

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)

2003

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning FEB 01, 2003, and ending JAN 31, 2004

- B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization, number and street, city, town, street, and ZIP code

BLOOMINGDALE FAMILY PROGRAMS INC

125 WEST 109TH STREET

NEW YORK NY 10025-2542

D Employer identification number

13-2638566

E Telephone number

212-663-4067

F Acctg. method: ☐ Cash ☒ Accrual☐ 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).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☐ NoH(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ☐ if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ▶

J Organization type (check only one) ☒ 501(c)(3) ☐ (insert no) 4947(a)(1) Or 527K Check here ☒ 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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,763,631.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received:

a Direct public support 1a 318,476.

b Indirect public support 1b

c Government contributions (grants) 1c 2,437,712.

d Total (add lines 1a through 1c) (cash \$ 2,756,188. noncash \$) 1d 2,756,188.

2 Program service revenue including government fees and contracts (from Part VII, line 93) 2

3 Membership dues and assessments 3

4 Interest on savings and temporary cash investments 4 19.

5 Dividends and interest from securities 5

6 a Gross rents 6a

b Less: rental expenses 6b

c Net rental income or (loss) (subtract line 6b from line 6a) 6c

7 Other investment income (describe) 7

8 a Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

b Less: cost or other basis & sales expenses 8a

c Gain or (loss) (attach schedule) 8b

d Net gain or (loss) (combine line 8c, columns (A) and (B)) 8c

8 d

9 Special events and activities (attach schedule). If any amount is from gaming, check her ☐

a Gross revenue (not including \$ of contributions reported on line 1a) 9a 7,424.

b Less: direct expenses other than fundraising expenses 9b 5,799.

c Net income or (loss) from special events (subtract line 9b from line 9a) 9c 1,625.

10 a Gross sales of inventory, less returns and allowances 10a

b Less: cost of goods sold 10b

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c

11 Other revenue (from Part VII, line 103) 11

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 2,757,832.

13 Program services (from line 44, column (B)) 13 2,605,689.

14 Management and general (from line 44, column (C)) 14 109,385.

15 Fundraising (from line 44, column (D)) 15

16 Payments to affiliates (attach schedule) 16

17 Total expenses (add lines 16 and 44, column (A)) 17 2,715,074.

18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 42,758.

19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 166,180.

20 Other changes in net assets or fund balances (attach explanation) 20 125.

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 209,063.

For Paperwork Reduction Act Notice, see the separate instructions.

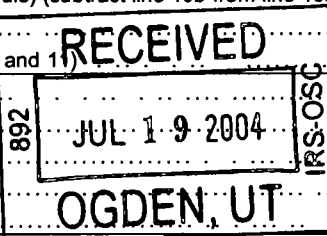
Form 990 (2003)

SCANNED JUL 23 2004

Revenue

Expenses

Net Assets



6

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 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			
23	Specific assistance to individuals (attach schedule)....	23			
24	Benefits paid to or for members (attach schedule)....	24			
25	Compensation of officers, directors, etc.....	25			
26	Other salaries and wages.....	26	1544008.	1471818.	72190.
27	Pension plan contributions.....	27			
28	Other employee benefits.....	28	39501.	37793.	1708.
29	Payroll taxes.....	29	128509.	122517.	5992.
30	Professional fundraising fees.....	30			
31	Accounting fees.....	31	8500.	7500.	1000.
32	Legal fees.....	32			
33	Supplies.....	33	47823.	43538.	4285.
34	Telephone.....	34	11725.	10552.	1173.
35	Postage and shipping.....	35	1195.	895.	300.
36	Occupancy.....	36	199911.	197911.	2000.
37	Equipment rental and maintenance.....	37	28096.	28096.	
38	Printing and publications.....	38			
39	Travel.....	39	5768.	500.	5268.
40	Conferences, conventions, and meetings.....	40			
41	Interest.....	41	994.		994.
42	Depreciation, depletion, etc. (attach schedule).....	42			
43	Other expenses not covered above (itemize): a CONSULTANT	43a	237459.	237459.	
	b PROFESSIONAL FEES	43b	2814.		2814.
	c FOOD	43c	75742.	75742.	
	d CHILDRENS TRIPS	43d	10507.	10507.	
	e MISCELLANEOUS	43e	372522.	360861.	11661.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	2715074.	2605689.	109385.

Joint Costs. Check ☐ if you are following SOP 98-2.Are 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 the instructions.)What is the organization's primary exempt purpose? **TO PROVIDE 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) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

a	HEAD START PROGRAM - PROVIDES EARLY CHILD DEVELOPMENT TO 206 CHILDRENS		
	(Grants and allocations \$ 2198945.)		2089560.
b	FOOD PROGRAM - PROVIDES NUTRITIONAL MEALS AND SNAKS TO CHILDREN ENROLLED IN HEAD START PROGRAM.		
	(Grants and allocations \$ 100167.)		100167.
c	UNIVERSAL PRE-KINDERGARTEN PROGRAM - PROVIDES CHILD DEVELOPMENT TO 60 CHILDREN.		
	(Grants and allocations \$ 109834.)		109834.
d	SPECIAL EDUCATION PROGRAM - PROVIDES SPECIAL EDUCATION TO 30 CHILDREN WITH LEARNING DISABILITIES.		
	(Grants and allocations \$)		306128.
e	Other program services (attach schedule) (Grants and allocations \$)		
f	Total of Program Service Expenses (should equal line 44, column (B), Program services).....		2605689.

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Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	224,966.	45	209,055.
	46 Savings and temporary cash investments	3,318.	46	
	47 a Accounts receivable	47 a		
	b Less: allowance for doubtful accounts	47 b	47 c	
	48 a Pledges receivable	48 a		
	b Less: allowance for doubtful accounts	48 b	48 c	
	49 Grants receivable	132,911.	49	191,841.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes and loans receivable (attach schedule)	51 a 4,648.		
	b Less: allowance for doubtful accounts	51 b	51 c	4,648.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment: basis	55 a		
	b Less: accumulated depreciation (attach schedule)	55 b	55 c	
	56 Investments - other (attach schedule)		56	
	57 a Land, buildings, and equipment: basis	57 a		
	b Less: accumulated depreciation (attach schedule)	57 b	57 c	
	58 Other assets (describe		58	
59 Total assets (add lines 45 through 58) (must equal line 74)	365,204.	59	405,544.	
Liabilities	60 Accounts payable and accrued expenses	149,024.	60	146,481.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)	50,000.	64 b	50,000.
65 Other liabilities (describe		65		
66 Total liabilities (add lines 60 through 65)	199,024.	66	196,481.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here... <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted	166,180.	68	209,063.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here... <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 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)	166,180.	73	209,063.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	365,204.	74	405,544.

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 the instructions.)

a Total revenue, gains, and other support per audited financial statements	a 3717073.
b Amounts included on line a but not on line 12, Form 990:	
(1) Net unrealized gains on investments . . . \$	
(2) Donated services & use of facilities . \$ 959241.	
(3) Recoveries of prior year grants . . . \$	
(4) Other (specify):	
_____ \$	
Add amounts on lines (1) through (4) . .	b 959241.
c Line a minus line b	c 2757832.
d 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) . . .	d
e Total revenue per line 12, Form 990 (line c plus line d)	e 2757832.

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

a Total expenses and losses per audited financial statements	a 3674315.
b Amounts included on line a but not on line 17, Form 990:	
(1) Donated services & use of facilities \$ 959241.	
(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 959241.
c Line a minus line b	c 2715074.
d 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)	d
e Total expenses per line 17, Form 990 (line c plus line d)	e 2715074.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see 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 comp	(E) Expense account and other allowances
MARTHA MCANDREW 601 W 115 ST NY NY	CHAIRPERSON 1	0		
RAYMONDE DESTRA 107 W 109 ST NY NY	SECRETARY 1	0		
SANDRA ROCHE 415 CENTRAL PK WEST NY	TREASURER 1	0		
BARBARA MALPICA 310 W 110 ST NY NY	MEMBER 1	0		
ELIZABETH BOGNER 2 BEEKMAN PL NY NY	MEMBER 1	0		
CRAIG CHARNEY 5 W 102 ST NY NY	MEMBER 1	0		
JAIME FORT 424 W 110 ST NY NY	MEMBER 1	0		
ELIZABETH GALVIN 75 RIVERSIDE DR NY NY	MEMBER 1	0		
YOKOV HARON 41 AVE B NY NY 10009	MEMBER 1	0		
SUSAN FEINGOLD 308 W 104 ST NY NY	EXE. DIR 40	72,889.		

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 the instructions.

Yes	No
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Form 990 (2003)

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue:					
a						
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees & contracts from govt. agencies					
94	Membership dues & assessments					
95	Interest on savings and temporary cash investments	14	19.			
96	Dividends & interest from securities					
97	Net rental income or (loss) from real estate:					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue: a					
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E)).		19.			
105	Total (add line 104, columns (B), (D), and (E)).					19.

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 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).
VT	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions.)

- (a) Did the organization, during 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).

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

Please

Signature of Executive Director

Date 7/6/04

EXECUTIVE DIRECTOR

Date

Check if self.

Preparer's SSN or PTIN (See Gen. Inst. W)

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

2003

Name of the organization

BLOOMINGDALE FAMILY PROGRAMS INC

Employer identification number

13-2638566

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See 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 allowance
SUSAN FEINGOLD 308 W 104 ST NEW YORK NY 10025	EXE.DIRECTOR 40	72,889.		
Total number of other employees paid over \$50,000	▶			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See 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	▶	

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

Schedule A (Form 990 or 990-EZ) 2003

Part III Statements About Activities (See 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 ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line I 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
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
3b	Do you have a section 403(b) annuity plan for your employees?	3b	X	
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4		X

Part IV Reason for Non-Private Foundation Status (See 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.
- 11a ☒ 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.
- 11b ☐ 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 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 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	2757813	2328997	2263042	2237335	9587187
16 Membership fees received					
17 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					
18 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	19	253	138		410
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	2757832	2329250	2263180	2237335	9587597
24 Line 23 minus line 17	2757832	2329250	2263180	2237335	9587597
25 Enter 1% of line 23	27578	23293	22632	22373	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 2 ▶ **26a** 191752

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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amount ▶ **26b**

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26c** 9587597

d Add: Amounts from column (e) for lines: 18 410 19 ▶ **26d** 410
22 26b ▶

e Public support (line 26c minus line 26d total) ▶ **26e** 9587187

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ **26f** 100.00 %

27 Organizations described on line 12: a 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

(2002) _____ (2001) _____ (2000) _____ (1999) _____

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 difference (the excess amounts) for the year:

(2002) _____ (2001) _____ (2000) _____ (1999) _____

c Add: Amounts from column (e) for lines: 15 16
17 20 21 ▶ **27c** _____

d Add: Line 27a total and line 27b total ▶ **27d** _____

e Public support (line 27c total minus line 27d total) ▶ **27e** _____

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ **27f** _____

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ **27g** _____ %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ **27h** _____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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 VI-A**Lobbying Expenditures by Electing Public Charities** (See 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**Limits on Lobbying Expenditures**

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

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

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 instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4- Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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

(For reporting only by organizations that did not complete Part VI-A) (See 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.	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
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

Schedule A (Form 990 or 990-EZ) 2003

Application for Extension of Time to File an Exempt Organization Return

OMB No 1545-1709

File a separate application for each return.

- ☒ **Part I** Automatic 3-Month Extension of Time-Only submit original (no copies needed)
- ☐ **Part II** Automatic 6-Month Extension of Time-Check this box and complete Part II only if you are requesting a 6-month extension.

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension of a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time-Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part II only. ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization BLOOMINGDALE FAMILY PROGRAMS INC	Employer identification number 13-2638566
	Number, street, and room or suite no. If a P.O. box, see instructions. 125 WEST 109TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK NY 10025-2542	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until SEP 15, 2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☐ calendar year 20____ or
- ▶ ☒ tax year beginning FEB 01, 2003 and ending JAN 31, 2004
- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____
- c if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Ann C. Smith CPA Title ▶ Acct Date ▶ 6-4-04

For Paperwork Reduction Act Notice, see Instructions. Form **8868** (12-2000)