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CLIENT'S COPY

# Dopkins & Company, LLP

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

SNELL FARM CHILDRENS CENTER  
1183 MONROE AVENUE  
ROCHESTER, NY 14620

SNELL FARM CHILDRENS CENTER:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2017 EXEMPT ORGANIZATION RETURNS AND 2018 ESTIMATED TAX WORKSHEET, AS FOLLOWS...

2017 FORM 990

2017 FORM 990-T

2018 FEDERAL ESTIMATED TAX WORKSHEET - FORM 990-T

2017 NEW YORK FORM CHAR500

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,



DOPKINS & COMPANY, LLP

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2018

<b>Prepared for</b>	SNELL FARM CHILDRENS CENTER 1183 MONROE AVENUE ROCHESTER, NY 14620
<b>Prepared by</b>	DOPKINS & COMPANY, LLP 200 INTERNATIONAL DR BUFFALO, NY 14221-5794
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 15, 2019.

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning JUL 1, 2017, and ending JUN 30, 2018

# 2017

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**SNELL FARM CHILDRENS CENTER**

**16-1199261**

Name and title of officer

**MARIA CRISTALLI**  
**CHIEF EXECUTIVE OFFICER**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>4,457,718.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize DOPKINS & COMPANY, LLP to enter my PIN 12345  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ **TAXPAYER'S COPY** Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**16617561369**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ NICHOLAS FIUME Date ▶ 05/01/19

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

723051 10-11-17

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SNELL FARM CHILDRENS CENTER</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1183 MONROE AVENUE</b> City or town, state or province, country, and ZIP or foreign postal code <b>ROCHESTER, NY 14620</b> <b>F</b> Name and address of principal officer: <b>MARIA CRISTALLI</b> <b>1183 MONROE AVENUE, ROCHESTER, NY 14620</b>	<b>D</b> Employer identification number <b>16-1199261</b> <b>E</b> Telephone number <b>585-256-7500</b> <b>G</b> Gross receipts \$ <b>4,457,718.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.HILLSIDE.COM</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1984</b>		<b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>PROVIDES VOCATIONAL AND EDUCATIONAL PROGRAMS FOR TEENAGE BOYS IN NEED OF SUPERVISION</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>8</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>7</b>
<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a) .....	<b>5</b>	<b>99</b>
<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>22</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	<b>11,000.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>8</b>	<b>5,040.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g) .....	<b>9</b>	<b>4,439,027.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>10</b>	<b>8,386.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>11</b>	<b>11,989.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>12</b>	<b>4,457,718.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>13</b>	<b>0.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>14</b>	<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>15</b>	<b>2,705,066.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>16a</b>	<b>0.</b>
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>	<b>16b</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>17</b>	<b>1,871,729.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>18</b>	<b>4,576,795.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	<b>19</b>	<b>-119,077.</b>
<b>20</b>	Total assets (Part X, line 16) .....	<b>20</b>	<b>3,574,580.</b>
<b>21</b>	Total liabilities (Part X, line 26) .....	<b>21</b>	<b>3,348,887.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	<b>22</b>	<b>225,693.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	TAXPAYER'S COPY Signature of officer <b>MARIA CRISTALLI, CHIEF EXECUTIVE OFFICER</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>NICHOLAS FIUME</b> Preparer's signature <b>NICHOLAS FIUME</b> Date <b>05/01/19</b> Check if self-employed <input type="checkbox"/> PTIN <b>P10501475</b> Firm's name ▶ <b>DOPKINS &amp; COMPANY, LLP</b> Firm's address ▶ <b>200 INTERNATIONAL DR</b> <b>BUFFALO, NY 14221-5794</b> Firm's EIN ▶ <b>16-0929175</b> Phone no. <b>716-634-8800</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [ ]

1 Briefly describe the organization's mission: SNELL FARM CHILDREN'S CENTER (THE CENTER) IS A NOT-FOR-PROFIT PUBLIC BENEFIT EXEMPT ORGANIZATION THAT OPERATES A RESIDENTIAL TREATMENT PROGRAM IN BATH, NEW YORK, WHICH PROVIDES VOCATIONAL AND EDUCATIONAL PROGRAMS FOR TEENAGE BOYS IN NEED OF SUPERVISION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 4,043,124. including grants of \$ ) (Revenue \$ 4,451,056. ) RESIDENTIAL SERVICES TO CHILDREN AND THEIR FAMILIES ENGAGED IN THE CHILD WELFARE SYSTEM, AIMED AT HELPING THEM BECOME CONTRIBUTING MEMBERS OF SOCIETY.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 4,043,124.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....		X
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....		
<b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	



Part 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

Input box for Schedule O check

Main table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?		X
<b>3</b>	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?	X	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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?	X	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>11b</b>	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	b Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     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 financial 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: **MARIA CRISTALLI, PRESIDENT & CHIEF EXECUTIVE OFFICER - 585-256-7500**  
**1183 MONROE AVENUE, ROCHESTER, NY 14620**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTINE M. VALKENBURGH, ESQ. DIRECTOR	0.50	X					0.	0.	0.	
(2) DAVID L. DUBOIS, JR. DIRECTOR	0.50	X					0.	0.	0.	
(3) HARVEY TREMPER DIRECTOR	0.50	X					0.	0.	0.	
(4) PAUL H. FORESTELL DIRECTOR	0.50	X					0.	0.	0.	
(5) DEBORAH DAUM CHAIR	1.50 0.50			X			0.	0.	0.	
(6) IRA GOLDMAN TREASURER	1.00			X			0.	0.	0.	
(7) LEVI WEAVER SECRETARY	0.50			X			0.	0.	0.	
(8) DENNIS RICHARDSON FORMER CEO	2.00 38.00			X			0.	442,743.	15,561.	
(9) PAUL PERROTTO FORMER CFO	2.00 38.00			X			0.	306,284.	26,872.	
(10) JO SLOVAK VICE CHAIR	1.00			X			0.	0.	0.	
(11) DARCY BAILOR PSYCHIATRIST	10.00 30.00					X	42,842.	64,788.	21,382.	
(12) ANN LANDOWNE PSYCHIATRIST	5.00 35.00					X	44,157.	209,141.	22,806.	
(13) MARIA CRISTALLI CHIEF EXECUTIVE OFFICER	2.00 38.00					X	0.	237,271.	19,498.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for 1b, 1c, and 1d.

1b Sub-total 86,999. 1,260,227. 106,119.
1c Total from continuation sheets to Part VII, Section A 0. 0. 0.
1d Total (add lines 1b and 1c) 86,999. 1,260,227. 106,119.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a 'NONE' entry in column A.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	5,000.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....		5,000.				
	<b>Program Service Revenue</b>	<b>2 a</b> <b>RESIDENTIAL SERVICES</b> .....	<b>Business Code</b> 624100	4,439,027.	4,439,027.		
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			4,439,027.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,662.			1,662.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> <b>MANAGEMENT FEE INCOME</b> .....	<b>624100</b>		12,029.	12,029.			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....		12,029.				
<b>12 Total revenue.</b> See instructions. ....		4,457,718.	4,451,056.	0.	1,662.		

**Part IX Statement of Functional Expenses**

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,228,028.	2,228,028.		
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	49,614.	49,614.		
<b>9</b> Other employee benefits	219,931.	219,931.		
<b>10</b> Payroll taxes	207,493.	207,493.		
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	533,671.		533,671.	
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	115,155.	115,155.		
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	149,812.	149,812.		
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	539,759.	539,759.		
<b>17</b> Travel	18,114.	18,114.		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	482.	482.		
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	155,946.	155,946.		
<b>23</b> Insurance	29,280.	29,280.		
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>FOOD SERVICES</b>	247,361.	247,361.		
<b>b</b> <b>RECREATION, WORK ACTIVI</b>	32,920.	32,920.		
<b>c</b> <b>CLOTHING AND LINEN</b>	30,021.	30,021.		
<b>d</b> <b>STAFF DEVELOPMENT - REC</b>	19,046.	19,046.		
<b>e</b> All other expenses	162.	162.		
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	4,576,795.	4,043,124.	533,671.	0.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,500.	<b>1</b>	1,500.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	536,200.	<b>4</b>	633,713.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	26,606.	<b>9</b>	33,010.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,671,886.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,871,177.	<b>10c</b>	2,800,709.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	34,190.	<b>14</b>	32,637.
	<b>15</b> Other assets. See Part IV, line 11 .....	72,120.	<b>15</b>	73,011.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	3,617,653.	<b>16</b>	3,574,580.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	194,530.	<b>17</b>	211,740.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....	1,002,502.	<b>20</b>	976,934.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	351,953.	<b>23</b>	335,462.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	1,763,151.	<b>25</b>	1,824,751.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,312,136.	<b>26</b>	3,348,887.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	281,666.	<b>27</b>	202,826.
	<b>28</b> Temporarily restricted net assets .....	23,851.	<b>28</b>	22,867.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	305,517.	<b>33</b>	225,693.	
<b>34</b> Total liabilities and net assets/fund balances .....	3,617,653.	<b>34</b>	3,574,580.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,457,718.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,576,795.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-119,077.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	305,517.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	8,879.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	30,374.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	225,693.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis			
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2017)



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

<b>Name of the organization</b> <b>SNELL FARM CHILDRENS CENTER</b>	<b>Employer identification number</b> <b>16-1199261</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4145934.	4271718.	4481186.	4227796.	4444027.	21570661.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4145934.	4271718.	4481186.	4227796.	4444027.	21570661.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						21570661.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	4145934.	4271718.	4481186.	4227796.	4444027.	21570661.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	524.	614.	584.	741.	1,662.	4,125.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	12,029.	12,329.	12,429.	11,989.	12,029.	60,805.
<b>11 Total support.</b> Add lines 7 through 10						21635591.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.70 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	99.70 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ►

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		

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

1  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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>		(A) Prior Year	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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

**Part VI**

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

Multiple horizontal lines for supplemental information.



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

SNELL FARM CHILDRENS CENTER

Employer identification number

16-1199261

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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**

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, 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 ..... ▶ \$ \_\_\_\_\_

**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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

<b>Name of organization</b>  SNELL FARM CHILDRENS CENTER	<b>Employer identification number</b>  16-1199261
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HILLSIDE CHILDREN'S FOUNDATION  1183 MONROE AVENUE  ROCHESTER, NY 14620	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SNELL FARM CHILDRENS CENTER</b>	Employer identification number  <b>16-1199261</b>
--	---

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

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

Name of organization <b>SNELL FARM CHILDRENS CENTER</b>	Employer identification number <b>16-1199261</b>
--	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

**Name of the organization** SNELL FARM CHILDRENS CENTER **Employer identification number** 16-1199261

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a 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) 2017

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,763,400.	4,170,503.	4,233,218.	4,233,993.	3,511,455.
b Contributions	517,741.	25,572.	123,708.	94,812.	130,553.
c Net investment earnings, gains, and losses	316,324.	576,325.	-37,726.	25,176.	690,444.
d Grants or scholarships					
e Other expenditures for facilities and programs	429,626.	9,000.	148,697.	120,763.	98,459.
f Administrative expenses					
g End of year balance	5,167,839.	4,763,400.	4,170,503.	4,233,218.	4,233,993.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  66.34 %
- c Temporarily restricted endowment  33.66 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations	X	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	X	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		34,283.		34,283.
b Buildings		4,233,423.	1,534,689.	2,698,734.
c Leasehold improvements				
d Equipment		404,180.	336,488.	67,692.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,800,709.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>INTERAFFILIATE PAYABLE - NET</b>	<b>1,824,751.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>1,824,751.</b>

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	4,439,027.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	4,439,027.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	18,691.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	18,691.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	4,457,718.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	4,570,612.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-6,183.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	-6,183.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	4,576,795.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	4,576,795.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b 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:**

ENDOWMENT FUND PROCEEDS ARE USED IN COMPLIANCE WITH THE DONOR DIRECTION, IN CASES WHERE THERE IS NO SPECIFIC DONOR DIRECTION, PROCEEDS ARE HELD BY THE FOUNDATION UNTIL USED TO FURTHER THE MISSIONS OF HILLSIDE CHILDREN'S FOUNDATION'S SUPPORTED ORGANIZATIONS.

**PART X, LINE 2:**

IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN FOR INCOME TAX PURPOSES WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD BE ULTIMATELY SUSTAINED. THE CENTER IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS.



**Part XIII** Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

MANAGEMENT FEE INCOME	12,029.
GRANTS FROM AFFILIATES	5,000.
INTEREST	1,662.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	18,691.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GAIN ON INTEREST RATE SWAP AGREEMENT SHOWN AS REDUCTION OF INTEREST EXPENSE	-6,183.
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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**SNELL FARM CHILDRENS CENTER**

Employer identification number

**16-1199261**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DENNIS RICHARDSON FORMER CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	442,743.	0.	0.	0.	15,561.	458,304.	0.
(2) PAUL PERROTTO FORMER CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	306,284.	0.	0.	14,768.	12,104.	333,156.	0.
(3) ANN LANDOWNE PSYCHIATRIST	(i)	44,157.	0.	0.	1,325.	2,650.	48,132.	0.
	(ii)	209,141.	0.	0.	6,273.	12,558.	227,972.	0.
(4) MARIA CRISTALLI CHIEF EXECUTIVE OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	237,271.	0.	0.	7,421.	12,077.	256,769.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							

**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.

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**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **SNELL FARM CHILDRENS CENTER** Employer identification number **16-1199261**

<b>Part I Bond Issues</b>											
<b>SEE PART VI FOR COLUMN (F) CONTINUATIONS</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649903E98	06/17/08	1,140,000.	REPLACEMENT COTTAGE AT BATH C		X		X		X
<b>B</b>											
<b>C</b>											
<b>D</b>											

<b>Part II Proceeds</b>										
	A		B		C		D			
<b>1</b> Amount of bonds retired										
<b>2</b> Amount of bonds legally defeased										
<b>3</b> Total proceeds of issue		1,161,301.								
<b>4</b> Gross proceeds in reserve funds		54,239.								
<b>5</b> Capitalized interest from proceeds										
<b>6</b> Proceeds in refunding escrows										
<b>7</b> Issuance costs from proceeds		60,282.								
<b>8</b> Credit enhancement from proceeds										
<b>9</b> Working capital expenditures from proceeds		1,046,800.								
<b>10</b> Capital expenditures from proceeds										
<b>11</b> Other spent proceeds										
<b>12</b> Other unspent proceeds										
<b>13</b> Year of substantial completion		2010								
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue?		X								
<b>15</b> Were the bonds issued as part of an advance refunding issue?		X								
<b>16</b> Has the final allocation of proceeds been made?	X									
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

<b>Part III Private Business Use</b>										
	A		B		C		D			
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property?		X								

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....		X						
<b>b</b> Exception to rebate? .....		X						
<b>c</b> No rebate due? .....		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X						
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	X							

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....		X						

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions

**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK

(F) DESCRIPTION OF PURPOSE: REPLACEMENT COTTAGE AT BATH CAMPUS

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

SNELL FARM CHILDRENS CENTER

Employer identification number

16-1199261

FORM 990, PART VI, SECTION A, LINE 3:

AS AN AFFILIATE OF HILLSIDE FAMILY OF AGENCIES, CERTAIN EXECUTIVE LEVEL  
FUNCTIONS ARE DELEGATED TO THE PARENT COMPANY. THESE INCLUDE FINANCIAL  
MANAGEMENT, HUMAN RESOURCES, MARKETING, AND BUSINESS INTELLIGENCE. DAILY  
OPERATIONAL MANAGEMENT, SERVICE DELIVERY, REGULATORY COMPLIANCE, HIRING AND  
FIRING OF PERSONNEL, QUALITY OF SERVICE, RISK MANAGEMENT, AND BUDGET  
MANAGEMENT ARE THE RESPONSIBILITY OF THE AFFILIATE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 6:

HILLSIDE FAMILY OF AGENCIES, THE PARENT ORGANIZATION, IS THE SOLE CORPORATE  
MEMBER OF THE CENTER.

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

THE BY-LAWS STATE THAT THE SOLE CORPORATE MEMBER, HILLSIDE FAMILY OF  
AGENCIES, CAN APPOINT OR REMOVE BOARD MEMBERS.

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

HILLSIDE FAMILY OF AGENCIES HAS RESERVED POWERS TO APPROVE DECISIONS OF THE  
BOARD ON EXISTENTIAL MATTERS.

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

THE CHIEF FINANCIAL OFFICER AND THE HILLSIDE FAMILY OF AGENCIES' AUDIT  
COMMITTEE REVIEWS THE 990 PRIOR TO FILING. THE 990 IS SHARED WITH THE BOARD  
OF DIRECTORS AFTER FILING. THE PERFORMANCE AND COMPENSATION COMMITTEE ALSO  
REVIEWS AND MONITORS EXECUTIVE COMPENSATION.



Name of the organization

SNELL FARM CHILDRENS CENTER

Employer identification number

16-1199261

FORM 990, PART VI, SECTION B, LINE 12C:

RESPONSES ARE REVIEWED ANNUALLY BY THE CEO; SPECIAL CASES GO TO THE GOVERNANCE COMMITTEE FOR ENFORCEMENT.

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

THE BOARD OF GOVERNORS OF THE PARENT ORGANIZATION, HILLSIDE FAMILY OF AGENCIES, USES A PERFORMANCE AND COMPENSATION COMMITTEE OF INDEPENDENT MEMBERS TO EVALUATE THE CEO, ESTABLISH GOALS, CONSIDER COMPENSATION ISSUES AND GATHER RELEVANT MARKET INFORMATION ABOUT POSITIONS OF SIMILAR RESPONSIBILITIES AND SKILLS. OFTEN, COMPENSATION CONSULTANTS ARE ENGAGED TO BROADEN INFORMATION ACCESS AND TO ENSURE THAT THE COMPARATIVE INFORMATION IS INTERPRETED PROPERLY. THE COMMITTEE MEETS SEVERAL TIMES PER YEAR WITH THE CEO TO REVIEW PERFORMANCE AND REPORTS TO THE WHOLE BOARD AT LEAST ANNUALLY. THE INTELLIGENCE GATHERED DURING THAT PROCESS IS USED BY THE CEO IN CONSIDERATION OF COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES, INCLUDING THE EXECUTIVE DIRECTOR OF THE CENTER. THE PERFORMANCE AND COMPENSATION COMMITTEE ALSO REVIEWS AND APPROVES COMPENSATION FOR THE COO, CFO, AND CHIEF HR/OD OFFICER.

FORM 990, PART VI, SECTION C, LINE 19:

THE CENTER'S FORM 990 IS POSTED TO ITS WEBSITE. IN ADDITION, THE RETURN AND OTHER DOCUMENTS OPEN FOR PUBLIC INSPECTION ARE AVAILABLE UPON WRITTEN REQUEST OR IN PERSON. REQUESTS FOR GOVERNING INSTRUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE CONSIDERED UPON REQUEST.

FORM 990, PART VII, SECTION A, COLUMN B

THE CENTER IS RELATED TO THE HILLSIDE FAMILY OF AGENCIES (THE "CORPORATION") AND ITS AFFILIATES (COLLECTIVELY, THE "SYSTEM") THE

Name of the organization SNELL FARM CHILDRENS CENTER	Employer identification number 16-1199261
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SYSTEM CONSTITUTES A COMPREHENSIVE SYSTEM OF CARE, OFFERING MENTAL HEALTH, SOCIAL SERVICES, DEVELOPMENTAL DISABILITY, YOUTH DEVELOPMENT, ADOPTION, AND EDUCATIONAL SERVICES IN NEW YORK, MARYLAND, AND THE DISTRICT OF COLUMBIA . THE CORPORATION IS A NOT-FOR-PROFIT CORPORATION THAT REVIEWS AND MONITORS THE MISSIONS, OBJECTIVES, ACTIVITIES, AND RESOURCES OF ITS AFFILIATES FOR THE PURPOSE OF PROMOTING EFFICIENT, EFFECTIVE, AND ECONOMICAL SOCIAL, EDUCATIONAL, AND MENTAL HEALTH SERVICES TO CHILDREN, YOUTH, AND FAMILIES IN ITS SERVICE AREA. THE CORPORATION IS A FINANCIALLY INTERRELATED ENTITY AND THE SOLE CORPORATE MEMBER OF THE CENTER, AND PROVIDES CERTAIN OPERATING AND ADMINISTRATIVE SERVICES TO THE CENTER AND OTHER RELATED ENTITIES. THE COSTS OF THESE SERVICES ARE ALLOCATED TO THE RECEIVING ENTITIES BASED UPON COST STUDIES AND/OR ACTUAL AMOUNTS INCURRED.

FOLLOWING IS AN ESTIMATE OF TIME DEVOTED AMONG ALL ENTITIES FOR INDIVIDUALS REPORTED IN PART VII - SECTION A:

1. DENNIS RICHARDSON, FORMER CEO - HILLSIDE FAMILY OF AGENCIES - 20 HOURS, HILLSIDE CHILDREN'S CENTER - 6 HOURS, SNELL FARM CHILDREN'S CENTER - 2 HOURS, HILLSIDE WORK SCHOLARSHIP CONNECTION - 5 HOURS, HILLSIDE CHILDREN'S FOUNDATION - 5 HOURS, AND STILLWATER CHILDREN'S CENTER - 2 HOURS.

2. PAUL PERROTTO, FORMER CFO & STRATEGIC DEVELOPMENT OFFICER - HILLSIDE FAMILY OF AGENCIES - 18 HOURS, HILLSIDE CHILDREN'S CENTER - 4 HOURS, SNELL FARM CHILDREN'S CENTER - 2 HOURS, HILLSIDE WORK SCHOLARSHIP CONNECTION - 6 HOURS, HILLSIDE CHILDREN'S FOUNDATION - 8 HOURS, AND STILLWATER CHILDREN'S CENTER - 2 HOURS.

3. MARIA CRISTALLI , CEO - HILLSIDE FAMILY OF AGENCIES - 20 HOURS, HILLSIDE CHILDREN'S CENTER - 6 HOURS, SNELL FARM CHILDREN'S CENTER - 2

Name of the organization SNELL FARM CHILDRENS CENTER	Employer identification number 16-1199261
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HOURS, HILLSIDE WORK SCHOLARSHIP CONNECTION - 5 HOURS, HILLSIDE CHILDREN'S FOUNDATION - 5 HOURS, AND STILLWATER CHILDREN'S CENTER - 2 HOURS.

4. DEBORAH DAUM, CHAIR - HILLSIDE FAMILY OF AGENCIES - 0.50 HOURS AND SNELL FARM CHILDRENS CENTER - 1.5 HOURS

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF HILLSIDE CHILDREN'S FDN	-984.
PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST	25,175.
UNREALIZED GAIN ON INTEREST RATE SWAP AGREEMENTS	6,183.
TOTAL TO FORM 990, PART XI, LINE 9	30,374.

FORM 990, PART XII - FINANCIAL STATEMENTS AND REPORTING, LINE 3A AND 3B THE CENTER RECEIVES FEDERAL AWARDS AND IS REQUIRED TO HAVE AN AUDIT THAT IS PERFORMED IN ACCORDANCE WITH THE FOLLOWING: GENERALLY ACCEPTED AUDITING STANDARDS, GOVERNMENTAL AUDITING STANDARDS, THE SINGLE AUDIT ACT AND UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS AT 2 CFR 200 (UNIFORM GUIDANCE). AS ALLOWED UNDER THE AFOREMENTIONED STANDARDS, THIS AUDIT WAS PERFORMED ON A CONSOLIDATED BASIS FOR ALL ENTITIES UNDER COMMON CONTROL OF THE HILLSIDE FAMILY OF AGENCIES THAT RECEIVE FEDERAL FUNDS.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization **SNELL FARM CHILDRENS CENTER** Employer identification number **16-1199261**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HILLSIDE CHILDREN'S CENTER - 16-0743039 1183 MONROE AVENUE ROCHESTER, NY 14620	EDUCATIONAL SERVICES FOR SPECIAL NEEDS CHILDREN	NEW YORK	501(C)(3)	LINE 7	N/A		X
HILLSIDE CHILDREN'S FOUNDATION - 16-1493404 1183 MONROE AVENUE ROCHESTER, NY 14620	RAISE FUNDS FOR AFFILIATES	NEW YORK	501(C)(3)	LINE 12B, II	N/A		X
HILLSIDE FAMILY OF AGENCIES - 16-1493407 1183 MONROE AVENUE ROCHESTER, NY 14620	SUPPORT SERVICES TO AFFILIATES	NEW YORK	501(C)(3)	LINE 12D, III-O	N/A		X
HILLSIDE WORK SCHOLARSHIP CONNECTION - 16-1453581, 1183 MONROE AVENUE, ROCHESTER, NY 14620	YOUTH ADVOCACY PROGRAMS	NEW YORK	501(C)(3)	LINE 7	N/A		X

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

Schedule R (Form 990) 2017

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
STILLWATER CHILDREN'S CENTER -- 16-1415435 1183 MONROE AVENUE ROCHESTER, NY 14620	RESIDENTIAL TREATMENT FOR YOUTH	NEW YORK	501(C)(3)	LINE 7	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	



**Part VII** Supplemental Information.

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

Lined area for supplemental information.

# 2018 ESTIMATED TAX FILING INSTRUCTIONS

FORM 990-W

FOR THE YEAR ENDING

JUNE 30, 2019

<b>Prepared for</b>	SNELL FARM CHILDRENS CENTER 1183 MONROE AVENUE ROCHESTER, NY 14620		
<b>Prepared by</b>	DOPKINS & COMPANY, LLP 200 INTERNATIONAL DR BUFFALO, NY 14221-5794		
<b>Amount of tax</b>	Total Estimated Tax	\$	2,000
	Less credit from prior year	\$	0
	Less amount already paid on 2018 estimate	\$	0
	Balance due	\$	2,000
	Payable in full or in installments as follows:		
	Installment	Amount	Due Date
	No. 1	\$ 500	OCTOBER 15, 2018
	No. 2	\$ 500	DECEMBER 17, 2018
	No. 3	\$ 500	MARCH 15, 2019
	No. 4	\$ 500	JUNE 17, 2019
<b>Make check payable to</b>	PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS).		
<b>Mail voucher and check (if applicable) to</b>	NOT APPLICABLE		
<b>Special Instructions</b>			

Form **990-W**

**Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(Worksheet)

(and on Investment Income for Private Foundations) FORM 990-T

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/F990W](http://www.irs.gov/F990W) for instructions and the latest information.  
▶ Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year .....	1	
2	Tax on the amount on line 1. See instructions for tax computation .....	2	
3	Alternative minimum tax for trusts. See instructions .....	3	
4	Total. Add lines 2 and 3 .....	4	
5	Estimated tax credits. See instructions .....	5	
6	Subtract line 5 from line 4 .....	6	
7	Other taxes. See instructions .....	7	
8	Total. Add lines 6 and 7 .....	8	
9	Credit for federal tax paid on fuels. See instructions .....	9	
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions .....	10a	
b	Enter the tax shown on the 2017 return. See instructions. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	10b	1,978.
c	<b>2018 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....	10c	2,000.

		(a)	(b)	(c)	(d)	
11	Installment due dates. See instructions .....	11	10/15/18	12/17/18	03/15/19	06/17/19
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." .....	12	500.	500.	500.	500.
13	2017 Overpayment. See instructions .....	13				
14	Payment due (Subtract line 13 from line 12) .....	14	500.	500.	500.	500.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2018)

TAXPAYER'S COPY

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

JUNE 30, 2018

<b>Prepared for</b>	SNELL FARM CHILDRENS CENTER 1183 MONROE AVENUE ROCHESTER, NY 14620
<b>Prepared by</b>	DOPKINS & COMPANY, LLP 200 INTERNATIONAL DR BUFFALO, NY 14221-5794
<b>Amount due or refund</b>	BALANCE DUE OF \$1,978
<b>Make check payable to</b>	PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS).
<b>Mail tax return and check (if applicable) to</b>	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
<b>Return must be mailed on or before</b>	MAY 15, 2019
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED.

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

**2017**

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>SNELL FARM CHILDRENS CENTER</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>16-1199261</b>
		Number, street, and room or suite no. If a P.O. box, see instructions. <b>1183 MONROE AVENUE</b>	<b>E</b> Unrelated business activity codes (See instructions.) <b>812930</b>
		City or town, state or province, country, and ZIP or foreign postal code <b>ROCHESTER, NY 14620</b>	

**C** Book value of all assets at end of year **3,574,580.**

**F** Group exemption number (See instructions.) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity. ▶ **TAX REFORM ACT PARKING**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **MARIA CRISTALLI, PRESIDENT & CHIEF** Telephone number ▶ **585-256-7500**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)		<b>5</b>		
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule) <b>STATEMENT 1</b>		<b>12</b> 12,000.		12,000.
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> 12,000.		12,000.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>		
<b>15</b> Salaries and wages		<b>15</b>		
<b>16</b> Repairs and maintenance		<b>16</b>		
<b>17</b> Bad debts		<b>17</b>		
<b>18</b> Interest (attach schedule)		<b>18</b>		
<b>19</b> Taxes and licenses		<b>19</b>		
<b>20</b> Charitable contributions (See instructions for limitation rules)		<b>20</b>		
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>			
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		<b>22b</b>	
<b>23</b> Depletion		<b>23</b>		
<b>24</b> Contributions to deferred compensation plans		<b>24</b>		
<b>25</b> Employee benefit programs		<b>25</b>		
<b>26</b> Excess exempt expenses (Schedule I)		<b>26</b>		
<b>27</b> Excess readership costs (Schedule J)		<b>27</b>		
<b>28</b> Other deductions (attach schedule)		<b>28</b>		
<b>29 Total deductions.</b> Add lines 14 through 28		<b>29</b>		0.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>30</b>		12,000.
<b>31</b> Net operating loss deduction (limited to the amount on line 30)		<b>31</b>		
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		<b>32</b>		12,000.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		<b>33</b>		1,000.
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		<b>34</b>		11,000.

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
<b>c</b> Income tax on the amount on line 34 <b>SEE STATEMENT 2</b>	<b>35c</b>	1,978.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>	
<b>37 Proxy tax.</b> See instructions	<b>37</b>	
<b>38 Alternative minimum tax</b>	<b>38</b>	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions	<b>39</b>	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies	<b>40</b>	1,978.

**Part IV Tax and Payments**

<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>41a</b>	
<b>b</b> Other credits (see instructions)	<b>41b</b>	
<b>c</b> General business credit. Attach Form 3800	<b>41c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>41d</b>	
<b>e Total credits.</b> Add lines 41a through 41d	<b>41e</b>	
<b>42</b> Subtract line 41e from line 40	<b>42</b>	1,978.
<b>43</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>43</b>	
<b>44 Total tax.</b> Add lines 42 and 43	<b>44</b>	1,978.
<b>45a</b> Payments: A 2016 overpayment credited to 2017	<b>45a</b>	
<b>b</b> 2017 estimated tax payments	<b>45b</b>	
<b>c</b> Tax deposited with Form 8868	<b>45c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>45d</b>	
<b>e</b> Backup withholding (see instructions)	<b>45e</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>45f</b>	
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>45g</b>	
<b>46 Total payments.</b> Add lines 45a through 45g	<b>46</b>	
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>47</b>	
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	<b>48</b>	1,978.
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	<b>49</b>	
<b>50</b> Enter the amount of line 49 you want: <b>Credited to 2018 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>50</b>	

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>51</b> At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
<b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**Sign Here** 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 taxpayer) is based on all information of which preparer has any knowledge.

**TAXPAYER'S COPY** Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ **CHIEF EXECUTIVE OFFICER** Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	NICHOLAS FIUME	NICHOLAS FIUME	05/01/19		P10501475
	Firm's name <b>DOPKINS &amp; COMPANY, LLP</b>	Firm's EIN <b>16-0929175</b>			
	Firm's address <b>200 INTERNATIONAL DR</b>		Phone no. <b>716-634-8800</b>		
	<b>BUFFALO, NY 14221-5794</b>				

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year .....	1		6	Inventory at end of year .....	6	
2	Purchases .....	2		7	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	7	
3	Cost of labor .....	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		Yes No
4a	Additional section 263A costs (attach schedule) .....	4a					
b	Other costs (attach schedule) .....	4b					
5	<b>Total.</b> Add lines 1 through 4b .....	5					

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
<b>Total dividends-received deductions</b> included in column 8 .....				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....		0.	0.			0.



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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 27. <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

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

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FORM 990-T	OTHER INCOME	STATEMENT	1
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DESCRIPTION	AMOUNT
TAX REFORM ACT PARKING	12,000.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	12,000.

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FORM 990-T	LINE 35C TAX COMPUTATION	STATEMENT	2
1.	TAXABLE INCOME . . . . .	11,000	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .	11,000	
3.	LINE 1 LESS LINE 2 . . . . .	0	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .	0	
5.	LINE 3 LESS LINE 4 . . . . .	0	
6.	INCOME SUBJECT TO 34% TAX RATE . . . . .	0	
7.	INCOME SUBJECT TO 35% TAX RATE . . . . .	0	
8.	15 PERCENT OF LINE 2 . . . . .	1,650	
9.	25 PERCENT OF LINE 4 . . . . .	0	
10.	34 PERCENT OF LINE 6 . . . . .	0	
11.	35 PERCENT OF LINE 7 . . . . .	0	
12.	ADDITIONAL 5% SURTAX . . . . .	0	
13.	ADDITIONAL 3% SURTAX . . . . .	0	
14.	TOTAL INCOME TAX		<u>1,650</u>
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	<u>2,310</u>	
	DAYS		
16.	TAX PRORATED FOR NUMBER OF DAYS IN 2017	184	832
17.	TAX PRORATED FOR NUMBER OF DAYS IN 2018	181	1,146
18.	TOTAL TAX PRORATED	<u>365</u>	<u>1,978</u>

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

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

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>SNELL FARM CHILDRENS CENTER</b>	Employer identification number (EIN) or <b>16-1199261</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1183 MONROE AVENUE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ROCHESTER, NY 14620</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**MARIA CRISTALLI, PRESIDENT & CHIEF EXECUTIVE OFFICER**

• The books are in the care of ▶ **1183 MONROE AVENUE - ROCHESTER, NY 14620**  
Telephone No. ▶ **585-256-7500** Fax No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

JUNE 30, 2018

<b>Prepared for</b>	SNELL FARM CHILDRENS CENTER 1183 MONROE AVENUE ROCHESTER, NY 14620
<b>Prepared by</b>	DOPKINS & COMPANY, LLP 200 INTERNATIONAL DR BUFFALO, NY 14221-5794
<b>Amount due or refund</b>	BALANCE DUE OF \$75.00
<b>Make check payable to</b>	DEPARTMENT OF LAW
<b>Mail tax return and check (if applicable) to</b>	NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005
<b>Return must be mailed on or before</b>	PLEASE MAIL AS SOON AS POSSIBLE.
<b>Special Instructions</b>	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).  THE ATTACHED COPY OF FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

# CHAR500

NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.com

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

**2017**  
**Open to Public Inspection**

## 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) **07/01/2017** and Ending (mm/dd/yyyy) **06/30/2018**

Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: <b>SNELL FARM CHILDRENS CENTER</b>	Employer Identification Number (EIN): <b>16-1199261</b>
	Mailing Address: <b>1183 MONROE AVENUE</b>	NY Registration Number: <b>03-30-74</b>
	City / State / ZIP: <b>ROCHESTER, NY 14620</b>	Telephone: <b>585 2567500</b>
	Website: <b>WWW.HILLSIDE.COM</b>	Email:

Check your organization's registration category:  7A only  EPTL only  DUAL (7A & EPTL)  EXEMPT\* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.

## 2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

*We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.*

	<b>TAXPAYER'S COPY</b>	<b>MARIA CRISTALLI</b>	
President or Authorized Officer:		<b>CEO</b>	
	Signature	Print Name and Title	Date
Chief Financial Officer or Treasurer:		<b>IRA GOLDMAN</b>	
	Signature	Print Name and Title	Date

## 3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

## 4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

## 5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>50.</u>	Total fee: \$ <u>75.</u>	Make a single check or money order payable to: <b>"Department of Law"</b>
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CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

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

# CHAR500

## Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
  - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
  - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

### Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

### Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

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

#### Need Assistance?

Visit: [www.CharitiesNYS.com](http://www.CharitiesNYS.com)  
 Call: (212) 416-8401  
 Email: [Charities.Bureau@ag.ny.gov](mailto:Charities.Bureau@ag.ny.gov)

#### Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

**DUAL** filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

#### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).



**Financial Statements  
With Independent Auditor's Report**

**June 30, 2018 and 2017**



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## INDEPENDENT AUDITOR'S REPORT

To the Audit Committee  
Hillside Family of Agencies

### Report on the Financial Statements

We have audited the accompanying financial statements of Snell Farm Children's Center (an affiliate of Hillside Family of Agencies), which comprise the statements of financial position as of June 30, 2018 and 2017, and the related statements of activities and changes in net assets, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

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

### Auditor's Responsibility

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

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

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

### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Snell Farm Children's Center as of June 30, 2018 and 2017, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

  
CERTIFIED PUBLIC ACCOUNTANTS

November 1, 2018

**SNELL FARM CHILDREN'S CENTER**

**STATEMENTS OF FINANCIAL POSITION**

**June 30, 2018 and 2017**

<b>ASSETS</b>	<b>2018</b>	<b>2017</b>
Cash	\$ 1,500	\$ 1,500
Restricted assets held in trust	50,144	48,269
Receivables — net	633,713	536,200
Prepaid expenses	33,010	26,606
Property and equipment — net	2,800,709	2,947,037
Beneficial interest in net assets of Hillside Children's Foundation	22,867	23,851
<b>Total assets</b>	<b>\$ 3,541,943</b>	<b>\$ 3,583,463</b>
<b>LIABILITIES AND NET ASSETS</b>		
Liabilities		
Accounts payable	\$ 30,621	\$ 43,598
Accrued expenses and other liabilities	181,119	150,932
Interaffiliate payable — net	1,824,751	1,763,151
Bonds and notes payable	1,279,759	1,320,265
<b>Total liabilities</b>	<b>3,316,250</b>	<b>3,277,946</b>
Net Assets		
Unrestricted	202,826	281,666
Temporarily restricted	22,867	23,851
<b>Total net assets</b>	<b>225,693</b>	<b>305,517</b>
<b>Total liabilities and net assets</b>	<b>\$ 3,541,943</b>	<b>\$ 3,583,463</b>

SNELL FARM CHILDREN'S CENTER

STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS  
Years Ended June 30, 2018 and 2017

	2018			2017		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
Revenue and public support:						
Program-related revenue:						
NYS Department of Children and Family Services	\$ 4,363,142	\$ -	\$ 4,363,142	\$ 4,118,419	\$ -	\$ 4,118,419
NYS Education Department	1,349	-	1,349	1,467	-	1,467
Government grants	51,714	-	51,714	56,065	-	56,065
<b>Total program-related revenue</b>	<b>4,416,205</b>	<b>-</b>	<b>4,416,205</b>	<b>4,175,951</b>	<b>-</b>	<b>4,175,951</b>
Miscellaneous other operating revenue	22,822	-	22,822	46,806	-	46,806
<b>Total revenue and public support</b>	<b>4,439,027</b>	<b>-</b>	<b>4,439,027</b>	<b>4,222,757</b>	<b>-</b>	<b>4,222,757</b>
Operating expenses:						
Program services — children and family services	4,036,941	-	4,036,941	3,933,697	-	3,933,697
Supporting services — management and general	533,671	-	533,671	504,978	-	504,978
<b>Total operating expenses</b>	<b>4,570,612</b>	<b>-</b>	<b>4,570,612</b>	<b>4,438,675</b>	<b>-</b>	<b>4,438,675</b>
Grants from affiliates for operating activities, including assets released from restrictions	17,029	-	17,029	17,029	-	17,029
<b>Decrease from operating activities</b>	<b>(114,556)</b>	<b>-</b>	<b>(114,556)</b>	<b>(198,889)</b>	<b>-</b>	<b>(198,889)</b>
Non-operating activities:						
Net investment income	1,662	-	1,662	741	-	741
Pension-related changes other than net periodic pension cost	25,175	-	25,175	57,671	-	57,671
Change in beneficial interest in net assets of Hillside Children's Foundation	-	4,016	4,016	-	3,608	3,608
Net assets released from restrictions	-	(5,000)	(5,000)	-	(5,000)	(5,000)
Miscellaneous	8,879	-	8,879	936	-	936
<b>Increase (decrease) from non-operating activities</b>	<b>35,716</b>	<b>(984)</b>	<b>34,732</b>	<b>59,348</b>	<b>(1,392)</b>	<b>57,956</b>
Changes in net assets	(78,840)	(984)	(79,824)	(139,541)	(1,392)	(140,933)
Net assets — Beginning of year	281,666	23,851	305,517	421,207	25,243	446,450
Net assets — End of year	\$ 202,826	\$ 22,867	\$ 225,693	\$ 281,666	\$ 23,851	\$ 305,517

See Notes to Financial Statements.

**SNELL FARM CHILDREN'S CENTER**

**STATEMENT OF FUNCTIONAL EXPENSES**

**Year Ended June 30, 2018**

**(With Comparative Totals for 2017)**

	<b>Program Services — Children and Family Services</b>	<b>Supporting Services — Management and General</b>	<b>2018 Total</b>	<b>2017 Total</b>
<b>Personnel expenses:</b>				
Salaries and wages	\$ 2,228,027	\$ -	\$ 2,228,027	\$ 2,127,323
Employee benefits	477,038	-	477,038	447,981
<b>Total personnel expenses</b>	<b>2,705,065</b>	<b>-</b>	<b>2,705,065</b>	<b>2,575,304</b>
<b>Direct child care:</b>				
Food services	247,360	-	247,360	235,208
Clothing and linen	30,021	-	30,021	36,172
Supplies — medical	50,399	-	50,399	50,249
Purchase of services — medical	45,643	-	45,643	50,219
Recreation, work activities and other	32,920	-	32,920	31,288
Staff development	19,046	-	19,046	18,141
<b>Total direct child care expenses</b>	<b>425,389</b>	<b>-</b>	<b>425,389</b>	<b>421,277</b>
<b>Other expenses:</b>				
Occupancy	470,320	-	470,320	504,982
Supplies	58,523	-	58,523	54,123
Professional fees	102,838	-	102,838	94,048
Telephone	27,486	-	27,486	32,682
Conferences and administration	6,462	-	6,462	6,690
Transportation	18,114	-	18,114	13,374
Interest	61,360	-	61,360	61,925
Postage	6,991	-	6,991	5,228
<b>Total other expenses</b>	<b>752,094</b>	<b>-</b>	<b>752,094</b>	<b>773,052</b>
Management fee	-	533,671	533,671	504,978
<b>Total expenses before depreciation</b>	<b>3,882,548</b>	<b>533,671</b>	<b>4,416,219</b>	<b>4,274,611</b>
Depreciation	154,393	-	154,393	164,064
<b>Total operating expenses</b>	<b>\$ 4,036,941</b>	<b>\$ 533,671</b>	<b>\$ 4,570,612</b>	<b>\$ 4,438,675</b>

SNELL FARM CHILDREN'S CENTER

STATEMENT OF FUNCTIONAL EXPENSES

Year Ended June 30, 2017

	Program Services — Children and Family Services	Supporting Services — Management and General	Total
Personnel expenses:			
Salaries and wages	\$ 2,127,323	\$ -	\$ 2,127,323
Employee benefits	447,981	-	447,981
<b>Total personnel expenses</b>	<b>2,575,304</b>	<b>-</b>	<b>2,575,304</b>
Direct child care:			
Food services	235,208	-	235,208
Clothing and linen	36,172	-	36,172
Supplies — medical	50,249	-	50,249
Purchase of services — medical	50,219	-	50,219
Recreation, work activities and other	31,288	-	31,288
Staff development	18,141	-	18,141
<b>Total direct child care expenses</b>	<b>421,277</b>	<b>-</b>	<b>421,277</b>
Other expenses:			
Occupancy	504,982	-	504,982
Supplies	54,123	-	54,123
Professional fees	94,048	-	94,048
Telephone	32,682	-	32,682
Conferences and administration	6,690	-	6,690
Transportation	13,374	-	13,374
Interest	61,925	-	61,925
Postage	5,228	-	5,228
<b>Total other expenses</b>	<b>773,052</b>	<b>-</b>	<b>773,052</b>
Management fee	-	504,978	504,978
<b>Total expenses before depreciation</b>	<b>3,769,633</b>	<b>504,978</b>	<b>4,274,611</b>
Depreciation	164,064	-	164,064
<b>Total operating expenses</b>	<b>\$ 3,933,697</b>	<b>\$ 504,978</b>	<b>\$ 4,438,675</b>

**SNELL FARM CHILDREN'S CENTER**

**STATEMENTS OF CASH FLOWS**  
**Years Ended June 30, 2018 and 2017**

	2018	2017
<b>Cash Flows From Operating Activities</b>		
Change in net assets	\$ (79,824)	\$ (140,933)
Adjustments to reconcile change in net assets to net cash used in operating activities:		
Depreciation	154,393	164,064
Amortization of debt issue costs	1,553	2,641
Change in allowance for uncollectible accounts	1,990	(317)
Change in beneficial interest in net assets of Hillside Children's Foundation	984	1,392
Pension-related changes other than net periodic pension cost	(25,175)	(57,671)
Changes in assets and liabilities		
(Increase) decrease in:		
Accounts receivable	(99,503)	15,860
Prepaid expenses	(6,404)	(1,288)
Increase (decrease) in:		
Accounts payable	(12,977)	1,126
Accrued expenses and other liabilities	30,187	(4,972)
<b>Net cash used in operating activities</b>	<b>(34,776)</b>	<b>(20,098)</b>
<b>Cash Flows From Investing Activities</b>		
Purchases of property and equipment	(8,065)	(85,221)
Change in restricted assets held in trust	(1,875)	47
<b>Net cash used in investing activities</b>	<b>(9,940)</b>	<b>(85,174)</b>
<b>Cash Flows From Financing Activities</b>		
Payments on notes payable	(42,059)	(94,478)
Increase in interaffiliate payable — net	86,775	199,750
<b>Net cash provided by financing activities</b>	<b>44,716</b>	<b>105,272</b>
<b>Net change in cash</b>	<b>-</b>	<b>-</b>
<b>Cash:</b>		
Beginning	1,500	1,500
Ending	\$ 1,500	\$ 1,500
<b>Supplemental Disclosure of Cash Flow Information</b>		
Cash paid for interest	\$ 65,990	\$ 67,996
<b>Supplemental Schedule of Non-Cash Investing Activities</b>		
Notes payable refinanced	\$ -	\$ 413,416

# SNELL FARM CHILDREN'S CENTER

## NOTES TO FINANCIAL STATEMENTS

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### Note 1. Nature of Business and Significant Accounting Policies

#### Organization:

Snell Farm Children's Center (the "Center") is a not-for-profit public benefit exempt organization under Internal Revenue Code Section 501(c)(3). The Center operates a residential treatment program in Bath, NY, which provides vocational and educational programs for teenage boys in need of supervision.

The Center is an affiliate of Hillside Family of Agencies ("HFA") and HFA's affiliates (collectively, the "System"). HFA is a not-for-profit corporation that reviews and monitors the missions, objectives, activities, and resources of its affiliates. In its capacity as the sole corporate member of the Center, HFA has the right to elect the Center's directors and amend its by-laws.

A summary of the Center's significant accounting policies follows:

#### Basis of presentation:

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

#### Cash:

The Center maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Center has not experienced any losses in such accounts. The Center believes it is not exposed to any significant credit risk on cash. Cash is held primarily in one bank.

#### Restricted assets held in trust:

This balance represents cash and cash equivalents which are limited to use under terms of debt indentures for debt service payments.

#### Receivables:

Receivables for program services provided are recorded at the amount the Center expects to be reimbursed based on approved reimbursement rates in place at the time the service is provided, as described under the revenue recognition policy. Management evaluates if accounts receivable are collectible on an annual basis and adjusts for uncollectible amounts through an allowance for doubtful accounts. Recoveries of amounts previously written off are recorded as revenue at the time such amounts are collected. At June 30, 2018 and 2017, the Center's receivables consisted of net program-related receivables of \$633,713 and \$536,200, respectively. Receivables are presented net of allowances for doubtful accounts of \$12,933 and \$10,943 as of June 30, 2018 and 2017, respectively.



# SNELL FARM CHILDREN'S CENTER

## NOTES TO FINANCIAL STATEMENTS

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### Note 1. Nature of Business and Significant Accounting Policies (Continued)

#### Beneficial interest in net assets of Hillside Children's Foundation:

The Center is a beneficiary of certain donor-designated funds held by Hillside Children's Foundation (the "Foundation"), a not-for-profit organization whose purpose is to solicit, collect and invest funds to support the programs of the System. The donor-designated funds are valued at the initial gift amount by the donor less any distributions made to the Center. The Center's beneficial interest in the unrestricted and temporarily restricted net assets of the Foundation and its portion of the change in those net assets are reported in the accompanying financial statements in temporarily restricted net assets.

#### Fair value measurements:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Center has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value. There have been no changes in the methodologies used at June 30, 2018 and 2017.

# SNELL FARM CHILDREN'S CENTER

## NOTES TO FINANCIAL STATEMENTS

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### Note 1. Nature of Business and Significant Accounting Policies (Continued)

#### Fair value measurements (continued):

*Mutual Funds* – Mutual funds with registered investment companies are valued at the daily closing price as reported by the fund. Mutual funds held by the Defined Benefit Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Defined Benefit Plan, except for money market funds, are deemed to be actively traded. Money market funds generally transact at \$1.00 NAV as reported by the fund and is based on the amortized cost of the underlying securities of the fund. The \$1.00 NAV is considered to be the price to sell the money market funds and its estimated fair value. Investments in this category can be redeemed daily in a 30-day period at the current NAV per share based on the fair value of the underlying assets.

The preceding methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Center believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

#### Property and equipment and accumulated depreciation:

Property and equipment are recorded at cost if purchased or at fair value if donated. Depreciation is provided on a straight-line basis over the following estimated useful lives:

	<u>Years</u>
Buildings	40
Building and land improvements	20
Furniture, fixtures and equipment	4 - 10
Vehicles	4

Fully depreciated assets are retained in the accounting records until their retirement. Repairs and maintenance are expensed as incurred.

#### Operating and non-operating activities:

Operating activities are those that occur in the normal course of business operations for the current period. Non-operating activities include investment income (loss) and activities that are unrelated to the current time period or to normal operations, including pension related changes relating to other than net periodic pension cost, beneficial interest in assets held by the Foundation and changes in temporarily restricted net assets.

# SNELL FARM CHILDREN'S CENTER

## NOTES TO FINANCIAL STATEMENTS

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### Note 1. Nature of Business and Significant Accounting Policies (Continued)

#### Program-related revenues:

Revenue under most contracts and grants with various authorities (principally governmental agencies in New York State) is recognized as the services are performed. These program-related revenues are categorized in the accompanying financial statements under the New York State department that is responsible for the regulatory oversight of the related programs. Certain rates under such contracts and grants are subject to audit by the contracting authority. Rate modifications for prior fiscal years are reported as an adjustment to non-operating miscellaneous income (expense) in the year realized in the accompanying statements of activities.

The Center has agreements with third-party payors, which provide for reimbursement to the Center at established rates. The laws and regulations under which the governmental funded programs operate are complex, subject to frequent change and open to interpretation. At present, there are significant initiatives underway at both the Federal and New York State levels to eliminate and prevent fraud, waste and abuse in governmental funded programs. Such initiatives include governmental authorities, or their representatives, conducting various types of reviews of organizations that bill governmental payors. These reviews are being conducted to determine if the organization is following appropriate regulations and procedures including having adequate documentation for its billing activities. In cases where an organization's billing documentation or procedures are deemed deficient, the authorities could seek to recover related funds received from the governmental authorities. Therefore, as part of operating under governmental funded programs, there is a possibility that such authorities may perform this type of review of the Center. Although no assurances can be given, management believes they have complied with the requirements of the various governmental funded programs they operate under.

Reimbursement rates established by Federal, state and county funding agencies are subject to audits and retroactive adjustments by third-party payors. An estimate of the provision for audit and retroactive adjustments are recorded in the period that the adjustments can be reasonably estimated, with any adjustments to the estimate recorded when the approved rate is received by the funding source.

#### Contributions:

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets.

When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statements of activities and changes in net assets as net assets released from restrictions. In the absence of donor specification that income and gains on donated funds are restricted, such income and gains are reported as increases in unrestricted net assets.

# SNELL FARM CHILDREN'S CENTER

## NOTES TO FINANCIAL STATEMENTS

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### Note 1. Nature of Business and Significant Accounting Policies (Continued)

#### Functional expense allocations:

The costs of providing the Center's various program services and other activities have been summarized on a functional basis in the accompanying financial statements. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

#### Interest expense:

Interest expense is a recurring cost incurred in normal business operations and, accordingly, is presented within operating expenses in the accompanying statements of activities.

#### Income taxes:

The Center is tax exempt from taxation under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision has been made for income taxes in the accompanying financial statements. The Center evaluates its positions taken for income tax purposes, including its continued compliance with the requirements of its exemption under Section 501(c)(3).

It is highly certain that some positions taken for income tax purposes would be sustained upon examination by the taxing authorities, while others are subject to uncertainty about the merits of the position taken or the amount of the position that would be ultimately sustained. The Center is not aware of any uncertain tax position as of June 30, 2018 or 2017.

The tax returns for the years 2015 through 2018 remain subject to examination by the Internal Revenue Service for U.S. Federal tax purposes and also by New York State for state tax purposes.

#### Use of estimates:

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

# SNELL FARM CHILDREN'S CENTER

## NOTES TO FINANCIAL STATEMENTS

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### Note 1. Nature of Business and Significant Accounting Policies (Continued)

#### Recent accounting pronouncements:

The following recently issued accounting pronouncements by the Financial Accounting Standards Board (FASB) represent those considered relevant and potentially significant to the Center:

In May 2014, the FASB issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)*, requiring an entity to recognize the amount of revenue to which it expects to be entitled for the transfer of promised goods or services to customers. The updated standard will replace most existing revenue recognition guidance in U.S. GAAP when it becomes effective and permits the use of either a full retrospective or retrospective with cumulative effect transition method. In August 2015, the FASB issued ASU 2015-14 which defers the effective date of ASU 2014-09 one year making it effective for the year ending June 30, 2020 for the Center. The Center has not yet selected a transition method and is currently evaluating the effect that the standard will have on the financial statements.

In June 2018, the FASB issued ASU 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. The standard provides clarified guidance on evaluating whether transactions should be accounted for as contribution (non-reciprocal transactions) within the scope of Topic 958 Not-for-Profit Entities, or as exchange (reciprocal) transactions subject to other guidance, and determining whether the contribution is conditional. ASU 2018-08 will be effective for the Center for the year ending June 30, 2020. The Center is currently evaluating the effect that the standard will have on the financial statements.

In August 2016, the FASB issued ASU 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements for Not-for-Profit Entities*. ASU 2016-14 represents the first phase of an expected two phase project that will require various modifications to the current financial statement presentation in order to make information more useful for the users of the financial statements. Key changes include expanded disclosures on donor restrictions and board designations of net assets; reducing the net asset classifications from three to two; liquidity disclosure requirement; new reporting requirements for expenses; change to requirements for determining when restrictions on capital contributions are released. ASU 2016-14 must be adopted by the Center for their year ending June 30, 2019, although earlier adoption is permitted. The Center is evaluating the potential impact of this new standard on the financial statements, the disclosure requirements and effective date options for the purpose of developing an implementation strategy.

# SNELL FARM CHILDREN'S CENTER

## NOTES TO FINANCIAL STATEMENTS

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### Note 1. Nature of Business and Significant Accounting Policies (Continued)

#### Recent accounting pronouncements (continued):

In March 2017, the FASB issued ASU 2017-07, *Compensation – Retirement Benefits (Topic 715): Improving the Presentation of Net Periodic Pension Cost and Net Periodic Postretirement Benefit Cost*. ASU 2017-07 requires that an entity report the service cost component of net periodic pension and postretirement cost in the same line item or items as other compensation costs arising from services rendered by the pertinent employees during the period. The remaining components of net benefits costs are required to be presented in the statement of activities separately from the service component and outside a subtotal of revenue from operations, if one is presented.

The amendment further allows only the service cost component of net period pension and postretirement costs to be eligible for capitalization. ASU 2017-07 must be adopted by the Center for their year ending June 30, 2020, although earlier adoption is permitted. The Center is evaluating the potential impact of this new standard on the financial statements, the disclosure requirements and effective date options for the purpose of developing an implementation strategy.

#### Subsequent events:

Subsequent events have been evaluated through November 1, 2018, which is the date the financial statements were available to be issued.

### Note 2. Property and Equipment

At June 30, 2018 and 2017, the Center's property and equipment consisted of the following:

	<b>2018</b>	2017
Land	\$ 34,283	\$ 34,283
Buildings	3,517,903	3,517,903
Building and land improvements	715,520	715,520
Furniture, fixtures and equipment	392,067	384,003
Vehicles	12,113	12,113
	<u>4,671,886</u>	<u>4,663,822</u>
Less accumulated depreciation	1,871,177	1,716,785
Property and equipment – net	<u>\$ 2,800,709</u>	<u>\$ 2,947,037</u>

Depreciation expense for the Center was \$154,393 and \$164,064 for the years ended June 30, 2018 and 2017, respectively.

# SNELL FARM CHILDREN'S CENTER

## NOTES TO FINANCIAL STATEMENTS

### Note 3. Bond, Note Payable and Lines of Credit

At June 30, 2018 and 2017, bond, note payable and lines of credit of the Center consisted of the following:

	2018	2017
Bond payable with Dormitory Authority of the State of New York ("DASNY") with an interest rate of 4.9%. Repayments are due monthly in accordance with a fixed schedule (with monthly payments ranging from approximately \$1,250 to \$6,250) through June 2038. The costs from this issue are incrementally reimbursable via the New York State Office of Children and Family Services per diem rates attached to the specific services residing in the renovated buildings. Special reimbursement intercept provisions for unusual circumstances enhance the security of this issue, in addition to a mortgage on the real property of the Bath Campus.	\$ 976,934	\$ 1,002,502
Note payable to a syndicate of banks led by KeyBank, N.A. in an original amount of \$33 million. Principal is payable at a flat \$110,000 per month plus interest at a variable rate based on the one month Eurodollar rate (2% at June 30, 2018) plus 3.5%, or prime (5% at June 30, 2018) plus 2.5% at the System's sole discretion. \$21 million of this term note is swapped to a fixed rate of 5.12%. A final payment of \$18,889,858 due August 2021; however, the intent is to term out the final balloon payment at that time. Essentially all of the unrestricted net assets of the System are collateralized in support of this term note. All entities of the System are jointly and severally liable for this note. The amount disclosed and recorded within these financial statements reflects the portion of the System's liability attributable to the Center.	335,462	351,953
	1,312,396	1,354,455
Less deferred financing costs	(32,637)	(34,190)
	\$ 1,279,759	\$ 1,320,265

Bonds, notes payable and lines of credit with KeyBank, N.A. are subject to various financial covenants. The System and the Center were in compliance with all covenants at June 30, 2018.

# SNELL FARM CHILDREN'S CENTER

## NOTES TO FINANCIAL STATEMENTS

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### Note 3. Bond, Note Payable and Lines of Credit (Continued)

The aggregate annual maturities for bonds and notes payable at June 30, 2018 are due as follows:

Years ending June 30,	
2019	\$ 94,695
2020	47,058
2021	47,058
2022	273,924
2023	35,569
Thereafter	814,092
Total	<u>\$ 1,312,396</u>

Lines of Credit – The Center has access to an \$18 million revolving line of credit with a syndicate of banks led by KeyBank, N.A. as a benefit of its affiliation with HFA, due to mature August 23, 2019 with the intent of continuous renewal. The System's outstanding balance on this line of credit at June 30, 2018 was \$15,000,000 and was recorded on HFA.

Amounts borrowed on the KeyBank N.A. revolving line of credit bear a variable interest rate of the one month Eurodollar rate (2.125% at June 30, 2018) plus 3.5%, or prime (5% at June 30, 2017) plus 2.5% at the System's sole discretion. Essentially all of the unrestricted net assets of the System are collateralized in support of this revolving line of credit. All entities of the System are jointly and severally liable for this revolving line of credit.

### Note 4. Restricted Net Assets

The Center has a beneficial interest in a portion of the net assets of the Foundation totaling \$22,867 and \$23,851 at June 30, 2018 and 2017, respectively. The Center recognizes their interest in the net assets of the Foundation as temporarily restricted net assets.

Net assets released from restrictions are distributions received from the Foundation representing release of funds held on the Center's behalf which were \$5,000 for both years ended June 30, 2018 and 2017.

### Note 5. Employee Retirement Plans

#### Defined benefit plan:

The Center participates in an employee retirement plan of the System. Disclosure of the plans sponsored by the System, and the Center's share of them is below:

The System has a noncontributory defined benefit plan (the Plan), which covers substantially all employees of the System. The Plan provides benefits based upon compensation, age and years of service. The System's funding policy is to meet the minimum funding requirements required by the Employee Retirement Income Security Act of 1974 (ERISA).



# SNELL FARM CHILDREN'S CENTER

## NOTES TO FINANCIAL STATEMENTS

### Note 5. Employee Retirement Plans (Continued)

#### Defined benefit plan (continued):

Effective May 31, 2012, the Plan was amended to freeze benefit accruals for service and transition credits and prohibit new employees from entering the Plan. Participants will continue to earn years of service to satisfy vesting requirements and interest credits will be earned on participants' cash accumulation accounts.

	2018	2017
Actuarial assumptions:		
Weighted average assumptions used to determine benefit obligations:		
Discount rate	4.90%	4.79%
Expected future salary increase	N/A	N/A
Weighted average assumptions used to determine net periodic benefit costs:		
Discount rate	4.90%	4.79%
Expected future salary increase	N/A	N/A
Expected return on plan assets	8.00%	8.00%
Pension expense	<u>\$ 306,802</u>	<u>\$ 159,699</u>
Employer contributions	<u>\$ 361,224</u>	<u>\$ 1,620,055</u>
Benefits paid	<u>\$ 2,843,960</u>	<u>\$ 2,672,539</u>

The System expects to contribute approximately \$800,000 to the Plan during the year ending June 30, 2019.

The following table sets forth the Plan's funded status at June 30, 2018 and 2017:

	2018	2017
Projected benefit obligations	\$ 35,915,237	\$ 37,395,453
Fair value of plan assets	<u>31,018,883</u>	<u>30,864,207</u>
Funded status	<u>\$ (4,896,354)</u>	<u>\$ (6,531,246)</u>
Accumulated benefit obligations	<u>\$ 35,915,237</u>	<u>\$ 37,395,453</u>

The investment policies and individual decisions are made for the exclusive benefit of the Plan participants, consistent with ERISA and regulations thereunder. Total long-term investment returns are optimized against risk in a manner that reasonably protects benefit requirements and timely cash payments. The policy establishes target allocations for diversification and investment performance over a time line that mirrors liabilities. It also limits exposure to quality and concentration risks.

# SNELL FARM CHILDREN'S CENTER

## NOTES TO FINANCIAL STATEMENTS

### Note 5. Employee Retirement Plans (Continued)

#### Defined benefit plan (continued):

The Plan's weighted-average asset allocations at June 30, 2018 and 2017, by asset category, are as follows:

	<b>2018</b>		
	<b>Actual Allocation</b>	<b>Percentage Allocation</b>	<b>Target % Allocation</b>
Mutual funds – money market funds	\$ 233,286	1%	-%
Mutual funds – fixed income	9,155,470	30	35
Mutual funds – equity	20,242,249	65	60
Mutual funds – alternatives	1,387,878	4	5
Total	<b>\$ 31,018,883</b>	<b>100%</b>	<b>100%</b>
	<b>2017</b>		
	<b>Actual Allocation</b>	<b>Percentage Allocation</b>	<b>Target % Allocation</b>
Mutual funds – money market funds	\$ 736,985	2%	-%
Mutual funds – fixed income	9,866,643	32	35
Mutual funds – equity	18,841,897	61	60
Mutual funds – alternatives	1,418,682	5	5
Total	<b>\$ 30,864,207</b>	<b>100%</b>	<b>100%</b>

The long-term rate of return expectation is 8%. Asset allocations are aligned with long-term, independently determined, expected segment performance to ensure a reasonable expectation of achieving that rate of return.

The following benefit payments, which reflect expected future service at June 30, 2018, are expected to be paid as follows:

#### Years ending June 30,

2019	\$ 3,147,415
2020	3,095,146
2021	3,249,116
2022	3,048,831
2023	2,722,828
2024 - 2028	12,470,333
Total	<b>\$ 27,733,669</b>

**SNELL FARM CHILDREN'S CENTER**

**NOTES TO FINANCIAL STATEMENTS**

**Note 5. Employee Retirement Plans (Continued)**

Defined benefit plan (continued):

The following tables present the System's defined benefit plan's assets at June 30, 2018 and 2017 that are measured at fair value on a recurring basis. The hierarchy and inputs to valuation techniques to measure fair value of Plan assets are the same as outlined in Note 1 of the financial statements:

	<b>2018</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
<b>Mutual Funds:</b>				
Money market funds	\$ -	\$ 233,286	\$ -	\$ 233,286
Fixed income	4,066,892	5,088,578	-	9,155,470
Equity	3,151,633	17,090,616	-	20,242,249
Alternatives	1,387,878	-	-	1,387,878
<b>Total mutual funds</b>	<b>\$ 8,606,403</b>	<b>\$ 22,412,480</b>	<b>\$ -</b>	<b>\$ 31,018,883</b>
<b>2017</b>				
	Level 1	Level 2	Level 3	Total
<b>Mutual Funds:</b>				
Money market funds	\$ -	\$ 736,985	\$ -	\$ 736,985
Fixed income	4,409,434	5,457,209	-	9,866,643
Equity	3,040,744	15,801,153	-	18,841,897
Alternatives	1,418,682	-	-	1,418,682
<b>Total mutual funds</b>	<b>\$ 8,868,860</b>	<b>\$ 21,995,347</b>	<b>\$ -</b>	<b>\$ 30,864,207</b>

The Center's share of the net periodic pension cost, which was allocated to the Center based on their percentage of the System's total payroll, was \$7,190 and \$15,797 for the years ended June 30, 2018 and 2017, respectively. The Center's share of the increase in unrestricted net assets as a result of pension-related changes other than net pension cost for the years ended June 30, 2018 and 2017 was \$25,175 and \$57,671, respectively. The Center's share of the System's pension obligation was \$229,569 and \$254,166 as of June 30, 2018 and 2017, respectively. These amounts are included in the net interaffiliate payable in the statements of financial position.

Defined contribution plan:

The System offers a voluntary 403(b) plan, which is available to all employees of the System. The System matches a percentage of employee contributions into the plan. The employer match that is made into the plan is at the discretion of the System. The System's matching contributions to the 403(b) plan were \$1,844,514 and \$1,797,196 for the years ended June 30, 2018 and 2017, respectively. The Center's share of the matching contributions, which were allocated to the Center based on their percentage of the System's total payroll, was \$42,424 and \$41,156 at June 30, 2018 and 2017, respectively.

# SNELL FARM CHILDREN'S CENTER

## NOTES TO FINANCIAL STATEMENTS

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### Note 6. Commitments and Contingencies

#### Legal matters:

The Center is a defendant in various legal actions arising in the normal course of business. It is management's opinion that the actions are either without merit or that settlements which arise, if any, will be covered by insurance, or not have a material impact on the Center's operations.

### Note 7. Related Party Transactions

#### Grants from affiliates:

The Center periodically requests funds from the Foundation, a financially interrelated organization, for capital or other needs. Such requests are received by the Foundation and, if approved, funds are granted to the Center. Such grants of funds are reported in the accompanying statements of activities and changes in net assets as grants from affiliates for operating activities and amounted to \$5,000 and \$5,040 for the years ended June 30, 2018 and 2017, respectively.

#### Self-insurance:

The System is self-insured for a portion of its disability claims. There is no liability recorded as of June 30, 2018 and 2017 related to disability claims because there are no material claims outstanding.

The System self-insures workers' compensation benefits for its employees and health care benefits for its participating employees and dependents. The System maintains excess insurance coverage for certain major claims. The related liabilities are included in the net interaffiliate payable in the Center's statements of financial position, and the related expenses are included in employee benefits in the statements of functional expenses. As required by the New York State Workers' Compensation Board, all affiliates of the System, including the Center, are responsible for all workers' compensation liabilities of the System on a joint and several basis. The Center's portion of the related liabilities and costs as of and for the years ended June 30, 2018 and 2017, which was allocated based upon the Center's percentage of the System's total payroll, are as follows:

	<b>2018</b>	2017
Workers' compensation expense (including assessments and administrative fees)	\$ 33,115	\$ 17,352
Workers' compensation liability	\$ 67,627	\$ 71,197
Health insurance expense	\$ 201,572	\$ 197,988
Health insurance liability	\$ 13,687	\$ 15,341

# SNELL FARM CHILDREN'S CENTER

## NOTES TO FINANCIAL STATEMENTS

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### Note 7. Related Party Transactions (Continued)

#### Self-insurance (continued):

The New York State Workers' Compensation Board required the System to obtain a bond in the amount of approximately \$2,000,000 at June 30, 2018. This bond was provided by the System's excess workers' compensation insurer, who required that the System obtain an irrevocable letter of credit in the amount of \$2,000,000 at June 30, 2018 which expires February 2019.

#### Shared services:

HFA (parent), a financially interrelated organization, provides certain operating and administrative services to the Center. The costs of these services are allocated to the receiving entities based upon cost studies and/or actual amounts incurred. These fees are reported in the accompanying statements of functional expenses for the years ended June 30, 2018 and 2017 as follows:

	<b>2018</b>	2017
Employee benefits	\$ 477,038	\$ 447,981
Professional fees	33,167	39,281
Management fee	533,671	504,978
	<u>\$ 1,043,876</u>	<u>\$ 992,240</u>

Hillside Children's Center, a financially interrelated organization, provides property management and food services to the Center. The costs of these services, which are reported as food and occupancy expense in the accompanying statements of functional expenses amounted to \$238,322 and \$462,997, respectively, for the year ended June 30, 2018, and \$231,225 and \$498,977, respectively, for the year ended June 30, 2017, are allocated to the receiving entities based upon cost studies and/or actual amounts incurred.

Hillside Children's Center (HCC), a financially interrelated organization, provides shared staffing services to the Center. The costs of these services, which are reported as professional fees in the accompanying statements of functional expenses, are allocated to the receiving entities based upon cost studies and/or actual amount incurred. This fee was \$63,205 and \$23,979 for the years ended June 30, 2018 and 2017, respectively.

The Center charges HCC for shared property expenses. The amount was \$12,029 and \$11,989 the years ended June 30, 2018 and 2017, respectively, and is reported as grants from affiliates for operating activities in the accompanying statements of activities.

**SNELL FARM CHILDREN’S CENTER**

**NOTES TO FINANCIAL STATEMENTS**

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**Note 7. Related Party Transactions (Continued)**

Shared services (continued):

The System uses a centralized cash operation in order to share efficiencies in cash transactions, as well as access to the System’s revolving lines of credit as needed. At any point in time, affiliates may be in positive or negative cash position related to other affiliates in the System, represented as net interaffiliate payable or receivable. For purposes of reporting the statements of cash flows, interaffiliate transactions are not considered operating activities.

Amounts relating to interaffiliate services and the centralized cash operation at June 30, 2018 and 2017 are included as a net interaffiliate receivable (payable) in the accompanying statements of financial position and consisted of the following:

	<b>2018</b>	2017
Interaffiliate receivable from (payable to):		
Hillside Children’s Center	\$ (1,952)	\$ (6,256)
Hillside Children’s Foundation	-	40
Hillside Family of Agencies (parent)	<u>(1,822,799)</u>	<u>(1,756,935)</u>
Interaffiliate payable - net	<u>\$ (1,824,751)</u>	<u>\$ (1,763,151)</u>

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