

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

OMB No 1545-0047

2004Open to Public
Inspection

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

A For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005****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**SCO FAMILY OF SERVICES
(FORMERLY ST. CHRISTOPHER-OTILIE)**

Number and street (or P.O. box if mail is not delivered to street address)

1 ALEXANDER PLACE

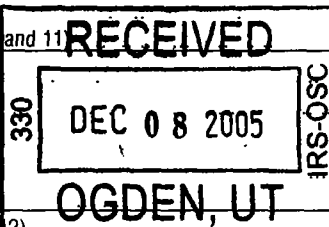
City or town, state or country, and ZIP + 4

GLEN COVE, NY 11542-3745

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

D Employer identification number**11-2777066****E** Telephone number**(516) 759-1844****F** Accounting method☐ Cash ☒ Accrual
☐ Other (specify) ▶**G** Website: **WWW.SCO.ORG****J** Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** 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.**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? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **142,233,605.****M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1	Contributions, gifts, grants, and similar amounts received:			
a	Direct public support	1a	4,452,099.	
b	Indirect public support	1b		
c	Government contributions (grants)	1c		
d	Total (add lines 1a through 1c) (cash \$ 4,452,099. noncash \$)	1d	4,452,099.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	128,631,972.	
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4	112,860.	
5	Dividends and interest from securities	5	512,846.	
6a	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		
8a	Gross amount from sales of assets other than inventory	(A) Securities	5,670,167.	(B) Other
b	Less: cost or other basis and sales expenses	8a	1,000,000.	
c	Gain or (loss) (attach schedule)	8b	859,501.	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	140,499.	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	STMT 1	STMT 2	8d
a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	1,743,981.	
b	Less: direct expenses other than fundraising expenses	9b	442,926.	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	SEE STATEMENT 3		9c
10a	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	109,680.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	135,172,511.	
13	Program services (from line 44, column (B))	13	124,663,476.	
14	Management and general (from line 44, column (C))	14	8,985,609.	
15	Fundraising (from line 44, column (D))	15	252,875.	
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 16 and 44, column (A))	17	133,901,960.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	1,270,551.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	38,011,240.	
20	Other changes in net assets or fund balances (attach explanation)	20	417,251.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	39,699,042.	

423001
01-13-05

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

09311201 133479 22363

2004.07000 SCO FAMILY OF SERVICES (FOR 22363_1

**SCQ FAMILY OF SERVICES
(FORMERLY ST. CHRISTOPHER-OTTILIE)**

11-2777066

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.

Page 2

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	0.	0.	0.
26 Other salaries and wages	26	67,088,056.	61,710,010.	5,204,204.
27 Pension plan contributions	27	2,235,441.	2,034,252.	201,189.
28 Other employee benefits	28	9,409,780.	8,741,182.	624,713.
29 Payroll taxes	29	5,240,186.	4,727,659.	512,527.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32	613,114.	613,114.	
33 Supplies	33	6,110,736.	5,868,499.	239,048.
34 Telephone	34	638,689.	555,132.	82,788.
35 Postage and shipping	35	107,278.	80,397.	26,856.
36 Occupancy	36	5,082,529.	5,051,395.	31,134.
37 Equipment rental and maintenance	37	801,973.	748,643.	52,812.
38 Printing and publications	38	45,079.	39,229.	3,053.
39 Travel	39	1,312,937.	1,270,345.	42,112.
40 Conferences, conventions, and meetings	40	321,931.	268,300.	52,816.
41 Interest	41	1,783,931.	1,615,161.	168,770.
42 Depreciation, depletion, etc. (attach schedule)	42	2,183,465.	1,825,840.	354,995.
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 5	43e	30,926,835.	29,514,318.	1,388,592.
44 <small>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15</small>	44	133,901,960.	124,663,476.	8,985,609.

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

What is the organization's primary exempt purpose? **SEE STATEMENT 6**

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 FOSTER CARE CHILDREN, APPROXIMATELY 1500 CHILDREN PLACED IN PRIVATE HOMES.	
(Grants and allocations \$ _____)	26,333,582.
b RESIDENTIAL TREATMENT CENTERS, APPROXIMATELY 119 CHILDREN WERE CARED FOR.	
(Grants and allocations \$ _____)	9,282,080.
c AGENCY OPERATED GROUP AND BOARDING HOMES UNDER DIRECT CARE- APPROXIMATELY 193 CHILDREN	
(Grants and allocations \$ _____)	12,586,897.
d RESIDENTIAL TREATMENT FACILITIES, APPROXIMATELY 73 CHILDREN CARED FOR.	
(Grants and allocations \$ _____)	9,314,723.
e Other program services (attach schedule) STATEMENT 7	(Grants and allocations \$ _____) 67,146,194.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	124,663,476.

Part IV Balance Sheets**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	1,037,075.	45	2,509,382.	
	46 Savings and temporary cash investments	3,785,548.	46	2,803,088.	
	47 a Accounts receivable	47a 29,619,639.			
	b Less: allowance for doubtful accounts	47b 2,689,000.	22,773,392.	47c 26,930,639.	
	48 a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b		48c	
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees			50	
	51 a Other notes and loans receivable	51a			
	b Less: allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges	2,035,244.	53	2,979,095.	
	54 Investments - securities	STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	20,633,934.	54	21,525,225.
	55 a Investments - land, buildings, and equipment: basis	STMT 14			
	b Less: accumulated depreciation	55b		55c	
56 Investments - other	SEE STATEMENT 9	4,800,219.	56	4,154,463.	
57 a Land, buildings, and equipment: basis	57a 54,171,273.				
b Less: accumulated depreciation	STMT 10 57b 24,089,893.	30,700,049.	57c	30,081,380.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 11)		2,591,091.	58	2,627,382.	
59 Total assets (add lines 45 through 58) (must equal line 74)		88,356,552.	59	93,610,654.	
Liabilities	60 Accounts payable and accrued expenses	14,046,637.	60	17,404,385.	
	61 Grants payable		61		
	62 Deferred revenue	2,688,084.	62	3,737,669.	
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities	STMT 12	24,183,641.	64a	22,237,838.
	b Mortgages and other notes payable	STMT 13	9,202,533.	64b	10,298,472.
	65 Other liabilities (describe <input type="checkbox"/> CUSTODIAL ACCOUNTS)		224,417.	65	233,248.
66 Total liabilities (add lines 60 through 65)		50,345,312.	66	53,911,612.	
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	30,532,291.	67	31,738,818.	
	68 Temporarily restricted	7,478,949.	68	7,960,224.	
	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)		38,011,240.	73	39,699,042.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		88,356,552.	74	93,610,654.

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

Part III		Total revenue, gains, and other support per audited financial statements	
a	Total revenue, gains, and other support per audited financial statements	a	135,589,762.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ 417,251.		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	417,251.
c	Line a minus line b	c	135,172,511.
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	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	135,172,511.

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

Return		Total expenses and losses per audited financial statements	
a	Total expenses and losses per audited financial statements	a	133,901,960.
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	0.
c	Line a minus line b	c	133,901,960.
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	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	133,901,960.

Part V		List of Officers, Directors, Trustees, and Key Employees	(List each one even if not compensated.)
---------------	--	---	--

[illegible]

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? If "Yes," attach schedule. ☐ Yes ☒ No

SCO FAMILY OF SERVICES
(FORMERLY ST. CHRISTOPHER-OTILIE)

11-2777066

Part VI Other Information

		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? N/A	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 N/A		
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? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A 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 N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	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? N/A	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
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) organizations. 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 ▶ NOT REQUIRED - RELIGIOUS ORGANIZATION		
b	Number of employees employed in the pay period that includes March 12, 2004 90b 2683		
91	The books are in care of ▶ SCO FAMILY OF SERVICES Telephone no. ▶ 516-759-1844		

Located at **▶** 1 ALEXANDER PLACE, GLEN COVE, NYZIP + 4 **▶** 11542
 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here **▶** ☐
 and enter the amount of tax-exempt interest received or accrued during the tax year **▶** 92 **N/A**

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a **PROGRAM REVENUES**

b

c

d

e

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and 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 **OTHER INCOME**

b

c

d

e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

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 34 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).

SEE STATEMENT 16

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 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).

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.

12/1/05

Date

Dorey Hendon, CFO

Type or print name and title.

RA

Date

12/1/05

Check if self-prepared

Preparer's SSN or PTIN

800 223 182

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

2004

Name of the organization **SCO FAMILY OF SERVICES
(FORMERLY ST. CHRISTOPHER-OTILIE)** Employer identification number **11 2777066**

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
<u>ROBERT MCMAHON</u> C/O SCO FAMILY OF SERV,1 ALEXANDER PL, GLEN COVE, NY 11542	EXEC DIRECTOR 35	225,769.	7,800.	0.
<u>MARY A. ASENIERO</u> C/O SCO FAMILY OF SERV,1 ALEXANDER PL, GLEN COVE, NY 11542	PSYCHIATRIST 35	218,900.	7,800.	0.
<u>MIRIELLE DUPEVAL</u> C/O SCO FAMILY OF SERV,1 ALEXANDER PL, GLEN COVE, NY 11542	PSYCHIATRIST 35	179,164.	7,800.	0.
<u>EDGAR EDNALINO</u> C/O SCO FAMILY OF SERV,1 ALEXANDER PL, GLEN COVE, NY 11542	PEDIATRICIAN 35	171,938.	7,800.	0.
<u>DEWEY HOWARD</u> C/O SCO FAMILY OF SERV,1 ALEXANDER PL, GLEN COVE, NY 11542	DIR/ASST EXEC 35	145,703.	7,800.	0.
Total number of other employees paid over \$50,000 ▶	175			

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
<u>CARRIERI & CARRIERI, PC</u> 200 OLD COUNTRY ROAD, MINEOLA, NY 11501	LEGAL	518,372.
<u>JACKSON LEWIS LLP</u> 1000 WOODBURY RD, WOODBURY, NY	LEGAL	94,742.
<u>UHY LLP</u> 19 WEST 44TH ST, NEW YORK, NY 10036	ACCOUNTING	71,700.
Total number of others receiving over \$50,000 for professional services ▶	0	

SCO FAMILY OF SERVICES

Schedule A (Form 990 or 990-EZ) 2004 (FORMERLY ST. CHRISTOPHER-OTILIE)

11-2777066 Page 2

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: \$ _____ \$ _____ (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.) **SEE STATEMENT 17**

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 a 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

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

3b X

- 4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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.)

- 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 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.)

SCO FAMILY OF SERVICES

Schedule A (Form 990 or 990-EZ) 2004 (FORMERLY ST. CHRISTOPHER-OTILIE)

11-2777066 Page 3

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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,760,958.	3,079,546.	1,907,808.	2,962,822.	11,711,134.
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	111,985,134.	113,190,485.	101,936,168.	97898965.	425010752.
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	726,784.	755,885.	644,096.	2,117,783.	4,244,548.
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	174,688.	86,320.	SEE STATEMENT 18 191,997.		453,005.
23 Total of lines 15 through 22	116,647,564.	117,112,236.	104,680,069.	102,979,570.	441419439.
24 Line 23 minus line 17	4,662,430.	3,921,751.	2,743,901.	5,080,605.	16,408,687.
25 Enter 1% of line 23	1,166,476.	1,171,122.	1,046,801.	1,029,796.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 328,174.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 16,408,687.
d Add: Amounts from column (e) for lines: 18 4,244,548. 19					26d 4,697,553.
22 453,005. 26b					26e 11,711,134.
e Public support (line 26c minus line 26d total)					26f 71.3715%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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: N/A					
(2003) (2002) (2001) (2000)					
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: N/A					
(2003) (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines: 15 16					27c N/A
17 20 21					27d N/A
d Add: Line 27a total and line 27b total					27e N/A
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.

SCO FAMILY OF SERVICES

Schedule A (Form 990 or 990-EZ) 2004 **(FORMERLY ST. CHRISTOPHER-OTILIE)**

11-2777066 Page **4**

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
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.)		
<hr/>		
<hr/>		
<hr/>		
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.)		
<hr/>		
<hr/>		
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.)		
<hr/>		
<hr/>		
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		

Schedule A (Form 990 or 990-EZ) 2004

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

N/A

(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
	N/A	
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		
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		
The lobbying nontaxable amount is -		
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		
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 the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 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.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

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

N/A

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

2004.07000 SCO FAMILY OF SERVICES (FOR 22363 1

2004 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	LAND	VARIABLES		.000	16	1,254,947.			1,254,947.			0.
2	BUILDING & IMPROV	VARIABLES	ADS	40.00	17	37,233,286.			37,233,286.	14,718,455.		961,219.
3	LEASEHOLD IMPROV	VARIABLES	SL	10.00	17	2,618,609.			2,618,609.	2,228,350.		261,861.
4	FURNITURE & EQUIP	VARIABLES	SL	10.00	17	5,205,152.			5,205,152.	4,652,998.		520,515.
5	FURNITURE & EQUIP	070102	SL	10.00	17	225,059.			225,059.	45,012.		22,506.
6	LEASEHOLD IMPROV	070102	SL	10.00	17	10,875.			10,875.	2,176.		1,088.
7	COMPUTERS	070102	SL	5.00	17	139,630.			139,630.	55,852.		27,926.
8	BUILDING & IMPROV	070102	ADS	40.00	17	2,258,253.			2,258,253.	112,912.		56,456.
9	BUILDING & IMPROV	070103	ADS	40.00	17	2,772,825.			2,772,825.	66,432.		69,321.
10	FURNITURE & EQUIP	070103	SL	10.00	17	123,579.			123,579.	6,179.		12,358.
11	COMPUTERS	070103	SL	5.00	17	180,618.			180,618.	18,062.		36,124.
12	BUILDING	070104	ADS	40.00	20	365,855.			365,855.			8,765.
13	BUILDING & IMPROV	070104	ADS	40.00	20	753,748.			753,748.			18,059.
14	LEASEHOLD IMPROV	070104	SL	10.00	16	117,276.			117,276.			11,728.
15	FURNITURE & EQUIP	070104	SL	10.00	16	67,729.			67,729.			6,773.
16	COMPUTERS	070104	SL	5.00	16	843,832.			843,832.			168,766.
	* TOTAL 990 PAGE 2					54,171,273.		0.	54,171,273.	21,906,428.	0.	2,183,465.
	DEPR											

428102
10-08-04

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

**SCO FAMILY OF SERVICES
INVESTMENTS**

E.I.N. 11-2777066

June 30, 2005

		<u>COST</u>		<u>FMV</u>
Smith Barney - U.S. Treasury Notes	(See attached)	9,713,736	A	\$ 9,521,066
Smith Barney - Money Market Investments		12,024		\$ 12,024
Vanguard - Mutual Funds	(See attached)	11,002,020	B	11,992,135
Total Investments		<u>\$ 20,727,780</u>		<u>\$ 21,525,225</u>

SCO FAMILY OF SERVICES
11-2777066

SMITH BARNEY
citigroup

Prestige Client Statement

June 1 - June 30, 2005

Ref: 00000419 00002121

Government bonds

Amount	Description	Date acquired	Cost/ Adjusted cost	Share cost/ Adjusted share cost	Current share price	Current value
1,815,000	U S TREASURY NOTES-A 2008 DTD 2/15/1996 INT: 05.825% MATY: 02/15/2008	03/28/02	\$ 1,681,360.35 \$ 1,628,385.75	\$ 104.109 \$ 100.705	101.379	\$ 1,637,270.85
2,132,000	U S TREASURY NOTES SER H-2007 DTD 02/15/2004 INT: 02.250% MATY: 02/15/2007	09/15/04	2,116,010.00 2,116,010.00	99.25 99.25	97.855	2,088,268.60
2,535,000	U S TREASURY NOTES SER E-2008 DTD 02/15/2003 INT: 03.000% MATY: 02/15/2008	02/25/03	\$ 2,567,083.59 \$ 2,552,488.15	\$ 101.265 \$ 100.889	98.379	\$ 2,493,907.85
2,389,000	U S TREASURY NOTES SER E-2009 DTD 02/15/2004 INT: 03.000% MATY: 02/15/2009	09/15/04	2,350,122.03 2,350,122.03	99.203 99.203	97.664	2,313,680.16
1,000,000	U S TREASURY NOTES SER F-2010 DTD 02/15/2005 INT: 03.500% MATY: 02/15/2010	02/25/05	982,956.88 982,956.88	98.295 98.295	98.996	989,980.00
Total government bonds:						\$ 9,521,067.26

Bank Deposit Program™

Balances are FDIC insured up to \$100,000 per institution, subject to combined total of all your deposits, including those outside this account.

Principal	Description	Current value
12,024.21	CITIBANK NA BANK DEPOSIT PROGRAM	\$ 12,024.21
Total Bank Deposit Program:		\$ 12,024.21



June 30, 2005, year-to-date

Vanguard 500 Index Fund Admiral Shares

		ACCOUNT VALUE		On 12/31/2004	On 6/30/2005
				\$ 11,342,826.63	\$ 11,992,134.68
Date	Transaction	Dollar amount	Share price	Shares transacted	Total shares owned
	Balance on 12/31/2004		\$ 111.84		101,601.815
	Wire purchase	\$ 750,000.00	111.92	6,701.215	108,303.030
	Income dividend .454	49,169.58	107.99	455.316	108,758.346
	Income dividend .444	48,288.71	109.81	439.748	109,198.094
	Balance on 6/30/2005		\$ 109.82		109,198.094

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
STOCKS	5,670,167.	5,758,667.	0.	-88,500.	
TO FORM 990, PART I, LINE 8	5,670,167.	5,758,667.	0.	-88,500.	

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	2
----------	---------------------------------------	-----------	---

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
REAL PROPERTY	01/01/00	03/09/05	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
NESS-YAAKOB	1,000,000.	807,954.	193,136.	141,589.	140,499.
TO FM 990, PART I, LN 8	1,000,000.	807,954.	193,136.	141,589.	140,499.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	3
----------	-------------------------------	-----------	---

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ST. CHRISTOPHER BALL	513,827.		513,827.	104088.	409,739.
GOLF OUTING	181,258.		181,258.	116724.	64,534.
MADONNA SHEPHERDS BALL	170,603.		170,603.	57,093.	113,510.
OTHER SPECIAL EVENTS ACTIVITY	878,293.		878,293.	165021.	713,272.
TO FM 990, PART I, LINE 9	1743981.		1743981.	442926.	1301055.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
----------	--	-----------	---

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	417,251.
TOTAL TO FORM 990, PART I, LINE 20	417,251.

FORM 990	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
ALLOWANCE-PARENTS	600,160.	600,160.			
ACTIVITIES-CHILDREN	694,475.	692,547.	1,928.		
TUITION AND RELATED-CHILDREN	27,441.	27,441.			
PURCHASE OF SERVICES	3,062,715.	2,805,521.	234,219.	22,975.	
PURCHASE OF HEALTH SERVICES	1,682,239.	1,682,239.			
FOOD	2,085,660.	2,085,660.			
CLOTHING	436,708.	436,708.			
BEDDING AND LINENS	155,233.	155,233.			
UTILITIES	1,904,895.	1,815,712.	89,183.		
DUES, LICENSES AND PERMITS	78,927.	48,831.	30,096.		
ADMINISTRATIVE EXPENSES	530,743.	512,745.	17,482.	516.	
INSURANCE	2,304,313.	1,553,133.	750,746.	434.	
REAL ESTATE TAXES	52,841.	52,841.			
FOSTER CARE PAYMENTS	13,606,185.	13,606,185.			
CLOTHING REPLACEMENT	861,437.	861,437.			
SPECIAL PAYMENTS	565,040.	565,040.			
OTHER EXPENSES	502,923.	498,123.	4,800.		
REPAIRS AND MAINTENANCE	1,021,225.	977,667.	43,558.		
PROFESSIONAL FEES	609,818.	393,238.	216,580.		
AMORTIZATION-FINANCE COSTS	143,857.	143,857.			
TOTAL TO FM 990, LN 43	30,926,835.	29,514,318.	1,388,592.	23,925.	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	6
----------	--	-----------	---

EXPLANATION

TO PROVIDE SERVICES TO CHILDREN, YOUNG ADULTS AND FAMILIES IN THE METROPOLITAN NEW YORK CITY AND LONG ISLAND AREAS. THESE PROGRAMS INCLUDE FOSTER BOARDING HOMES, ADOPTION SERVICES, GROUP HOMES, APARTMENTS FOR SUPERVISED LIVING, SPECIALIZED CARE FOR THE DEVELOPMENTALLY DISABLED, RESIDENTIAL TREATMENT FACILITIES, MENTAL HEALTH SERVICES, PREVENTIVE SERVICES, HOMELESS SHELTERS, SUBSTANCE ABUSE PROGRAMS, SCHOOLS AND DAY CARE PROGRAMS, AND OTHER RELATED CHILD CARE PROGRAMS.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	7
----------	------------------------	-----------	---

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
INDIVIDUAL RESIDENTIAL ALTERNATIVE		6,948,249.
INTERMEDIATE CARE FACILITIES		5,616,345.
CONTRACT PROGRAMS FOR CHILDREN		34,667,955.
MEDICAID REIMBURSED SERVICES		10,007,036.
SCHOOLS		6,781,425.
ENHANCED INDEPENDENT LIVING		992,401.
SHELTER PROGRAMS		2,132,783.
TOTAL TO FORM 990, PART III, LINE E		67,146,194.

FORM 990	GOVERNMENT SECURITIES	STATEMENT	8
----------	-----------------------	-----------	---

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US GOVERNMENT OBLIGATIONS	FMV	9,521,066.		9,521,066.
TOTAL TO FORM 990, LINE 54, COL B		9,521,066.		9,521,066.

FORM 990	OTHER INVESTMENTS	STATEMENT	9
----------	-------------------	-----------	---

DESCRIPTION	VALUATION METHOD	AMOUNT
INV. HELD FOR COLLATERAL & DEBT-CASH & CASH EQUIVALENTS	MARKET VALUE	3,106,432.
INV. HELD FOR COLLATERAL & DEBT-U.S. GOVT	MARKET VALUE	1,048,031.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		4,154,463.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	10
----------	--	-----------	----

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	1,254,947.	0.	1,254,947.
BUILDING & IMPROV	37,233,286.	15,679,674.	21,553,612.
LEASEHOLD IMPROV	2,618,609.	2,490,211.	128,398.
FURNITURE & EQUIP	5,205,152.	5,173,513.	31,639.
FURNITURE & EQUIP	225,059.	67,518.	157,541.
LEASEHOLD IMPROV	10,875.	3,264.	7,611.
COMPUTERS	139,630.	83,778.	55,852.
BUILDING & IMPROV	2,258,253.	169,368.	2,088,885.
BUILDING & IMPROV	2,772,825.	135,753.	2,637,072.
FURNITURE & EQUIP	123,579.	18,537.	105,042.
COMPUTERS	180,618.	54,186.	126,432.
BUILDING	365,855.	8,765.	357,090.
BUILDING & IMPROV	753,748.	18,059.	735,689.
LEASEHOLD IMPROV	117,276.	11,728.	105,548.
FURNITURE & EQUIP	67,729.	6,773.	60,956.
COMPUTERS	843,832.	168,766.	675,066.
TOTAL TO FORM 990, PART IV, LN 57	54,171,273.	24,089,893.	30,081,380.

FORM 990	OTHER ASSETS	STATEMENT	11
----------	--------------	-----------	----

DESCRIPTION	AMOUNT
OTHER-MISCELLANEOUS	273,735.
CUSTODIAL ACCOUNTS	233,248.
DEFERRED FINANCING COSTS, NET	2,120,399.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	2,627,382.

FORM 990	TAX-EXEMPT BOND LIABILITIES OUTSTANDING	STATEMENT 12
----------	---	--------------

PURPOSE OF ISSUE	ISSUE DATE
------------------	------------

ACQUISITION & RENOVATION OF BLDGS & DEBT CONSOLIDATION	01/01/01
--	----------

ORIGINAL ISSUE AMOUNT	PROJECT COMPLETION DATE	UNEXPENDED BOND PROCEEDS	TYPE OF FORM 8038 FILED	FORM 8038 DATE
16,060,000.		0.	FORM 8038	

AMOUNT OF ISSUE OUTSTANDING

12,834,792.

PURPOSE OF ISSUE	ISSUE DATE
------------------	------------

ACQUISITION & RENOVATION OF BLDGS & DEBT CONSOLIDATION	08/01/03
--	----------

ORIGINAL ISSUE AMOUNT	PROJECT COMPLETION DATE	UNEXPENDED BOND PROCEEDS	TYPE OF FORM 8038 FILED	FORM 8038 DATE
10,355,000.		0.	FORM 8038	

AMOUNT OF ISSUE OUTSTANDING

9,403,046.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64A	22,237,838.
---	-------------

FORM 990	MORTGAGES PAYABLE	STATEMENT 13
----------	-------------------	--------------

DESCRIPTION	BALANCE DUE
-------------	-------------

OTHER MORTGAGES PAYABLE	1,620,167.
NYS MED. CARE FACILITIES FINANCE AGENT	659,500.
NYS MED. CARE FACILITIES FINANCE AGENT	1,729,200.
NYS MED. CARE FACILITIES FINANCE AGENT	572,400.
NYS MED. CARE FACILITIES FINANCE AGENT	5,502,205.
CITIBANK - LINE OF CREDIT	215,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	10,298,472.
---	-------------

FORM 990	OTHER SECURITIES	STATEMENT 14
----------	------------------	--------------

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MONEY MARKET INVESTMENTS	FMV	12,024.
EQUITY SECURITIES	FMV	11,992,135.
TO FORM 990, LINE 54, COL B		12,004,159.

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 15
----------	---	--------------

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
PHOTEINE M. ANAGNOSTOPOULOS C/O SCO FAMILY OF SERVICES 1 ALEXANDER PLACE GLEN COVE NY 11542	BD. MEMBER 1	0.	0.	0.
KEITH ANDERSON C/O BLACKROCK FINANCIAL 40 EAST 52ND STREET NEW YORK, NY 10022	BD. MEMBER 1	0.	0.	0.
SISTER YVETTE ARNOLD C/O GOOD SHEPHERD 82-31 DONCASTER PLACE JAMAICA, NY 11432	BD. MEMBER 1	0.	0.	0.
DR. TONY BONAPARTE C/O ST JOHN'S NEWMAN HALL, ROOM 311 8000 UTOPIA PARKWAY JAMAICA, NY 11439	BD. MEMBER 1	0.	0.	0.
DOROTHY BRENGEL C/O SCO FAMILY OF SERVICES 1 ALEXANDER PLACE GLEN COVE NY 11542	BD. MEMBER 1	0.	0.	0.
THOMAS N. DUFEK C/O SCO FAMILY OF SERVICES 1 ALEXANDER PLACE GLEN COVE NY 11542	BD. MEMBER 1	0.	0.	0.

SCO FAMILY OF SERVICES (FORMERLY ST. CHR

11-2777066

SISTER JUDY MANNIX C/O GOOD SHEPARD 82-31 DONCASTER PLACE JAMAICA, NY 11432	BD. MEMBER 1	0.	0.	0.
JOHN GALLAGHER C/O SCO FAMILY OF SERVICES 1 ALEXANDER PALCE GLEN COVE, NY 11542	BD. MEMBER 1	0.	0.	0.
BARBARA A. GANNON C/O SCO FAMILY OF SERVICES 1 ALEXANDER PLACE GLEN COVE NY 11542	BD. MEMBER 1	0.	0.	0.
FRITZ GERALD JEAN 890 ATLANTIC AVENUE BROOKLYN, NY 11238	BD. MEMBER 1	0.	0.	0.
DENNIS E. HENCHY C/O WACHOVIA SECURITIES 1045A PARK BLVD SUITE 3 MASSAPEQUA, NY 11762	BD. MEMBER 1	0.	0.	0.
JOAN IMHOF C/O LONG ISLAND VOLUNTEER CTR 195 WILLIS AVENUE MINEOLA, NY 11501	BD. MEMBER 1	0.	0.	0.
SUSAN A. YOUNG C/O REDO INC. 67 ROOSEVELT STREET GARDEN CITY, NY 11530	BD. MEMBER 1	0.	0.	0.
SISTER PAULETTE LO MONACO C/O GOOD SHEPHERD 305 SEVENTH AVENUE NEW YORK, NY 10001	BD. MEMBER 1	0.	0.	0.
JOSEPH M. MATARESE C/O ROSE REALTY ASSOCIATES 484 UNION AVENUE BROOKLYN, NY 11211	BD. MEMBER 1	0.	0.	0.
STEPHEN V. MURPHY C/O SV MURPHY & CO. INC. 219 CENTER ISLAND ROAD OYSTER BAY, NEW YORK 11771	BD. MEMBER 1	0.	0.	0.
CYNTHIA KING VANCE C/O SCO FAMILY OF SERVICES 1 ALEXANDER PLACE GLEN COVE, NY 11542	BD. MEMBER 1	0.	0.	0.

H. CRAIG TREIBER C/O TREIBER INSURANCE 377 OAK STREET-CS601 GARDEN CITY, NY 11530-0601	BD. MEMBER 1	0.	0.	0.
GANDOLFO V. DI BLASI, ESQ. C/O SULLIVAN & CROMWELL 125 BROAD STREET 35TH FLOOR NEW YORK, NEW YORK 10004	BD. MEMBER 1	0.	0.	0.
EDWARD W. STACK C/O THE CLARK FOUNDATION 1 ROCKEFELLER PLAZA-31ST FLOOR NEW YORK, NEW YORK 10020	BD. MEMBER 1	0.	0.	0.
DOUGLAS SCHLOSS C/O MARCUS SCHLOSS INC. 220 5TH AVE - 14TH FLOOR NEW YORK, NEW YORK 10001	BD. MEMBER 1	0.	0.	0.
ROGER BENNETT C/O SCO FAMILY OF SERVICES 1 ALEXANDER PLACE GLEN COVE, NY 11542	BD. MEMBER 1	0.	0.	0.
BENJAMIN BRAM C/O GOLDMAN SACHS & CO ONE NEW YORK PLAZA, 50TH FLOOR NEW YORK, NY 10004	BD. MEMBER 1	0.	0.	0.
BRIAN EDWARDS C/O ASTORIA FINANCIAL CORP ONE ASTORIA FINANCIAL PLAZA LAKE SUCCESS, NY 11042	BD. MEMBER 1	0.	0.	0.
REV. MSGR. ROBERT J. THELEN NATIVITY OF THE BLESSED VIRGIN MARY 101-41 91ST STREET OZONE PARK, NEW YORK 11416	BD. MEMBER 1	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V

0. 0. 0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 16
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93A REVENUES EARNED FOR REIMBURSEMENT OF THE COST OF PROVIDING
CLINICAL, MEDICAL, SOCIAL SERVICE AND ADMINISTRATIVE
EXPENSES FOR FOSTER CARE, MENTAL RETARDATION AND
DEVELOPMENTALLY DISABLED CHILDREN

103A REVENUES EARNED FOR USE IN PROVIDING SERVICES FOR FOSTER
CARE, MENTAL RETARDATION AND DEVELOPMENTALLY DISABLED
CHILDREN

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH STATEMENT 17
SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS,
CREATORS, KEY EMPLOYEES, ETC.,
PART III, LINE 2

SEE SCHEDULE A, PART I

SCHEDULE A OTHER INCOME STATEMENT 18

DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
OTHER REVENUES	174,688.	86,320.	191,997.	0.
TOTAL TO SCHEDULE A, LINE 22	174,688.	86,320.	191,997.	0.

Depreciation and Amortization 990
(Including Information on Listed Property)

OMB No 1545-0172

2004
Attachment
Sequence No **67**

► See separate instructions. ► Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SCO FAMILY OF SERVICES
(FORMERLY ST. CHRISTOPHER-OTILIE)

FORM 990 PAGE 2

11-2777066

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See instructions for a higher limit for certain businesses	1	102,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	410,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	187,267.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	1,969,374.
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	07/04	1,119,603.	40 yrs.	MM	S/L	26,824.

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	2,183,465.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

		%				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	---	--------------------------------------

42 Amortization of costs that begins during your 2004 tax year:

43 Amortization of costs that began before your 2004 tax year **43** 143,857.

44 Total. Add amounts in column (f). See instructions for where to report **44** 143,857.

Dec. 22. 2004 2:21PM

NO. 3927 P. 1

Y. S. DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

ALBANY, NY 12231-0001

FILING RECEIPT

ENTITY NAME : SCO FAMILY OF SERVICES

DOCUMENT TYPE : ASSUMED NAME CERTIFICATE

SERVICE COMPANY : GERALD WEINBERG, INC.

CODE: 14

FILED: 12/21/2004

CASH#: 134032

FILM#: 20041221016

PRINCIPAL LOCATION

ONE ALEXANDER PLACE

ELLEN COVE
NY 11542



COMMENT:

ASSUMED NAME

ST. CHRISTOPHER-OTILIE

FILER

CARRIERI & CARRIERI PC
200 OLD COUNTRY ROAD

MINEOLA

NY 11501

* FEES : 860.00 PAYMENTS: 860.00
* FILING : 25.00 CASH :
* COUNTY : 550.00 CHECK : 00860.00
* COPIES : 260.00 C CARD :
* MISC :
* HANDLE : 25.00

REFUND:

DOS-281 (8/98)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

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

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

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I 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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization	Employer identification number
	ST. CHRISTOPHER-OTILIE	11-2777066
	Number, street, and room or suite no. If a P.O. box, see instructions. 1 ALEXANDER PLACE	
File by the due date for filing your return See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GLEN COVE, NY 11542-3745	

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 |

- The books are in the care of ► **ST. CHRISTOPHER-OTILIE**
Telephone No. ► **516-759-1844** FAX No. ► _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2004**, and ending **JUN 30, 2005**
- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 3a 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 **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions _____ \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.