EXTENDED TO OCTOBER 15, 2019

Form <b>990-T</b>	E	xempt Organization Bus			ax Return		OMB No 1545-0687
,		(and proxy tax und	ler se	ction 6033(e))			0040
•	For cal	endar year 2018 or other tax year beginning	_	2018			
Department of the Treasury Internal Revenue Service	▶	► Go to www irs gov/Form990T for in Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization ( Check box if name of	changed	and see instructions )		(Emp	oyer identification number loyees' trust, see actions )
B Exempt under section	Print	FAMILY AND CHILDREN'S	ASS(	CIATION, IN	IC.	1	1-3422018
X 501(c <b>@3</b> .)	or	Number, street, and room or suite no. If a P.O. bo	x, see ir	structions.			ated business activity code nstructions)
408(e)-220(e)	Туре	100 EAST OLD COUNTRY R	OAD				··•··-··-,
408A 530(a) 529(a)		City or town, state or province, country, and ZIP of $MINEOLA$ , $NY$ $11501$	r foreig	n postal code		531	110
C Book value of all assets		F Group exemption number (See instructions )	<b></b>				•
13,442,1	76.	G Check organization type ► 501(c) cor	poration	501(c) trust	401(a)	trust	X Other trust
H Enter the number of the	organiza	tion's unrelated trades or businesses	1		the only (or first) un	related	
trade or business here	► <u>LES</u>	SSOR OF COMMERCIAL BUIL	DINC	If only one,	complete Parts I-V.	If more	than one,
describe the first in the b	lank spa	ce at the end of the previous sentence, complete Pa	arts I an	d II, complete a Schedule	M for each addition	al trade	or
business, then complete						<del></del> -i	
• • •		oration a subsidiary in an affiliated group or a pare	nt-subs	diary controlled group?	<b>▶</b> L	Ye	es X No
		offying number of the parent corporation		~		1.0	746 0250
J The books are in care of	1 Trac	MARY ANN VASSALLO le or Business Income			one number > 5		
<u> </u>		ie di Busilless lifedille	T	(A) Income	(B) Expenses	1.8825	(C) Net
1 a Gross receipts or sale		- Polono	ا . ا				
b Less returns and allow		c Balance	1c 2		" SALMENSON	15.48.48 15.48.48	
<ul><li>Cost of goods sold (S</li><li>Gross profit. Subtract</li></ul>		•	3		AMERICAN TON	19 <b>3</b> 19	Now CONTRACTOR STREET STREET
4a Capital gain net incon			4a		7000	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		art II, line 17) (attach Form 4797)	4b		4.75	12 14 44 2 2 2 2 2 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3	
c Capital loss deduction			4c				
•		thip or an S corporation (attach statement)	5		Z. S.	141.00 141.00 141.00	
6 Rent income (Schedu		,	6		, and the same transfer of the		
7 Unrelated debt-financ	,	ne (Schedule E)	7	96,603.	259,1	78.	-162,575.
		nd rents from a controlled organization (Schedule F)	8				•
9 Investment income of	a sectio	n 501(c)(7), (9), or (17) organization (Schedule G)	9				
10 Exploited exempt activ	vity inco	me (Schedule I)	10				
11 Advertising income (S	Schedule	J)	_11				
12 Other income (See ins		•	12		-KA97521V267		
13 Total. Combine lines	3 throu	gh 12	13	96,603.	259,1	78.	-162,575.
		t Taken Elsewhere (See instructions for itions, deductions must be directly equipered			income)	,. <u>.</u>	
14 Compensation of off	icers, dir	ectors, and trustees (Schedule K) KEULI	V	781		14	
15 Salaries and wages		1-	2019	HRS-OS(		15	
16 Repairs and mainten	ance	150 NOV C	y 201.	, 181		16	
17 Bad debts		[2]		TF <sup>1</sup>		17	
18 Interest (attach sche	dule) (se	ne instructions)	$N$ . $\bot$			18	250.
19 Taxes and licenses	(C	<u>Que</u>				19	250.
هواله		instructions for limitation rules)		ایدا		20	
		oz) Schedule A and elsewhere on return		21 22a		22b	
<ul><li>Less depreciation cla</li><li>Depletion</li></ul>	iiiiea oi	Schedule A and eisewhere offfedith		. [228]		23	
24 Contributions to defe	erred cor	nnensation nlans				24	
25 Employee penefit pro						25	-
26 Excess exempt expen		hedule ()				26	
27 Excess readership co		•		•		27	
28 Other deductions (at		-				28	
29 Total deductions A		*			:	29	250.
		come before net operating loss deduction. Subtrac	t line 29	from line 13		30	-162,825.
		oss arising in tax years beginning on or after Janua			i	31	
32 Unrelated husiness t	avable in	come Subtract line 31 from line 30	-	_		32	-162.825.

Form 990-	T (2018)	FAMILY AND CHILDRE	N'S ASSOCIAT	<u>'ION, IN</u>	1C •	11	<u> - 34:</u>	<u> 22018</u>			Page
Part	III .	Total Unrelated Business Taxal	ole income					_			
33	Total	of unrelated business taxable income compute	ed from all unrelated trade	s or businesses	(see instru	ctions)		33	-162	, 8	25.
34	Amo	unts paid for disallowed fringes						34	33	,1:	19.
35	Dedu	ction for net operating loss arising in tax years	beginning before January	1, 2018 (see ir	nstructions)	STMT	1	35			0.
36	Total	of unrelated business taxable income before s	pecific deduction Subtrac	t line 35 from tl	he sum of						
	lines	33 and 34						36	-129	,7	06.
37	Spec	ific deduction (Generally \$1,000, but see line 3	7 instructions for exceptio	ns)				37	1	, 0	00.
38	Unre	lated business taxable income Subtract line	37 from line 36. If line 37	is greater than	line 36,						
		the smaller of zero or line 36		ū	,			38	-129	,70	06.
Part I	<u>v                                      </u>	Tax Computation							<del></del>		
39	Orga	nizations Taxable as Corporations Multiply l	ine 38 by 21% (0 21)					39			0.
40	-	s Taxable at Trust Rates See instructions for		tax on the amo	unt on line 3	8 from	·		·		
		Tax rate schedule or Schedule D (For					•	40			0.
41		tax See instructions	,				•	41			
42		native minimum tax (trusts only)						42			
43		on Noncompliant Facility Income See instruc	tions					43			
44		Add lines 41, 42, and 43 to line 39 or 40, whi						44			0.
Part \		Tax and Payments		******			•				
		gn tax credit (corporations attach Form 1118;	trusts attach Form 1116)		45a			Π Τ			
b		credits (see instructions)	arusts attach i orni i i io)		45b			1			
		ral business credit Attach Form 3800						-			
C			4 - : 0007)		45c			-			,
d		t for prior year minimum tax (attach Form 880	1 or 8827)		45d	· <del></del>		+			,
		credits Add lines 45a through 45d						45e			_
46		act line 45e from line 44			_	,		46			0.
47		taxes Check if from: Form 4255	Form 8611 Form 86	697 Form	n 8866 📖	Other (attach s	chedule)	47			
48	Total	tax Add lines 46 and 47 (see instructions)						48			0.
49	2018	net 965 tax liability paid from Form 965-A or f	Form 965-B, Part II, colum	n (k), line 2				49			0.
50 a	Paym	ents: A 2017 overpayment credited to 2018			50a			_			
b	2018	estimated tax payments			50b			╛			
С	Tax d	eposited with Form 8868			50c						
d	Forei	gn organizations: Tax paid or withheld at sourc	ce (see instructions)		50d						
е	Backı	up withholding (see instructions)	,		50e			7			
		t for small employer health insurance premium	ns (attach Form 8941)		50f			1			
		[	orm 2439					1			
			her	Total	▶ 50g						
51		payments. Add lines 50a through 50g						51			
52		ated tax penalty (see instructions) Check if Fo	rm 2220 is attached					52			
53		ue If line 51 is less than the total of lines 48,		wed				53			
54		payment If line 51 is larger than the total of lines	·		1			54			
55		the amount of line 54 you want Credited to 2		mount overpaid	J	Bofundad		·			
Part \		Statements Regarding Certain		er Informa	tion (see	Refunded e instructions		55			
		<del></del>							1.	1	
56		y time during the 2018 calendar year, did the c	=	<del>-</del>					-	Yes	No
		a financial account (bank, securities, or other)	= =	· -	_					ĺ	
		N Form 114, Report of Foreign Bank and Finar	ncial Accounts. If "Yes," ent	er the name of	the foreign (	country			L		
	here	·							-	-	X
57		g the tax year, did the organization receive a d		he grantor of, o	or transferor	to, a foreign tr	ust?		<u> </u>		X
		s," see instructions for other forms the organiz	•								
58	~ ~	the amount of tax-exempt interest received or									
0:	Un .co	der penalties of perjury, I declare that I have examined in frect, and complete. Declaration of preparer (other than	this return, including accompany taxpayer) is based on all inform	ying schedules and ation of which ore	d statements, a	and to the best of a	ny knowle	edge and beli	ef, it is true,		
Sign			. /	CHIEF	FINAL	CIAL		May the IRS d	lecties this re	aturn w	th
Here	- 19	the the	1	OFFIC:	ER			he preparer s			
		Signature of officer	Date	Title				nstructions)?	X Yes		No
		Print/Type preparer's name	Preparer's signature		Date	Check	X	ıf PTIN			
Paid		ELLEN M. LABITA,	C11 m 1 14	, ,,,,	12/7/		mployed				
		CPA	who him	1 Cont	** ) [ ]	11   20 0.		I	01407	77	
Prepa			VIRCHOW KRAU	SE, LLE	<u> </u>	Firm's	s EIN 🕨		-0859		)
Use C	niy		ROAD SUITE			1 5010	J L (IN		5555		•
		Firm's address MELVILLE,		500		Dhoo	o no - 6	531.7	52.74	0 n	
						ן דווטוו	υ IIU.      (	<i>, , , , , , , , , , , , , , , , , , , </i>	J 4 0 / T	v	

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory valuation N/A					
1 Inventory at beginning of year	1	metriod of invent	6 Inventory at end of year			6		
2 Purchases	2	-	7 Cost of goods sold St		ine 6			
3 Cost of labor	3	–	from line 5 Enter here					
4a Additional section 263A costs		····-	line 2	una mi	urc 1,	7		
(attach schedule)	4a	-	8 Do the rules of section	263A (	with respect to	- 1	Yes	s No
b Other costs (attach schedule)	4b		property produced or a	•	•			
5 Total Add lines 1 through 4b	5		the organization?	.04000	101 /000.07 0.00.0			
Schedule C - Rent Income (		Property and		ease	d With Real Prope	erty)	*	
(see instructions)								
1 Description of property							•	
(1)		<u></u>					<del></del>	
(2)		<del></del>	<del></del>					
(3)								
(4)								
	2 Rent receive	ed or accrued						
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	entage of than	of rent for pe	d personal property (if the percental rsonal property exceeds 50% or if is based on profit or income)	ge	3(a) Deductions directly columns 2(a) an	connect d 2(b) (a	ed with the income ttach schedule)	ın
(1)								
(2)							-	
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income Add totals of columns 2 here and on page 1, Part I, line 6, column		ter <b>&gt;</b>		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb		Income (see in	nstructions)		, ,			
		, ,	2 Gross income from		3 Deductions directly conn to debt-finance			
1 Description of debt-fin	anced property		or allocable to debt- financed property	` ′	Straight line depreciation (attach schedule)		(b) Other deducti (attach schedule	e)
				S	TATEMENT 4	ST	ATEMENT	5
<del></del>	NTRY ROA	.D ,	25.500	ļ	06.040	+	000	222
(2) MINEOLA, NY			96,603.		26,840.	<u> </u>	232,	338.
(3)					-	-		
(4)			-	<u> </u>		+		
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-final	adjusted basis illocable to nced property i schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(0	8 Allocable dedu column 6 x total of 3(a) and 3(b)	columns
(1)			%					
(2) 575,133.		392,564.	100.00%		96,603		259,	178.
(3)			%					
(4)			%					
STATEMENT 2	STAT	EMENT 3			nter here and on page 1, Part I, line 7, column (A)		nter here and on pa Part I, line 7, colum	
Totals			•		96,603	.	259,	178.
Total dividends-received deductions in	cluded in column	18	•	• • • • •	<u> </u>			0.

ٽ

11-3422018

Page 4

Page 5

Part II   Income From Per	riodicals Reporte	ed on a Separ	ate Basis (For ea	ch periodical lister	d in Part II, fill in	-
columns 2 through 7 o	n a line by-line basis )	)				
1 Name of periodical	2 Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					_	

0. Totals from Part I 0. 0. Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (B) Enter here and 0.

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form 990-T (2018)

(2) (3) (4)

FORM 990-T	' NET	OPERATING LOSS	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/03	128,723.	0.	128,723.	128,723.
12/31/04	160,599.	0.	160,599.	160,599.
12/31/05	161,740.	0.	161,740.	161,740.
12/31/06	124,448.	0.	124,448.	124,448.
12/31/07	152,264.	0.	152,264.	152,264.
12/31/08	230,106.	0.	230,106.	230,106.
12/31/09	284,565.	0.	284,565.	284,565.
12/31/10	188,206.	0.	188,206.	188,206.
12/31/11	251,267.	0.	251,267.	251,267.
12/31/12	215,475.	0.	215,475.	215,475.
12/31/13	194,811.	0.	194,811.	194,811.
12/31/14	74,772.	0.	74,772.	74,772.
12/31/15	88,934.	0.	88,934.	88,934.
12/31/16	119,671.	0.	119,671.	119,671.
12/31/17	111,879.	0.	111,879.	111,879.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	2,487,460.	2,487,460.

FORM 990-T 'SCHEDULE E - UNRELATED DEBT-FINANCED IN AVERAGE ACQUISITION DEBT	COME	STATEMENT 2
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF
100 EAST OLD COUNTRY ROAD, MINEOLA, NY	1	DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TWELFTH MONTH		576,105, 574,004, 572,947, 571,887, 570,824, 569,757, 568,687, 566,536, 565,456, 600,000,
TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR		6,901,595
AVERAGE AQUISITION DEBT		575,133.
TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4  FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED IN AVERAGE ADJUSTED BASIS	СОМЕ	STATEMENT 3
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	
100 EAST OLD COUNTRY ROAD, MINEOLA, NY	1	AMOUNT
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		407,662. 377,465.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		392,564.
TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5		

FORM 990-T	SCHEDULE E - DEPRECI	ATION DEDUCTI	ON	STATEMENT 4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION EXPEN	SE - SUBTOTAL	- 1	26,840.	26,840.
FOTAL OF FORM 990-	C, SCHEDULE E, COLUMN	3(A)		26,840.
FORM 990-T	SCHEDULE E - OTHE	R DEDUCTIONS		STATEMENT 5
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
PAYROLL TAXES & BENMAINTENANCE SALARI REPAIRS AND MAINTEN OFFICE EXPENSES INTEREST EXPENSE OCCUPANCY, INSURANC CONTRACTED SERVICE	ES NANCE CE, AND UTILITIES	,	25,543. 76,437. 4,648. 3,741. 21,350. 67,111. 33,508.	
	- SUBTOTAL	- 1		232,338
FOTAL OF FORM 990-	C, SCHEDULE E, COLUMN	3(B)		232,338