Form	990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

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	Go	to v	ww	.irs.	gov/F	orm	990 fo	or inst	ruct	ions	and	the	lates	st in	forma	ation	

A	For the	$ ho$ 2018 calendar year, or tax year beginning $ extsf{JUL}$ 1, 2018 and	ending J	UN 30, 2019	
В	Check if applicabl	C Name of organization		D Employer identif	ication number
Γ	Addre	FORESTDALE, INC			
	Name chang			11-1	631747
	Initial return		Room/suite	E Telephone numb	
-	Final	67_35 112000 CODEED			3)263-0740
L	termin		-	G Gross receipts \$	22,485,520.
Г	Ameno			H(a) Is this a group	
Ē	Applic				s?
	pendir	SAME AS C ABOVE		H(b) Are all subordinates i	
1	Tax-exe	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527		a list. (see instructions)
		e: VWW.FORESTDALEINC.ORG		H(c) Group exemption	on number 🕨
		organization: X Corporation Trust Association Other	L Year		M State of legal domicile: NY
Pa	art I	Summary			27 22 22 22 2
	1	Briefly describe the organization's mission or most significant activities: FORES	STDALE	PROVIDES A	N ARRAY OF
Activities & Governance	ł	SERVICE SUPPORTS TO FAMILIES IN QUEENS TO			
Inai	2	Check this box 🕨 🥅 if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets.
Nel	3			3	1
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	16
80	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			226
/itie	6	Total number of volunteers (estimate if necessary)			80
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			
	b	Net unrelated business taxable income from Form 990-T, line 38			0.
				Prior Year	Current Year
0	8	Contributions and grants (Part VIII, line 1h)		16,806,797.	
Revenue	9	Program service revenue (Part VIII, line 2g)		2,652,973.	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		901,515.	588,707.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-18,226.	
-	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		20,343,059.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,877,642.	4,487,995.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_$		9,919,725.	
ŝuŝ	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 🕨76,75		4 000 610	4 644 000
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,900,619.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		19,697,986.	
<u> </u>	-	Revenue less expenses. Subtract line 18 from line 12	i	645,073.	
S Or				ginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)	······	24,889,083.	
et A		Total liabilities (Part X, line 26)		1,113,069.	
Ž		Net assets or fund balances. Subtract line 21 from line 20		23,776,014.	25,651,784.
_		Signature Block			a language and the state of the
und	er dena	Ities of periury. I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of m	v knowledge and belief, it is

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

	102	m		4-15-20
Sign	Signature of officer	1		Date
Here	ROBERT AGUIRE	RE, CHIEF FINANCIAL	OFFICER	
	Print/Type preparer's name	Preparer's signature	e Date	Check PTIN
Paid	GARRETT M. HIGGI	INS GARRETT M	. HIGGINS 04/14	/20 self-employed P00543209
Preparer	Firm's name 🕨 PKF O'O	CONNOR DAVIES, LLP		Firm's EIN 27-1728945
Use Only	Firm's address 🕨 665 FI	FTH AVENUE		
-	NEW YOI	RK, NY 10022		Phone no.212-286-2600
May the II	RS discuss this return with the p	preparer shown above? (see instruction	ıs)	X Yes No
832001 12-3	1-18 LHA For Paperwork R	eduction Act Notice, see the separa	te instructions.	Form 990 (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2018) FORESTDALE, INC	11-1631747	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
•	FORESTDALE'S MISSION IS TO ENSURE THAT CHILDREN HAVE THE	ASSETS THEY	
	NEED TO THRIVE: A SAFE AND LOVING HOME, EDUCATION AND CA		
	OPPORTUNITY, AND HEALTH LITERACY.		
	Did the organization undertake any significant program services during the year which were not listed on the		
2		Yes 🗌	V No
	prior Form 990 or 990-EZ?		
•	If "Yes," describe these new services on Schedule O.		v
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes .	A No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as i		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, and	
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 12,696,818. including grants of \$ 4,487,995.) (Revenue of \$,
	FOSTER CARE SERVICES FORESTDALE'S STRONG FAMILIES FOST	ER CARE PROGRA	AM
	WORKED WITH 600 CHILDREN AGED 0-21 PLACED IN FOSTER CARE	DURING THE	
	FISCAL YEAR. FORESTDALE'S FOSTER CARE PROGRAM PROVIDES SA	AFE AND	
	NURTURING HOMES TO HELP YOUTH ACHIEVE THEIR PERSONAL, AC	ADEMIC AND	
	PROFESSIONAL GOALS. WE AIM TO RETURN CHILDREN HOME TO THE	EIR PARENTS A	S
	SOON AS IT IS SAFE TO DO SO. IN ORDER TO ACCOMPLISH THIS	S, WE HAVE	
	IMPLEMENTED SOLUTION BASED CASEWORK (SBC) WHICH HELPS CA	SE PLANNERS A	ND
	FAMILIES CREATE A PARTNERSHIP, IDENTIFY DESTRUCTIVE PATT	ERNS OF	
	EVERYDAY FAMILY LIFE, AND ESTABLISH NEW WAYS OF INTERACT		
	SAFETY AND REDUCE RISK IN THOSE FAMILY SITUATIONS. OUR CA		L,
	DYNAMIC PARENTING PROGRAMS, TRAUMA-INFORMED THERAPEUTIC		-
	ACADEMIC AND CAREER DEVELOPMENT SUPPORT FOCUS ON PROVIDI		
4b	(Code:) (Expenses \$ 4,389,004. including grants of \$) (Revenue)
ти		VICES PROGRAM)
	SERVES APPROXIMATELY 220 FAMILIES PER YEAR AND HELPS THE		R
	CARE PLACEMENT THROUGH OUR INTERVENTION WHICH INCLUDES II		
	COUNSELING TO ADDRESS UNEMPLOYMENT, SUBSTANCE USE DISORD		
	PARTNER VIOLENCE, TRUANCY AND MENTAL HEALTH. PREVENTIVE		
	HELP FAMILIES IDENTIFY STRENGTHS TO BUILD UPON AS WELL A		
	THAT IMPACT THEIR ABILITY TO BE INTIMATE AND SUPPORTIVE (
	FROM CHRONIC UNEMPLOYMENT TO EDUCATIONAL NEGLECT TO DOME FAMILIES TYPICALLY RECEIVE ONE YEAR OF SERVICES UNDER TH		•
		<u>E PREVENIIVE</u>	
	PROGRAM.		
4c	(Code:) (Expenses \$381,177. including grants of \$) (Revenue) (Revenue))
	FORESTDALE FATHERING INITIATIVE THE STRONG FATHERS PROG		<u>LH</u>
	203 NON-CUSTODIAL FATHERS TO HELP THEM RE-ENGAGE IN THEI		
	LIVES. THE PURPOSE OF THE STRONG FATHERS PROGRAM IS TO P		
	LOVINGLY ENGAGE WITH THEIR CHILDREN, SUPPORT THEIR FAMILY		
	AND DEVELOP HEALTHY AND RESPECTFUL RELATIONSHIPS WITH TH		S
	MOTHERS. THE HEART OF THE INITIATIVE IS A 12-WEEK COURSE		
	INTENSIVE PARENTING SKILLS WITH REFERRALS TO CONTINUING	EDUCATION AND	
	JOB TRAINING PROGRAMS. ADDITIONAL SERVICES INCLUDE ANGER	MANAGEMENT AN	ND
	MALE ACCOUNTABILITY GROUPS, AND CO-PARENTING COUNSELING.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 1,274,950 · including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 18,741,949.		
		Form 99	0 (2018)

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	2	
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Form 990 (2018) FORESTDALE, INC
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			- 23
17		17		x
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<u> </u>
10		18	х	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			<u> </u>
13		19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		x
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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ũ	any tax-exempt bonds?	24c		
Ь	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	2-10		
zJa		25a		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258		
D	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	0.51		v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			37
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	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 related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 103			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
U	(gambling) winnings to prize winners?	1c		
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Form	990 (2018) FORESTDALE, INC 11-1631	747	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 226			
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 <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	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
b	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
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		
-	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against]		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	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.			
		-	000	(0010)

Form **990** (2018)

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	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			_
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a16			
	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 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		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 elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{NY}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990-T (Section 501(c)(3))	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ROBERT AGUIRRE, CFO - (718)263-0740			
	67-35 112TH STREET, FOREST HILLS, NY 11375			
32004	5 12-31-18	Form	9 90	(201
	6 14 756359 1176125.000 2018.05070 FORESTDALE, INC		11	

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	ensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

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D. . . 7

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."

TNC

• 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. Т

		l	mza			iper	Jour			(5)
(A)	(B)			Pos	C)			(D)	(E)	(F)
Name and Title	Average	(do				than o	one	Reportable	Reportable	Estimated
	hours per					s both pr/trus		compensation	compensation	amount of
	week					Interior		from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC)	from the
	related	Istee	truste		Ð	pens		(W-2/1099-MISC)		organization
	organizations	ial tru	onal		ploye	ee com				and related
	below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ROBERT WHITEFORD	2.90	Ē	Ë	5	ξe	1 <u>7</u> 8	G			
CHAIR OF THE BOARD	2.50	х		x				0.	0.	0.
(2) SHERYL KURTIS	0.92			11				Ŭ.		0 .
VICE CHAIR	0.52	x		x				0.	0.	0.
(3) BRANDON DAY	0.50									
TREASURER		x		x				0.	0.	0.
(4) MONIQUE RENTA, TREASURER (THRU	0.65									
JUNE 2019), BOARD MEMBER AFTER		х		x				0.	0.	0.
(5) CHIP SMITH	0.79									
SECRETARY		Х		Х				0.	0.	0.
(6) MARIA RODRIGUEZ	0.35									
BOARD MEMBER		Х						0.	0.	0.
(7) JARED AVERBUCH	0.54									
BOARD MEMBER		Х						0.	0.	0.
(8) GREG BABEENDRAN	0.88									
BOARD MEMBER		Х						0.	0.	0.
(9) HILARY FESHBACH	0.73									
BOARD MEMBER		Х						0.	0.	0.
(10) BRIAN JAFFE	0.79									
BOARD MEMBER		Х						0.	0.	0.
(11) PUJA KHARE	0.90									
BOARD MEMBER		Х						0.	0.	0.
(12) HEATHER MURRAY	1.00									•
BOARD MEMBER		Х						0.	0.	0.
(13) DAVID ROCK	0.44								0	0
BOARD MEMBER (14) WILLIAM GEROW (JERRY) SCHICK	0.92	X	-					0.	0.	0.
BOARD MEMBER	0.92	x						0.	0.	0.
(15) OLA EL-SHAWARBY	0.27	^	<u> </u>		<u> </u>			0.	0.	0.
BOARD MEMBER	0.27	x						0.	0.	0.
(16) PABLO SIMMONDS	0.38								0.	0.
BOARD MEMBER		х						0.	0.	0.
(17) DAVID FRANK	0.73					-				```
BOARD MEMBER (THRU MARCH 2019)		х						0.	0.	0.
832007 12-31-18	1									Form 990 (2018)
					-					(==:•)

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Form 990 (2018) FORESTDAI	E, INC								11-16	31	747	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) (B) (C) (D) (E)										(F)	
Name and title	Average	Position (do not check more than one					ne	Reportable	Reportable		Estir	nated
	hours per	box,	box, unless person is both an officer and a director/trustee)			s both	an	compensation	compensation	ו ו	amo	unt of
	week		cer an	dad	irecto	r/trust	ee)	from	from related			her
	(list any	rector						the	organizations	I	•	ensation
	hours for related	or di	ee			ated		organization	(W-2/1099-MIS	C)		n the
	organizations	ustee	trust		e	ubeus		(W-2/1099-MISC)			•	ization elated
	below	lual tr	tional		yolqr	st con yee	L					zations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	Lationio
(18) ALEXANDRIA JEAN-PIERRE	0.31		_	0	×	1 0						
BOARD MEMBER (THRU MAY 2019)		х						0.		0.		0.
(19) WILLIAM WEISBERG	40.00											
EXECUTIVE DIRECTOR				Х				239,569.		0.	59	,432.
(20) ROSEMARIE EWING	40.00											
ASSOCIATE EXECUTIVE DIRECTOR				Х				141,410.		0.	38	<u>,029.</u>
(21) ROBERT AGUIRRE	40.00											
CHIEF FINANCIAL OFFICER				Х				145,512.		0.	48	<u>,085.</u>
(22) RACHEL TZIMOROTAS	40.00											. – .
ASST. EXECUTIVE DIR. OF OPERATIONS	40.00			Х				132,634.		0.	13	,170.
(23) LINDA FORD	40.00			v				112 000			20	0.2 5
ASST. EXECUTIVE DIR. OF FOSTER CARE (24) LORRAINE GONZALEZ-CAMASTRA	40.00			Х				113,990.		0.	20	<u>,935.</u>
ASST. EXEC. DIR. OF CLINIC SRVS.	40.00			х				103,749.		0.	53	,284.
				Δ				105,745.				,201.
										-+		
1b Sub-total								876,864.		0.	232	,935.
c Total from continuation sheets to Part VI	, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								876,864.		0.	232	,935.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) who	o re	eceived more than \$100,	000 of reportable			_
compensation from the organization												6
										r	Y	es No
3 Did the organization list any former officer,	-				•	•		•				
line 1a? If "Yes," complete Schedule J for se											3	X
4 For any individual listed on line 1a, is the su	-								-			
and related organizations greater than \$150	,										4	x
5 Did any person listed on line 1a receive or a											_	v
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J fo	or sl	ich r	oers	on .				<u></u>	5	X
1 Complete this table for your five highest con	manageted ind		ndor			otor	o +k	at reasined mars than t	100 000 of comp		ion from	
the organization. Report compensation for t	-	-								ensat		
(A)	ne calendar ye		nun	ig w	iun c			(B)			(C)	
Name and business	address							Description of s	ervices	C	ompens	ation
LINMAR CONSTRUCTION CORP												
41 WEST 25TH ST., NEW YOR	K, NY 1	00	10					CONTRACTOR			472	,169.
ROSIN STEINHAGEN MENDEL												
801 SECOND AVENUE, NEW YORK, NY 10017 LEGAL								296	,239.			
QUEST DIAGNOSTICS INCORPORATED												
500 PLAZA DR, SECAUCUS, N	J 07094							CLINICAL PROV	VIDER		279	<u>,366.</u>
ZIM MECHANICAL												
97-31 WALTHAM ST., JAMICA	<u>, NY 11</u>	43	5					CONTRACTOR			221	<u>,487.</u>
ALLISON BLOOM, M.D.											1	000
22 PEACOCK DRIVE, ROSLYN,							-	CLINICAL PRO			162	<u>,877.</u>
2 Total number of independent contractors (ir	-	ot lin	nitec	to	-		ed	above) who received mo	ore than			
\$100,000 of compensation from the organiz	ation 🕨				5	,						

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Form 990 (2018)

	(2018)		STDALE, I	NC			11-1631	747 Page
art VI		tement of Reven						
	Che	ck if Schedule O cont	ains a response	or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
2 1 6	a Federate	ed campaigns	1a					
		ship dues						
Ϋ́Υ Ϋ́		sing events		102,301.				
0 (organizations						
		nent grants (contributi		16,224,822.				
	similar ar	contributions, gifts, gran nounts not included abo	ve 1f	1,748,711.				
	-	ontributions included in lines			18,075,834.			
5 1	n Total. A	dd lines 1a-1f		Business Code	10,075,054.			
2	a MEDICA	ID		623990	3,247,758.	3,247,758.		
_					· / · / · · · ·	. , = = . ,		
- nc								
246								
į,	e							
ſ	f All other	program service reve	enue					
	g Total. A	dd lines 2a-2f			3,247,758.			
3	Investm	ent income (including	dividends, intere	est, and				
	other sir	nilar amounts)		►	536,765.			536,7
4	Income	from investment of tax	x-exempt bond p	oroceeds 🕨 🕨				
5	Royaltie	s		🕨				
			(i) Real	(ii) Personal				
	a Gross re							
		ntal expenses						
		ncome or (loss)						
7 8		mount from sales of	(i) Securities	(ii) Other				
.		ther than inventory	611,263.					
		st or other basis	559,321.					
		es expenses	51,942.					
		(loss)			51,942.			51,9
8	a Gross in	or (loss)	g events (not		51,512.			51,5
		g\$ <u>102</u>						
		tions reported on line	,	13,900.				
r		line 18						
		rect expenses		▶	-27,213.			-27,2
		come from gaming ac						,-
		line 19						
,		rect expenses						
		me or (loss) from gam						
		ales of inventory, less	-					
1		wances						
1		st of goods sold						
	c Net inco	me or (loss) from sale	s of inventory	▶				
		liscellaneous Revenu		Business Code				
11 a	a							
1	b							
(c							
		revenue						
1 .	e Total. A	dd lines 11a-11d						
		enue. See instructions		► 1	21,885,086.	3,247,758.	0.	561,4

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Form 990 (2018) FORESTDALE, INC Part IX Statement of Functional Expenses

Check If Schedule O contains a regionse or note to any line in this Part X Do not include amounts reported on lines 6b, 2b, 9b, and 10b of Part VII. Total expenses Program services (any contained particular) and donestic organizations and donestic operations. See Part IV. line 22 Program services (any contained particular) and donestic operations. See Part IV. line 21 Program services (any contained particular) and consist on forcing organizations. See Part IV. line 21 Program services (any contained particular) and consist on forcing organizations. See Part IV. line 21 Program services (any contained particular) and particular) and particular and particular and particular and particular and particular) and particular and parting particular and particular and particular and parting		rt IX Statement of Functional Expension 501(c)(3) and 501(c)(4) organizations must comp		er organizations must con	nplete column (A).	
Do not include amount reported on fines 60, 75, 85, 95, and 100 of Pert VIII. Total & Spenses Program Service expenses Management and general expenses Products (magement and expenses I Grants and Other assistance to domestic individuals. See Part IV, IIne 21 4,487,995. 4,487,995. 4,487,995. 3 Grants and Other assistance to domestic individuals. See Part IV, IIne 22 4,487,995. 4,487,995. 4,487,995. 4 Grants and Other assistance to domestic individuals. See Part IV, IIne 23 1,177,109. 1,011,713. 159,448. 5 Compensation of current offices, directors, trustes, and key employees 1,177,109. 1,011,713. 159,448. 6 Compensation ot include above, to disputified persons (as defined under scioland 9580(1)) and person described in section 4980(c)(3)(8) 8,053,466. 6,921,372. 1,091,383. 400 442,970. 380,841. 59,895. 2 868,345. 746,555. 117,410. 4 11 Fees for services (non-employees): 8 868,345. 746,555. 117,700. 51,700. 6 Caccourting 66,590. 57,140. 9,864. 1 7 Travel 313,181. 282,295. 30,886. 1				this Part IX		
au domestic governments. See Part IV, Ime 21 4,487,995. 4,487,995. 2 Grants and other assistance to foreign organization, foreign governments, and foreign individuals. See Part IV, Imes 15 and 16 4,487,995. 4,487,995. 3 Grants and other assistance to foreign organization, foreign governments, and foreign individuals. See Part IV, Imes 15 and 16 4,487,995. 4,487,995. 4 Benefits paid to or for members 5 5 5 5 Compensation of current officers, directors, trustees, and key employees 1,177,109. 1,011,713. 159,448. 6 Compensation not include above, to disqualified persons das defined under section 4958(c)(3)(b) 8,053,466. 6,921,372. 1,091,383. 40 7 Other salaries and wages 8,053,466. 6,921,372. 1,091,383. 40 8 Pension plan accruats and contributions (include section 4010, and 4030) employeer contributions; 8,053,466. 6,921,372. 1,091,383. 40 9 Other employee benefits 286,224. 284,524. 1,700. 6 9 Other employee benefits 286,224. 284,524. 1,700. 6 9 Other employee benefits 233,595. 142,010. 84,545. 13		not include amounts reported on lines 6b,	(A)	(B) Program service	Management and	(D) Fundraising expenses
2 Grants and other assistance to domestic individuals. See Part IV, line 22 4,487,995. 4,487,995. 3 Grants and other assistance to foreign organizations, toreign governments, and foreign individuals. See Part IV, line 15 and 16 4 4 487,995. 4,487,995. 4,487,995. 4 Benefits paid to or for members 5 <th>1</th> <th>Grants and other assistance to domestic organizations</th> <th></th> <th></th> <th></th> <th></th>	1	Grants and other assistance to domestic organizations				
individuals. See Part IV, line 22 4,487,995. 4,487,995. 4,487,995. 3 Garns and other assistance to foreign organizations, foreign overnments, and foreign individuals. See Part IV, line 15 and 16. 4 5 4 Benefits paid to or for members 5 5 Compensation of current officers, directors, trustees, and key employees 1,177,109. 1,011,713. 159,448. 5 6 Compensation of current officers, directors, trustees, and key employees 1,177,109. 1,011,713. 159,448. 5 7 Other salaries and wages 8,053,466. 6,921,372. 1,091,383. 40 8 Pension plan acruals and confluctions (include section 40% (V1)) and persons disorded hisection 4986% (X1)80. 8 8,053,466. 6,921,372. 1,091,383. 40 9 Other employee benefits 1,110,172. 954,465. 150,108. 5 9 Other employee benefits 1,110,172. 954,465. 150,108. 5 9 Deprocitic in storm disorded bines (include sectors) 51,700. 66,990. 57,140. 9,850. 10 Lobbying 51,700. 25,206. 25,206. 2 239,555. 142,010. 84,545. 13 11 formation technology 1192,643. 176,		and domestic governments. See Part IV, line 21				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, lines 15 and 16 Image: See Part V, lines 15 and 16 4 Benefits paid to or for members Image: See Part V, lines 15 and 16 5 Compensation or current offices, directors, trustaes, and key employees Image: See Part V, lines 15 and 16 6 Compensation on tinculuder above, to disqualified persons described in section 4958((r)(3)(8) Image: See Part V, lines 143, and contributions (not wages 7 Other salaries and wages 8, 053, 466. 6, 921, 372. 1, 091, 383. 40 8 Persion plan accruate and contributions (not wages 8, 053, 466. 6, 921, 372. 1, 091, 383. 40 9 Other employee benefits 1, 1177, 109. 1, 011, 713. 159, 448. 5 10 Payrol taxes 8, 053, 466. 6, 921, 372. 1, 091, 383. 40 442, 970. 380, 841. 59, 895. 2 1, 117, 410. 4 11 Fees for services (non-employees): a 866, 345. 746, 555. 117, 410. 4 142, 970. 51, 700. 51, 700. 51, 700. 51, 700. 51, 700. 51, 700. 51, 700.	2					
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits patto for or members Compensation of unued above, to disqualified persons (as defined under section 4956(k)(10) and persons described in the 10 persons on Sch 0, 10 Office expenses 11 and and anometication persons described (0) and ourt, its implement expenses for any feetari, state, or local public officials 11 formation technology 11 revest 12 Payments of travel or entertainment expenses for any feetari, state, or local public officials 11 formation technology 11 revest 12 Payments of travel or entertainment expenses for any feetari, state, or local public officials 12 Payments to affiliates 12 Payments to affiliates 13 Payments of travel or entertainment expenses 13 and 13 and 13 and 13 and 13 and			4,487,995.	4,487,995.		
individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disguilled persons (as defined under section 4958((r)(1)) and persons described in section 4958((r)(0)(8) 7 Other salaries and wages 8 Persion pian acruals and contributions (include section 401(k) and 403(b) employee contributions 9 Other ensities and wages 9 Other salaries 9 Other salaries 10 Lagal 25 2.266. 9 Other salaries 9 Other salaries 9 Other salaries 11 Lobyting 12 Adverting and promotion 13 Office expenses <td>3</td> <td>÷</td> <td></td> <td></td> <td></td> <td></td>	3	÷				
4 Benefits paid to or for members Image: Compensation of current officers, trustees, and key employees 1,177,109.1,011,713.159,448.5 6 Compensation of current officers, trustees, and key employees 1,177,109.1,011,713.159,448.5 7 Other sataries and wages 8,053,466.6,921,372.1,091,383.40 8 Pension plan acruals and contributions (include section 4058(r)(1)) and persons described in section 4058(r)(1) and episons described in section 4038(r)(1) and episons described in section 4038(r) ep						
5 Compensation of current officers, directors, trustees, and key employees 1,177,109. 1,011,713. 159,448. 5 6 Compensation on tinclude dow, to disqualified persons (as defined under section 4958(c)(3)(8) 1,177,109. 1,011,713. 159,448. 5 7 Other salaries and wages 8,053,466. 6,921,372. 1,091,383. 40 8 Persion plan acruals and contributions (include section 401(k) and 403(b) employer contributions) 8 8,053,466. 6,921,372. 1,091,383. 40 9 Other employee benefits 1,110,172. 954,465. 150,108. 5 10 Payrolitaxes 866,345. 746,555. 117,410. 4 11 Fees for services (non-employees): a 866,224. 284,524. 1,700. 11 Fees for services (non-employees): 25,206. 25,206. 25,206. 11 Investment management fees 239,595. 142,010. 84,545. 13 13 Office expenses 1,507,336. 1,502,858. 2,083. 2 14 Information techn						
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21 Payments to affiliates 22 22 Depreciation, depletion, and amortization 86,268. 63,184. 23,084. 23 Insurance 197,630. 169,971. 26,664. 24 Other expenses. Itemize expenses on covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 3 2538,268. 538,268. 38 CLIENT SERVICES 538,268. 538,268. 39,848. 39 REPAIRS AND MAINTENANCE 418,687. 378,839. 39,848. 4 MEDICAL SUPPLIES 170,782. 170,782. 170,782. e All other expenses 142,784. 102,711. 38,972. 1						
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23 Insurance 197,630. 169,971. 26,664. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 197,630. 169,971. 26,664. a CLIENT SERVICES 538,268. 538,268. 100 b REPAIRS AND MAINTENANCE 418,687. 378,839. 39,848. c TRANSPORTATION AND WORK 187,330. 132,059. 54,924. d MEDICAL SUPPLIES 170,782. 170,782. 170,782. e All other expenses 142,784. 102,711. 38,972. 1			86,268.	63,184.	23,084.	
24Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)338, 268.aCLIENT SERVICES REPAIRS AND MAINTENANCE c538, 268.538, 268.bREPAIRS AND MAINTENANCE 418, 687.418, 687.378, 839.cTRANSPORTATION AND WORK MEDICAL SUPPLIES170, 782.170, 782.eAll other expenses142, 784.102, 711.38, 972.1						995.
b REPAIRS AND MAINTENANCE 418,687. 378,839. 39,848. c TRANSPORTATION AND WORK 187,330. 132,059. 54,924. d MEDICAL SUPPLIES 170,782. 170,782. 170,782. e All other expenses 142,784. 102,711. 38,972. 1		Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
c TRANSPORTATION AND WORK 187,330. 132,059. 54,924. d MEDICAL SUPPLIES 170,782. 170,782. e All other expenses 142,784. 102,711. 38,972. 1	а					
d MEDICAL SUPPLIES 170,782. 170,782. e All other expenses 142,784. 102,711. 38,972. 1	b					
e All other expenses 142,784. 102,711. 38,972. 1	с				54,924.	347.
e All other expenses 142,784. 102,711. 38,972. 1	d	MEDICAL SUPPLIES				
	е					1,101.
	25	Total functional expenses. Add lines 1 through 24e	20,751,286.	18,741,949.	1,932,587.	76,750.
26 Joint costs. Complete this line only if the organization	26					
reported in column (B) joint costs from a combined						
educational campaign and fundraising solicitation.		educational campaign and fundraising solicitation.				

832010 12-31-18

Check here

11060414 756359 1176125.000

if following SOP 98-2 (ASC 958-720)

10 2018.05070 FORESTDALE, INC FORESTDALE, INC

11-1631747 Page 11

arτ	Χ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	470,714.	1	507,182
	2	Savings and temporary cash investments	200,604.	2	26,026
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,655,892.	4	4,382,782
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disgualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	30,373.	9	53,34
		Land, buildings, and equipment: cost or other			
	iva	basis. Complete Part VI of Schedule D 10a 2,034,610.			
	h		518,342.	10c	1,112,16
			20,007,558.	11	20,725,03
	11 10	Investments - publicly traded securities	20,007,550.		20,725,05
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	5,600.	14	5 60
	15	Other assets. See Part IV, line 11	· · · · · ·	15	5,60
	16	Total assets. Add lines 1 through 15 (must equal line 34)	24,889,083.	16	26,812,13
	17	Accounts payable and accrued expenses	1,113,069.	17	1,160,34
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	1 112 0 00	25	1 1 6 0 0 1
-	26	Total liabilities. Add lines 17 through 25	1,113,069.	26	1,160,34
		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and			
		complete lines 27 through 29, and lines 33 and 34.	00 555 461		04 040 05
	27	Unrestricted net assets	22,557,461.	27	24,042,87
	28	Temporarily restricted net assets	1,031,258.	28	1,421,61
	29	Permanently restricted net assets	187,295.	29	187,29
		Organizations that do not follow SFAS 117 (ASC 958), check here			
		and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	30 31			30 31	
	_	Capital stock or trust principal, or current funds			
	31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund	23,776,014. 24,889,083.	31	25,651,78 26,812,13

Form 990 (2018)
Part X Balance Sheet

_	1990 (2018) FORESTDALE, INC	<u>11-1</u>	631747	Pag	_{ge} 12
Pa	rt 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	21,885		
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,751		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,133		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,776		
5	Net unrealized gains (losses) on investments	5	741	_,9	70.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			_	
	column (B))	10	25,651	.,7	84.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
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 compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
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 audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis 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 oversight of the			v	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Χ	
•	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	•			v
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			000	(2018)

Form **990** (2018)

(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.

OMB No. 1545-0047
2018
Open to Public

		of the Treasury nue Service			Attach to Form 990 or F v/Form990 for instruction			nformation.		Open to Public Inspection			
Nan	ne of	the organizati	on	-					Employer	identification number			
			FORE	STDALE, IN	С				1	1-1631747			
Pa	rt I	Reason	for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instruction	S.				
The	organ	nization is not a	a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)						
1		A church, co	nvention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(1	1)(A)(i).					
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii).((Attach Schedule E (Forn	n 990 or 99	90-EZ).)						
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).					
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organizati	on that norma	Illy receives a substa	intial part of its support fi	rom a gove	ernmental	unit or from t	ne general	oublic described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college			
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or			
		university:											
10		An organizati	on that norma	Illy receives: (1) more	e than 33 1/3% of its sup	oort from o	contributio	ns, members	hip fees, ar	d gross receipts from			
		activities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support	from gross investment			
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the or	ganization a	after June 30, 1975.			
		See section	509(a)(2). (Co	mplete Part III.)									
11		-	-		ively to test for public sa	•							
12					ively for the benefit of, to								
					ed in section 509(a)(1) o					Check the box in			
		-	•		of supporting organization		-		-				
а				-	supervised, or controlled	•	-		••••••				
			-		gularly appoint or elect a	majority o	of the direc	ctors or truste	es of the su	upporting			
				complete Part IV, Se									
b				-	d or controlled in connect			-		-			
			0		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported			
_		¬ ~	. ,	t complete Part IV,		• • • • • • • • •				-1			
с			-		g organization operated				lly integrate	ed with,			
		¬ ··	0). You must complete I			-					
d			-		porting organization oper				-				
					zation generally must sat				an attentiv	/eness			
		- ·		•	mplete Part IV, Sections				U. T				
е			•		written determination fro			турет, туре	п, туре п				
	Ent				nally integrated supporti								
1		er the number vide the follow	••	n about the supporte	d organization(c)								
<u> </u>		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	f monetary	(vi) Amount of other			
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	ing document?	support (see i	nstructions)	support (see instructions			
					above (see instructions))								
Tota	al												

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

Schedule A (Form 990 or 990-EZ) 2018 FORESTDALE, INC

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 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.")	<u>15255706.</u>	<u>16237035.</u>	15601862.	16806797.	<u>18075834.</u>	81977234.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1 5 9 5 5 7 9 6	1 () 7 0 0 0	1 5 6 0 1 0 6 0	1 6 0 0 6 7 0 7	10075024	0100000
	J	15255706.	16237035.	15601862.	16806797.	180/5834.	819//234.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						01077024
	Public support. Subtract line 5 from line 4.						81977234.
		(-) 001 ((1-) 0015	(-) 0010	(-1) 0017	(-) 0010	(0) Tabal
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d)2017 16806797.	(e) 2018	(f) Total
-		<u>LJZJJ/00.</u>	10237033.	13001002.	10000797.	10075054.	01977254.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	102 216	627,813.	529,425.	661,516.	536,765.	2848735.
•	and income from similar sources	493,216.	027,013.	529,425.	001,510.	550,705.	2040/35.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						84825969.
	Total support. Add lines 7 through 10						,307,329.
	Gross receipts from related activities,	(,				, 307, 329.
13	First five years. If the Form 990 is for						
Sec	organization, check this box and stor ction C. Computation of Publi	c Support Per	centage		<u></u>		
	Public support percentage for 2018 (I			olumn (fl)		14	96.64 %
	Public support percentage from 2017		•			15	96.50 %
	33 1/3% support test - 2018. If the						
104	stop here. The organization qualifies						
h	33 1/3% support test - 2017. If the o		-		line 15 is 33 1/3%		
	and stop here. The organization qual						
17-	10% -facts-and-circumstances test						
110	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-		-	
h	10% -facts-and-circumstances test	-	-	• • • •		I7a and line 15 is	
N.	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		-				
				<u>., 700, 170, 01 170</u>		edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

Schedule A (Form 990 or 990-EZ) 2018	FORESTDALE,	INC
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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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 20	18 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business and the section 512						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 20	18 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) c	organization,
						>
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2018 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2017					16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 218 Investment income percentage from			ine 13, column (f))		17 18	<u>%</u> %
19a 33 1/3% support tests - 2018. If the					<u> </u>	
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2017. If the						1/3%, and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
832023 10-11-18			, , ,			orm 990 or 990-EZ) 2018
		15				

^{2018.05070} FORESTDALE, INC

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

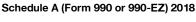
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** 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.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

832024 10-11-18



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Schedule A (Form 990 or 990-EZ) 2018 FORESTDALE, INC
Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	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		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
•	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	1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	0		
800	supervised, or controlled the supporting organization.	2		L
Sec	tion C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		L
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		L
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		L
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
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 instr	uctions)		
2	Activities Test. Answer (a) and (b) below.	,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	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		
832025	5 10-11-18 Schedule A (Form 9		0-EZ)	2018

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Schedule A (Form 990 or 990-EZ) 2018 FORESTDALE, INC Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functional	ly integrated		nization (and	

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 FORESTDALE, INC

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	S		
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 t	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
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)			
i	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:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
-				

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Schedule A (Form 990 or 990 EZ) 2018 FORESTDALE, INC

line 1; Part IV, Section D, lines 2 and 3; Part IV Section D, lines 5, 6, and 8; and Part V, Sectio (See instructions.)	V, Section É, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, on E, lines 2, 5, and 6. Also complete this part for any additional information.
332028 10-11-18	Schedule A (Form 990 or 990-EZ) 201 2 0

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

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

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FORESTDALE,	INC

Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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 for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 9<u>90-EZ, or 990-PF) (2018)</u>

Name of organization

Employer identification number

11-1631747

FORESTDALE, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NEW YORK CITY ECONOMIC DEVELOPMENT CORPORATION ONE LIBERTY STREET NEW YORK, NY 10006	\$490,732.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NEW YORK CITY DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT 156 WILLIAM STREET, 6TH FLOOR NEW YORK, NY 10038	\$381,177.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NEW YORK CITY ADMINISTRATION FOR CHILDREN'S SERVICES 150 WILLIAM STREET NEW YORK, NY 10038	\$ <u>15,352,913</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	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 ON Noncash ON Complete Part II for noncash contributions.)

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

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

Page **3**

Employer identification number

FORESTDALE, INC

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11-1631747

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2018) 823453 11-08-18

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2018.05070 FORESTDALE, INC

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Page 4

lame of or	ganization		Employer identification num
ORESI	TDALE, INC		11-1631747
Part III		a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the
a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(h) Dumage of sitt		(d) Description of how sift is hold
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a		Relationship of transferor to transferee
a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
3454 11-08-	-18	24	Schedule B (Form 990, 990-EZ, or 990-PF)

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2018.05070 FORESTDALE, INC

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2018 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization

Nar	lame of organization					Employer identification number		
			ALE, INC				11-1631747	
Pa	art I-A	Complete if the org	anization is exempt under	section 501(c) o	r is a section 52	27 org	anization.	
	Political ca	ampaign activity expendit	ation's direct and indirect political ures gn activities	-				
Pa	art I-B	Complete if the org	anization is exempt under	section 501(c)(3).			
2 3 4a	 Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? 					▶\$		0
	o If "Yes," de art I-C	escribe in Part IV.	anization is exempt under	= 0.000	waant agation F	<u>01(a)</u>	(2)	
1 2	Enter the a Enter the a exempt fur Total exem line 17b Did the filin Enter the r made payr contributio political ac	amount directly expended amount of the filing organ action activities apt function expenditures ag organization file Form names, addresses and en nents. For each organization ns received that were pro- tion committee (PAC). If	by the filing organization for secti- ization's funds contributed to othe . Add lines 1 and 2. Enter here and 1120-POL for this year? mployer identification number (EIN) tion listed, enter the amount paid for pomptly and directly delivered to a s additional space is needed, provide	on 527 exempt function r organizations for section of all section 527 polition rom the filing organization eparate political organization to formation in Part IN	on activities tion 527 tical organizations to ticon's funds. Also en nization, such as a se /.	 \$ \$ \$ which iter the eparate 	Yes No the filing organization amount of political segregated fund or a	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	L

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	
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Schedule C (Form 990 or 990-EZ) 2018

832041 11-08-18

Schedule C (Form 990 or 990-EZ) 2018 F(RESTDALE,	INC			631747 Page 2
Part II-A Complete if the organ	ization is exer	npt under sectior	n 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).					
A Check 🕨 📃 if the filing organization	n belongs to an affi	liated group (and list ir	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share o	f excess lobbying o	expenditures).			
B Check 🕨 🛄 if the filing organization	n checked box A a	nd "limited control" pro	ovisions apply.		1
	on Lobbying Expe rres" means amou	nditures ınts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influen	ce public opinion (arass roots lobbvina)			
b Total lobbying expenditures to influen		• • •			
c Total lobbying expenditures (add lines					
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a		n			
f Lobbying nontaxable amount. Enter t	ne amount from the				
If the amount on line 1e, column (a) or (b		bying nontaxable am			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000,0	00 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500	000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,00	0,000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000					
g Grassroots nontaxable amount (enter	25% of line 1f)				
h Subtract line 1g from line 1a. If zero o	r less, enter -0-				
i Subtract line 1f from line 1c. If zero or	less, enter -0				
j If there is an amount other than zero o					
reporting section 4911 tax for this yea	ır?			[Yes No
	4-Year Ave	eraging Period Under	Section 501(h)		
(Some organizations that		01(h) election do not ate instructions for lin	•	f the five columns be	elow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

832042 11-08-18

Schedule C (Form 990 or 990-EZ) 2018 FORESTDALE, INC 11-16317 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description)	(b)	
	e lobbying activity.	Yes	Νο	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
С	Media advertisements?		Х		
	Mailings to members, legislators, or the public?		Х		
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		51	.,700.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?		Х		
j	Total. Add lines 1c through 1i			51	.,700.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(5	i), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th	e prior year?	3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sectio				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	-	(b) Part	III-A, line	e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
	Carryover from last year				
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)				
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	A, lines 1 ar	nd 2 (see	
instru	ictions); and Part II-B, line 1. Also, complete this part for any additional information.	,,		,	
<u>- A</u>					
THE	E ORGANIZATION HIRED AN OUTSIDE ORGANIZATION TO LOBE	Y BEFO	RE TH	E NYC	
ANI	NYS EXECUTIVE AND LEGISLATIVE BRANCHES REGARDING S	OCIAL	SERVI	CES.	

Schedule C (Form 990 or 990-EZ) 2018

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

				4	

	FORESTDALE, INC			11-1631747
Par		d Funds or Other Similar Funds o	or Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
	.	(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	d funds	
•	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a			
Ŭ	for charitable purposes and not for the benefit of the donor of		-	
			°,	
Par				
1	Purpose(s) of conservation easements held by the organization	· · · · · ·	art iv, mic i	
•			rically impo	rtant land area
	Preservation of land for public use (e.g., recreation or e Protection of natural habitat	ducation) Preservation of a histo		
	Preservation of open space	Preservation of a certif	ieu nistorio	structure
0		ind concernation contribution in the form of		tion accoment on the last
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of		
_	day of the tax year.		0-	Held at the End of the Tax Year
	Total number of conservation easements			
b				
с	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			<u> </u>
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the c	organization	during the tax
	year ►			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation eas	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easemer	its during the year
	► \$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes th	e organizat	ion's accounting for
Dee	conservation easements.			Accelo
Par	t III Organizations Maintaining Collections of		er Simila	ir Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	ent and bala	ince sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherand	ce of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	pes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	nd balance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	lucation, or research in furtherance of publ	ic service, p	provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		►	\$
	(ii) Assets included in Form 990, Part X		►	\$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial g		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		►	\$
b	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2018
832051	10-29-18			-

28 2018.05070 FORESTDALE, INC

Sche		ALE, INC				11-16	31747	' Pa	_{age} 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or C	Other Sin	nilar Assets	s (contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that a	re a signific	ant use of its o	ollection	items	;
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange program	IS				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization'	s exempt p	urpose in Part	XIII.		
5	During the year, did the organization solicit o			•	similar asse	ts	_		_
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Ye	es" on Form	n 990, Part IV,	line 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custodi						٦.,		٦
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:		Г		•		
					- F		Amount		
C	Beginning balance				····· ⊢	<u>1c</u>			
a	Additions during the year					<u>1d</u>			
f	Distributions during the year				····· –	<u>1e</u> 1f			
' 2a	Ending balance Did the organization include an amount on Fe				····· ∟ t liabilitv2	<u> </u>	Yes		No
	If "Yes," explain the arrangement in Part XIII.		•			·····			1
Par									
	·	(a) Current year	(b) Prior year	(c) Two years I		hree years back	(e) Four	vears	back
1a	Beginning of year balance	20,007,558.	19,319,148.	18,010,		18,800,287.			013.
b	Contributions		4,024.	4,	293.	2,500.			
с	Net investment earnings, gains, and losses	1,273,475.	1,236,386.	1,783,	440.	40292,372109,726			
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	556,000.	552,000.	479,	000.	500,000.		400,	000.
f	Administrative expenses								
g	End of year balance	20,725,033.	20,007,558.	19,319,	148.	18,010,415.	18,	800,	287.
2	Provide the estimated percentage of the curr	•	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	98.58	_%						
b	Permanent endowment .90	%							
С	Temporarily restricted endowment	<u>.52</u> %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered	for the org	anization	Г		
	by:							Yes	No X
	(i) unrelated organizations						3a(i)		X
h	(ii) related organizations	tiona listad on require					3a(ii) 3b		
4	Describe in Part XIII the intended uses of the						30	I	L
Par	t VI Land, Buildings, and Equipm		inent funds.						
	Complete if the organization answere		, Part IV, line 11a. S	ee Form 990, F	Part X, line 1	0.			
	Description of property	(a) Cost or of		or other	(c) Accum		(d) Book	value	e
		basis (investm	.,	(other)	deprecia		()		
1a	Land	L_	10	0,868.			100),80	68.
b	Buildings			7,364.	621	,159.	936	5,20	05.
с	Leasehold improvements								
	Equipment		37	6,378.	301	,284.	75	5,09	94.
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	K. column (B). line 1	0c.)			1,112		
						Schedule	D (Form	990)	2018

Schedule D	(Form 990)	2018	FORESTDALE,

Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes"	on Form 990, Part IV			
(a) Descrip	ption of security or category (including name of security)	(b) Book value	(c) Method of	f valuation: Cost or en	d-of-year market value
(1) Financi	al derivatives				
(2) Closely	-held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
<u>(H)</u>					
Total. (Col. ((b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes"				
	(a) Description of investment	(b) Book value	(c) Method of	f valuation: Cost or en	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (Part IX	(b) must equal Form 990, Part X, col. (B) line 13.)				
Partix	J				
	Complete if the organization answered "Yes"	on Form 990, Part IV Description	, line 11d. See Form 990	J, Part X, line 15.	(b) Pook voluo
(4)	(a)	Description			(b) Book value
(1)					
(2)					
(3)					
<u>(4)</u>					
(5)					
(6)					
(7)					
<u>(8)</u>					
(9) Total (Option		15)			
Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	(5.)			
	Complete if the organization answered "Yes"	on Form 990 Part IV	line 11e or 11f See Fo	rm 990 Part X line 25	
1.	(a) Description of liability		(b) Book value		•
			. ,	-	
	deral income taxes				
	deral income taxes			-	
(2)	deral income taxes			-	
(2) (3)	deral income taxes				
(2) (3) (4)	deral income taxes				
(2) (3)	deral income taxes				
(2) (3) (4) (5)	deral income taxes				
(2) (3) (4) (5) (6)	deral income taxes				
(2) (3) (4) (5) (6) (7)	deral income taxes				

INC

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 X

Schedule D (Form 990) 2018

832053 10-29-18

Sche	edule D (Form 990) 2018 FORESTDALE , INC		11-	1631747 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Statements Wit	h Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	22,601,850.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a	741,970.		
b	Donated services and use of facilities 2b			
с	Recoveries of prior year grants2c			
d	Other (Describe in Part XIII.) 2d			
е	Add lines 2a through 2d		2e	741,970.
3	Subtract line 2e from line 1		3	21,859,880.
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	25,206.		
b	Other (Describe in Part XIII.) 4b			
с	Add lines 4a and 4b		4c	25,206.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	21,885,086.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With	th Expenses per F	Retur	'n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	20,726,080.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
С	Other losses 2c			
d	Other (Describe in Part XIII.) 2d			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	20,726,080.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	25,206.		
b	Other (Describe in Part XIII.) 4b			
с	Add lines 4a and 4b		4c	25,206.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	20,751,286.
Pa	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE USED TO PROVIDE SUPPORT FOR PROGRAMS AND

OPERATIONS.

PART X, LINE 2:

FORESTDALE RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE

POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS

DETERMINED THAT FORESTDALE HAD NO UNCERTAIN TAX POSITIONS THAT WOULD

REQUIRE FINANCIAL STATEMENT RECOGNITION AND/OR DISCLOSURE. FORESTDALE IS

NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS

FOR PERIODS PRIOR TO FISCAL 2016.

832054 10-29-18

Fart Ailing Supplemental Information (continued)	
	Schedule D (Form 990) 2018

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities					vities	OMB No. 1545-0047			
(Form 990 or 990-EZ)) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						or if the	2018	
Department of the Treasury	Attach to Form 990 or Form 990-EZ.							Open to Public	
Internal Revenue Service		o to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.		Inspection	
Name of the organization	FORESTD						11-1631		
	complete this part	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not	
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa I highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes		
(i) Name and address of individual or entity (fundraiser)		(ii) Activity	have custody		(iv) Gross receipts from activity	tò ((v) Amount paid o (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
		n is registered or licensed to solicit c	ontrib	▶ utions	or has been notified	it is	exempt from re	gistration	
	duction Act Not	ion can the Instructions for Forme A	00 ~~	000 5	7	Sohr		00 or 000 EZ 0010	
	eduction ACT NOT	ice, see the Instructions for Form 9	90 OF	990-F	2.	sche	uule G (Form S	990 or 990-EZ) 2018	

832081 10-03-18

Schedule G (Form 990 or 990 EZ) 2018 FORESTDALE, INC

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
۵			(event type)	(event type)	(total number)	col. (c))
Hevenue	1	Gross receipts	116,201.			116,201
	2	Less: Contributions	102,301.			102,301
	3	Gross income (line 1 minus line 2)	13,900.			13,900
	4	Cash prizes				
<i>"</i>	5	Noncash prizes				
bense	6	Rent/facility costs	35,220.			35,220
Ulrect Expenses	7	Food and beverages				
٦	8	Entertainment	2,000.			2,000
	9	Other direct expenses				2,000 3,893
	10	Direct expense summary. Add lines 4 throu		•	▶	41,113
- I		Net income summary. Subtract line 10 from			►	-27,213
וםעפווחפ	1	Gross revenue		bingo/progressive bingo		col. (a) through col. (a
	2	Cash prizes				
Ulrect Expenses		Noncash prizes				
ect E	4	Rent/facility costs				
₹I						
	5	Other direct expenses				
		Other direct expenses	Yes%	└── Yes % └── No	└── Yes % └── No	
	6	Malanda ay labay	No		No	
	6 7	Volunteer labor Direct expense summary. Add lines 2 throu	ugh 5 in column (d)	No No	<u>No</u> No	
	6 7 8	Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line	No ugh 5 in column (d)	No No	<u>No</u> No	
	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line ter the state(s) in which the organization con	In the second se	No	No►	
) a	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line	ugh 5 in column (d) e 7 from line 1, column (d) nducts gaming activities: activities in each of these	No	No►	
a b	6 7 8 Is t If " We	Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line ter the state(s) in which the organization con the organization licensed to conduct gaming No," explain:	In the second se	states?	No	YesN
a b	6 7 8 Is t If " We	Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line ter the state(s) in which the organization con the organization licensed to conduct gaming No," explain:	In the second se	states?	No	Yes N

Schedule G (Form 990 or 990-EZ) 2018 FORESTDALE, INC	11-1631747 _F	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes 🗌	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes 🗌	No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amou	at	
	ni.	
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
Name		
Address 🕨		
16 Gaming manager information:		
Name		
Gaming manager compensation 🕨 \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?		No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
organization's own exempt activities during the tax year s s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Dart III, lines 0, 0h	106
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	nd Part III, lines 9, 90,	100,
	/Form 000 ar 000 F	7) 0040
832083 10-03-18 Schedule G 35	6 (Form 990 or 990-E2	2018

(continued)			
		Schedule G (Form 990 or 99	

832084 04-01-18

SCHEDULE I (Form 990)								
Department of the Treasury Internal Revenue Service		► Go to www.ir	Attach to For s.gov/Form990 for		nation.		Open to Public Inspection	
Name of the organization FORE	STDALE, INC						Employer identification number 11-1631747	
Part I General Information on	Grants and Assistance							
1 Does the organization maintair criteria used to award the gran	ts or assistance?	-			-			
2 Describe in Part IV the organiz						(
	tance to Domestic Organi hore than \$5,000. Part II car				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any	
1 (a) Name and address of organ or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
 2 Enter total number of section 5 3 Enter total number of other orgonality 	ganizations listed in the line	1 table					Sabadula I (Earm 000) (2018)	

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

Schedule I (Form 990) (2018)

FORESTDALE, INC

Page 2

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 noncash assistance		
					CLOTHES, BOOKS, TOYS AND OTHER		
OSTER PARENT PAYMENTS	210	4,102,081.	73,730.	FAIR MARKET VALUE	RELATED GIFTS.		
UTORING AND STIPENDS	128	312,184.	0.				

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:

EACH EXPENDITURE IS APPROVED BY A SOCIAL SERVICE DEPARTMENT OR

REPRESENTATIVE AND A FISCAL STAFF MEMBER. QUARTERLY FINANCIAL STATEMENTS

AND ADDITIONAL STATEMENTS IF NEEDED ARE GENERATED INTERNALLY BY THE FINANCE

DEPARTMENT AND DISTRIBUTED TO THE EXECUTIVE DIRECTOR AND THE FINANCE

COMMITTEE FOR REVIEW. AFTER REVIEW THE STATEMENTS ARE DISTRIBUTED TO THE

FULL BOARD. ANNUAL BUDGETS ARE PREPARED AND MONITORED AND ADJUSTED

ACCORDINGLY. BUDGETS AND MODIFICATIONS ARE APPROVED BY THE FINANCE

COMMITTEE. THE USE OF GRANT FUNDS ARE REVIEWED DURING EACH FINANCE SESSION

AND AT THE YEAR END AUDIT.

ACS PLACES THE FOSTER CHILD WITH FORESTDALE. FORESTDALE THEN FINDS FOSTER PARENTS FOR THOSE CHILDREN. FOSTER PARENTS ARE LOCATED AND VETTED THROUGH FORESTDALE HOME FINDING. THE ORGANIZATION USES CASEWORKERS AND SUPERVISORS TO MONITOR THE DAILY ACTIVITIES OF THE FOSTER PARENTS TO ENSURE THAT THEY ARE IN COMPLIANCE WITH THEIR RESPONSIBILITIES.

THE ORGANIZATION AWARDS STIPENDS TO FOSTER CHILDREN BASED ON NEED OF EDUCATIONAL ASSISTANCE AND FOR ALLOWANCES. THE FOSTER CHILDREN ARE EDUCATIONALLY MONITORED THROUGHOUT THE SCHOOL YEAR AND ARE REQUIRED TO ATTEND VARIOUS WORKSHOPS.

Schedule I (Form 990)

832291 04-01-18

SC	HEDULE J		OMB No. 1545-0047				
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	2	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	10)	
Depar	tment of the Treasury	Attach to Form 990.		Open to		ic	
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	<u> </u>	Inspection Employer identification num			
Nam	e of the organizatio					nber	
Da	rt I Question	FORESTDALE, INC s Regarding Compensation		163174	/		
Fd		s Regarding Compensation			N		
4-	Chaoli the energy	into hav (as) if the exercitation provided any of the following to as fer a nerson listed on Farm	000		Yes	No	
а		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	First-class or o	line 1a. Complete Part III to provide any relevant information regarding these items. charter travel Housing allowance or residence for perso					
	Travel for com						
		cation and gross-up payments Health or social club dues or initiation fee					
		spending account					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
_		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organiza	tion's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization					
	establish compens	ation of the CEO/Executive Director, but explain in Part III.					
	X Compensation	n committee Written employment contract					
		compensation consultant X Compensation survey or study					
	X Form 990 of c	ther organizations X Approval by the board or compensation c	ommittee				
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 re	lated organization:					
а	Receive a severand	e payment or change-of-control payment?		4a		X	
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?		4b		X	
С	Participate in, or re	ceive 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.						
		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n				
	contingent on the r			_		v	
						X	
b		ation?		5b		X	
~		or 5b, describe in Part III.					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n				
_	contingent on the r			0.		x	
						X	
a		ation?		6b			
-		or 6b, describe in Part III.					
'		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		x	
0		nes 5 and 6? If "Yes," describe in Part III		7			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the aption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x	
9		id the organization also follow the rebuttable presumption procedure described in					
9	Regulations section			9			
		eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	000	2010	
гпа	I UI Faper WUIK R		Sched	une o (rom	1 990)	2010	

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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.

11-1631747

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	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) WILLIAM WEISBERG	(i)	237,985.	0.	1,584.	22,500.	36,932.	299,001.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROSEMARIE EWING	(i)	140,627.	0.	783.	13,493.	24,536.	179,439.	0.
ASSOCIATE EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBERT AGUIRRE	(i)	145,386.	0.	126.	14,166.	33,919.	193,597.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LORRAINE GONZALEZ-CAMASTRA	(i)	103,666.	0.	83.	10,856.	42,428.	157,033.	0.
ASST. EXEC. DIR. OF CLINIC SRVS.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2018

Part III Supplemental Information

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

Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

2018
Open to Public
Inspection

Employer identification number 11 - 16317/7

Name of the organization

	FORESTDALE,	INC				11-	1631	747	
Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noi	(c Method of c ncash contrib	letermin	0	6
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	X		73,730.	COST				
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other \ldots								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► ()								
26	Other ► ()								
27	Other ► ()								
28	Other 🕨 ()								
29	Number of Forms 8283 received by the organized		, ,					~	
	for which the organization completed Form 82	83, Part IV, [Donee Acknowledg	jement 29				0	
								Yes	No
30a	During the year, did the organization receive by		• • • • •			at it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	ed for				
	exempt purposes for the entire holding period	?					30a		<u> </u>
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	policy that re	equires the review of	of any nonstandard contribut	ions?		31		<u> </u>
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?						32a		<u>X</u>
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	r for which column (a) is cheo	ked,				
	describe in Part II.								
I HA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990)		Schedule	M (Forr	n 990)	2018

see the Instructions for Form 990.

edule M (Form 990) 2018

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Schedule M (Form 990) 2018 FORESTDALE, INC Part II Supplemental Information. Provide the in

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

COLUMN (B) REPORTS THE NUMBER OF CONTRIBUTIONS.

Schedule M (Form 990) 2018

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(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



11-1631747

FORESTDALE, INC

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THEM HEAL FROM TRAUMA, ADDRESS THE OBSTACLES PRESENTED BY POVERTY, AND

IMPROVE FAMILY FUNCTIONING SO THEY CAN PROVIDE THE TYPE OF ENVIRONMENT

THAT WILL HELP THEIR CHILDREN THRIVE. FORESTDALE APPROACHES THIS BY

PROVIDING SUPPORTS FOR FAMILY STABILIZATION, PARENTING PROGRAMS THAT

HELP FATHERS AND MOTHERS BECOME THE GREAT PARENTS THEY WANT TO BE, AND

EDUCATIONAL AND EMPLOYMENT PROGRAMS THAT HELP LAUNCH OUR YOUNG PEOPLE

INTO SUCCESSFUL ADULTHOOD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AND FAMILIES WITH THE TOOLS AND RESOURCES THEY NEED TO THRIVE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

STRONG MOTHERS: THE STRONG MOTHERS PROGRAM WORKED WITH OVER 100

PREGNANT AND PARENTING YOUNG WOMEN IN QUEENS, PROVIDING INFORMATION,

SUPPORT, AND SERVICES TO INCREASE THEIR ACCESS TO HEALTHCARE, PURSUE

EDUCATIONAL AND EMPLOYMENT OPPORTUNITIES AND REDUCE THE RISK OF

UNPLANNED PREGNANCIES. THE SUPPORT AND SERVICES PROVIDED ARE OFFERED ON

A GROUP AND/OR AN INDIVIDUAL LEVEL. SERVICES OFFERED INCLUDE BUT ARE

NOT LIMITED TO WEEKLY WORKSHOPS ON A VARIETY OF TOPICS THAT INCREASE A

MOTHER'S ABILITY TO BE SELF-SUFFICIENT, A COMMUNITY RESOURCE FOR

EDUCATIONAL AND FINANCIAL COUNSELING, AND OTHER SUPPORT SERVICES SUCH

AS CASE PLANNING, THERAPY, AND/OR FAMILY PLANNING COUNSELING FOR

PARTICIPANTS WHO NEED MORE INDIVIDUAL SUPPORT. HEALTH EDUCATION

CLASSES WERE PROVIDED TO OVER 300 HIGH SCHOOL AND MIDDLE SCHOOL

 STUDENTS
 TEACHING
 THEM
 ABOUT
 COMMUNICATION,
 ANATOMY,
 AND
 THE
 CHANGES
 OF

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

 832211
 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization FORESTDALE, INC	Employer identification number $11 - 1631747$
PUBERTY. APPROXIMATELY 200 YOUTH ARE COUNSELED ONE-ON-ONE	ABOUT TOPICS
INCLUDING BIRTH CONTROL METHODS, SEXUALLY TRANSMITTED INFE	CTIONS, AND

HEALTHY RELATIONSHIPS.

ATTACHMENT AND BIO-BEHAVIORAL CATCH-UP (ABC): OUR EVIDENCE-BASED MENTAL HEALTH MODELS HELP YOUNG PEOPLE AND FAMILIES FORM STRONG FAMILY BONDS AND WORK TO HEAL TRAUMA. THE ABC PROGRAM UTILIZES TRAINED THERAPISTS WHO USE COACHING AND VIDEO FEEDBACK TO ENCOURAGE A STRONGER PARENT-BABY BOND. ABC HAS BEEN LINKED TO INCREASED ATTACHMENT LEADING TO BETTER BEHAVIOR IN SCHOOL, BETTER RELATIONSHIPS LATER IN LIFE, ATTITUDES TOWARD WORK, AND ADULT GLOBAL FUNCTIONING. DURING THE FISCAL YEAR, ALMOST 50 DYADS PARTICIPATED IN ABC.

HEALTH SERVICES: THROUGH PARTNERSHIP WITH NYU AND A NETWORK OF HIGH QUALITY MEDICAL, DENTAL, AND MENTAL HEALTH PROVIDERS, WE HELP TO ENSURE THAT NEARLY 400 CHILDREN RECEIVE GREAT PREVENTIVE AND ROUTINE HEALTHCARE, AS WELL AS ACCESS TO SPECIALTY CARE, WHEN NEEDED. OUR NEW HEALTH HOME PROGRAM PROVIDES A CARE MANAGEMENT MODEL FOR OUR YOUTH WITH SIGNIFICANT CHALLENGES TO THEIR PHYSICAL, SOCIAL AND EMOTIONAL WELL-BEING. THE CONCEPT IS TO IMPROVE HEALTHCARE FOR THE MOST HIGH-NEED MEDICAID PATIENTS BY AVERTING COSTLY HOSPITAL STAYS THROUGH ACCESS TO HIGH QUALITY PREVENTIVE AND ROUTINE TREATMENT. NEARLY 120 OF OUR YOUTH WERE ENROLLED AND RECEIVING COORDINATED CARE LED BY SEVERAL DEDICATED CARE MANAGERS WHO PARTNER WITH A STRONG NETWORK OF EXPERIENCED HEALTH CARE ORGANIZATIONS AND PROFESSIONALS.

SOLUTIONS-BASED CASEWORK (SBC): AT THE HEART OF ALL SERVICES FOR

 CHILDREN WHO HAVE EXPERIENCED ABUSE OR NEGLECT, HIGH QUALITY CASEWORK

 Schedule O (Form 990 or 990-EZ) (2018)

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Schedule O (Form 990 or 990-EZ) (2018)	Page 2			
Name of the organization FORESTDALE, INC	Employer identification number $11 - 1631747$			
PRACTICE HELPS VULNERABLE CHILDREN ACHIEVE SAFETY RATHER T	HAN FACE A			
LIFETIME OF CHALLENGES. DEVELOPED AT THE UNIVERSITY OF LOU	ISVILLE, SBC			
IS AN EVIDENCE-INFORMED MODEL IN WHICH THE CASE PLANNER AN	D FAMILY			
IDENTIFY PROBLEMATIC PATTERNS, AND CREATE A MAP FOR THE FA	MILY TO			
CONSISTENTLY PURSUE AGREED-UPON OUTCOMES. SBC CREATES A PARTNERSHIP				
WITH THE FAMILY BASED ON A CONSENSUS ABOUT THE PROBLEMS, AND IN				
LANGUAGE THAT MAKES SENSE TO THE FAMILY. IT THEN FOCUSES	ТНАТ			
PARTNERSHIP ON THE PATTERNS OF EVERYDAY FAMILY LIFE THAT D	IRECTLY			
RELATE TO THREATS TO SAFETY AND TARGETS SOLUTIONS SPECIFIC TO THE				
BEHAVIORS AND CONDITIONS THAT BROUGHT THE FAMILY IN CONTACT WITH THE				
CHILD WELFARE SYSTEM. THE FAMILY BUILDS SKILLS TO CREATE	A SAFE FAMILY			
LIFE.				

WORKFORCE DEVELOPMENT: FORESTDALE'S STRONG FUTURES PROGRAM (PREPARING YOUTH FOR ADULTHOOD) SERVES YOUTH BETWEEN THE AGES OF 14 AND 21, PROVIDING ACCESS TO A RANGE OF RESOURCES TO PREPARE FOR INDEPENDENT AND SUCCESSFUL LIVING AS ADULTS. YOUTH DEVELOPMENT SPECIALISTS HELP IN SPECIFIC AREAS RANGING FROM EDUCATION AND MENTORING TO FINANCIAL MANAGEMENT, HOUSING, AND EMPLOYMENT. INDIVIDUALIZED ASSISTANCE TO HELP YOUTH SET AND REACH GOALS FOR INDEPENDENT LIVING IS ALSO PROVIDED AS WELL AS REGULAR WORKSHOPS THAT VARY IN TOPICS FROM COLLEGE AND CAREER PLANNING TO HEALTHY COOKING. ANNUALLY, MORE THAN 50 YOUTH RECEIVE INDIVIDUAL TUTORING.

 OUR STRONG FUTURES INTERNSHIP (SFI) PROGRAM ENGAGES WITH YOUTH AGES

 16-24, INCLUDING YOUNG PEOPLE WHO HAVE BEEN IN FOSTER CARE TO HELP THEM

 PRACTICE GOOD WORK HABITS AND OVERCOME DIFFICULT WORKPLACE PERFORMANCE

 IN THE PAST. WE HAVE ENGAGED OVER 40 YOUNG ADULTS, MEETING THE NEEDS

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 Schedule O (Form 990 or 990-EZ) (2018)

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 2018.05070 FORESTDALE, INC

Schedule O (Form 990 or 990-EZ) (2018)	Page 2			
Name of the organization FORESTDALE, INC	Employer identification number 11-1631747			
AND ASPIRATIONS OF THESE YOUNG PEOPLE WITH MULTI-PRONGED,	INTERLOCKING			
SERVICES WHERE THEY GAINED FIRST-HAND EXPERIENCE IN ONE OF	THE			
FOLLOWING FIELDS: IT, MAINTENANCE/AUTOMOTIVE, CHILD CARE AND				
REPRODUCTIVE HEALTH ADVOCACY. OVER 100% OF THOSE WHO COMPL	ETED SFI			
SHOWED SIGNIFICANT IMPROVEMENT IN WORKPLACE PERFORMANCE.				

MATERNAL AND INFANT HEALTH INITIATIVE: AS THE QUEENS PROVIDER OF THIS CITY-WIDE PROGRAM, WE WORK TO PROMOTE WOMEN'S HEALTH BEFORE, DURING AND

AFTER PREGNANCY, THROUGH A COMBINATION OF EDUCATIONAL SESSIONS, PEER

SUPPORT, AND INDIVIDUAL COUNSELING TO REDUCE INFANT MORTALITY AND

RACIAL/ETHNIC DISPARITIES IN MATERNAL AND INFANT HEALTH.

CICATELLI/DEVELOPMENT FOR YOUTH (DFY): DFY IS A MULTI-SESSION,

GROUP-LEVEL HIV, STD AND PREGNANCY PREVENTION INTERVENTION FOR

ADOLESCENTS IN THE FOSTER CARE SYSTEM.

HEALTH & WELLNESS/TEACHING KITCHEN: INCLUDES HEALTH AND WELLNESS COOKING AND NUTRITION CLASSES FOR YOUNG PEOPLE AND FAMILIES BURDENED BY POVERTY, IN ORDER TO PROMOTE HEALTHIER LIFESTYLES.

EDUCATION/SCHOLARSHIPS: FORESTDALE SCHOLARS (FS), A PART OF OUR STRONG FUTURES PROGRAM, PROVIDES ACADEMIC SUPPORT FOR OVER 100 YOUTH IN FOSTER CARE (GRADES 5-12), WITH AN EMPHASIS ON SETTING ACADEMIC AND BEHAVIORAL FOUNDATIONS FOR COLLEGE SUCCESS. WE PROVIDE EDUCATIONAL OPPORTUNITIES TO DISADVANTAGED YOUTH GIVING THEM THE TOOLS TO SUCCEED IN LIFE. SUPPORT INCLUDES IN-HOME AND CENTER-BASED TUTORING SERVICES FOR OVER 100 STUDENTS AS WELL AS VISITS TO COLLEGES AND COLLEGE SUPPORT.

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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization FORESTDALE, INC	Employer identification number $11 - 1631747$
YOUTH FINANCIAL EMPOWERMENT PROJECT/TD BANK: SERVING CHIL	DREN AGED
14-21 YEARS THE GOAL IS TO MASTER THE DIFFERENCE BETWEEN W	ANTS AND
NEEDS, EFFECTIVE DECISION MAKING, OPPORTUNITY COSTS, THE R	ELATIONSHIP
BETWEEN INCOME AND JOBS, BUDGETING AND GOAL SETTING, BANKS	AND BANKING,
TYPES OF CREDIT AND USING CREDIT CARDS, CREDIT HISTORY AND	REPORTS,
SAVING AND INVESTING, PROTECTING THEIR ASSETS, AND UNDERST	ANDING THEIR
TAXES.	

TOTAL OTHER PROGRAM EXPENSES AND REVENUE:

EXPENSES \$ 1,274,950. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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FORESTDALE, INC. HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS SUBMITTED ELECTRONICALLY TO MEMBERS OF THE ORGANIZATION'S GOVERNING BODY FOR ANY COMMENTS PRIOR TO ITS SUBMISSION. THE GOVERNING BODY IS PROVIDED WITH ONE WEEK TO REVIEW THE PREPARED FORM 990 AND PROVIDE COMMENTS. ANY COMMENTS ARE THEN PROVIDED TO THE CHIEF FINANCIAL OFFICER WHO GROUPS AND SUMMARIZES COMMENTS AND IS RESPONSIBLE FOR FILING THE RETURN. ANY ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C: FORESTDALE, INC. HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT ANNUALLY MONITORS AND ENFORCES. THE BOARD CURRENTLY MANDATES THAT ALL MEMBERS OF MANAGEMENT AND THE GOVERNING BODY SIGN A CONFLICT OF INTEREST 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018) 49

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11761251

POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. THE
SIGNED CONFLICT OF INTEREST POLICY IS KEPT ON FILE AND BOARD MEMBERS MAY
NOT VOTE ON AN ISSUE ON WHICH THEY HAVE A CONFLICT.
IF AN EMPLOYEE WERE TO HAVE A CONFLICT, IT WOULD BE REVIEWED BY HUMAN
RESOURCES, THE ASSOCIATE EXECUTIVE DIRECTOR, ASSISTANT EXECUTIVE DIRECTOR
OF OPERATIONS AND THE EXECUTIVE DIRECTOR. THEY WOULD DETERMINE THE
APPROPRIATE RESPONSE TO THE CONFLICT.
FORM 990, PART VI, SECTION B, LINE 15:
THE EXECUTIVE DIRECTOR'S AND OTHER OFFICERS AND KEY EMPLOYEES' COMPENSATION
IS EVALUATED ANNUALLY UPON REVIEW OF THE FOLLOWING CRITERIA:
- INDUSTRY STANDARD (COFCCA ANNUAL EXECUTIVE COMPENSATION SURVEY,
ADMINISTRATION FOR CHILDREN'S SERVICES' COMPENSATION SURVEY).
- REVIEW BY BOARD OF DIRECTORS, SPECIFICALLY THE COMPENSATION COMMITTEE
(EXECUTIVE DIRECTOR ONLY).
- ACCOMPLISHMENT OF PRESET GOALS.
- ALL DECISIONS MADE REGARDING COMPENSATION ARE INCLUDED IN THE BOARD
MINUTES.
- THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD,
AND THE EXECUTIVE DIRECTOR REVIEWS AND DETERMINES THE OTHER OFFICERS AND
KEY EMPLOYEES' SALARIES ANNUALLY. THE PROCESS WAS LAST UNDERTAKEN IN 2019.
FORM 990, PART VI, SECTION C, LINE 19:
FORESTDALE, INC. MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS
REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE ON OUR WEBSITE:
FORESTDALEINC.ORG; GUIDESTAR.ORG; AND OTHER SIMILAR TYPES OF WEBSITES. IN
ADDITION, FORMS 990 AND 1023 AS WELL AS THE FINANCIAL STATEMENTS AND
CONFLICTS OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN REQUEST AT 67-35
832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018 50 50 060414 756359 1176125.000 2018.05070 FORESTDALE, INC 1176125

Schedule O (Form 990 or 990-EZ) (2018)

FORESTDALE,

INC

Name of the organization

Employer identification number

11-1631747

FORM 990, PART XII, LINE 2C:	
	EE THAT ASSUMES RESPONSIBILITY FOR
OVERSIGHT OF THE AUDIT OF ITS	FINANCIAL STATEMENTS AND SELECTION OF AN
INDEPENDENT ACCOUNTANT. THIS P	ROCESS DID NOT CHANGE FROM THE PRIOR
YEAR.	

Name of the organization

Page 2 Employer identification number

FORESTDALE, INC

112TH STREET, FOREST HILLS, NY 11375 OR BY CALLING THE ORGANIZATION

11-1631747

Form 990-T	E	AMENDED RET	rurn - sectinization Bus				۱ L	OMB No. 1545-0687
			nd proxy tax unde				•	0110
	For ca	lendar year 2018 or other tax yea					<u>9</u> .	2018
Department of the Treasury Internal Revenue Service		► Go to www • Do not enter SSN numbe	.irs.gov/Form990T for in: rs on this form as it may				OI	pen to Public Inspection for D1(c)(3) Organizations Only
A Check box if address changed		Name of organization (and see instructions.)		D Employ	ver identification number yees' trust, see
B Exempt under section	Print	FORESTDALE,	INC				11	-1631747
X 501(c)(3)	or	Number, street, and room		, see in	structions.		E Unrelate	ed business activity code structions.)
408(e) 220(e)	Type	67-35 112тн	STREET				(000 110	
408A 530(a) 529(a)		City or town, state or pro FOREST HILL	<mark>S, NY 1137</mark> 5	5	n postal code			
C Book value of all assets at end of year		F Group exemption numb	/					
II. Enter the number of the	orgoniza	G Check organization type) trust	Other trust
H Enter the number of the trade or business here		tion's unrelated trades of t	Jusinesses.			e the only (or first) ur e, complete Parts I-V.		han ana
		ce at the end of the previou	is sentence, complete Pa	rts Lano				
business, then complete				no run				•
I During the tax year, was	the corp	oration a subsidiary in an a	affiliated group or a paren	it-subsi	diary controlled group?	· ►	Yes	No
		tifying number of the paren						
J The books are in care of		ROBERT AGUIR Ie or Business Inc				bhone number 🕨 (
		ae or business inc	ome		(A) Income	(B) Expenses	3	(C) Net
 1 a Gross receipts or sale b Less returns and allo 			c Balance ►	1c				
		A, line 7)		2				
		rom line 1c		3				
		h Schedule D)		4a				
		art II, line 17) (attach Form		4b				
		sts		4c				
		ship or an S corporation (at		5				
				6				
		ne (Schedule E)		7				
		nd rents from a controlled of	-	8			—	
		on 501(c)(7), (9), or (17) or		9				
		me (Schedule I) 9 J)		10 11				
		is; attach schedule)		12				
		gh 12			0	•		
Part II Deduction	ons No	ot Taken Elsewher	e (See instructions fo	r limita			· · · ·	
(Except for	contribu	utions, deductions must	be directly connected	with tl	he unrelated busines	s income.)		
		rectors, and trustees (Sche					14	
	•							
							16	
17 Bad debts 18 Interact (attach schedule) (see instructions)						17		
 Interest (attach schedule) (see instructions) Taxes and licenses 							18	
 9 Taxes and licenses 9 Charitable contributions (See instructions for limitation rules) 						20		
Chanadre contributions (See instructions for initiation rules) Depreciation (attach Form 4562)								
Less depreciation claimed on Schedule A and elsewhere on return						22b		
							23	
							24	
							25	
							26 27	
							28 29	0.
		14 through 28					30	0.
		loss arising in tax years be					31	
	-	ncome. Subtract line 31 fro		-	. ,	<u></u>	32	0.
		work Reduction Act Notice						Form 990-T (2018)

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(2018) FORESTDALE,	INC			11-163	1747	Page
I Total Unrelated Busine	ess Taxable Income					
Total of unrelated business taxable inc	ome computed from all unrelated t	rades or businesses (se	ee instructio	ns)	33	0.
					34	
					35	
					36	
Specific deduction (Generally \$1 000	but see line 37 instructions for ever	entions)				1200000000
		-	N.22.			0
					38	0.
						0
					39	0.
	•					
Tax rate schedule or Sc	hedule D (Form 1041)			🕨	40	Ca
Proxy tax. See instructions	*****			►	41	
Alternative minimum tax (trusts only)					42	
					43	
					44	0.
	Form 1118: trusts attach Form 11	6)	45a		ANDRES	
					1000	
					Zer St	
					45.	
						0
Subtract line 45e from line 44						0.
					48	0.
					49	0.
Payments: A 2017 overpayment credit	ted to 2018		50a			
2018 estimated tax payments			50b	2,412.		
			50c	1,000.	Contraction of the	
			50d			
			50e		11/100	
			50f		1	
					194720	
Eorm 4136			500		and the second	
					51	3,412.
Total payments. Add lines 50a tilloug	N Check if Form 2020 is attached					5,412.
				🚩		2 410
			ĝi	102		3,412.
					55	3,412.
						Yes No
over a financial account (bank, securiti	es, or other) in a foreign country? I	f "Yes," the organization	n may have t	to file		1955 B.
FinCEN Form 114, Report of Foreign B	ank and Financial Accounts. If "Yes.	" enter the name of the	foreign cou	ntry		
-	n receive a distribution from or wa	e it the grapter of or tr	raneferor to	a foreign truct?		
			ansiorer te,	a loroigh truate		STATES AND IN COLUMN
•	• •					
			tements and	to the best of my knowled	ice and balief	it is true
correct, and complete. Declaration of prep	parer (other than taxpayer) is based on all in	formation of which prepare	r has any know	vledge.	ige and bener,	11 15 0 00,
1 Callon	1 4-16-20				ay the IRS disc	uss this return with
Cinceture of officer			ι			
Signature of officer	Date	Title		lins	structions)?	X Yes No
	Preparer's signature	Da	ate	Check 🔲 if	f PTIN	
Print/Type preparer's name				self- employed		
Print/Type preparer's name						
	GINS GARRETT M.	HIGGINS 04	<u>4/14/2</u>	0	P00	543209
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rer GARRETT M. HIGO nly Firm's name ▶ PKF O'C 665 1	CONNOR DAVIES, L FIFTH AVENUE		4/14/2	Firm's EIN 🕨	27-3	1728945
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	Total Unrelated Busines Total of unrelated business taxable incomes Amounts paid for disallowed fringes Deduction for net operating loss arisin Total of unrelated business taxable incomes lines 33 and 34 Specific deduction (Generally \$1,000, Unrelated business taxable income. enter the smaller of zero or line 36 / Tax Computation Organizations Taxable as Corporation Trusts Taxable at Trust Rates. See in Tax rate schedule or Tax nate schedule or Tax and Payments Alternative minimum tax (trusts only) Tax on Noncompliant Facility Income Total for prior year minimum tax (attrast ordits (see instructions) General business credit. Attach Form 32 Credit for prior year minimum tax (attrast Total credits. Add lines 45a through 43 Subtract line 45e from line 44 Other taxes. Check if from: Subtract line 45e from line 44 Other credits, adjustments, and paymets Tax deposited with Form 8868 Foreign organizations: Tax paid or witt Backup withholding (see instructions) Credit for small employer health insura Other credits, adjustments, and paymets	Image: Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated to Amounts paid for disallowed fringes Deduction for net operating loss arising in tax years beginning before Jan Total of unrelated business taxable income before specific deduction. Sublines 33 and 34 Specific deduction (Generally \$1,000, but see line 37 instructions for excet Unrelated business taxable income. Subtract line 37 from line 36. If line enter the smaller of zero or line 36 Image: Computation Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) Trust Staxable as Corporations. Multiply line 38 by 21% (0.21) Trust staxable as Corporations. Multiply line 38 by 21% (0.21) Trusts Taxable at Trust Rates. See instructions for tax computation. Incompliant facility Income. See instructions Total Add lines 41, 42, and 43 loine 39 or 40, whichever applies Total Add lines 41, 42, and 43 loine 39 or 40, whichever applies Tax and Payments Foreign tax credit (corporations attach Form 1118; trusts attach Form 1110 Other credits (see instructions) General business credit. Attach Form 3800 Credit for prior year minimum tax (attach Form 8801 or 8827) Total tax. Add lines 45a through 45d Subtract line 44 Other axes. Check if from: Form 4255 Form 965-B, Part II, corpayments: A 2017 overpayment credited to 2018 Z018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, corpayments: A 2017 overpayment credited	Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated trades or businesses (s Amounts paid for net operating loss arising in tax years beginning before January 1, 2018 (see Instructions for net operating loss arising in tax years beginning before January 1, 2018 (see Instructions for exceptions) Unrelated business taxable income. Subtract line 37 instructions for exceptions) Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line enter the smaller of zero or line 36. Tax Computation Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) Trusts Taxable as Corporations. Multiply line 38 by 21% (0.21) Trust as chedule or Schedule D (Form 1041) Proxy tax. See instructions Maternative minimum tax (trusts only) Tax and Schedule or Schedule D (Form 1041) Proxy tax. See instructions Total Ad lines 41, 42, and 43 to line 39 or 40, whichever applies Tax and Payments Foreign tax credit (corporations attach Form 3800 credit for mine 36. If line 37 is greater than 800 credits (isee instructions) General business credit. Attach Form 965-A or Form 965-B, Part II, column (k), line 2 Payments: Add lines 46 and 47 (see instructions) Backup withholding (see instructions) Cotal tax payments Tax deposited with Form 8868 Forei	Image: Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated trades or businesses (see instruction Announts paid for disallowed fringes Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) Total of unrelated business taxable income before specific deduction. 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Add lines 45a through 45d 50a Subtract line 456 from line 44 50a Credit tor prior yearphyment credited to 2018 50a<	Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34. Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) Unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33. Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) Unrelated business taxable income barbors specific deduction. Subtract line 37 is greater than line 36, enter the smaller of zero or line 36 Tax computation Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) Truets ta schedule or Schedule or Schedule or Schedule or Proy tax. 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Subtract line 35 from the sum of lines 33 and 34 36 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 37 Unrelated business taxable income 38 Tax Computation 38 Organizations Taxable at Curse Relate 37 from line 36. If line 37 is greater than line 36, enter the sampler of zero or line 36 39 Tax Computation 40 Organizations Taxable at Schedulo P (Grom 1041) 40 Provy tax, See instructions 41 Alternative minimum tax (trusts only) 44 Tax and Schedulo or (Schedulo P (Grom 1041) 44 Tax and Schedulo or (Schedulo P (Grom 1041) 45 Foreign carafactions attach Form 3118; trusts attach Form 8116 45 Other credits (corporations attach Form 801 or 8827) 45 Tax and Schedulo or (Schedulo P (Grom 2000 45

FOOTNOTES

STATEMENT 1

THE FORM 990-T HAS BEEN AMENDED DUE TO THE PASSAGE OF THE H.R. 1865 FURTHER CONSOLIDATED APPROPRIATIONS ACT, 2020, WHICH WAS SIGNED INTO LAW ON DECEMBER 20, 2019. THE NEW LEGISLATION REPEALS THE TAX ON QUALIFIED TRANSPORTATION FRINGE BENEFITS (QTFB) WHICH WAS ORIGINALLY PASSED AS PART OF THE TAX CUTS AND JOBS ACT (TCJA) AND IS RETROACTIVE TO THE DATE OF ENACTMENT. THEREFORE, LINE 34 WAS CHANGED TO "0".