

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2002

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

<b>A</b> For the 2002 calendar year, or tax year beginning <u>2/1/2002</u> and ending <u>1/31/2003</u>	
<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 <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BLOOMINGDALE FAMILY PROGRAM, INC</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>125 WEST 109TH STREET</b> City or town State or country ZIP + 4 <b>NEW YORK NY 10025-2542</b>
<b>D</b> Employer identification number <b>13-2638566</b>	
<b>E</b> Telephone number <b>212-663-4067</b>	
<b>F</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

<b>G</b> Web site _____	<b>H</b> and <b>I</b> are not applicable to section 527 organizations <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> If "Yes" enter number of affiliates _____ <b>H(c)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "No," attach a list. See instructions.) <b>H(d)</b> Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>I</b> Enter 4-digit GEN _____
<b>J</b> ORGANIZATION TYPE (check only one) <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no. <input type="checkbox"/> 4947(a)(1) OR <input type="checkbox"/> 527 <b>K</b> Check here <input type="checkbox"/> if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. SOME STATES REQUIRE A COMPLETE RETURN.	<b>M</b> Check <input type="checkbox"/> if the organization is NOT required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 2,827,926

**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received			
	<b>a</b> Direct public support	<b>1a</b>	248,663	
	<b>b</b> Indirect public support	<b>1b</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>	2,569,591	
	<b>d</b> TOTAL (add lines 1a through 1c) (cash \$ <u>2,818,254</u> noncash \$ <u>0</u> )	<b>1d</b>	2,818,254	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
	<b>3</b> Membership dues and assessments	<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	174	
	<b>5</b> Dividends and interest from securities	<b>5</b>		
	Expenses	<b>6 a</b> Gross rents	<b>6a</b>	
<b>b</b> Less rental expenses		<b>6b</b>		
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)		<b>6c</b>	0	
<b>7</b> Other investment income (describe _____)		<b>7</b>		
<b>8 a</b> Gross amount from sales of assets other than inventory		(A) Securities <b>8a</b>	(B) Other <b>8b</b>	
<b>b</b> Less cost or other basis and sales expenses		<b>8b</b>		
<b>c</b> Gain or (loss) (attach schedule)		<b>8c</b>	0	
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))		<b>8d</b>	0	
<b>9</b> Special events and activities (attach schedule)				
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)		<b>9a</b>	9,498	
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>	6,038		
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	3,460		
Revenue	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		
	<b>b</b> Less cost of goods sold	<b>10b</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>	0	
	<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		
	<b>12</b> TOTAL REVENUE (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	2,821,888	
	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	2,555,177	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	192,526	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	0	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b> TOTAL EXPENSES (add lines 16 and 44, column (A))	<b>17</b>	2,747,703	
Net Assets or Fund Balances	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	74,185	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	91,995	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	0	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	166,180	

**Part II** **Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I

		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22 0			
23	Specific assistance to individuals (attach schedule)	23 0			
24	Benefits paid to or for members (attach schedule)	24 0			
25	Compensation of officers, directors, etc	25 0			
26	Other salaries and wages	26 1,729,504	1,629,888	99,616	
27	Pension plan contributions	27 0			
28	Other employee benefits	28 42,756	40,475	2,281	
29	Payroll taxes	29 135,067	127,365	7,702	
30	Professional fundraising fees	30 0			
31	Accounting fees	31 9,000	7,500	1,500	
32	Legal fees	32 3,066	0	3,066	
33	Supplies	33 162,061	144,629	17,432	
34	Telephone	34 16,528	9,052	7,476	
35	Postage and shipping	35 1,651	907	744	
36	Occupancy	36 330,845	309,484	21,361	
37	Equipment rental and maintenance	37 46,849	43,713	3,136	
38	Printing and publications	38 7,143	3,381	3,762	
39	Travel	39 10,088	414	9,674	
40	Conferences, conventions, and meetings	40 0			
41	Interest	41 600	0	600	
42	Depreciation, depletion, etc (attach schedule)	42 0			
43	Other expenses not covered above (itemize) a Consultants	43a 237,012	222,836	14,176	
	b Children's trips	43b 15,533	15,533	0	
	c	43c 0			
	d	43d 0			
	e	43e 0			
	f	43f 0			
44	TOTAL FUNCTIONAL EXPENSES (add lines 22 through 43). ORGANIZATIONS COMPLETING COLUMNS (B)-(D) CARRY THESE TOTALS TO LINES 13-15	44 2,747,703	2,555,177	192,526	0

JOINT COSTS Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III** **Statement of Program Service Accomplishments** (See page 24 of the instructions.)What is the organization's primary exempt purpose? ☒ TO PROVIDE EARLY CHILD DEVELOPMENT

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others

a	HEAD START PROGRAM-PROVIDES EARLY CHILD DEVELOPMENT TO 206 CHILDREN				
	(Grants and allocations \$ 0 )				1,895,235
b	FOOD PROGRAM-PROVIDES NUTRITIONAL MEALS AND SNACKS TO CHILDREN ENROLLED IN HEAD START PROGRAM				
	(Grants and allocations \$ 0 )				102,050
c	KINDERGARTEN PROGRAM-PROVIDES PRE-KINDERGARTEN CHILD DEVELOPMENT TO 60 CHILDREN				
	(Grants and allocations \$ 0 )				394,031
d	SPECIAL EDUCATION-PROVIDES SPECIAL EDUCATION TO 30 CHILDREN WITH LEARNING DISABILITIES				
	(Grants and allocations \$ 0 )				163,861
e	Other program services (attach schedule)				
	(Grants and allocations \$ )				
f	TOTAL OF PROGRAM SERVICE EXPENSES (should equal line 44, column (B), Program services)				2,555,177

**Part IV Balance Sheets** (See page 24 of the instructions)

<b>Note</b>		<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
<b>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</b>					
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing		105,928	<b>45</b>	224,966
	<b>46</b> Savings and temporary cash investments		10,030	<b>46</b>	3,318
	<b>47 a</b> Accounts receivable	<b>47a</b>	4,009		
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>	0	<b>47c</b>	4,009
	<b>48 a</b> Pledges receivable	<b>48a</b>	0		
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>	0	<b>48c</b>	0
	<b>49</b> Grants receivable		191,474	<b>49</b>	132,911
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)		0	<b>50</b>	0
	<b>51 a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>	0		
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>	0	<b>51c</b>	0
	<b>52</b> Inventories for sale or use			<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges			<b>53</b>	
	<b>54</b> Investments - securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	<b>54</b>	0
	<b>55 a</b> Investments - land, buildings, and equipment basis	<b>55a</b>	0		
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>55b</b>	0	<b>55c</b>	0
	<b>56</b> Investments - other (attach schedule)		0	<b>56</b>	0
	<b>57 a</b> Land, buildings, and equipment basis	<b>57a</b>	0		
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>57b</b>	0	<b>57c</b>	0
	<b>58</b> Other assets (describe <input type="checkbox"/> )		0	<b>58</b>	0
	<b>59</b> TOTAL ASSETS (add lines 45 through 58) (must equal line 74)		307,432	<b>59</b>	365,204
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses		215,437	<b>60</b>	149,024
	<b>61</b> Grants payable			<b>61</b>	
	<b>62</b> Deferred revenue			<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		0	<b>63</b>	0
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule)		0	<b>64a</b>	0
	<b>b</b> Mortgages and other notes payable (attach schedule)		0	<b>64b</b>	50,000
	<b>65</b> Other liabilities (describe <input type="checkbox"/> See attached worksheet )		0	<b>65</b>	0
<b>66</b> TOTAL LIABILITIES (add lines 60 through 65)		215,437	<b>66</b>	199,024	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
	<b>67</b> Unrestricted			<b>67</b>	
	<b>68</b> Temporarily restricted		91,995	<b>68</b>	166,180
	<b>69</b> Permanently restricted			<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
	<b>70</b> Capital stock, trust principal, or current funds			<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund			<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds			<b>72</b>	
	<b>73</b> TOTAL NET ASSETS OR FUND BALANCES (add lines 67 through 69 OR lines 70 through 72, column (A) MUST equal line 19, column (B) MUST equal line 21)		91,995	<b>73</b>	166,180
	<b>74</b> TOTAL LIABILITIES AND NET ASSETS / FUND BALANCES (add lines 66 and 73)		307,432	<b>74</b>	365,204

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	2,821,888
<b>b</b>	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4)	<b>b</b>	0
<b>c</b>	Line a minus line b	<b>c</b>	2,821,888
<b>d</b>	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	2,821,888

**Part IV-B** Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	2,747,703
<b>b</b>	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4)	<b>b</b>	0
<b>c</b>	Line a minus line b	<b>c</b>	2,747,703
<b>d</b>	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	2,747,703

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 26 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (IF NOT PAID, ENTER -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MARTHA MCANDREWS 601 WEST 115TH STREET #41, NEW YORK, NY 10025	CHAIRPERSON 1 HOUR	0	0	0
JOAN G. ANDERSON 401 EAST 65TH STREET, NEW YORK, NY 10021	CO-CHAIRPERSON 1 HOUR	0	0	0
RAYMONDE DESTRA 107 WEST 109TH STREET #15 C, NEW YORK, NY 10025	SECRETARY 1 HOUR	0	0	0
SANDRA ROCHE 415 CENTRAL PARK WEST, NEW YORK, NY 10025	TREASURER 1 HOUR	0	0	0
BARBARA MALPICA 949 WEST END AVENUE #14 F, NEW YORK, NY 10025	MEMBER 1/2 HOUR	0	0	0
ELIZABETH PERRY 170 SECOND AVENUE #7 B, NEW YORK, NY 10002	MEMBER 1/2 HOUR	0	0	0
MARIA BROWN 527 WEST 121ST STREET, NEW YORK, NY 10007	MEMBER 1/2 HOUR	0	0	0
MYRA HUTCHINSON 311 WEST 136TH STREET, NEW YORK, NY 10030	MEMBER 1/2 HOUR	0	0	0
SUSAN FEINGOLD 308 WEST 104TH STREET, NEW YORK, NY 10025	EXECUTIVE DIRECTOR 40 HOURS	73,918	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☒ No

If "Yes," attach schedule-see page 26 of the instructions

Part VI Other Information (See page 27 of the instructions)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on FORM 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization: _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0
b	Did the organization file FORM 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	883,909
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, DO NOT complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911: 0, section 4912: 0, section 4955: 0		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90 a	List the states with which a copy of this return is filed: NEW YORK		
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)	90b	70
91	The books are in care of: ALEX WILLIAMS Telephone no: (212) 663-4067 Located at: 125 WEST 109TH STREET, NEW YORK, NEW YORK ZIP + 4: 10025-2542		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of FORM 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)**Note** Enter gross amounts unless otherwise indicated

		Unrelated business income		Excluded by section 512, 513, or 514		(E)
		(A)	(B)	(C)	(D)	Related or exempt
		Business code	Amount	Exclusion code	Amount	function income
<b>93</b>	Program service revenue					
a						
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
<b>94</b>	Membership dues and assessments					
<b>95</b>	Interest on savings and temporary cash investments			14	174	
<b>96</b>	Dividends and interest from securities					
<b>97</b>	Net rental income or (loss) from real estate					
a	debt-financed property					
b	not debt-financed property					
<b>98</b>	Net rental income or (loss) from personal property					
<b>99</b>	Other investment income					
<b>100</b>	Gain or (loss) from sales of assets other than inventory					
<b>101</b>	Net income or (loss) from special events					
<b>102</b>	Gross profit or (loss) from sales of inventory					
<b>103</b>	Other revenue <b>a</b>					
b						
c						
d						
e						
<b>104</b>	Subtotal (add columns (B), (D), and (E))		0		174	0
<b>105</b>	TOTAL (add line 104 columns (B), (D), and (E))					174

**Note** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions)

(A)	(B)	(C)	(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of activities	Total income	End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

**Note** If "Yes" to (b), file Form 8870 AND Form 4720 (see instructions)

I am including accompanying schedules and statements, and to the best of my knowledge (other than officer) is based on all information of which preparer has any knowledge

Date 6/12/03

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

**MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2002**

Name of the organization

BLOOMINGDALE FAMILY PROGRAM, INC

Employer identification number

13-2638566

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SUSAN FEINGOLD 308 WEST 104TH STREET, NEW YORK, NY 10025	EX DIRECTOR/40 hrs	73918	0	0
Total number of other employees paid over \$50,000				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services		

**Part III** **Statements About Activities** (See page 2 of the instructions)

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ 0 (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

**a** Sale, exchange, or leasing of property?

2a X

**b** Lending of money or other extension of credit?

2b X

**c** Furnishing of goods, services, or facilities?

2c X

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

**e** Transfer of any part of its income or assets?

2e X

- 3** Does the organization make grants for scholarships, fellowships, student loans, etc.? (See NOTE below)

3 X

- 4** Do you have a section 403(b) annuity plan for your employees?

4 X

**Note** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

**Part IV** **Reason for Non-Private Foundation Status** (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5** ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) ENTER THE HOSPITAL'S NAME, CITY, AND STATE \_\_\_\_\_
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the SUPPORT SCHEDULE in Part IV-A)
- 11 a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the SUPPORT SCHEDULE in Part IV-A)
- 11 b** ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the SUPPORT SCHEDULE in Part IV-A)
- 12** ☐ 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 charitable etc., 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) (Also complete the SUPPORT SCHEDULE in Part IV-A)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)

(b) Line number  
from above

- 14** ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) **USE CASH METHOD OF ACCOUNTING****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	2,328,997	2,263,042	2,237,335		6,829,374
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	253	138			391
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0
<b>23</b> Total of lines 15 through 22	2,329,250	2,263,180	2,237,335	0	6,829,765
<b>24</b> Line 23 minus line 17	2,329,250	2,263,180	2,237,335	0	6,829,765
<b>25</b> Enter 1% of line 23	23,293	22,632	22,373	0	

<b>26</b> ORGANIZATIONS DESCRIBED ON LINES 10 OR 11	<b>a</b> Enter 2% of amount in column (e), line 24				<b>26a</b>	136,595
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. DO NOT FILE THIS LIST WITH YOUR RETURN. Enter the total of all these excess amounts.					<b>26b</b>	0
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e).					<b>26c</b>	6,829,765
<b>d</b> Add: Amounts from column (e) for lines	18	391	19	0	<b>26d</b>	391
	22	0	26b	0	<b>26e</b>	6,829,374
<b>e</b> Public support (line 26c minus line 26d total)					<b>26f</b>	99.99%
<b>f</b> PUBLIC SUPPORT PERCENTAGE (LINE 26E (NUMERATOR) DIVIDED BY LINE 26C (DENOMINATOR))						

<b>27</b> ORGANIZATIONS DESCRIBED ON LINE 12	<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." DO NOT FILE THIS LIST WITH YOUR RETURN. Enter the sum of such amounts for each year.					
(2001)	(2000)	(1999)	(1998)			
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the LARGER of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11 as well as individuals.) DO NOT FILE THIS LIST WITH YOUR RETURN. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.	(2001)	(2000)	(1999)	(1998)		
<b>c</b> Add: Amounts from column (e) for lines	15	0	16	0	<b>27c</b>	0
	17	0	20	0	<b>27d</b>	0
<b>d</b> Add: Line 27a total	0	and line 27b total	0		<b>27e</b>	0
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27f</b>	0
<b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e).					<b>27g</b>	0.00%
<b>g</b> PUBLIC SUPPORT PERCENTAGE (LINE 27E (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					<b>27h</b>	0.00%
<b>h</b> INVESTMENT INCOME PERCENTAGE (LINE 18, COLUMN (E) (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))						

<b>28</b> UNUSUAL GRANTS. For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. DO NOT FILE THIS LIST WITH YOUR RETURN. Do not include these grants in line 15.						
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	--	--	--

**Part V Private School Questionnaire** (See page 7 of the instructions )  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

**NOT APPLICABLE**

- 29** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 30** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 31** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )

- 32** Does the organization maintain the following
- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
  - b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
  - c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
  - d** Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )

- 33** Does the organization discriminate by race in any way with respect to

- a** Students' rights or privileges?
- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance?
- e** Educational policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?

If you answered "Yes" to any of the above please explain (If you need more space attach a separate statement )

- 34 a** Does the organization receive any financial aid or assistance from a governmental agency?

- b** Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either 34a or b, please explain using an attached statement

- 35** Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

	Yes	No
<b>29</b>		
<b>30</b>		
<b>31</b>		
<b>32a</b>		
<b>32b</b>		
<b>32c</b>		
<b>32d</b>		
<b>33a</b>		
<b>33b</b>		
<b>33c</b>		
<b>33d</b>		
<b>33e</b>		
<b>33f</b>		
<b>33g</b>		
<b>33h</b>		
<b>34a</b>		
<b>34b</b>		
<b>35</b>		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions )

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** ☐ if the organization belongs to an affiliated group Check **b** ☐ if you checked "a" and "limited control" provisions apply**NOT APPLICABLE****Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)		
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	0	0
<b>39</b>	Other exempt purpose expenditures		
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	0	0
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table -		
	<b>If the amount on line 40 is -</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is -</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	0	0
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	0	0
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	0	0

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount					0
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0
<b>47</b> Total lobbying expenditures					0
<b>48</b> Grassroots nontaxable amount					0
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0
<b>50</b> Grassroots lobbying expenditures					0

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions )

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h )
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h )

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
		0



**CERTIFICATE OF ANNUAL REPORT OF CHARITABLE ORGANIZATION**

(As required by Title 13, Chapter V, Part 100 of the Rules and  
Regulations for the Supervision of Charitable Organizations  
in New York as promulgated by the Attorney General)

**AFFIDAVIT**

Name Bloomingdale Family Program, Inc.  
Address 125 West 109th Street, New York, NY 10025-2542

We swear under oath that the following reports, schedules, and statements which combined constitute our fiscal year ending January 31, 2003 written report under section 100 3b, have been examined by us and, to the best of our knowledge and belief, are true, correct and complete copies of the original reports

- (1) Return of Organization from Income Tax (Form 990), U S Treasury Department, Internal Revenue Service
- (2) Annual Report-Charitable Organizations (Form 497), New York State Department of State, Office of Charities Registration
- (3) Audited Financial Statements

State of New York                    }  
                                                 }  
County of                                }

Sworn to before me this

day of                               , 2003

\_\_\_\_\_  
Name


\_\_\_\_\_  
Title

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Preparer

Dhruva Chowdhury, CPA  
Firm Name

70 State Street, Rockville Centre, New York 11570-5126  
Firm Address

CHAR 497

**ANNUAL FINANCIAL REPORT**  
(Charitable Organization)

FOR THE YEAR ENDED 1/31/2003

STATE OF NEW YORK  
DEPARTMENT OF LAW  
CHARITIES BUREAU - REGISTRATION SECTION  
120 BROADWAY  
New York, NY 10271  
www.oag.state.ny.us/charities/charites.html

## FULL OFFICIAL NAME AND ADDRESS OF ORGANIZATION

Official Name BLOOMINGDALE FAMILY PROGRAM, INCStreet Address 125 WEST 109TH STREETCity NEW YORK State NY Zip 10025-2542

## ORGANIZATION'S MAIL ADDRESS, TELEPHONE NUMBER &amp; EMAIL

Street Address 125 WEST 109TH STREETCity NEW YORK State NY Zip 10025-2542Phone Number 212-663-4067 Ext Email 

## STATE REGISTRATION NUMBER

## FEDERAL I D NUMBER

13-2638566

## For Office Use Only

## DATE RECEIVED

## EXAMINED BY/DATE

This form, including any attachments, is a public record and a copy will be provided upon request to any interested persons

## RECEIPT NO

## AMOUNT

- ☐ **Executive Law Annual Filing Exemption.** "X" box if your total contributions did not exceed \$25,000 and you did not engage the services of a professional fund raiser or fund raising counsel during this fiscal year (See page 4)
- ☐ **EPTL Annual Filing Exemption.** "X" box if your total gross receipts for this fiscal year did not exceed \$25,000 and the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year (For dual registrants only - see page 4)
- ☐ This is a combined report for \_\_\_\_\_ organizations (Prior written approval of Attorney General required to submit combined reports)

**FINANCIAL SUMMARY****TOTAL****Support and Revenue**

1	Direct public support (line 14, Schedule 1, page 2)	248,663
2	Indirect public support (line 18, Schedule 1, page 2)	0
3	Government grants (line 20, Schedule 1, page 2)	2,569,591
4	Program service revenue	0
5	Other revenue	3,634
6	Total support and revenue (add lines 1 through 5)	2,821,888

**Expenses**

<b>Program services (list individually)</b>		
7	HEAD START PROGRAM	1,895,235
8	FOOD PROGRAM	102,050
9	KINDERGARTEN PROGRAM	394,031
10	SPECIAL EDUCATION PROGRAM	163,861
11	Public information combined with fund raising	
12	Payments to affiliates/services to affiliates	0
13	Total program services (add lines 7 through 12)	2,555,177
14	Management and general expenses	192,526
15	Fund raising expenses	0
16	Total expenses (add lines 13 through 15)	2,747,703
17	Excess (deficit) of support and revenue over expenses (line 6 minus line 16)	74,185
18	Fund balances or net worth at beginning of year	91,995
19	Other changes in fund balances or net worth (attach explanation)	0
20	Fund balances or net worth at end of year (add lines 17 through 19)	166,180

**Summary of Balance Sheet** (as of 1/31/2003)

21	Assets	365,204
22	Liabilities	199,024
23	Fund balances (line 21 minus line 22)	166,180

Explanation of income and expense items, if required

**SCHEDULE 1: CONTRIBUTIONS**

NOTE Do not report donated services or facilities in this schedule

	Total Amount	Portion Other Than Cash
<b>Direct Public Support</b>		
1 Direct mail	13,663	
2 Telephone solicitation campaigns		
3 Commercial co-venturers (complete Schedule 4)		
4 Door-to-Door		
5 Special events (contribution portion only)		
6 Telethon		
7 Other (specify)		
8 Other (specify)		
9 Other (specify)		
10 Total general public support (add lines 1 through 9)	13,663	0
11 Foundation and trust grants	235,000	
12 Corporate and other business grants		
13 Legacies and bequests		
14 Total direct public support (add lines 10 through 13) (Transfer total line 14 to page 1, line 1)	248,663	0
<b>Indirect Public Support</b>		
15 From Federated Fund Raising Agencies		
16 From affiliates		
17 From other fund raising agencies		
18 Total indirect public support (add lines 15 through 17) (Transfer total line 18 to page 1, line 2)	0	0
<b>Government Grants</b>		
19 Specify Agency		
(a) NEW YORK CITY-ADMINISTRATION FOR CHILDREN'S SERVICES	2,073,684	
(b) NEW YORK CITY-BOARD OF EDUCATION	393,857	
(c) NEW YORK STATE-DEPARTMENT OF HEALTH	102,050	
(d)		
(e) All other government grants		
20 Total government grants (add lines 19(a) through 19(e)) (Transfer total line 20 to page 1, line 3)	2,569,591	0
21 Total contributions (sum of lines 14, 18 and 20)	2,818,254	0

**ACTIVITY STATEMENTS**

- 1 Have your books/records been audited by or for any government agency/funding source this fiscal year? ☒ YES\* ☐ NO  
 \*If YES, specify agency NYC-ACS Period audited 1/31/2003
- 2 Does your organization allocate costs of multipurpose activities among program services, management and general, and fund raising, i.e., Direct Mail, Telethon? ☐ YES\* ☒ NO  
 \*If YES, See IRS Instructions - Reporting Joint Costs of Multi-Purpose Activities
- 3 Did your organization receive donated services or the use of materials, equipment or facilities at no charge or at substantially less than fair rental value? ☒ YES\* ☐ NO  
 \*If YES, indicate the value 883,909 Do not include this amount as support or as an expense on page 1

**SCHEDULE 2: PROFESSIONAL FUND RAISERS (PFR)****NOT APPLICABLE**

Item	Contract 1	Contract 2	Contract 3	Contract 4
1 Name, address and telephone number of PFR				
2 Contract Period				
3 Type of services provided by PFR				
4 Total gross revenue				
5 Total expenses, including payments to PFR				
6 Total uncollected pledges				
7 Accounting method used in preparing this report	<input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL <input type="checkbox"/> OTHER (Specify) _____	<input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL <input type="checkbox"/> OTHER (Specify) _____	<input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL <input type="checkbox"/> OTHER (Specify) _____	<input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL <input type="checkbox"/> OTHER (Specify) _____
8 Did service result in solicitation in New York State	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

\* DO NOT exclude amounts retained by PFR (e.g. amounts reported on line 5)

**SCHEDULE 3: FUND RAISING COUNSEL (FRC)****NOT APPLICABLE**

Item	Contract 1	Contract 2	Contract 3	Contract 4
1 Name, address, telephone number of FRC				
2 Contract period				
3 Type of services provided by FRC				
4 Total paid to FRC				
5 Did services result in solicitation in New York State?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**SCHEDULE 4: COMMERCIAL CO-VENTURES (CCV)****NOT APPLICABLE**

Item	Contract 1	Contract 2	Contract 3	Contract 4
1 Name, address and telephone number of CCV				
2 Contract period				
3 Description of co-venture				
4 Brief description of financial terms and conditions of written contract				
5 Has the organization received an accounting from the CCV as required by section 173-a(3) of Article 7-A of the Executive Law?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO



**DOCUMENT ATTACHMENT CHECKOFF:***Check the boxes for the documents you are attaching*Article 7-A Filing Fee

- ☒ \$25 00 fee (total support & revenue more than \$250,000)
- ☐ \$10 00 fee (total support & revenue \$250,000 or less)
- ☐ No Article 7-A fee (total contributions less than \$25,000 and did not engage PFR or FRC) - Submit CHAR006 (Notice of Annual Filing Exemption)

Independent Accountant's Report

- ☒ Audit Report (total support & revenue more than \$250,000)
- ☐ Review Report (total support & revenue \$100,001 to \$250,000)
- ☐ No Accountant's Report Required (total support & revenue not more than \$100,000 or contributions received not more than \$25 000 with no PFR/FRC)

Completed Internal Revenue Service Forms

- |                                                                |                                                        |                                                        |
|----------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|
| <input checked="" type="checkbox"/> IRS Form 990               | <input type="checkbox"/> IRS Form 990-EZ               | <input type="checkbox"/> IRS Form 990-PF               |
| <input checked="" type="checkbox"/> Schedule A to IRS Form 990 | <input type="checkbox"/> Schedule A to IRS Form 990-EZ | <input type="checkbox"/> Schedule B to IRS Form 990-PF |
| <input checked="" type="checkbox"/> Schedule B to IRS Form 990 | <input type="checkbox"/> Schedule B to IRS Form 990-EZ | <input type="checkbox"/> IRS Form 990-T                |
| <input type="checkbox"/> IRS Form 990-T                        | <input type="checkbox"/> IRS Form 990-T                |                                                        |

Additional Documents for Dual Registrants

- EPTL Filing Fee ☐ \$25 00 (net worth of less than \$50,000)
- ☒ \$50 00 (net worth of \$50,000 or more, but less than \$250,000)
- ☐ \$100 00 (net worth of \$250,000 or more, but less than \$1,000,000)
- ☐ \$250 00 (net worth of \$1,000,000 or more, but less than \$10,000,000)
- ☐ \$750 00 (net worth of \$10,000,000 or more, but less than \$50,000,000)
- ☐ \$1500 00 (net worth of \$50,000,000 or more)
- ☐ No EPTL fee (total gross receipts less than \$25,000 and assets did not exceed \$25,000 at any time during year) - Submit CHAR006 (Notice of Annual Filing Exemption)

- ☐ CHAR003 (Securities Schedule) - required if securities are held at any time during the year

Other Attachments (if any)

- ☐ List \_\_\_\_\_

**CERTIFICATION BY CHARITABLE ORGANIZATION**

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

Signature of President or Authorized Officer	Printed Name	Title	Date Signed
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Signature of Chief Financial Officer	Printed Name	Title	Date Signed
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After this report has been executed by two distinct officials, please send it with the appropriate ATTACHMENTS and FEE to

**State of New York Department of Law  
Charities Bureau - Registration Section  
120 Broadway  
New York, NY 10271-0332**

*Forms and instructions for registration and annual financial filing are available on the Charities Bureau website at [www.oag.state.ny.us/charities/charities.html](http://www.oag.state.ny.us/charities/charities.html)*

Bloomingtondale Family Program, Inc  
FEIN 13-2638566  
Form 990 - Schedule  
Year ended January 31, 2003

Part I, Line 9

Special events and activities

Cake Sale

Gross proceeds	\$9,498 00
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Less Direct expenses	6,038 00
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Net proceeds	<u>\$3,460 00</u>
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**Line 64b (990) - Mortgages and other notes payable**

		Beginning	End
1 Citibank line of credit	1	0	50,000
2	2		
3	3		
4	4		
5	5		
6	6		
7	7		
8	8		
9	9		
10	10		
11 Total mortgages and other notes payable		0	50,000