NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx



A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

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)

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

OMB No 1545-0047 2008

> Open to Public Inspection

B Che	eck if ai	pplicable Plea s		C Name of organization			D Employer	identification number	
_	lress ch	ange use	IRS	SCO FAMILY OF SERVICES	11-2777	11-2777066			
Name change Doing Business As Type. See							E Telephon	e number	
┌ Init	ıal retur			Number and street (or P O box if mail is	ss\ Room/suite	(516) 67			
┌ Ter	mınatıo	Insti on tions		1 ALEXANDER PLACE	not delivered to street dudie	33) Room, saite	G Gross rec	eipts \$ 204,310,440	
☐ Am	ended i	return		City or town, state or country, and ZIP +	4				
_		pending		GLÉN COVE, NY 115423745					
			Nar	L ne and address of Principal Officer		U/->			
		R	OBEF	TJMCMAHON		affiliat	s a group ret tes?	urn for	
				ANDER PLACE COVE, NY 115423745					
Ta:	x-exem			(3) ◀ (insert no)	527		affiliates incl	l uded? Yes No list See instructions)	
v	eb sit	e: ► www.sco	org			1	o, attach a p Exemption		
V Tun	6			on		L Voor of For		M State of legal domicile NY	
к тур	e or org	janization j♥ Co	эгрога	ion j trust j association j otner 🟲		L Year or For	mation 1898	M State of legal domicile. NY	
Pa	rt I	Summary	,						
		•		e organization's mission or most sigr					
Governance		PROVIDING	SUP	100 YEARS, SCO FAMILY OF SERVI	STABLE, HEALTHY, A	ND SUCCESS	FUL FUTUR	E WE OFFER MORE	
ē				AMS IN FIVE CORE AREAS THAT S COST EFFECTIVELY WITH 93% O		•			
9.ee	2	Check this b	ox 厂	ıf the organızatıon dıscontınued ıts o	perations or disposed o	f more than 2	5% of its as:	sets	
	3	Number of vo	ting i	nembers of the governing body (Part	VI, line 1a)		3	22	
Activities &	4	Number of in	deper	dent voting members of the governin	g body (Part VI, line 1t)		22	
Ě	5	Total number	ofer	nployees (Part V , line 2a)				4,090	
5				lunteers (estimate if necessary) .			•	350	
۹.				ted business revenue from Part VIII				'a0	
	ь	Net unrelate	d bus	ness taxable income from Form 990			'b 0		
						r Year	Current Year		
a	8			d grants (Part VIII, line 1h)		4,603,21	<u> </u>		
eun	9	-		revenue (Part VIII, line 2g)			180,354,80		
Revenue	10			ne (Part VIII, column (A), lines 3, 4,	,		664,72		
	11			art VIII, column (A), lines 5, 6d, 8c, dd lines 8 through 11 (must equal Pa			1,064,03	161,315	
	12	12)	ue—a	du illies o tillough 11 (must equal ra	rt v III, column (A), mr		186,686,77	197,145,397	
	13	Grants and	sımıla	ar amounts paid (Part IX, column (A),	lines 1-3)			0	
	14	Benefits pa	d to d	r for members (Part IX, column (A), l	ıne 4)			0	
Ø	15		herc	ompensation, employee benefits (Par	t IX, column (A), lines 5		114,129,00	124,928,982	
Expenses	16a	10) Professiona	Lfunc	raising fees (Part IX, column (A), line	116)	-	114,125,00	0	
<u>⊕</u>	ь			penses, Part IX, column (D), line $25 \frac{456,692}{1}$					
Δ	17	•	_	Part IX, column (A), line 25 <u>156,652</u> Part IX, column (A), lines 11a-11d,		70,349,72	70,512,629		
	18	•		add lines 13–17 (must equal Part IX	•		184,478,72		
		rotal expen	505	add imes 15 17 (mast equal rate 17					
	19	Revenue les	sexi	enses Subtract line 18 from line 12			2,208.05	_,. 55,, 50	
<u>क</u>	19	Revenue les	s ex	penses Subtract line 18 from line 12		Beginni	2,208,05 ng of Year	End of Year	
ets ox abces							ng of Year	End of Year	
Assets or Balances	20	Total asset	s (Pa	t X, line 16)			ng of Year 117,594,16	9 118,186,029	
let Assets or und Balances	20 21	Total asset	s (Pa :ies (l	t X, line 16) Part X, line 26)			ng of Year 117,594,16 72,529,09	9 118,186,029 8 74,963,652	
Net Assets or Fund Balances	20 21 22	Total asset Total liabilit Net assets	s (Pa :ies (l or fur	t X, line 16) Part X, line 26) d balances Subtract line 21 from lin			ng of Year 117,594,16	9 118,186,029 3 74,963,652	
	20 21	Total asset Total liabilit Net assets Signatur	s (Pa :ies (l or fur e Bl	t X, line 16) Part X, line 26) d balances Subtract line 21 from lin ock	e 20		ng of Year 117,594,16 72,529,098 45,065,07	9 118,186,029 8 74,963,652 1 43,222,377	
	20 21 22	Total asset Total liabilit Net assets Signatur Under penaltie	s (Pa :ies (l or fur e Bl s of pe	t X, line 16) Part X, line 26) d balances Subtract line 21 from lin	e 20 urn, including accompanying	schedules and st	ng of Year 117,594,16 72,529,099 45,065,07	118,186,029 3 74,963,652 1 43,222,377 to the best of my knowledge	
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Plea Sign Here	20 21 22 *t III se	Total asset Total liabilit Net assets Signatur Under penaltie and belief, it is ****** Signature of Type or pri Preparer's signature Firm's name (of self-employed)	s (Pa cres (I or fur e Bl s of pe s true, f office mahor nt nam	Part X, line 16) Part X, line 26) d balances Subtract line 21 from line DCK Trying I declare that I have examined this retrorrect, and complete Declaration of prepare EXECUTIVE DIRECTOR The and title The work of the state	e 20 urn, including accompanying r (other than officer) is base Date	schedules and side on all information and side of the self-	ng of Year 117,594,166 72,529,096 45,065,07 tatements, and on of which pre 05-12 Preparer's PT	118,186,029 74,963,652 1 43,222,377 to the best of my knowledge eparer has any knowledge	

Part III Statement of Program Service Accomplishments (See the instructions.)

1 See A	Briefly describe the organization's mission dditional Data Table
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting or make significant changes in how it conducts any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 37,844,561 including grants of \$) (Revenue \$ 39,682,404) Foster Care and Adoption -SCO provides temporary homes for children and teens while we move their families from crisis to safety. Our family centered approach facilitates the successful reunification of the children and their families. Our program includes THREE on-site Medical Clinics as well as Mental Health SERVICES, Enhanced Independent Living, Early Intervention and Family Enhancement Services. Baby & Me, developed by SCO to promote attachment between separated parents and their young children, has been cited as a model by the Administration for Children's Services and the Permanent Judicial Committee on Justice for Children. In 2009, we were able to safely reunite 563 children with their families and find adoptive families for more than 130 children who could not return home.
4b	(Code) (Expenses \$ 22,999,894 including grants of \$) (Revenue \$ 23,632,492)
40	RESIDENTIAL AND COMMUNITY BASED SERVICES FOR CHILDREN AND ADULTS WITH SPECIAL NEEDS & DEVELOPMENTAL DISABILITIES - OUR RESIDENTIAL AND COMMUNITY BASED PROGRAMS HELP CHILDREN AND ADULTS WITH DEVELOPMENTAL DISABILITIES REALIZE THEIR FULL POTENTIAL AND BECOME PARTICIPATING MEMBERS OF THEIR COMMUNITY THESE SERVICES ARE LOCATED THROUGHOUT BROOKLYN, QUEENS AND LONG ISLAND IN 2008, SCO OPENED THE TYREE LEARNING CENTER IN SEA CLIFF THE TYREE LEARNING CENTER IS A BEAUTIFUL STATE-OF-THE-ART SCHOOL DESIGNED SPECIFICALLY TO MEET THE SPECIAL NEEDS CHILDREN WHO LIVE ON THE CAMPUS SCO ALSO DEVELOPED AND OPENED "OUR PLACE" WHICH IS A DROP-IN LOUNGE TO GIVE ADULTS WHO LIVE IN SUPERVISED RESIDENCES THEIR OWN SOCIAL OUTLET AT "OUR PLACE" PEOPLE CAN MEET OLD FRIENDS AND MAKE NEW ONES IN A RELAXED ATMOSPHERE OUR "OPPORTUNITIES AT HOME" PROGRAM PROVIDES SERVICES TO PEOPLE WITH DEVELOPMENTAL DISABILITIES WHO ARE ABLE TO REMAIN IN A HOME SETTING HELPING THE INDIVIDUAL TO REALZE THEIR FULL POTENTIAL BOTH IN THE COMMUNITY AS WELL AS WITHIN THE FAMILY UNIT
4c	(Code) (Expenses \$ 2,083,285 including grants of \$) (Revenue \$ 2,225,706) HOMELESS SERVICES - SCO PROVIDES TEMPORARY SHELTER WHILE HELPING FAMILIES AND INDIVIDUALS BREAK THE CYCLE OF DEPENDENCE OUR SHELTERS ARE LOCATED IN BROOKLYN, QUEENS, THE BRONX AND LONG ISLAND BESIDES PROVIDING A SAFE PLACE FOR INDIVIDUALS, FAMILIES AND YOUTH TO STAY, OUR SHELTERS OFFER A VARIETY OF ON-SITE SERVICES TO HELP RESIDENTS FIND PERMANENT HOUSING AND PREPARE TO LIVE ON THEIR OWN OUR INDEPENDENCE INN PROGRAMS FOR HOMELESS AND RUNAWAY TEENS FIRST OPENED IN 1986 SINCE THAT TIME, THEY HAVE GROWN FROM ONE SITE SERVING HOMELESS AND RUNAWAY YOUNG MEN TO FOUR SITES, THREE FOR YOUNG WOMEN, SOME OF WHOM HAVE BABIES WE ALSO OPERATE BROOKLYN'S ONLY DROP-IN CENTER FOR YOUTH AT RISK OF BECOMING HOMELESS IN THE CURRENT ECONOMIC CLIMATE, MORE AND MORE NEW YORK FAMILIES HAVE BECOME HOMELESS DUE TO JOB LOSSES AND LACK OF AFFORDABLE HOUSING IN THE FISCAL YEAR ENDING 6/30/09, SCO SERVED MORE PEOPLE IN OUR HOMELESS PROGRAMS THAN EVER BEFORE - MORE THAN 12,000 IN TOTAL
	(Code) (Expenses \$ 121,245,035 including grants of \$) (Revenue \$ 126,465,981)
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \$ 184,172,775 Must equal Part IX, Line 25, column (B).

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part 🕬	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			· age e
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable	_		
_	1a 206			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
-	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return	기		
Ь	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2ь	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
_	return?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year	76		IN O
		1		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		l No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Section A. Gov</u>	erning Body	and Manag	ement

			165	140			
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.						
1a	Enter the number of voting members of the governing body 1a 22						
Ь	Enter the number of voting members that are independent 1b 22						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo			
6	Does the organization have members or stockholders?	6		No			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο			
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	the governing body?	8a	Yes				
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes				
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b					
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes				
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No			

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Johanna m Richman 1 ALEXANDER PLACE GLEN COVE, NY 11542 (516) 671-1253

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i		Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

		(C) Position (check all that apply)							(F)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
							<u> </u>			
			+				\vdash			
			₩		\vdash		\vdash			
			+							
1b Total							►	1,270,504	1	31,200

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►29

			Yes	No			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No			
4							
	ındıvıdual	4	Yes				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No			

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

\$100,000 of compensation from the organization		
(A) Name and business address	(B) Description of services	(C) Compensation
fJC SECURITY SERVICES INC 275 jencho tumpike floral park, NY 11001	SECURITY STAFF FOR SHELTERS	3,166,335
EBC 8 NORTH TYSON AVENUE SUITE 1 FLORAL PARK, NY 11001	CONSTRUCTION	2,341,050
WHITSONS 1800 MOTOR PARKWAY ISLANDIA, NY 11749	MEAL SERVICE	1,553,747
DRISCOLL FOODS 174 DELAWANNA AVENUE CLIFTON, NJ 07014	FOOD SERVICE	1,027,265
BEACON THERAPY SERVICES 1441 old northern blvd ROSlyn, NY 11576	CONSUMER MEDICAL SERVICES	882,579
2 Total number of independent contractors (including those in 1) who received more than \$ from the organization	100,000 in compensation	47

Part VIII

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
		Padament.				Revenue		512, 513, or 514
90 90	1a	Federated campaign						
まま	ь	Membership dues .						
₽ĕ	С	Fundraising events		730,000				
क्रं हुरू			1 c					
<u>ਛ</u> ੁਰ	d	Related organization						
æ,≅	e	Government grants (conf	ributions) 1e					
Contributions, gifts, grants and other similar amounts	f	All other contributions, gr similar amounts not inclu	fts, grants, and ded above 1f	3,746,841				
<u>=</u> =	g	Noncash contributio						
ΣĒ		lines 1a-1f \$						
O 10	h	Total (Add lines 1a-			4,476,841			
				Business Code				
æ	2a	program revenues		624,200	192,006,583	192,006,583		
Ley.	ь			32.1,233	132,000,000	132,000,000		
<u> </u>								
93	С .							
er Er	d							
S.	e							
Program Serwce Revenue	f	All other program se	rvice revenue					
<u>Ť</u>	g	Total. Add lines 2a-2 ▶ \$ 192,006,583	ef					
	3	Investment income	(ıncludıng dıvı	dends, interest				
		other similar amount	s)		569,612			569,612
	4	Income from investment	of tax-exempt b	ond proceeds				
				>				
	5	Royalties						
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or	(loss)					
				<u> </u>				
	7a	Gross amount from sales of assets other	6,716,157	(II) Other				
	ь	than inventory Less cost or other basis and	6,785,111					
		sales expenses	60.054					
	С	Gain or (loss)	-68,954		60.054			69.054
	d	Net gain or (loss)			-68,954			-68,954
	8a	Gross income from f	undraising					
Other Revenue		\$ 490,645 of contributions repo 1c) See Part IV, lin						
9.4e		Attach Schedule G if t						
ď		\$15,000	a	730,000				
Ā	b	Less direct expense	es b	379,932				
₹	С	Net income or (loss)	from fundrais	ing events	110,713			110,713
_	9a	Gross income from g activities See part I Complete Schedule G exceeds \$15,000	V, line 19					
			а					
	ь	Less direct expense						
	С	Net income or (loss)	from gaming a	activities >				
	10a	Gross sales of inven						
	ь	loss cost of a d-						
	_	Less cost of goods Net income or (loss)						
	C	Miscellaneous Reve		Business Code				
	11-		inue	900,099	50,602	50,602		
	11a	OTHER INCOME		200,033	30,002	30,002		-
	ь							
	С	-						
	d	All other revenue						
	e	Total. Add lines 11a	11d					
	12	Tatal Down	l.m.a #1 0 -	\$ 50,602	197,145,397	192,057,185	(611,371
	12	Total Revenue. Add 8c,	ıınes 1h, 2g, 3	s, 4, 5, 6d, 7d,	197,143,397	132,037,103		011,3/1

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalizations must complete column (A) but are not re) .
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	1,300,890	1,213,860	82,737	4,293
7	Other salaries and wages	96,820,236	90,338,461	82,737	319,862
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,232,498	3,949,149	269,366	13,983
9	Other employee benefits	14,696,158	13,672,175	973,320	50,663
10	Payroll taxes	7,879,200	7,351,720	501,450	26,030
11	Fees for services (non-employees)				
а	Management				
b	Legal	731,415	420,525	310,890	
c	Accounting	233,890	134,474	99,416	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	690,582	397,048	292,534	1,000
12	Advertising and promotion				
13	Office expenses	8,381,740	7,731,741	627,433	22,566
14	Information technology				
15	Royalties				
16	Occupancy	18,127,491	17,798,688	328,791	12
17	Travel	2,648,179	2,566,769	81,214	196
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	2,305,902	2,094,172	211,730	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,769,974	2,380,587	389,206	181
23 24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of	1,548,639	1,448,810	99,829	
-	total expenses shown on line 25 below) FOSTER CARE,CLOTHes,etc	15,853,465	15,853,465		
a b	purchase of services	10,546,281	10,276,621	251,754	17,906
c	FOOD,CLOTHING & BEDDING	3,113,683	3,113,683	231,734	17,500
d	PARENT/children expense	1,814,277	1,811,690	2,587	
e	rent-furnishings/equip	1,149,665	1,087,946	61,719	
f	All other expenses	597,446	531,191	66,255	
25	Total functional expenses. Add lines 1 through 24f	195,441,611	184,172,775	10,812,144	456,692
26	Joint Costs. Check fif following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	250,112,022	20 17212/110		rm 990 (2008)

Part X	Balance	Sheet

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1,196,733	1	3,104,957
	2	Savings and temporary cash investments				525,925	2	2,736,094
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				45,113,542	4	48,305,471
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L			yees or		5	
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use					8	
92	9	Prepaid expenses and deferred charges				1,517,677	9	2,335,233
Assets	10a	Land, buildings, and equipment cost basis	ما	ı	72 207 272			
⋖		Land and the discount of Countries Book VII of	10a		72,297,272			
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь		34,027,120	39,963,686	10c	38,270,152
	11	Investments—publicly traded securities	-	٠	1	26,941,267	11	21,150,568
	12	Investments—other securities See Part IV, line 11 Complete & Schedule D	Part VI.	I of			12	
	13	Investments—program-related See Part IV, line 11 Complete	Part VI	II				
		of Schedule D .					13	
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D				2,335,339	15	2,283,554
	16	Total assets. Add lines 1 through 15 (must equal line 34)				117,594,169	16	118,186,029
	17	Accounts payable and accrued expenses .				22,013,435	17	27,258,274
	18	Grants payable					18	
	19	Deferred revenue				4,824,442	19	4,162,495
10	20	Tax-exempt bond liabilities		20,240,987	20	18,932,096		
ğ	21	Escrow account liability Complete Part IV of Schedule D			21			
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ĭ		persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third partie	s.			25,139,944	23	24,266,703
	24	Unsecured notes and loans payable					24	
	25	Other liabilities Complete Part X of Schedule D				310,290	25	344,084
	26	Total liabilities. Add lines 17 through 25				72,529,098	26	74,963,652
ces		Organizations that follow SFAS 117, check here ► ✓ and com through 29, and lines 33 and 34.	plet e l	ines 27	7			
Balance	27	Unrestricted net assets				34,949,835	27	32,934,725
8	28	Temporarily restricted net assets				10,115,236	28	10,287,652
Fund	29	Permanently restricted net assets					29	
Ŧ		Organizations that do not follow SFAS 117, check here ► ┌ a	nd con	nplet e				
٥		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			•		31	
	32	Retained earnings, endowment, accumulated income, or other f			32			
Net	33	Total net assets or fund balances				45,065,071	33	43,222,377
	34	Total liabilities and net assets/fund balances				117,594,169	34	118,186,029
Pa	rt XI	Financial Statements and Reporting						

ParitXI	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493134003160

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

SCO F	AMILY (OF SERVICES							277706	_		
Dэ	rt I	Peacon	for Public C	harity Status (to be co	mnlatad	hy all or	aanizatio		-2777060 Instruct			
				ation because it is (Please	•	-			msuucu	.10113)		
1				nurches, or association of ch					(A)(i).			
2	, -	•		tion 170(b)(1)(A)(ii). (Attac				-, -(-,(-,	,(.,.			
3	Ė			e hospital service organizati		•	tion 170(l	b)(1)(A)(i	ii). (Attac	h Schedu	le H)	
4	į.	-	·	zation operated in conjuncti			-				•	
-	,		name, city, and	•					_, _(_,	(,(,-		
5	Г	•		or the benefit of a college or	universit	v owned o	roperated	l by a gove	ernmental	unit desc	ribed in	
_	,			(Complete Part II)		,		, - .				
6	Г			overnment or governmental	unit descr	ribed in Se	ction 170	(b)(1)(A)	(v).			
7	Ī	•	, -	ally receives a substantial p						n the aene	eral public	2
	,	=		o)(1)(A)(vi) (Complete Par			 			5	- · - · - · · · · · · · · · · · · · · ·	
8	Г		-	ped in Section 170(b)(1)(A)	•	nplete Par	tII)					
9	Ė		•	ally receives (1) more than		•	•	ontribution	ns, membe	rship fees	s, and gro	SS
	·	_		ated to its exempt functions					•	·		
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	income (l	ess section	on 511 ta:	x) from bu	sinesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)			
10	Γ	Anorganiz	ation organized	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509	(a)(4). (S	ee instruc	tions)	
11	Г	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purpo:	ses of
				orted organizations describe						Section 5	09(a)(3)	.Check
				type of supporting organiza					_			.
_	_	a ∏T					nally Integ		d		III - Ot	
е	,	•		rtify that the organization is agers and other than one or			•			•		
		section 50				,					(-)(_,
f		_		d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportin	ng organiz	zatio <u>n,</u>
_		check this		as the organization accepted	d any gift.	or contrib	ution from	any of the				J
g		following pe		as the organization accepted	u any gni	or contrib	ution irom	any or the	:			
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) be	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g((ii)	
		(iii) a 35%	controlled enti	ty of a person described in (i) or (ii) al	bove?				11g((iii)	
h		Provide the	following inform	nation about the organizatio	ns the org	ganızatıon	supports				•	
											_	
		ame of	(ii) EIN	(iii) Type of organization		s the	1	ou notify		s the	1	nount of
		oorted		(described on lines 1-9	_	ation in		inization		ation in	supp	ort?
	O rgar	nization		above or IRC section (See Instructions))		listed in verning		i) of your oort?		rganized US?		
				(See Instructions))		ment?	3471	,,,,,	"" ""	0.0		
					Yes	No	Yes	No	Yes	No	1	

Total

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	ked the box o	11 IIIIe 5, 7, or	0 01 Part 1.)				
	ublic Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,452,099	5,382,348	5,127,521	4,603,216		4,476,841	24,042,025
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
	ıts behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	4,452,099	5,382,348	5,127,521	4,603,216		4,476,841	24,042,025
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							
6	Public Support subtract line 5 from line							24,042,025
т.	otal Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(a)	2008	(f) Total
7	A mounts from line 4	4,452,099	620,984	5,127,521	4,603,216	(0)	4,476,841	24,042,025
8	Gross income from interest, dividends,	, ,	,	, ,	, ,		, ,	, ,
Ü	payments received on securities loans, rents, royalties and income from similar sources	625,706	620,984	585,597	720,053		569,612	3,121,952
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	109,680	72,031	53,455	67,664		50,602	353,432
11	Total Support (Add lines 7 through 10)							27,517,409
12	Gross receipts from related activities, etc	(See instruction	s)			12		805,700,447
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		st, second, third	l, fourth, or fifth	tax year as a 5	01(c)(▶┌
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		87.370 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		86.310 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization di	a publicly supp	orted organizati	on				▶ ✓
	box and stop here. The organization qualified 10% Facts and Circumstances Test - 2008. more, and if the organization meets the "factors are the state of the	es as a publicly : If the organization ets and circumst	supported organ on did not check ances" test, che	ization a box on line 13 eck this box and	3, 16a, or 16b a I stop here. Exp	ind line lain in	' e 14 is 10 Part IV ho	▶ 「 % or ow the
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. more, and if the organization meets the "facts and circumstances" and circumstances.	If the organization is the contraction of the contr	on did not check ances" test, che	a box on line 1. eck this box and	3, 16a, 16b, or i I stop here. Exp	17a ar Iain in	nd line 15 Part IV ho	
18	the organization meets the "facts and circu Private Foundation. If the organization did							F1

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income						
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)							
	Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 11-2777066

Name: SCO FAMILY OF SERVICES

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										1
		(C) Position (check all that apply)						(D)	(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
PHOTEINE ANAGNOSTOPOULOS , Secretary	1 00	X						0	0	0
STEPHEN TYREE , TRUSTEE	1 00	Χ						0	0	0
SISTER YVETTE ARNOLD , TRUSTEE	1 00	Х						0	0	0
Vincent J De Laurentis , TRUSTEE	1 00	Х						0	0	0
DOROTHY BRENGEL , TRUSTEE	1 00	Х						0	0	0
THOMAS N DUFEK, Treasurer	1 00	Х						0	0	0
Sister Ellen Kelly , TRUSTEE	1 00	Х						0	0	0
JOHN GALLAGHER , TRUSTEE	1 00	Х						0	0	0
KELLY WILLIAMS , TRUSTEE	1 00	Х						0	0	0
Fritz Gerald Jean , TRUSTEE	1 00	Х						0	0	0
DENNIS E HENCHY , 1st Vice Chair	1 00	Х						0	0	0
JOAN IMHOF, TRUSTEE	1 00	Х						0	0	0
SR PAULETTE LO MONACO , TRUSTEE	1 00	Х						0	0	0
JOSEPH M MATARESE , Asst Treasurer	1 00	Х						0	0	0
Cynthia King Vance , Asst Secretary	1 00	Х						0	0	0
H CRAIG TREIBER , 2nd Vice Chair	1 00	Х						0	0	0
EDWARD W STACK , CHAIRMAN	1 00	Х						0	0	0
douglas schloss , TRUSTEE	1 00	Х						0	0	0
ROGER BENNETT , TRUSTEE	1 00	Х						0	0	0
Benjamin Bram , TRUSTEE	1 00	Х						0	0	0
brIAN EDWARDS , TRUSTEE	1 00	Х						0	0	0
Anne Sherman , TRUSTEE	1 00	Х						0	0	0
ROBERT J MCMAHON, EXECUTIVE DIRECTOR	65 00			х				299,890	0	7,800
JOHANNA M RICHMAN , CHIEF FINANCIAL OFFICER	55 00			х				26,461	0	0
JOHN MILLER , CHIEF ADMIN OFFICER	40 00			Х				105,920	0	0
JAMES OLIVA , CHIEF FINANCIAL OFFICER	40 00			х				171,784	0	0
EDGAR EDNALINO , PEDIATRICIAN	55 00					Х		194,003	0	7,800
MARY A ASENIERO , PSYCHIATRIst	50 00					Х		258,620	0	7,800
MIRIELLE DUPERVAL , PSYCHIATRIST	50 00					Х		213,826	0	7,800

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

SCO Family of Services works with New York's most vulnerable-those striving to overcome the devastating impact of poverty, neglect, abuse or developmental and mental challenges. We respond to moments of crisis and prevent crises before they occur with a comprehensive array of services. We give individuals and families the support and tools needed for a healthy, stable and successful future, building stronger communities throughout the area.

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

	Inspection
	Employer identification number
	11-2777066
	Funds or Accounts. Complete if the
(a) Donor advised funds	(b) Funds and other accounts
visors in writing that the assets held in do e organization's exclusive legal control?	onor advised Yes No
d donor advisors in writing that grant fund nefit of the donor or donor advisor or othe	·
e if the organization answered "Yes"	to Form 990, Part IV, line 7.
tion or pleasure) Preservation of a Preservation of c	an historically importantly land area ertified historic structure
ilified conservation contribution in the fori	m of a conservation easement Held at the End of the Year
	2a
nts	2b
	2c
	2d
·	<u> </u>
	oo o, and organization calling
vation easement is located ►	
ng the periodic monitoring, inspection, vio s?	olations, and Yes No
ecting and enforcing easements during th	ne year ►
ting, and enforcing easements during the	year 🟲 \$
2(d) above satisfy the requirements of se	ection Yes No
conservation easements in its revenue ar f the footnote to the organization's financia ements	·
ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.	, or Other Similar Assets.
S 116, not to report in its revenue statem d for public exhibition, education or resea inancial statements that describes these	rch in furtherance of public service,
S 116, to report in its revenue statement r public exhibition, education, or research ns	•
1	► \$
	► \$
torical treasures, or other similar assets AS 116 relating to these items	. 1
	► \$
	▶ - \$
	(a) Donor advised funds (a) Donor advised funds visors in writing that the assets held in do a organization's exclusive legal control? d donor advisors in writing that grant fund the first the donor or donor advisor or other in the donor or donor advisor or other in the donor or donor advisor or other in the first the organization (check all that apply) tion or pleasure) Preservation of a Preservation or a Preservation easement is located hand the periodic monitoring, inspection, violation and enforcing easements during the periodic monitoring easements during the 2 (d) above satisfy the requirements of seconservation easements in its revenue and the footnote to the organization's financial ements ons of Art, Historical Treasures "Yes" to Form 990, Part IV, line 8. S 116, notic exploit in its revenue statement in public exhibition, education, or research in public exhibition, education, or research in the public exhibition in the properties of

3	Using the organization's accession and othe								ontinuea)
•	items (check all that apply)	records, effect diff	01 (1	10 101	iowing that a	re a Significant (,,,	
а	Public exhibition		d	Г	Loan or exc	hange programs	5		
b	Scholarly research		e	Γ	Other				
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y further the	organızatıon's e	xempt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Yes	□ No
Par	t IV Trust, Escrow and Custodial	Arrangements.	Com	plet	e if the orga		<u>.</u>		
_	Part IV, line 9, or reported an an								
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?			forc	ontributions	or other assets	not Γ	Yes	☐ No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	е						
_							A mo	unt	
C _	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f	<u> </u>		
2a	Did the organization include an amount on Fo		21?					Yes	No
b	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete	f the organization (a)Current Year)Prior			rt IV, line 10.)Three Years Back (e) Four \	ears Back
1a	Beginning of year balance	18,506,735	(1	7711101	rear (c)	wo rears back (a	Timee reals back (C Ji odi i	Cars back
ь	Contributions	59,170							
c	Investment earnings or losses	-2,940,615							
d	Grants or scholarships								
e	Other expenditures for facilities	184,470							
_	and programs								
f	Administrative expenses								
g	End of year balance	15,440,820							
2	Provide the estimated percentage of the yea	r end balance held a	s						
а	Board designated or quasi-endowment 🕨	100 000 %							
ь	Permanent endowment ► 0 %								
с	Term endowment ► 0 %								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion	that	are held and a	admınıstered foı	the .		
	organization by							Yes	No
	(i) unrelated organizations						3a(i)		No
ь	(ii) related organizations If "Yes" to 3a(ii), are the related organizatio						3a(ii)	<u>' </u>	l No
4	Describe in Part XIV the intended uses of th						30		<u> </u>
	t VI Investments—Land, Buildings					art X. line 10.			
		, unu <u>u</u> quipino			Cost or other	(b)Cost or other			
	Description of investment				s (investment)	basis (other)	(c) Depreciation	(d) Bo	ook value
1a	Land					2,175,113			2,175,113
ь	Buildings					59,028,834	-, l		35,239,036
	Leasehold improvements					3,004,028	+		250,040
d	Equipment					3,909,845	3,728,196		181,649
e	Other					4,179,452	3,755,138		424,314
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colun	nn (B,), line	10(c).)			;	38,270,152
							Schedule D (Form 9	990) 2008

Part VIII Investments—Other Securities. S	<u>ee Form 990, Part X, line 1</u>	2.	
(a) Description of security or cateory	(b)Book value		d of valuation
(including name of security)		Cost or ena-or-	year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	F		
	·	12	
Part VIII Investments—Program Related.			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X			
(a) Des	cription		(b) Book value
OTHER-MISCELLANEOUS			310,245
CUSTODIAL ACCOUNTS			344,084
DEFERRED FINANCING COSTS, net			1,629,225
Total. (Column (b) should equal Form 990, Part X, col.(B) III			2,283,554
Part X Other Liabilities. See Form 990, Pa			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
CUSTODIAL ACCOUNTS	344,084		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	344,084		

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	197,145,397
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	195,441,611
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,703,786
4	Net unrealized gains (losses) on investments	4	-3,546,480
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-3,546,480
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,842,694
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	
1	Total revenue, gains, and other support per audited financial		193,598,917
	statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d	_	2.546.400
e	Add lines 2a through 2d	2e	-3,546,480
3	Subtract line 2e from line 1	3	197,145,397
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
a b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	197,145,397
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	195,441,611
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	195,441,611
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	195,441,611
	rt XIV Supplemental Information		
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art XI\	, lines 1b and 2b,
Pari	t V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b		

Ident if ier	Return Reference	Explanat ion
		Part V, line 4 to support programs and future operations, and to provide for debt service reserves

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DLN: 93493134003160

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

						Inspection	
ame of the organization					Employer ider	ntification number	
CO FAMILY OF SERVICES					44 2777066		
					11-2777066		
Part I Fundraising Ac	tivities. Complet	e if the oi	rganızat	ion answered "Yes" t	to Form 990, Part IV	, line 17.	
Indicate whether the orgai	nızatıon raısed funds	through ar	ny of the	following activities Che	eck all that apply		
a Mail solicitations				e Solicitation of r	non-government grants		
b Email solicitations				f Solicitation of	government grants		
c Phone solicitations				g Special fundrais	sing events		
d In-person solicitations	5						
2a Did the organization have or key employees listed in	•		•			Г _{Yes} Г	
b If "Yes," list the ten highes to be compensated at leas							
		(iii) Dıd fundraıser have			(-) (-)		
(i) Name of individual		custo		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)	
(i) Name of individual	(ii) Activity	contr	•				
or entity (fundraiser)		contributions?		1	col (i)	organization	
or entity (fundraiser)		contribu	ıtıons?		col (i)	organization	
or entity (fundraiser)		contribu Yes	No No		col (i)	organization	
or entity (fundraiser)					col (i)	organization	
or entity (fundraiser)					col (i)	organization	
or entity (fundraiser)					col (i)	organization	
or entity (fundraiser)					col (i)	organization	
or entity (fundraiser)					col (i)	organization	
or entity (fundraiser)					col (i)	organization	
or entity (fundraiser)					col (i)	organization	
or entity (fundraiser)					col (i)	organization	
or entity (fundraiser)					col (i)	organization	

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or 3 licensing

Par	t II	Fundraising Events. Comp more than \$15,000 on Form					report	:ed
		· ·	(a) Event #1	(b) Event #2	(c) O ther Events	(d) Tot		
			shepherds ball	golf outing	8	(Add col	(a) thi (c))	rough
			(event type)	(event type)	(total number)	CO	(0)	
₽	1	Gross receipts	495,922	274,492	450,231		1,220	0,645
Revenue	2	Less Charitable	300,000	100,000	330,000		730	0,000
	3	Gross revenue (line 1 minus line 2)	195,922	174,492	120,231		490	0,645
	4	Cash Prizes						
Ses	5	Non-cash Prizes						
ğ	6	Rent/Facility costs						
Direct Expenses	7	Other direct expenses	105,061	99,367	175,504			9,932
<u></u>	8	Direct expense summary Add line	s 4 through 7 in column	(d)			379	9,932
_	9	Net income summary Combine lin	es 3 and 8 in column (d))	🕨		110	0,713
Par	t II	I Gaming. Complete if the or	ganızatıon answered	"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
		\$15,000 on Form 990-EZ, lin	e 6a.	·				
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
~	1	Gross revenue						
Ses	2	Cash prizes						
xpen	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
5	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes	┌ Yes%_ ┌ No			
	7	Direct expense summary Add lines	; 2 through 5 in column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				
	I	,		. ,			Yes	No
9		ter the state(s) in which the organiza						
а		the organization licensed to operate	gamıng actıvıtıes ın eacl	n of these states?		· 9a		
Ь	If"	No," Explain						
10a		re any of the organization's gaming li	censes revoked, susper	ided or terminated during	the tax year?	10a		
Ь	If"	Yes," Explain						
11		es the organization operate gaming a				11		<u> </u>
12		the organization a grantor, beneficiar med to administer charitable gaming		a member of a partnersh	ip or other entity			1

			Yes	NO
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility			
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name 🕨			
	Address 🟲			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L5a		
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address			
	Name ►			
	Address ►			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided 🟲			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	L7a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year	-, -		

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As Filed Data -

DLN: 93493134003160

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SCO FAMILY OF SERVICES

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Employer identification number
11-2777066

Pa	Questions Regarding Compensation						
					Yes	Νo	
1a	Check the appropiate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to						
	First class or charter travel	Γ	Housing allowance or residence for personal use				
	Travel for companions	Γ	Payments for business use of personal residence				
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees				
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)				
b	If line 1a is checked, did the organization follow a writte provision of all the expenses described above? If "No,"			1b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that		·				
	Compensation committee		Written employment contract				
	Independent compensation consultant		Compensation survey or study				
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, Par	t V I	I, Section A, line 1a				
а	Receive a severance payment or change of control pay	men	t?	4a	Yes		
b	Participate in, or receive payment from, a supplementa	l nor	nqualified retirement plan?	4b		Νo	
c	Participate in, or receive payment from, an equity-base	ed co	ompensation arrangement?	4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and provi	de tl	he applicable amounts for each item in Part III				
	501(c)(3) and 501(c)(4) organizations only must comp	lete	lines 5-8.				
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	e 1 a	, did the organization pay or accrue any				
а	The organization?			5a		Νo	
b	Any related organization?			5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	e 1a	, did the organization pay or accrue any				
а	The organization?			6a		Νo	
b	Any related organization?			6b		Νo	
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," des			7		No	
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III			, a		No	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
	(I) (II)	237,861	55,000	7,029	7,800		307,690		
	(I) (II)	170,285		1,499			171,784		
	(I) (II)	192,843		1,160	7,800		201,803		
	(I) (II)	257,846		774	7,800		266,420		
	(I) (II)	213,412		414	7,800		221,626		
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii) (i)								
	(ii)								
	(i)								
	(ii)								
	(i)	_			_				
	(ii)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanat ion
	Part I, Line 4a	James O liva received severance pay of \$29,423

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DLN: 93493134003160

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

Department of the Treasury Internal Revenue Service Name of the organization

Schedule K

(Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public **Inspection** Employer identification number

sc	O FAMILY OF SERVICES									11-2777	066			
P	art I Bond Issues (Required	d for 2008)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	(f) Des	(f) Description of Purpos		pose (g) Defease		Beh	On alf of suer
											Yes	No	Yes	No
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	64983utk6	08-21-	2003	22,6	559,231		iuisition & renovation of bldgs & BT CONSOLIDATION			x		x
P	art II Proceeds (Optional for	r 2008)									I.			
1	Total Proceeds of Issue				4	E	3	•	2	D		_	E	
2	Gross Proceeds in Reserve Fund	s				1								
3	Proceeds in Refunding or Defease	ance Escrows				1								
4	Other Unspent Proceeds													
5												-		
6	Working Capital Expenditures fro	m Proceeds												
7	Capital Expenditures from Proces	eds												
8	Year of Substantial Completion									l				
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	;	No
9	Were the bonds issued as part of	a current refunding iss	sue?											
10	Were the bonds issued as part of	an advance refunding	ıssue?											
11	Has the final allocation of procee	ds been made?												
12	Does the organization maintain a final allocation of proceeds?	dequate books and rec	ords to support the											
Pa	art IIII Private Business Use	(Optional for 2008))	1						T				
				-	\ 	_	3 	_	C	D		+	E	
1	Was the organization a partner in which owned property financed by		mber of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Yes	<u>;</u>	No
2	A re there any lease arrangement which may result in private busin		nanced property											
For	or Paperwork Reduction Act Notice, see the Instructions for Form 990.					Cat No 50193E Schedule K ((Form 99	0) 2008	į

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

OMB No 1545-0047

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization SCO FAMILY OF SERVICES

Employer identification number

11-2777066

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	INTERMEDIATE CARE FACILITIES - \$6,455,302

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	CONTRACT PROGRAMS - \$67,504,701

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	MEDICA ID REIMBURSED SERVICES - \$12,477,752

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	SCHOOLS - \$8,539,334

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	group homes - \$16,788,134

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	ındıvıdual residential alternative - \$9,479,812

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		A COPY OF THE RETURN WAS PROVIDED TO THE OFFICERS TO REVIEW AND MAKE RECOMMENDATIONS TO THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY, WHICH IS SET FORTH IN THE BY LAWS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		salary of the executive director is reviewed and approved by the board salaries of other employees are reviewed by the compensation committee and presented to the board for comment and approval

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation				
form 990, part xı, line 2c		oversight, review and selection PROCESS HAS NOT CHANGED FROM PRIOR YEAR				

ldentifier	Return Reference	Explanation		
Schedule A, Part II, Line 10	Explanation for Other Income	OTHER REVENUES		

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

Cat No 51056K

Schedule O (Form 990) 2008

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DLN: 93493134003160

OMB No 1545-0172

Department of the Treasury

Depreciation and Amortization (Including Information on Listed Property)

Attachment Sequence No 67

Internal Revenue Service ► See separate instructions. ► Attach to your tax return. Name(s) shown on return SCO FAMILY OF SERVICES Business or activity to which this form relates Identifying number

	or or or		27770	066							
Note: If you have any listed property, complete Part V before you complete Part I.											
1 Maximum a	amount See	the instructions	for a higher limit for cer	taın busınesses	-	•			1	250,000	
2 Total cost of section 179 property placed in service (see instructions)											
3 Threshold cost of section 179 property before reduction in limitation (see instructions)										800,000	
4 Reduction i	ın lımıtatıon	Subtract line 3	from line 2 If zero or les	s, 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	5										
	(a) D	escription of pro	nerty	(b) Cost	(busine	ss us	e	(c) Elected	cost		
	(a) D	escription of pro			only)						
6										_	
							\sqcup			┦	
7 Listed prop	erty Enter t	the amount from	line 29		•	7					
8 Total elect	ed cost of se	ection 179 prop	erty Add amounts in col	umn (c), lines 6	and 7				8		
9 Tentative o	deduction E	nter the smaller	of line 5 or line 8 .						. 9		
10 Carryover	of disallowed	d deduction from	line 13 of your 2007 Fo	rm 4562 .					10		
11 Business incoi	me limitation (Enter the smaller of	business income (not less tha	n zero) or line 5 (se	ee instrud	ctions)			11		
12 Section 17	9 expense d	leduction Add li	nes 9 and 10, but do not	enter more tha	n lıne 1	1 .			12		
	•		009 Add lines 9 and 10			13					
			pelow for listed proper		ise Par						
			Illowance and Othe				t ın	clude listed p	ropert	v) (See instructions)	
			ıfıed property (other than							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ee instructio		, ,		, ,			J	14		
15 Property su	ubject to sec	tion 168(f)(1) e	election						15		
16 Other depr	eciation (inc	luding ACRS)							16	663,292	
Part III N	ACRS De	preciation ([Oo not include listed	property.) (Se	e inst	ructio	ns	.)		•	
			Se	ection A							
17 MACRS de	ductions for	assets placed i	n service in tax years be	gınnıng before 2	8008				17	2,106,682	
18 If you are	e electing to	o group any a	ssets placed in servic	e during the t	ax yea	ar into	0 0	ne or more			
general a	sset accou	nts, check her	e					▶□			
Sectio	n B—Asse	ets Placed in	Service During 20	08 Tax Year	Using	the	G	eneral Dep	recia	ation System	
			(c) Basıs for								
(a) Classıfı	cation of	(b) Month and	I (d) Recovery I			(6) M - 4 h		(g)Depreciation			
prope	rty	year placed in service	(business/investment use	period	(e) C	onven	tior	(f) Metho	oa	deduction	
		3017100	only—see instructions)								
19a 3-year pro	perty										
b 5-year pro	perty										
c 7 - year pro	perty										
d 10-year pr	roperty										
e 15-year pr	roperty										
f 20-year pr	operty										
g 25-year pr	roperty			25 yrs			S/L				
h Residentia	l rental			27 5 yrs	MM		S/L				
property				27 5 yrs	MM		S/L				
iNonresiden	itial real			39 yrs	+	1 M		S/L			
property			l: a : p : aaa			1 M		S/L			
20- 01 1.6-	Section	n C—Assets Plac	ced in Service During 200	8 lax Year Using	g the A	Iterna	t IV	1 -	n Syst	em	
20a Class life				12 455			S/L				
b 12-year c 40-year				12 yrs 40 yrs	 	м м		S/L S/L			
Part IV	Summar	ı y (See ınstruc	tions)	TO 312		-1.171					
21 Listed property Enter amount from line 28											
• •	•		14 through 17, lines 19	and 20 in colum	nn (a) -	and lin	ר ם	1 Enterhera			
			urn Partnerships and S				- Z		22	2,769,974	
		•	service during the currer	•							
			ion 263A costs .	<u> </u>		23					

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V 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 the 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 (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 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 (see instructions) 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 -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 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) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 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 Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 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 (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the 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? (See instructions) . . . 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** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44