)						153,043,586.
Sec	tion B. Total Support						133,013,300.
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	32,428,816.	30,258,384.	29,514,360.	30,391,717.	30,450,309.	153,043,586.
	Gross income from interest, dividends,	32,120,010.	30,230,301.	23,311,300.	30,331,111	30,130,303.	133,013,300.
	payments received on securities loans,						
	rents, royalties, and income from similar	49.	2,444.	56.	22.		2,571.
h	Unrelated business taxable income (less	19.	2,111.	30.	22.		2,3,1.
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
•	Add lines 10a and 10b	49.	2,444.	56.	22.		2,571.
		49.	2,444.	56.	22.		2,5/1.
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly		21 470				21 470
	carried on		31,478.				31,478.
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	20 400 055	30 000 335	20 514 435	20 201 525	20 450 222	152 000 505
	and 12.)	32,428,865.	30,292,306.	29,514,416.	30,391,739.	30,450,309.	153,077,635.
14	First five years. If the Form 990 is f	•	•		•		` ` ` `
	organization, check this box and stop here						· · · · •
	tion C. Computation of Public Sup			(0)			00 000
15	Public support percentage for 2018 (line 8		•			. 15	99.98%
16	Public support percentage from 2017 Sche					16	99.97%
	tion D. Computation of Investmen				ı		00.55
17	Investment income percentage for 2018 (lin	,	•	, ,, = =		17	.00%
18	Investment income percentage from 2017				-	18	<u>%</u>
19 a	331/3% support tests - 2018. If the org	-					
	17 is not more than 331/3%, check th	-	-	•		• •	
b	331/3% support tests - 2017. If the orga						
	line 18 is not more than 331/3 %, check		-				. —
20	Private foundation. If the organization	did not check a	a box on line 1	4. 19a. or 19b.	. check this box	x and see instru	uctions

JSA 8E1221 1.000 Schedule A (Form 990 or 990-EZ) 2018 Page **4**

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

- 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.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
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	3b		
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	3с		
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	10b		

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Part	Supporting Organizations (continued)			
· ait	Capporting Organizations (continuou)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	_		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
	on or type in eapper inity or gain and included		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
	Did the aggregization provide to each of its composted aggregations, by the local day of the fifth month 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on 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 ins	tructi	ons).	
а	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	instru		
2	Activities Test. Answer (a) and (b) below.		Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	•		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
2	-	20		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

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Schedule A (Form 990 or 990-E2

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

EDWIN GOULD SERVICE AND FAMILIES, INC.	S FOR CHILDREN	13-5675643		
Organization type (check on	ne):	15 50,0015		
Filers of:	Section:			
	X 501(c)(3) (enter number) organization			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a prival	vate foundation		
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private	foundation		
	501(c)(3) taxable private foundation			
Check if your organization is	covered by the General Rule or a Special Rule.			
Note: Only a section 501(c)(instructions.	(7), (8), or (10) organization can check boxes for both the General Rule	and a Special Rule. See		
General Rule				
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, or property) from any one contributor. Complete Parts I and II. See inscontributions.	-		
Special Rules				
regulations under : 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form that received from any one contributor, during the year, total contributor of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, I	rm 990 or 990-EZ), Part II, line ibutions of the greater of (1)		
contributor, during literary, or educati	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-Eq the year, total contributions of more than \$1,000 exclusively for religional purposes, or for the prevention of cruelty to children or animals. (a) instead of the contributor name and address), II, and III.	ious, charitable, scientific,		
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
	at isn't covered by the General Rule and/or the Special Rules doesn't f ust answer "No" on Part IV, line 2, of its Form 990; or check the box	•		

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization EDWIN GOULD SERVICES FOR CHILDREN AND FAMILIES, INC.

Employer identification number 13-5675643

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	THE BOSTON FOUNDATION 75 ARLINGTON STEET, SUITE 10 BOSTON, MA 02116	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SILLS FAMILY FOUNDATION 75 ARLINGTON STREET, SUITE 710 BOSTON, MA 02116	\$12,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number Name of organization EDWIN GOULD SERVICES FOR CHILDREN 13-5675643 AND FAMILIES, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization EDWIN GOULD SERVICES FOR CHILDREN

	AND FAMILIES, INC.			13-5675643		
Part III	(10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any of ions completing Part e year. (Enter this inf	one contributor. Colli, enter the total contributor. Second to the contributor once.	complete columns (a) through (e) and of exclusively religious, charitable, etc.,		
(a) No. from	(b) Purpose of gift	ionai space is neede (c) Use d		(d) Description of how gift is held		
Part I	(a) t in post of give			(4,7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		
		(e) Transfe	r of gift			
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, at	nd ZIP + 4	Relation	ship of transferor to transferee		
			-			
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held		
		(e) Transfe	er of gift			
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee		
		_				
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held		
			_			
		(e) Transfe	er of gift			
	Transferee's name, address, a			ship of transferor to transferee		
			-			

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization EDWIN GOULD SERVICES FOR CHILDREN Employer identification number AND FAMILIES, INC. 13-5675643 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Assets included in Form 990, Part X......

Schedule D (Form 990) 2018

▶ \$

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Page 2 Schedule D (Form 990) 2018

Pa	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures, o	or Other	Similar Assets (continue	d)
3	Using the organization's acquisition	on, accession, and	other recor	ds, check	any of t	he follov	ving that are a sign	nificant u	se of its
	collection items (check all that apply):								
а	Public exhibition		d	Loan	or exchanç	ge progra	ms		
b	Scholarly research		е	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collections	s and expla	ain how t	hey furthe	er the or	ganization's exemp	t purpose	e in Part
	XIII.								
5	During the year, did the organization	on solicit or receive	donations o	f art, histo	orical trea	sures, or	other similar		
	assets to be sold to raise funds rath	ner than to be maint	ained as pa	rt of the o	organizatio	n's colle	ction?	Yes	No No
Pa	rt IV Escrow and Custodial A	rrangements.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form								
	990, Part X, line 21.								
1 a	Is the organization an agent, truste								
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fol	lowing tab	ole:				
							Amount		
С	Beginning balance				10				
d	Additions during the year				10	d			
е	Distributions during the year				10	Э			
f	Ending balance				11				
2a	Did the organization include an am							Yes	No
b	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the ex	planation	has been	provided	on Part XIII		
Pa	rt V Endowment Funds.								
	Complete if the organiza	ation answered "Ye	es" on For	m 990, F					
		(a) Current year	(b) Prio	r year	(c) Two ye	ears back	(d) Three years back	(e) Four y	ears back
1 a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage	of the current year	end balance	e (line 1g,	column (a)) held as	:		
а	Board designated or quasi-endown		_%		•				
b	Permanent endowment	%							
С	Temporarily restricted endowment								
	The percentages on lines 2a, 2b, a	•							
3a	Are there endowment funds not in	the possession of the	he organiza	tion that	are held a	ınd admii	nistered for the		
	organization by:								es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	•	•					3b	
4	Describe in Part XIII the intended u								
Pa	rt VI Land, Buildings, and Equ Complete if the organization	Jipment. ation answered "Y	es" on For	m 990 F	Part IV Iii	ne 11a :	See Form 990 Pa	art X line	10
	Description of property		r other basis		or other basis			d) Book valu	
		(inves	stment)	(0	ther)		reciation		
1a	Land			2 0	00 010		25 757	2 65	0 152
b	Buildings				85,910		35,757.		$\frac{0,153}{0,776}$
С	Leasehold improvements				.83,833		83,057.		$\frac{0,776}{0,104}$
d	Equipment			⊥,8	12,033	1,5	42,839.	26	9,194.
<u>e</u>	Other		000 5		(D) "	10)		2 10	0 100
Гota	I. Add lines 1a through 1e. (Column	ı (d) must equal Fori	m 990, Part	x, columi	า (B), line	1 <i>0c.</i>)	▶	3,⊥2	0,123.

Schedule D (Form 990) 2018 Page 3

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	Part IV line 11h See Form 990) Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valua	
	(including name of security)	(b) Book value	Cost or end-of-year mar	
	al derivatives			
	-held equity interests			
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
Part VIII	Complete if the organization answered	Yes" on Form 990	, Part IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
Partix	Complete if the organization answered	l "Yes" on Form 990	Part IV line 11d See Form 990	Part X line 15
		scription	, rarry, mie rra. Geer om 550	(b) Book value
(1)	(a) De	Scription		(b) Dook value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)	•	
Part X	Other Liabilities.			
	Complete if the organization answered	l "Yes" on Form 990	. Part IV. line 11e or 11f. See For	rm 990. Part X.
	line 25.		, ,	, . ,
1.	(a) Description of liability	(b) Book valu	e	
	ral income taxes	(5) 2001 1010		
	TO RISING GROUND	2,013,	871.	
	TO GOVERNMENT AGENCIES	1,934,		
	RRED RENT	1,167,		
_ (/	TO FOSTER PARENTS	236,		
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 5,352,5	523.	
	or uncertain tax positions. In Part XIII, provide the			oports the

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

Schedule D (Form 990) 2018 Page **4**

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	20	
_	Add lines 2a through 2d	2e 3	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	investment expenses not included on Form 550, Fart Vin, line 75		
	Other (Describe in Part XIII.)	4c	
С 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		

JSA 8E1271 1.000 Part XIII Supplemental Information (continued)

SCHEDULE I (Form 990)

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

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

2018

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EDWIN GOULD SERVICES FOR CHILDREN

Name of the organization EDWIN GOULD SERV	ICES FOR (CHILDREN				Employer identificati	on number	
AND FAMILIES, INC.	·							
Part I General Information on Grants a	nd Assistand	e						
 Does the organization maintain records to the selection criteria used to award the grant Describe in Part IV the organization's process. 	nts or assistan	ce?					X Yes No	
Part IV, line 21, for any recipient		•					es" on Form 990,	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
_(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
2 Enter total number of section 501(c)(3) and	d government	organizations lis	sted in the line 1 ta	⊔ ble				

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

Schedule I (Form 990) (2018)

EDWIN GOULD SERVICES FOR CHILDREN 13-5675643

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 PAYMENTS TO FOSTER PARENTS	241.	3,317,696.			
2 FOOD	7,705.		213,706.	BOOK	FOOD FOR FAMILIES
3 CHILDREN'S ALLOWANCES AND ACTIVITIES	7,705.	434,452.			
4 CONSUMER INCIDENTALS	7,705.	12,041.			
5 CLOTHING	7,705.		59,477.	BOOK	CLOTHING FOR FAMILIE
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2

THE USE OF FUNDS IS MONITORED VIA MONTHLY HOME VISITS BY THE ASSIGNED

SOCIAL WORKERS.

SCHEDULE J (Form 990)

Compensation InformationFor 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.

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

EDWIN GOULD SERVICES FOR CHILDREN

AND FAMILIES, INC.

Employer identification number 13-5675643

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			3.7
а	The organization?	6a		X
b	Any related organization?	6b		X
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53 4958-6(c)?	a		

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

Schedule J (Form 990) 2018

EDWIN GOULD SERVICES FOR CHILDREN 13-5675643

Schedule J (Form 990) 2018 Page 2

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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
SHARRON MADDEN	(i)	196,266.	0.	0.	0.	8,794.	205,060.	
1 EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	
BRYANT YEE	(i)	126,790.	0.	0.	0.	27,427.	154,217.	
2 ACTING CFO (THROUGH 3/19)	(ii)	0.	0.	0.	0.	0.	0.	
ALAN MUCATEL	(i)	0.	0.	0.	0.	0.	0.	
3 ^{CHIEF} EXECUTIVE OFFICER	(ii)	388,086.	0.	1,032.	4,514.	14,418.	408,050.	
ELISE ZEALAND	(i)	0.	0.	0.	0.	0.	0.	
4 GENERAL COUNSEL	(ii)	194,547.	0.	360.	2,290.	12,212.	209,409.	
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
_13	(ii)							
	(i)							
_14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

EDWIN GOULD SERVICES FOR CHILDREN 13-5675643

Schedule J (Form 990) 2018

Part | Supplemental Information

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

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

AND FAMILIES, INC.

Employer identification number 13-5675643

FORM 990, PART VI, SECTION A, LINE 4

THE ORGANIZATION'S BY-LAWS WERE AMENDED AND RESTATED. CHANGES INCLUDE

HAVING RISING GROUND, INC. AS THE SOLE MEMBER. THE BOARD OF DIRECTORS NOW

COMPRISES OF THE SAME INDIVIDUALS WHO SIT ON THE BOARD OF DIRECTORS OF

THE MEMBER.

EDWIN GOULD SERVICES FOR CHILDREN

FORM 990, PART VI, SECTION A, LINE 6
RISING GROUND, INC. IS THE SOLE MEMBER OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A

THE MEMBER CAN APPOINT AND ELECT MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B

POWERS RESERVED FOR THE MEMBER INCLUDE APPOINTING AND REMOVING CORPORATE

OFFICERS OF THE ORGANIZATION, INCLUDING THE EXECUTIVE DIRECTOR AND CFO,

APPROVING CHANGES TO THE CERTIFICATE OF INCORPORATION AND BY-LAWS,

APPROVING AND OVERSEEING THE OPERATING AND CAPITAL BUDGETS OF THE

CORPORATION, AND APPROVING THE SALE, LEASE, MORTGAGE OR ENCUMBRANCE OF

ANY ASSETS INVOLVING AN AMOUNT IN EXCESS OF \$100,000.

FORM 990, PART VI, SECTION B, LINE 11B

FIRST A COMPLETED 990 FORM IS REVIEWED BY THE MEMBERS OF THE AUDIT &

OVERSIGHT BOARD COMMITTEE. IT IS THEN SENT TO ALL OTHER BOARD MEMBERS FOR

THEIR APPROVAL BEFORE THE 990 FORM IS SUBMITTED TO THE IRS AND NYS. ANY

ISSUES ARE DISCUSSED WITH THE CFO AND THEN BROUGHT TO THE CPA FIRM WHO PREPARED THE RETURN IF THE ISSUES REMAINED UNRESOVED.

FORM 990, PART VI, SECTION B, LINE 15A

COMPENSATION OF THE EXECUTIVE DIRECTOR INCLUDES AN ANNUAL PERFORMANCE

REVIEW AND APPROVAL PROCESS CONDUCTED BY BOARD'S MANAGEMENT COMMITTEE,

WHICH REPORTS TO THE BOARD. THIS WAS LAST DONE IN AUGUST 2018.

FORM 990, PART VI, SECTION B, LINE 15B

COMPENSATION OF THE ACTING CFO WAS DETERMINED BY THE BOARD PRIOR TO THE MERGER IN FEBRUARY 2018.

FORM 990, PART VI, SECTION C, LINE 19
THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

EDWIN GOULD IS DEDICATED TO SUPPORTING CHILDREN, ADULTS AND FAMILIES. WORKING TOGETHER, WE CREATE STRONG FOUNDATIONS FOR SUCCESS. WE DO THIS BY PROVIDING THE MOST VULNERABLE CHILDREN, ADULTS AND FAMILIES IN THE GREATER NEW YORK CITY AREA WITH RESOURCES AND SKILLS NEEDED TO RISE ABOVE ADVERSITY AND POSITIVELY DIRECT THEIR LIVES.

Schedule O (Form 990 or 990-EZ) 2018 Page **2**

Name of the organization EDWIN GOULD SERVICES FOR CHILDREN Employer identification number
AND FAMILIES, INC. 13-5675643

ATTACHMENT 2

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

JOHN R. EYERMAN ATTORNEY AT LAW LEGAL 241,430.

225 BROADWAY SUITE 1800 NEW YORK, NY 10007

PROBUILD CONTRACTING INC. CONSTRUCTION/RENOVAT 304,396.

57-41 59TH STREET MASPETH, NY 11378

EDWIN GOULD SERVICES FOR CHILDREN

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047 Open to Public Inspection

AND FAMILIES, INC.

Employer identification number 13-5675643

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	g) 512(b)(13) rolled ity?
						Yes	No
(1) RISING GROUND, INC. 13-1860451							
151 LAWRENCE STREET, 5TH FL BROOKLYN, NY 11201	SOCIAL SERVIC	NY	501(C)(3)	10	N/A		X
(2) KINGSLAND SERVICES FUND, INC. 51-0139267							
151 LAWRENCE STREET, 5TH FL BROOKLYN, NY 11201	OWN PROPERTY	NY	501(C)(3)	12A	EDWIN GOULD		X
(3)							
(4)							
(5)							
(6)							
_(7)							
					<u> </u>		

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	eral or aging tner?	(k) Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
<u>(7)</u>												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity?
(1)								Yes No
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Page **3**

Part V	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.			
Note: C	omplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1 Du	ring the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?			
a Re	ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			[1a	X
b Gif	t, grant, or capital contribution to related organization(s)			[1b X	
	t, grant, or capital contribution from related organization(s)				1c	X
d Loa	ans or loan guarantees to or for related organization(s)			🗠	1d	X
e Loa	ans or loan guarantees by related organization(s)				1e	X
f Div	ridends from related organization(s)				1f	X
	le of assets to related organization(s)				1g	X
h Pu	rchase of assets from related organization(s)				1h	X
i Exc	change of assets with related organization(s)				1i	X
j Lea	ase of facilities, equipment, or other assets to related organization(s)				1j	X
k Lea	ase of facilities, equipment, or other assets from related organization(s)				1k	Х
	rformance of services or membership or fundraising solicitations for related organization(s)			⊢	11	X
m Pe	rformance of services or membership or fundraising solicitations by related organization(s)			1	1 m	X
	aring of facilities, equipment, mailing lists, or other assets with related organization(s)			I .	1n	X
o Sha	aring of paid employees with related organization(s)			🗀	10 X	
	imbursement paid to related organization(s) for expenses				1p	X
q Re	imbursement paid by related organization(s) for expenses				1q	X
r Oth	ner transfer of cash or property to related organization(s)				1r	Х
s Oth	ner transfer of cash or property from related organization(s)			<u> </u>	1s	X
2 If th	he answer to any of the above is "Yes," see the instructions for information on who must complete					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method of	(d) determin t involved	
(1)						
(2)						
(2)						
(3)						
(4)						
(5)						
<u> </u>		1				

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Schedule R (Form 990) 2018

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(state or foreign income (related, section total income unrelated, excluded 501(c)(3) from tax under organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		ortionate tions? Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) eral or aging tner?	ownership			
(4)			sections 512-514)	Yes	No			Yes	No		Yes	No	
_(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)												_	
(14)													
(15)												_	
(16)													
(10)													

Schedule R (Form 990) 2018 Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

	•	-	•			` ,,	
ar ve	ar 2018 or o	other tax	vear beginning	07/01.	2018.	and ending	06

OMB No. 1545-0687

D		►Go to www.irs.g	ov/Eorm000	Tfor in	octructions on	d the	latact i	nformation				
Department of the Treasury Internal Revenue Service	▶ Do	not enter SSN numbers							:01/6\/3	, F	Open to Pub	lic Inspection for ganizations Only
A Check box if		Name of organization (ne changed and s						yer identifica	
address change	ed	EDWIN GOULD			=		J	,			yees' trust, see i	
B Exempt under section		AND FAMILIES										
X _{501(C)(3)}	Print	Number, street, and roo		faPO	box see instructi	ons				13-56	575643	
408(e) 220	or	Trampor, orroot, and roo	0. 00		207, 000	00.			_			activity code
408(e) 220 408A 530	.,,,,,	151 LAWRENCE	STREET	. 5TI	H FLOOR						structions.)	,
529(a)	(a)	City or town, state or p				al cod	е.					
C Book value of all asset	·s	BROOKLYN, NY		,, aa <u>_</u>	o. io.o.g poo	u. 00u	•					
at end of year		up exemption number		ions) I	-							
9,563,441		eck organization type	`				501(c)	trust		401(a)	trust	Other trust
		anization's unrelated tra					001(0)				(or first) unr	_
trade or business h		anization o am olatoa tra	doo or buomio	0000.		If onl	v one	complete Pa		•	` '	
		e end of the previous s	sentence con	nnlete			•	•			•	
trade or business,	•	•	, or it or i o o r	пріото	r and rand ii, o	, Ci i i pi	0.0 4 0.	niodalo ivi ioi	ouom	addition	ia.	
		corporation a subsidia	arv in an affili	ated or	oup or a parent	-subs	sidiary c	ontrolled arou	ın?		•	Yes X No
-		identifying number of		-				g				
J The books are in c		, ,		p		Te	lephon	e number >	212-	-437-	3500	
Part I Unrelate	d Trade	or Business Incor	ne		(A) Inc			(B) Ex				C) Net
1a Gross receipts					, ,				•			•
b Less returns and allo			c Balance ▶	1c								
		lule A, line 7)		2								
-	,	2 from line 1c		3								
·		attach Schedule D)		4a								
		Part II, line 17) (attach Fe		4b								
		trusts		4c								
		r an S corporation (attach state		5								
				6								
,	•	ncome (Schedule E)		7								
		ents from a controlled organiza		8								
9 Investment income	of a section 50	1(c)(7), (9), or (17) organizat	ion (Schedule G)	9								
10 Exploited exem	pt activity i	ncome (Schedule I)		10								
11 Advertising inc	ome (Sched	dule J)		11								
		ctions; attach schedule)		12								
13 Total. Combine	e lines 3 thr	ough 12		13			0.					
Part II Deducti	ions Not	Taken Elsewhere	(See instr	uctio	ns for limita	tions	s on d	eductions.	.) (Ex	cept fo	or contrib	utions,
deduction	ons must	t be directly conne	cted with t	he un	related busi	nes	s inco	me.)				
14 Compensation	of officers,	directors, and trustees	(Schedule K)							. 14		
15 Salaries and wa	ages									. 15		
16 Repairs and ma	aintenance									. 16		
		(see instructions)										
		See instructions for lim			1		1			. 20		
		4562)										
		on Schedule A and el			_		•			22b		
23 Depletion										23		
		compensation plans .										
		s										
		Schedule I)										
		Schedule J)										
		schedule)										
		es 14 through 28										
		ole income before ne										
		ng loss arising in tax y	_	-								
32 Unrelated busin	ness taxabl	e income. Subtract line	e 31 from line	30 .						. 32		

Page 2 Form 990-T (2018)

1 01111	330 T (20	10)								age =
Pa	rt III	Total Unrelated Business Taxable	e Income							
33	Total o	of unrelated business taxable income con	nputed from all unrelated	trade	es or businesses (see				
	instruct	ons)					33			
34	Amount	s paid for disallowed fringes					34			
35		on for net operating loss arising in t								
		ons)					35			
36		f unrelated business taxable income befor								
		33 and 34	•				36			
37	Specific	deduction (Generally \$1,000, but see line 37	instructions for exceptions)				37			
38		ed business taxable income. Subtract line								
		e smaller of zero or line 36					38			0.
Pai		Tax Computation					100			
39		eations Taxable as Corporations. Multiply line 3	38 by 21% (0.21)				39			
40			structions for tax compu							
		ount on line 38 from: Tax rate schedule of					40			
41		ax. See instructions								
		ive minimum tax (trusts only)					42			
42 43		Noncompliant Facility Income. See instructions								
44		dd lines 41, 42, and 43 to line 39 or 40, which								
		Tax and Payments	ever applies i i i i i i i i i			•	44			
		-	-tttb	150						
		tax credit (corporations attach Form 1118; trus								
		redits (see instructions)								
		business credit. Attach Form 3800 (see instruc								
		or prior year minimum tax (attach Form 8801 or					450			
		edits. Add lines 45a through 45d					45e			
46		t line 45e from line 44.		_	_		46			
47		xes. Check if from: Form 4255 Form 8611			-					0.
48		x. Add lines 46 and 47 (see instructions)								
49		et 965 tax liability paid from Form 965-A or For		1	1		49			
		its: A 2017 overpayment credited to 2018 • •				25				
		timated tax payments		l _		25	-			
		osited with Form 8868			_					
		organizations: Tax paid or withheld at source (s								
е	Backup	withholding (see instructions)		50€	9					
f	Credit f	or small employer health insurance premiums (a	attach Form 8941)	50f	i e					
g	Other cr	edits, adjustments, and payments: Form 24	439							
		orm 4136 Other _	Total ▶	500	9					
51	Total pa	ayments. Add lines 50a through 50g					51		17,	225.
52	Estimat	ed tax penalty (see instructions). Check if Form	2220 is attached				52			
53	Tax due	. If line 51 is less than the total of lines 48, 49	, and 52, enter amount owed .			. >	53			
54	Overpa	yment. If line 51 is larger than the total of lines	s 48, 49, and 52, enter amount	overp	aid	. >	54			225.
55		e amount of line 54 you want: Credited to 2019 esti			Refunde				17,	225.
Pa	rt VI	Statements Regarding Certain A	ctivities and Other Inf	form	nation (see instru	ctio	ns)			
56	At any	time during the 2018 calendar year, did	the organization have an i	intere	st in or a signatur	e o	r other	authority	Yes	No
	over a	financial account (bank, securities, or oth	ier) in a foreign country? I	lf "Y€	es," the organizatio	n n	nay hav	e to file	:	
	FinCEN	Form 114, Report of Foreign Bank and	Financial Accounts. If "Yes	s," e	nter the name of	the	foreign	ı country	'	
	here 🕨									X
57	During t	the tax year, did the organization receive a dist	ribution from, or was it the gra	antor	of, or transferor to, a	fore	eign trust	t?		X
	If "Yes,"	see instructions for other forms the organization	n may have to file.							
58	Enter th	e amount of tax-exempt interest received or ac	crued during the tax year > \$							
		nder penalties of perjury, I declare that I have examined				the	best of m	y knowledg	e and bel	ief, it is
Sig	n 📗 🚻	ie, correct, and complete. Declaration of preparer (other than to	axpayer) is based on all information of wh	men pre	eparer nas any knowledge.	N	lav the	IRS discus	e thie	return
Her							•	preparer		
		gnature of officer	Date Title				ee instructi	· :	Yes	No
_	_	Print/Type preparer's name	Preparer's signature		Date	Che	ck if	PTIN		
Paid		AARON SHAPIRO					employed	D01	33381	.6
	parer	Firm's name ▶ BKD , LLP	-					44-01		
Use	Only	Firm's address ▶ 1155 AVENUE OF THE	AMERICAS #1200, NEW	YOR	K, NY 10036			12.867		

Form **990-T** (2018)

Form 990-T (2018)								Page 3
Schedule A - Cost of G	oods Sold. Er	ter method	of invento	ory valuation 1	-			
1 Inventory at beginning of						ar	6	
2 Purchases	2					ld. Subtract line		
3 Cost of labor						iter here and in		
4a Additional section 263A c	osts			Part I, line	2		7	
(attach schedule)	4a					section 263A (w	ith respect to	Yes No
b Other costs (attach schedu				property	produced	or acquired for	resale) apply	
5 Total. Add lines 1 through	′ -					<u> </u>		Х
Schedule C - Rent Income	e (From Real P	roperty ai	nd Persor	nal Property	Leased V	Vith Real Proper	ty)	
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent recei	ved or accrue	ed					
(a) From personal property (if the	percentage of rent	(b) F	rom real and	personal property	(if the	3(a) Deductions di	rectly connected with t	he income
for personal property is more th	nan 10% but not	percenta	age of rent fo	r personal property	exceeds		a) and 2(b) (attach sche	
more than 50%)	50% or	if the rent is	based on profit or	income)			
(1)								
(2)								
(3)								
(4)								
Total		Total						
(c) Total income. Add totals of c	olumns 2(a) and 2(b). Enter				(b) Total deduction Enter here and on		
here and on page 1, Part I, line 6	` ' '	,				Part I, line 6, colun		
Schedule E - Unrelated D			e instruction	ons)				
			2. Gross	income from or	3. [Deductions directly con		e to
1. Description of de	bt-financed property		allocable t	o debt-financed	(a) Straigh	debt-finance	(b) Other deduc	
			pı	roperty		ch schedule)	(attach sched	
(1)								
(2)								
(3)								
(4)								
4. Amount of average	5. Average adju		6	Column			8. Allocable dedu	ıctions
acquisition debt on or allocable to debt-financed	of or alloca debt-financed		4	divided		income reportable n 2 x column 6)	(column 6 x total of	fcolumns
property (attach schedule)	(attach sche		by o	column 5	(ooiuiiii	n 2 x column c)	3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				
			· · · · · ·			e and on page 1,	Enter here and or	
					Part I, lin	ne 7, column (A).	Part I, line 7, colu	mn (B).
Totals								
Total dividends-received deduct	lions included in co	olumn 8		,		<u> </u>		

Page 4

Schedule F—Interest, Anni	uities, Royalties			om Contro introlled Org			ons (see	e instruction	ons)	
Name of controlled organization	2. Employer identification number	er 3. N	et unrela	ated income nstructions)	4. Total	of specified ents made	included	f column 4 the in the control	olling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	zations									
7. Taxable Income	8. Net unrelated in (loss) (see instruct			Total of specific ayments made		includ	rt of column ed in the co ation's gros	ntrolling		Deductions directly nnected with income in column 10
(1)										
(2)										
(3)										
(4)							columns 5 a			
Totals	ncome of a Sec	tion 501(c)(7),	(9), or (17		Part I		mn (A).		ter here and on page 1, art I, line 8, column (B). 5. Total deductions
1. Description of income	2. Amount of	income		directly cor (attach sch	nnected		4. Set-asides (attach schedule)			and set-asides (col. 3 plus col. 4)
<u>(1)</u>										
(2)										
(3)										
(4)	Enter here and o Part I, line 9, co									Enter here and on page 1 Part I, line 9, column (B).
Totals ► Schedule I – Exploited Exe	empt Activity Inc	come, Oth	ner Th	an Adverti	ising Ir	ncome (s	see instru	ıctions)		
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expendirectly connected production unrelated business in	ses y I with on of ed	4. Net incomfrom unrelation business 2 minus collif a gain, colls. 5 thro	ne (loss) ed trade (column lumn 3). ompute	5. Gross income from activity that is not unrelated attributable to		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).		
(1)										
(2)										
(3)										
(4)										
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, P line 10, co	art I,							Enter here and on page 1, Part II, line 26.
Schedule J- Advertising Ir	ncome (see instru	uctions)								'
Part I Income From Per	iodicals Report	ed on a C	onsol	idated Bas	sis					
1. Name of periodical	2. Gross advertising income	3. Dire advertising		4. Advertigain or (los 2 minus co a gain, co cols. 5 thro	ss) (col. ol. 3). If mpute	1	culation ome	6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))										

Form **990-T** (2018)

Page 5 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).				
(1)										
(2)										
(3)										
(4)										
Totals from Part I										
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.				
Totals, Part II (lines 1-5) ▶										
Schedule K - Compensatio	Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)									
1. Name		2.	Γitle	3. Percent of time devoted to	4. Compensation unrelated I					

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1. Part II. line 14			

Form **990-T** (2018)