PUBLIC DISCLOSURE COPY STATE REGISTRATION NO. 05-69-33

Short Form

Form **990-EZ** 

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

OMB No. 1545-0047

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/Form990EZ for instructions and the latest information.

Open to Public Inspection

		e 2020 calendar year, or tax year beginning JUL 1, 2020	and endi	ng JUI	<u> 30</u>	<u>, 2021</u>	<u> </u>
В	Check if applicab	c Name of organization			D Emplo	yer identific	ation number
	Addr	ess change					
	Name	e change   HILLSIDE FAMILY OF AGENCIES		16	-14934	.07	
	Initia	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telepl	hone number	
X	termi	return/ nated 1183 MONROE AVENUE			(5	<u>85)-25</u>	66-7500
	Amer	onded return City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemption		
	Applic	ation pending ROCHESTER, NY 14620			Numb	er ►	
G	Accour	nting Method: Cash X Accrual Other (specify)			H Check	( ▶ X if	the organization is
1 '	Nebsit	te: ▶ WWW.HILLSIDE.COM			<b>not</b> re	quired to atta	ach Schedule B
<u>J</u> .	Гах-ех	tempt status (check only one) $ X$ 501(c)(3) $-$ 501(c) ( ) $\blacktriangleleft$ (insert no.)	4947(a)(1) c	or 527	(Form	990, 990-EZ	z, or 990-PF).
K	orm o	of organization: X Corporation Trust Association (	Other				
L	Add lin	les 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more, or if total a	assets (Part II	,		
	columr	n (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ				· \$	0.
	art I	n (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ  Revenue, Expenses, and Changes in Net Assets or Fund I	Balances (	see the instru	ctions fo	r Part I)	
		Check if the organization used Schedule O to respond to any question in this Part I					X
	1	Contributions, gifts, grants, and similar amounts received				1	
	2	Program service revenue including government fees and contracts				2	
	3	Membership dues and assessments				3	
	4	Investment income				4	
	5a	Gross amount from sale of assets other than inventory	5a				
	Ь	Less: cost or other basis and sales expenses	5b				
	C					5c	
	6	Gaming and fundraising events:					
	a						
Jue	"	\$15,000)	6a				
Revenue	h		of contributions				
æ	"	from fundraising events reported on line 1) (attach Schedule G if the sum of such	or contributions				
		gross income and contributions exceeds \$15,000)	6b				
	١,		6c				
	Ι.	Less: direct expenses from gaming and fundraising events  Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	•			6d	
	d		1 '			ou	
	Ι.	Gross sales of inventory, less returns and allowances	7a   7b		_		
	b	Less: cost of goods sold  Cross profit or (less) from soles of inventory (subtract line 7h from line 7a)				70	
	l c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)				7c	
	8	Other revenue (describe in Schedule 0)				8	0.
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	<u></u>
	10	Grants and similar amounts paid (list in Schedule 0)				10	
	11	Benefits paid to or for members				11	
ses	12	Salaries, other compensation, and employee benefits				12	
Expenses	13	Professional fees and other payments to independent contractors				13	
Х	14	Occupancy, rent, utilities, and maintenance				14	
	15	Printing, publications, postage, and shipping				15	
	16	Other expenses (describe in Schedule 0)				16	
	17	Total expenses. Add lines 10 through 16				17	0.
ध	18	Excess or (deficit) for the year (subtract line 17 from line 9)				18	0.
sei	19	Net assets or fund balances at beginning of year (from line 27, column (A))				10	
Net Assets		(must agree with end-of-year figure reported on prior year's return)					3,723,773.
Pe	20	Other changes in net assets or fund balances (explain in Schedule 0)	E SCHEDU	лть О			<u>3,723,773.</u>
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20				21	0.
LH	∖ For	Paperwork Reduction Act Notice, see the separate instructions.				Foi	rm <b>990-EZ</b> (2020)

Pa	rt II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to resp	ond to any questior	n in this Part II			X
			(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		811,582	22		0.
23	Land and buildings		•	23		
24	Other assets (describe in Schedule 0) SEE SCHEDULE O		51,664,389	24		0.
25	Total assets		52,475,971			0.
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE O		33,752,198			0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		18,723,773			0.
	rt III Statement of Program Service Accomplishmen			1	Fx	penses
	Check if the organization used Schedule O to resp	ond to any question	n in this Part III		equired	for section
—— What	is the organization's primary exempt purpose? SEE SCHEDULE O					and 501(c)(4) ons; optional for
	ibe the organization's program service accomplishments for each of its three largest program s		In a clear and concise		yanızanı hers.)	ons, optional for
	er, describe the services provided, the number of persons benefited, and other relevant informations.		. III a olcar and conolic		,	
28 ]	NO PROGRAMMATIC ACTIVITIES WERE CON	OUCTED DURING	THE			
-	FILING YEAR, AS THE FILING ORGANIZA					
-	7/1/2020.			_		
-	Grants \$ ) If this amount includes foreign of	irants check here		<sub>28</sub>	a	
29	Grants w	grants, check fiere			<u> </u>	
-						
-						
-	Grants \$ ) If this amount includes foreign of	grants chock hara		<sub>29</sub>		
30 7	Grants \$\tag{\text{inits amount includes foreign g}}	grants, check here			a	
- ٥٠						
-				-		
-	Grants \$ ) If this amount includes foreign of	wonto shook have		<sub>30</sub>		
-					a	
	Other program services (describe in Schedule O)					
	Grants \$ ) If this amount includes foreign of	rants, cneck nere	<b>P</b>	31		0.
	Total program service expenses (add lines 28a through 31a) rt IV   List of Officers, Directors, Trustees, and Key E	mplovees (list and and				v Dovit NA
ı a	Check if the organization used Schedule O to resp			ee me msm	uctions to	X
	Officer in the organization used Schedule O to resp			(d) Health	honofite	
	(a) Name and title	(b) Average hours per week devoted to	(C) Reportable compensation (Forms	` contribut	ions to	(e) Estimated amount of other
	(a) Name and title	position	W-2/1099-MISC) (if not paid, enter -0-)	employee plans, and	deferred	compensation
CT :	AY C. ARNOLD		, , , , ,	compen	sation	
	VERNOR	0.50	0.		Λ	_
		0.30	0.		0.	0.
	NCY L. CASTRO	0.50			^	_
	VERNOR	0.50	0.		0.	0.
	BORAH DAUM				^	_
	VERNOR CIRCON	0.50	0.		0.	0.
	HN B. GIBSON	1 0 50			^	_
	VERNOR	0.50	0.		0.	0.
	LLIAM GOODRICH	0.50			^	
	VERNOR	0.50	0.		0.	0.
	VIN N. HILL				•	
	VERNOR	0.50	0.		0.	0.
	VIAN LEWIS, M.D.					
	VERNOR	0.50	0.		0.	0.
	RBARA MCMANUS					
	VERNOR	0.50	0.		0.	0.
	MES K. MERKLEY	]				
GO	VERNOR	0.50	0.		0.	0.
DUI	NCAN T. MOORE, PH.D.					
GO	VERNOR	0.50	0.		0.	0.
RI	CHARD NOTARGIACOMO, MBA					
	VERNOR	0.50	0.		Λ	0.
	A TIMOM	0.50	0.1		0.	
CHI	RISTOPHER J. RICHARDSON, D.O.	0.50	1 0.		0.	0.

032172 01-08-21

Form **990-EZ** (2020)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

33 Did the organization engage in any significant activity not previously reported to the IRS? If Yes, 'provide a detailed description of each activity in Schedule 0  34 Ware any significant changes mude to the organization go governing documents? If Yes,' attach a conformed copy of the ammended documents if they reflect a change to the organization sea, organization sea, organization there was controlled activities and the change on Schedule 0. See instructions 2  35 Int the organization there was controlled existence government of the sea from 150 Pol For the year? If Yes,' provide an explanation in Schedule 0  36 If Yes Yes In the 25 As has the organization files a form 900-1 for the year? If Yes,' provide an explanation in Schedule 0  36 If Yes Yes In the 25 As has the organization files a form 900-1 for the year? If Yes,' provide an explanation in Schedule 0  37 If If If Yes Yes In the 25 As has the organization files a form 900-1 for the year? If Yes, organize schedule 0, Fart III  38 If Yes Yes Internation or organization in the a form 1200-91 It on the year? If Yes, organize schedule 0, Fart III  38 If If Yes Yes Internation or provide an explanation in Schedule 1 April 1 If Yes Internation or provide on explanation in Schedule 1 April I If Yes Internation or providers or previous and still undestanding at the end of the tax year covered by the return?  39 Section 501(c)(27) organizations (Internation of the tax year covered by the return?  39 Section 501(c)(27) organizations. Farter amount or tax imposed on the organization during the year unders action of the 10 In Yes Internation of the Yes Internation of the Yes Internation during the year unders action of the Yes Internation of the		instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	V	X	
activity in Scheduler    All Were any significant changes made to the organization or organization's name. Otherwise, explain the change on Schedule 0. See instructions  35				Yes	No	
activity in Scheduler    All Were any significant changes made to the organization or organization's name. Otherwise, explain the change on Schedule 0. See instructions  35	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes." provide a detailed description of each				
34			33		Х	
documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule Q. See instructions 34	34	,				
35a   Mr the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on files 2, 6a, and 7a, among others)?  5   Was the organization as each of \$10(c)(4), 901(c)(5), or \$01(c)(6) organization subject to section \$030(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete Sendedic (P. part III    5   But the organization undergo a liquidation, dissolution, termination, or significant disposition of bet assets during the year? If Yes, complete Sendedic (P. part III    5   But the organization part of the part of the tax year owered by this return?  5   But the organization file from 1249-DL for this year? But year owered by this return?  5   But the organization file from 1249-DL for this year? But year owered by this return?  5   But the organization of the year and capital contributions is included on line 9   389   N/A    5   Section 501(c)(7) organizations. Enter:  5   Section 501(c)(3) organizations. Enter:  5   Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  5   Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Dut the organization during the year under:  5   Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Dut the organization in a prior year that has not been reported on any organization unages or disqualified persons during the year under section 4912   Very Section 4958   Very Section 4958   Very Section 4958   Very Section 4950(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under section 4912   Very Section 4958   Very Section 4950(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year very Section 4958   Very Section 4958   Ve			34		х	
co nines 2, 6a, and 7a, among others)?  b) If Yes' to line disp, has the organization lind a form 990-T for the year? If Yio; provide an explanation in Schedule 0  Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes,' complete Schedule C, Part III  35b	35 a					
b If Yes' to line 35a, has the organization field a form 990-T for the year? If Yes', provide an explanation in Schedule 0  Vies the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(c) motion, reporting, and proxy tax requirements during the year? If Yes', complete Schedule C, Part III  35b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes', complete schedule Part of Schedule C, Part III  37a			35a		х	
e Was the organization a section 501 (c)(4), 50 fol (c)(5), or 50 1 (c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? II "Yes," complete Schedule C, Part III  36 bid the organization undergo a liquidation, dissibilition, distribution, turning the year of special properties of the organization undergo a liquidation, dissibilition, distribution, to significant disposition of net assets during the year? II "Yes," as 8 X  37 a Criter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a  ○ . 3  37b X  38b X  37c A  ○ . 3  37b X  3  38c A	h	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No " provide an explanation in Schedule O		N/		
requirements during the year? If "Yes," complete Schedule C, Part III  86						
38 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," onniplets applicable parts of Schodule N 37 at 1 0 .	·		35c		х	
as a complete applicable parts of Schedule N  The artifact amount of pollicial expenditures, direct or indirect, as described in the instructions  Did the organization file Form 1128-POL for this year?  Bid bid the organization file Form 1128-POL for this year?  The artifact and any time during the end of the tax year covered by this return?  The artifact and still outstanding at the end of the tax year covered by this return?  The artifact and still outstanding at the end of the tax year covered by this return?  The artifaction fees and capital contributions included on line 9  The artifaction fees and capital contributions included on line 9  The artifaction fees and capital contributions. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4912 ▶ 0. Section 501(c)(3), 301(c)(4), and 501(c)(29) organizations. Enter amount of two imposed on the organization during the year under section 4911 ▶ 0. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. described by the organization shapes are under sections 4912, 4955, and 4958 0. described by the organization shapes are care of be CHRISTOPHER PETERSON, CFO Telephone no. ▶ 585-256-7500 Located at ▶ 1183 MONROE AVENUE, ROCHESTER, NY  All programizations books are in care of ▶ CHRISTOPHER PETERSON, CFO Telephone no. ▶ 585-256-7500 Located at ▶ 1183 MONROE AVENUE, ROCHESTER, NY  The organizations books are in care of ▶ CHRISTOPHER PETERSON, CFO Telephone no. ▶ 585-256-7500 Located at ▶ 1183 MONROE Avenue, and the organization maintain an office outside the United States?  The organization because are learn of ▶ CHRISTOPHER PETERSON, CFO Telephone no. ▶ 585-256-7500 Located at ▶ 1183 MONROE Avenue, and the organization maintain an office outside the United States?  The organization because are learn of whe CHRISTOPHER PETERSON, CFO Telephone no. ▶ 585-256-7500 Locat	36					
The Enter amount of political expenditures, direct or indirect, as described in the instructions      Did the organization in le Form 1120-POL for his year?	•		36	х		
b Did the organization file Form 1120-POL for this year?  8a Did the organization for Form 1120-POL for this year?  8b If the organization prorew from, or make any loans to, any officer, director, trustier, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  9b If Yes, complete Schedule L, Part II, and enter the total amount involved  9c Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  9c section 501(c)(3) sol1(c)(4), and 501(c)(29) organizations. Did the organization during the year under:  9c section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization of unity the year under section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization of unity the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if Yes; complete Schedule L, Part I  9c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  9c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  9c All organization and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  9c All organization in a prior prom 8886-1  10c All organization organization in the section 501(c)(3), 501(c)(4), and 501(c)(29) organization aparty to a prohibited tax shelter transaction of 11 Yes, complete form 8886-1  10c All organization in the section 501(c)(4), and 501(c)(4), and 501(c)(4) organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, section 501(c)(5), 501(c)(5	37 a					
Bid the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?			37h		Х	
in a prior year and still outstanding at the end of the tax year covered by this return?  ### 1888			0.5			
b If "Yes," complete Schedule L, Part II, and enter the total amount involved  39 Section 501(c)(7) organizations. Enter  39 Initiation fees and capital contributions included on line 9  50 Gross receipts, included on line 9, for public use of club facilities  39 N/A  30 N/A  30 (c)(3) 501(c)(3) 501(c)(4) and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction during the clarent and the organization section 4912 (45) and 4958 excess benefit transaction during the clarent and the organization section 4912 (45) and 4958 excess benefit transaction during the clarent and 501(c)(29) organizations. Enter amount of tax mount of tax imposed on organization managers or disqualled persons during the year was a destruction of tax imposed on organization and tax imposed on organization section and tax imposed on organization section and tax imposed organization section and tax impo			38a		Х	
Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 39a N/A 39b N/	h					
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  40 Section 91(c)(3) opanizations. Enter amount of tax imposed on the organization during the year under:  section 9911			1			
b Gross receipts, included on line 9, for public use of club facilities  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4915 ▶ 0.  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction of during the year, or did it engage in an excess benefit transaction from 990 organization or forms 990 organization. Did the organization in a prior year that has not been reported on any of its prior forms 990 organization. Part 1, Part 1  40						
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ▶ 0 : section 4915 ▶ 0 . do section 4916 ▶ 0 . section 4916 ▶ 0 . do section 4916 ▶ 0 . section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization in a prior year that has not been reported on any of its prior Forms 990 or 990-EZP if 'Yes,' complete forescendule, Part I . do by the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0 . decided by the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0 . decided 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations and the organization with the organization and the organization aparty to a prohibited tax shelter transaction? If 'Yes,' complete form 8886-T  1 List the states with which a copy of this return is filed ▶ NY  11 List the states with which a copy of this return is filed ▶ NY  12 In the organization shooks are in care of ▶ CHRISTOPHER PETERSON, CFO Telephone no. ▶ 585-256-750  12 Located at ▶ 1183 MONROE AVENUE, ROCHESTER, NY  13 In 'Yes,' enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (real)  14 In 'Yes,' enter the name of the foreign country   Such as a bank account, securities account, or other financial accounts (real)  14 In 'Yes,' enter the name of the foreign country   Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 114, Report of Foreign Bank and Financial Accounts (real)  15 In 'Yes,' enter the name of the foreign country   Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year? If '	_		1			
b Section 4911			1			
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization organization and the syear, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed  NY  11 List the states with which a copy of this return is filed  NY  12 In organizations books are in care of  CHRISTOPHER PETERSON, CFO  Located at  1183 MONROE AVENUE, ROCHESTER, NY  21P+4  14620  21P+4  14620  22P+4  14620  24 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  3 Section 4947(a)(1) nonexempt charitable trusts filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  42b						
transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 in Yes," complete Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T  11. List the states with which a copy of this return is filed ▶ NY  12. The organization's books are in care of ▶ CHRISTOPHER PETERSON, CFO  12. Telephone no. ▶ 585-256-7500  13. Located at ▶ 11.83 MONROE AVENUE, ROCHESTER, NY  14. Any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country ⟨work as a bank account, securities account, or other financial accounts (FBAR).  24. Any time during the calendar year, did the organization maintain an office outside the United States?  16. Yes, enter the name of the foreign country ▶  28. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  17. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  18. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year? If Yes,* Form 990 must be completed instead of Form 990-EZ  19. Did the organization operate one or more hospital facilities during the year? If Yes,* Form 990 must be completed instead of Form 990-EZ	b					
of its prior Forms 990 or 990-EZP If "Yes," complete Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  D.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  40e  I List the states with which a copy of this return is filed IP NY  42a The organization's books are in care of IP CHRISTOPHER PETERSON, CFO  Telephone no. IP 585-256-7500  Telephone no. IP 44620  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country  Seet the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  42b						
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			40b		Х	
organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	C					
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T  40e		0				
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed NY  21 The organization's books are in care of PCHRISTOPHER PETERSON, CFO Telephone no. S585-256-7500 Located at N183 MONROE AVENUE, ROCHESTER, NY  DATE over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  If "Yes," Form 990 must be completed instead of Form 990-EZ  of Form 990-EZ  d Did the organization feelve any payments for indoor tanning services during the year?  If "Yes," Form 990 must be completed instead of Form 990-EZ  d Did the organization receive any payments for indoor tanning services during the year?  If "Yes," Form 990 must be completed instead of Form 990-EZ. See instructions  44b X  Did the organization have a controlled entity within the meaning of section S12(b)(13)?  D Did the organization have a controlled entity within the meaning of section S12(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ	d					
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  Least swith which a copy of this return is filed NY  Variable 1183 MONROE AVENUE, ROCHESTER, NY  Located at 1183 MONROE AVENUE, ROCHESTER, NY  Located at 184 any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  If "Yes," enter the name of the foreign country accounts of the foreign country over a financial account in a foreign country see the instructions for exceptions and filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  If "Yes," enter the name of the foreign country see the instructions for exceptions and filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  If "Yes," enter the name of the foreign country see the instructions for exceptions and filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  If "Yes," enter the name of the foreign country and enter the amount of tax-exempt interest received or accrued during the tax year  If "Yes," enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44b X  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation  Form 990-EZ  44b X  45c Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation  Form 990-EZ. See instructions  45d Did the organization feeve any payment from or engage in any transaction with a controlled entity w		by the organization $lacksquare$				
41 List the states with which a copy of this return is filed ▶NY  42a The organization's books are in care of Located at ▶ 1183 MONROE AVENUE, ROCHESTER, NY  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country (such as a bank account, securities account, or other financial accounts for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  t At any time during the calendar year, did the organization maintain an office outside the United States?  t At any time during the calendar year, did the organization maintain an office outside the United States?  t At any time during the calendar year, did the organization maintain any office outside the United States?  t At any time during the calendar year, did the organization maintain any office outside the United States?  t At any time during the calendar year, did the organization maintain any office outside the United States?  t At any time during the calendar year, did the organization file and organization maintain any office outside the United States?  t At any time during the calendar year, did the organization file and organization maintain any office outside the United States?  t At any time during the calendar year, did the organization file and organization file an	е					
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account)?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions  45b ■	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority				
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512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions			40ä		Λ	
	U		45h			
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P	a	g	е	4

Pare T. W   Section 501(c)(3) Organizations Only									Yes	NO
Section 501(c)(3) organizations only			olitical campaign activities	on behalf of or i	n opposition	to candidates for pu	ıblic office?	AC		Y
All section 501 (c)(G) craganizations must an answer questions 47-48b and 53, and completes the tables for lines 50 and 51.  Check if the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "yes," complete Sch. C, Part II 42			s Only					40		
but the organization engage in lobbying activities or have a section 50 (h) election in effect during the tax year? If "Yes," complete Sch. C, Part II    47				9b and 52, and	complete	the tables for lines	s 50 and 51.			
Did the organization engage in loobying activities or have a section \$51(h) election in effect during the tax year? If "es," complete Sch. C, Part II 48		Check if the organization used Schedule	O to respond to any o	uestion in this	Part VI			<u></u>		
Is the comparization a solono as described in section 170(0)(1)(A)(3)(1) I Yes, Complete Schedule E  49							ſ		Yes	
a Did the organization make any transfers to an exempt non-charitable related organization?    492									$\vdash$	_
b if "Ves," was the related organization a section 527 organization?  Complete this table for the organization's live highest compensated employees (other than officers, directors, trusters, and key employees) with each received more than \$100,000 of compensation from the organization in the present of the position  NONE    (a) Name and title of each employee									$\vdash$	
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization in the rest in the										
to total number of other employees paid over \$100,000    Total number of other employees paid over \$100,000   Alame and business address of each independent contractor   (a) Name and business address of each independent contractor   (b) Type of service   (c) Repossible correspondent (compensation from the compensation of other employees paid over \$100,000									eived n	nore
(a) Name and title of each employee	-				o, un outers,	, in actions, and key of	iipioyooo, wiio oo	.011100	,01V0U 11	1010
NONE    Print/Type preparer's signature see Only		•			hours			, (e	) Estim	ated
If Total number of other employees paid over \$100,000  Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' NONE  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (d) Type of service  (e) Compensation organization complete Schedule A? Note; All section \$01(c)(3) organizations must attach a completed Schedule A? Note; All section \$01(c)(3) organizations must attach a completed Schedule A? Note; All section \$01(c)(3) organizations of which preparer has any knowledge and belief, it is e.e., correct, and completed. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Print/Type preparer's name  Preparer's signature  NANCY J. SNYDER  NANCY J. SNY							employee benefit			
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Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  (d) Total number of other independent contractors each receiving over \$100,000  (e) Compensation  (f) Type of service  (g) Compensation  (h) Type of service  (e) Compensation  (b) Type of service  (c) Compensation  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  (e) Compensation  (f) Type of service  (g) Compensation  (h) Type of service  (e) Compensation  (f) Type of service  (g) Compensation  (h) Type of service  (h) Type of service  (e) Compensation  (f) Type of service  (h) Type o										
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Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  der 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 e, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Print/Type preparer's name  MARIA CRISTALLI, PRESIDENT AND CEO  Type or print name and title  Print/Type preparer's name  Preparer's signature  NANCY J. SNYDER  Prim's andress ▶ 171 SULLY'S TRAIL  Phone no. (585) 381-1000  Pirm's address ▶ 171 SULLY'S TRAIL  Phone no. (585) 381-1000										
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Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.     X Yes	(a)	iame and business address of each mulperior	one contractor		(b)	Type of service	(6)	<u> </u>	, iisatioi	
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	J. Takal a									
completed Schedule A    X Yes   Marker		•		tions must attach	a					
aid reparer se Only  ANCY J. SNYDER  NANCY J. SNYDER  Firm's name  BONADIO & CO., LLP  Firm's address  171 SULLY'S TRAIL  PITTSFORD, NY 14534  avy the IRS discuss this return with the preparer shown above? See instructions  Perparer's nicluding accompanying schedules and statements, and to the best of my knowledge and belief, it is self-ended accomplete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Date  Date  Check if Self-employed  PO1340545  Firm's EIN  Firm's EIN  Phone no. (585) 381-1000  X Yes  NANCY J. SYES  A Yes  NANCY J. STRAIL  Phone no. (585) NANCY J. SYES  NANCY J. STRAIL  Phone no. (585) NANCY J. SYES  NANCY J. STRAIL  PHONE NO. (585) NANCY J. SYES  NANCY J. STRAIL  PHONE NO. (585) NANCY J. SYES  NANCY J. STRAIL  PHONE NO. (585) NANCY J. SYES  NANCY J. SY		10 1 1 1 4	. , , , -		u		▶ []	<u>Χ</u> γ,	es 🗀	□ N
tign ere  MARIA CRISTALLI, PRESIDENT AND CEO Type or print name and title  Print/Type preparer's name  NANCY J. SNYDER Firm's name ▶ BONADIO & CO., LLP Firm's address ▶ 171 SULLY'S TRAIL PITTSFORD, NY 14534  avy the IRS discuss this return with the preparer shown above? See instructions  Pate  Date  Check ☐ if self- employed PTIN self- employed PO1340545 Firm's EIN ▶ 16-1131146 Phone no. (585) 381-1000  X Yes ■ N					s and stater	nents, and to the bes		_		
MARIA CRISTALLI, PRESIDENT AND CEO  Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  NANCY J. SNYDER  NANCY J. SNYDER  Firm's name ▶ BONADIO & CO., LLP  Firm's name ▶ BONADIO & CO., LLP  Firm's address ▶ 171 SULLY'S TRAIL  Phone no. (585) 381-1000  PITTSFORD, NY 14534  avy the IRS discuss this return with the preparer shown above? See instructions  ▼ X Yes N	ie, correct, ai	nd complete. Declaration of preparer (other th	an officer) is based on all	information of w	hich prepare	er has any knowledge	е.		,	
MARIA CRISTALLI, PRESIDENT AND CEO  Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  NANCY J. SNYDER  NANCY J. SNYDER  Firm's name ▶ BONADIO & CO., LLP  Firm's name ▶ BONADIO & CO., LLP  Firm's address ▶ 171 SULLY'S TRAIL  Phone no. (585) 381-1000  PITTSFORD, NY 14534  avy the IRS discuss this return with the preparer shown above? See instructions  ▼ X Yes N		·								
aid reparer se Only  NANCY J. SNYDER NANCY J. SNYDER 04/08/22  P01340545  Firm's name ▶ BONADIO & CO., LLP Firm's address ▶ 171 SULLY'S TRAIL PITTSFORD, NY 14534  ay the IRS discuss this return with the preparer shown above? See instructions  Self- employed P01340545  Firm's EIN ▶ 16-1131146 Phone no. (585) 381-1000  PX Yes N	ign ere	MARIA CRISTALLI, PR	ESIDENT AND	CEO			Date			
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NANCY J. SNYDER   NANCY J. SNYDER   04/08/22   P01340545	aid						*			
se Only Firm's name ► BONADIO & CO., LLP Firm's address ► 171 SULLY'S TRAIL PITTSFORD, NY 14534  ay the IRS discuss this return with the preparer shown above? See instructions				IYDER	04/08					
Firm's address ► 171 SULLY'S TRAIL  PITTSFORD, NY 14534  ay the IRS discuss this return with the preparer shown above? See instructions  Phone no. (585) 381–1000  X Yes N	se Only									
ay the IRS discuss this return with the preparer shown above? See instructions		1				Phone no.	(585)	<u> 381</u>	<u>-10(</u>	00
		-					-			_
	ay the IRS di	scuss this return with the preparer shown abo	ve? See instructions							N

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

16-1493407

Name of the organization

HILLSIDE FAMILY OF AGENCIES

Part I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
he orgar	nization is not a private found	lation because it is: (F	or lines 1 through 12, c	heck only	one box.)		
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).	
2	A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
з 🔲	A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).	
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state:						
5	An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental unit describe	ed in
	section 170(b)(1)(A)(iv). (0	Complete Part II.)					
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	An organization that norma	ılly receives a substar	ntial part of its support fr	rom a gove	ernmental	unit or from the general p	oublic described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8 🔲	A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Par	t II.)			
9 🗌	An agricultural research org	ganization described	in <b>section 170(b)(1)(A)(</b>	ix) operate	ed in conju	inction with a land-grant	college
	or university or a non-land-o	grant college of agrice	ulture (see instructions).	Enter the I	name, city	, and state of the college	or
	university:						
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support for	rom gross investment
	income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organization a	ifter June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)					
I1 🖳	An organization organized	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4).	
12 X	An organization organized	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carry out the	purposes of one or
	more publicly supported or						Check the box in
_	lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.	
a		anization operated, si	upervised, or controlled	by its supp	oorted org	anization(s), typically by	giving
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting
_	organization. You must o	complete Part IV, Se	ctions A and B.				
b	☐ Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	ring
	control or management of	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted
	organization(s). You mus	t complete Part IV,	Sections A and C.				
c X	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
_	its supported organizatio	n(s) (see instructions)	. You must complete I	Part IV, Se	ections A,	D, and E.	
d L		<b>/ integrated.</b> A supp	orting organization oper	ated in co	nnection w	vith its supported organiz	zation(s)
	that is not functionally int	tegrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness
_	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е	Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III	
	functionally integrated, o	r Type III non-functior	nally integrated supportion	ng organiz	ation.		
	er the number of supported o						2
	vide the following information (i) Name of supported	n about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other
	organization	(II) EIN	(described on lines 1-10	in your governi	ing document?	support (see instructions)	support (see instructions)
	organization		above (see instructions))	Yes	No	Support (See motradions)	Support (See metractions)
	TDE EQUIDATION	16 1402404	1.0	37			
	IDE FOUNDATION	16-1493404	10	X		0.	0.
	IDE CHILDREN'S	16-0743039	7	37		_	
ENTE	K	16-0/43039	7	X		0.	0.
otal						0.	0.
ulai							

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
1 (0						
6 Public support, Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	, ,	, ,	, ,	, ,		,,
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
10 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, e	tc. (see instructi	ons)			12	
13 First 5 years. If the Form 990 is for the	organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
organization, check this box and stop						<b>.</b>
Section C. Computation of Public					T T	
14 Public support percentage for 2020 (lin	, ,,,	• •	***		14	%
15 Public support percentage from 2019 S					15	<u>%</u>
16a 33 1/3% support test - 2020. If the on						<b>.</b> —
stop here. The organization qualifies as		-			/ aa.aa.a.a.a.a.l	
b 33 1/3% support test - 2019. If the or			-41			
and <b>stop here.</b> The organization qualifi					and line 14 is 10%	
17a 10% -facts-and-circumstances test -						*
and if the organization meets the facts-			-	•	_	▶□
meets the facts-and-circumstances test	-		*		17a, and line 15 is	
b 10% -facts-and-circumstances test -					•	10% Of
more, and if the organization meets the				-		ightharpoonup
organization meets the facts-and-circum  18 Private foundation. If the organization		-		•		<b>.</b>
i i ivate iounidation. Il the organization	did HUL CHECK d	DON OF HIE TO, TO	a, 100, 17a, 01 171		edule A (Form 990	

### 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.)

Se	ction A. Public Support	<u>, , ,</u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf  The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		(a) 2016	(h) 0017	(a) 2019	(4) 2010	(=) 2020	(f) Total
	ndar year (or fiscal year beginning in)  Amounts from line 6	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gross income from interest,						
100	dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
							<b>&gt;</b>
Se	ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
198	33 1/3% support tests - 2020. If the						<b>.</b> .
	more than 33 1/3%, check this box ar						
K	33 1/3% support tests - 2019. If the line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
_	37	
1	X	
2		X
3a		X
3b		
3с		
4a		X
4b		
4c		
5a		X
5b		
5c		
6		X
7		Х
8		X
9a		Х
9b		X
9c		X
90		77
10a		X
ioa		
10b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		X
b	A family member of a person described in line 11a above?	11b		X
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		X
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		177	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Х	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		ļ	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	Х	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			37
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		X
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	1		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	X The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities.  Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	Za		
D	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a	Х	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	nization (see
	instructions)		., ., .,	•

Schedule A (Form 990 or 990-EZ) 2020

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exc	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which to	the organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	<u> </u>	Г	10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
<u>i</u>	Carryover from 2015 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
d	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

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.)

PART IV, SECTION E, LINE 3A:

THE SOLE MEMBER OF EACH SUPPORTED AFFILIATED ENTITY IS THE CORPORATION

(REFERRED TO AS "PARENT" OR THE "MEMBER" WITHIN THE CERTIFICATION OF

INCORPORATION OR BYLAWS OF EACH SUPPORTED AFFILIATED ENTITY). ONE OF

THE SUPPORTED AFFILIATED ENTITY'S DIRECTORS SHALL SERVE EX OFFICIO AND

THE REMAINDER SHALL BE ELECTED BY THE MEMBER.

PART IV, SECTION E, LINE 3B:

THE MEMBER SHALL HAVE AND EXERCISE ALL THE RIGHTS AND POWERS OF

CORPORATE MEMBERSHIP CREATED BY THE LAWS OF THE STATE OF NEW YORK OR

THE CERTIFICATE OF INCORPORATION OR BYLAWS OF EACH SUPPORTED AFFILIATED

ENTITY. THE FOLLOWING GOVERNANCE AND MANAGEMENT POWERS HAVE BEEN

RESERVED TO THE MEMBER IN THE CERTIFICATE OF INCORPORATION:

- (1) TO APPROVE AND INTERPRET THE STATEMENT OF MISSION AND PHILOSOPHY

  ADOPTED BY EACH SUPPORTED AFFILIATED ENTITY AND TO REQUIRE THAT EACH

  SUPPORTED AFFILIATED ENTITY OPERATE IN CONFORMANCE WITH ITS MISSION AND

  PHILOSOPHY;
- (2) TO APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, THE CHIEF EXECUTIVE
  OFFICER OF EACH SUPPORTED AFFILIATED ENTITY;
- (3) TO AMEND OR REPEAL THE CERTIFICATE OF INCORPORATION AND BYLAWS, AND

  TO ADOPT ANY NEW OR RESTATED CERTIFICATE OF INCORPORATION OR BYLAWS, OF

  EACH SUPPORTED AFFILIATED ENTITY;
- (4) TO APPROVE ANY PLAN OF MERGER, CONSOLIDATION, DISSOLUTION OR

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.)	
LIQUIDATION OF EACH SUPPORTED AFFILIATED ENTITY;	
(5) TO ELECT OR APPOINT, FIX THE NUMBER OF, AND REMOVE, WITH OR WITHOUT	
CAUSE, THE DIRECTORS OF EACH SUPPORTED AFFILIATED ENTITY;	
(6) TO APPROVE THE DEBT OF EACH SUPPORTED AFFILIATED ENTITY IN EXCESS	
OF AN AMOUNT TO BE FIXED FROM TIME TO TIME BY THE MEMBER, AND	
ENCUMBRANCES ON CORPORATE REAL ESTATE TO SECURE PAYMENT OF DEBT TO BE	
INCURRED;	
(7) TO APPROVE THE SALE, ACQUISITION, LEASE, TRANSFER, MORTGAGE,	
GUARANTY, OR PLEDGE OF REAL OR PERSONAL PROPERTY OF EACH SUPPORTED	
AFFILIATED ENTITY IN EXCESS OF AN AMOUNT TO BE FIXED FROM TIME TO TIME	
BY THE MEMBER;	
(8) TO APPROVE THE CAPITAL AND OPERATING BUDGETS OF EACH SUPPORTED	
AFFILIATED ENTITY;	
(9) TO APPROVE SETTLEMENTS OF LITIGATION WHEN SUCH SETTLEMENTS EXCEED	
APPLICABLE INSURANCE COVERAGE OR THE AMOUNT OF ANY APPLICABLE	
SELF-INSURANCE FUND;	
(10) TO APPROVE ANY CORPORATE REORGANIZATION OF EACH SUPPORTED	
AFFILIATED ENTITY AND THE DEVELOPMENT OR DISSOLUTION OF ANY SUBSIDIARY	
ORGANIZATIONS, PARTNERSHIPS OR JOINT VENTURES OF EACH SUPPORTED	
AFFILIATED ENTITY;	

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.)
(11) TO APPROVE THE STRATEGIC PLAN OF EACH SUPPORTED AFFILIATED ENTITY;
AND
(12) TO APPROVE CONTRACTS OF EACH SUPPORTED AFFILIATED ENTITY WITH
INSURERS AND OTHER PAYERS, WHERE THE EXPECTED ANNUAL REVENUE OR RISK
EXPOSURE IS HIGHER THAN AN AMOUNT TO BE FIXED FROM TIME TO TIME BY THE
MEMBER.
(13) FOR THE PURPOSES OF THE FOREGOING, THE POWER OF THE MEMBER TO
APPROVE INCLUDES (I) THE POWER TO INITIATE AND DIRECT ACTION BY EACH
SUPPORTED AFFILIATED ENTITY WITHOUT A PRIOR RECOMMENDATION OF EACH
SUPPORTED AFFILIATED ENTITY'S BOARD OF DIRECTORS OR OTHER GOVERNING OR
MANAGING BODY, AND (II) THE POWER TO ACCEPT, REJECT OR MODIFY A
RECOMMENDATION OF EACH SUPPORTED AFFILIATED ENTITY'S BOARD OF DIRECTORS
OR OTHER GOVERNING OR MANAGING BODY AND TO DIRECT ACTION BY EACH
SUPPORTED AFFILIATED ENTITY UPON SUCH DETERMINATION OR RETURN THE
MATTER TO THE BOARD OR OTHER GOVERNING OR MANAGING BODY FOR
RECONSIDERATION WITH REASONS FOR THE REJECTION AND/OR SUGGESTED
CHANGES. THE BOARD OF DIRECTORS AND OFFICERS OF EACH SUPPORTED
AFFILIATED ENTITY SHALL NOT TAKE ANY ACTION REQUIRING THE APPROVAL OF
THE MEMBER UNTIL THE MEMBER SHALL HAVE EXERCISED ITS RESERVED POWERS
AND COMMUNICATED ITS DETERMINATION IN WRITING TO THE BOARD.

#### SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36.

► Attach certified copies of any articles of dissolution, resolutions, or plans.

➤ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047
2020

Open to Public Inspection

Name of the organization

HILLSIDE FAMILY OF AGENCIES

Employer identification number 16-1493407

(a) Description of asset(s)     distributed or transaction     expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
					HILLSIDE CHILDREN'S CENTER,	
NET ASSETS IN THEIR ENTIRETY					1183 MONROE AVENUE	
TRANSFERRED TO AFFILIATE	07/01/20	18,723,773.	BOOK VALUE	16-0743039	ROCHESTER, NY 14620	501(C) (3)
						Yes N
2 Did or will any officer, director, truste	e or key employee of th	e organization:				

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

Schedule N (Form 990 or 990-EZ) 2020

2b

b Become an employee of, or independent contractor for, a successor or transferee organization?

c Become a direct or indirect owner of a successor or transferee organization?

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

**d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

Part	I Liquidation, Termination, or Dissolu	ution (continued)							
	Note: If the organization distributed all of i	ts assets during the	tax year, then Form 990,	Part X, column (B), line 16	6 (Total assets), and lin	ne 26 (Total liabilities), should equal -0		Yes	No
3	Did the organization distribute its assets in	accordance with its	governing instrument(s)	? If "No," describe in Part	III		3	X	<u> </u>
4a	Is the organization required to notify the at	torney general or oth	ner appropriate state offic	cial of its intent to dissolve	e, liquidate, or termina	te?	4a	X	<u> </u>
b	If "Yes," did the organization provide such	notice?					4b	X	
5	Did the organization discharge or pay all o	f its liabilities in acco	rdance with state laws?				5	X	
6a	Did the organization have any tax-exempt						6a		X
b	If "Yes" to line 6a, did the organization disc	charge or defease all	of its tax-exempt bond li	abilities during the tax yr i	in accordance with the	e Internal Revenue Code and state laws?	6b		
	If "Yes" on line 6b, describe in Part III how								
Part	II Sale, Exchange, Disposition, or Othe	er Transfer of More	Than 25% of the Organi	zation's Assets. Comple	ete this part if the orga	anization answered "Yes" on Form 990, Pa	ırt IV, lin	e 32, d	or
	Form 990-EZ, line 36. Part II can be du	plicated if additional	space is needed.						
1	(a) Description of asset(s)	(b) Date of	(c) Fair market value of	(d) Method of	(e) EIN of recipient	(f) Name and address of recipient	( <b>g</b> ) IRC		
	distributed or transaction	distribution	asset(s) distributed or amount of transaction	determining FMV for asset(s) distributed or			recip tax-exer	ient(s) (i mpt) or t	
	expenses paid		expenses	transaction expenses				entity	71
								Yes	No
2	Did or will any officer, director, trustee, or I	key employee of the	organization:						
а	Become a director or trustee of a successor	or or transferee orga	nization?				2a		
b	Become an employee of, or independent of	ontractor for, a succ	essor or transferee orgar	nization?			2b		
С	Become a direct or indirect owner of a suc						2c		
d	Receive, or become entitled to, compensa	tion or other similar <sub>l</sub>					2d		
е	If the organization answered "Yes" to any	of the questions on I	ines 2a through 2d, provi	ide the name of the perso	n involved and explair				

Part III Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.
PART I, LINE 2E:
ALL OFFICERS AND DIRECTORS ARE OFFICERS AND DIRECTORS OF SUCCESSOR
ORGANIZATION.
PART I, LINE 2E:
PRIOR TO THE MERGER OF HILLSIDE FAMILY OF AGENCIES ("HFA") AND HILLSIDE
CHILDREN'S CENTER ("HCC"), THE TWO ENTITIES HAD TWO DIFFERENT BOARDS, WHICH
WERE COMBINED AT THE TIME OF THE MERGER. IN ADDITION TO THE COMBINED
BOARDS, ALL EMPLOYEES OF HFA AT THE TIME OF MERGER BECAME EMPLOYEES OF HCC.
SCH. N, PART I, LINE 1(A)
AS PART OF A CORPORATE RESTRUCTURING IN 2020, HILLSIDE CHILDREN'S
CENTER ACQUIRED THE ASSETS AND ASSUMED THE LIABILITIES OF HILLSIDE
FAMILY OF AGENCIES, WHICH WAS HILLSIDE CHILDREN'S CENTER'S SOLE
CORPORATE MEMBER PRIOR TO THE MERGER. THE ADMINISTRATIVE AND OTHER
SUPPORT FUNCTIONS PREVIOUSLY PERFORMED BY HILLSIDE FAMILY OF AGENCIES
CONTINUE TO BE PERFORMED, NOW UNDER HILLSIDE CHILDREN'S CENTER.

#### **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 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HILLSIDE FAMILY OF AGENCIES

**Employer identification number** 16-1493407

HILLSIDE FAMILY OF AGENCIES	10	-1493407
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET AS	SSETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:		AMOUNT:
TRANSFER OF NET ASSETS TO AFFILIATE ON 07/01/20	20	-18,723,773.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE, NET	268,091.	0.
PREPAID EXPENSES	1,555,616.	0.
INTERAFFILIATE RECEIVABLE - NET	27,616,143.	0.
CAPTIVE INSURANCE PROGRAM	3,371,533.	0.
BENEFICIAL INTEREST IN NET ASSETS OF HILLSIDE		
FOUNDATION	18,486,286.	0.
OTHER DEPRECIABLE ASSETS	366,720.	0.
TOTAL TO FORM 990-EZ, LINE 24	51,664,389.	0.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIE	S:	
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCRUED PENSION OBLIGATION	6,390,686.	0.
INTEREST RATE SWAP LIABILITY	139,058.	0.
SECURED MORTGAGES AND NOTES PAYABLE TO		
UNRELATED THIRD PARTIES	19,490,161.	0.
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	7,732,293.	0.
TOTAL TO FORM 990-EZ, LINE 26	33,752,198.	0.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE -	TO PROVIDE ADM	INISTRATIVE
SUPPORT FOR ITS TAX EXEMPT AFFILIATES - HILLSID	E CHILDREN'S CE	NTER AND
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O	(Form 990 or 990-EZ) 2020

Name of the organization HILLSIDE FAMILY OF AGENCIES	Employer identification number 16-1493407
HILLSIDE FOUNDATION.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFI	TT CONTRACTS:
TORE 550 EZ, TAKT V, INFORMATION REGARDING TERBONAL BENEFI	II CONTRACTS.
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUN	NDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTE	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIU	JMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	

Name of the organization

HILLSIDE FAMILY OF AGENCIES

Employer identification number
16-1493407

HILLSIDE FAMILY OF AGENCIES			<u> 16-14934</u>	0 /		
Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensation			ed. (see the instructions for Part IV.)			
(a) Name and title	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation		
LEONARD J. SHUTE						
GOVERNOR	0.50	0.	0.	0.		
ROBERT B. STILES						
PAST CHAIR	0.50	0.	0.	0.		
ROGER B. FRIEDLANDER						
THIRD VICE CHAIR	0.50	0.	0.	0.		
RICHARD J. GANGEMI, M.D.	0 50					
FIRST VICE CHAIR	0.50	0.	0.	0.		
JAMES C. HAEFNER TREASURER	0.50	0.	0.	0.		
JILL KNITTEL	0.50	1	0.	· ·		
SECOND VICE CHAIR	0.50	0.	0.	0.		
MONICA MONTE	0.30		•	- •		
SECRETARY	0.50	0.	0.	0.		
EDWARD WHITE						
CHAIR	0.50	0.	0.	0.		
MARIA CRISTALLI						
PRESIDENT AND CEO	0.50	0.	0.	0.		
CHRISTOPHER PETERSON						
CHIEF FINANCIAL OFFICER	0.50	0.	0.	0.		
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