TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

October 31, 2019

Prepared Fo	or:		
	Family Enrichment Network, Inc. 24 Cherry Street Johnson City, NY 13790		
Prepared By	y:		
	Davidson, Fox & Company, LLP 53 Chenango Street Binghamton, NY 13901		
Amount Due	e or Refund:	 	 *
	Not applicable		
Make Check	Payable To:		
	Not applicable		
Mail Tax Ret	turn and Check (if applicable) To:	 	
	Not applicable	* .	
Return Must	be Mailed On or Before:		
	Not applicable		

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by September 15, 2020.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning \underline{NOV} 1 , 2018, and ending \underline{OCT} 31 , 2019

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service			Do not send to					ZU 18
Name of exempt organization		→ Go to	o www.irs.gov/Fo	orm88/9EO for	the latest informa	ation.	Employer	identification number
							Employer	identification number
FAMILY ENRICH	MENT NE	TWORK,	INC.				**_*	****
Name and title of officer DARRELL NEWVI	XTT3							
EXECUTIVE DIR								
Part I Type of	Return and	d Return l	nformation (Maria Dalla C				
Check the box for the retuon line 1a, 2a, 3a, 4a, or 5 whichever is applicable, but than one line in Part I.	i a, below, and	the amount	on that line for th	ne return being fil	ed with this form v	was blank, th	en leave li	ne 1b. 2b. 3b. 4b. or 5b.
1a Form 990 check here	X	b Total re	venue. if anv (For	m 990. Part VIII.	column (A) line 12	2)	1h	10,233,189.
2a Form 990-EZ check he	ere 🕨	b Tota	al revenue, if any	(Form 990-EZ. lir	ne 9)	7/	15 ₋ 2h	20,200,200
3a Form 1120-POL check	here 🕨 [b	Total tax (Form 1	120-POL, line 22)		2b _	
4a Form 990-PF check he	ere 🕨 🗌	b Tax	based on investr	ment income (Fo	orm 990-PF, Part V	/I. line 5)	4b	
5a Form 8868 check here		b Balance	Due (Form 8868	, line 3c)				
							_	41444
Part II Declarat Under penalties of perjury,			uthorization					
debit) entry to the financial seturn, and the financial instancial	stitution to del an 2 business c payment of personal ider electronic fund	bit the entry days prior to taxes to recontification nu	to this account. T o the payment (se eive confidential in Imber (PIN) as my	o revoke a paymettlement) date. Information neces	ent, I must contact also authorize the	ot the U.S. Tr financial inst	easury Fir	nancial Agent at volved in the
X I authorize DA	VIDSON,	FOX &	COMPANY,	LLP		to	enter my	PIN 21527
			ERO firm	name		,		Enter five numbers, bu
is being filed with	n a state agen	icy(ies) regula	vear 2018 electror ating charities as nsent screen.	part of the IRS Fo	. If I have indicated ed/State program,	d within this I also autho	return tha rize the af	t a copy of the return prementioned ERO to
indicated within t	his return tha	t a copy of the	r my PIN as my si he return is being s disclosure conse	filed with a state	rganization's tax yo agency(ies) regula	ear 2018 ele ating charitie	ctronically s as part o	filed return. If I have of the IRS Fed/State
fficer's signature 🕨			TEN	T CO	Date)			
Part III Certificat	tion and Au	uthentica	tion					
RO's EFIN/PIN. Enter you	ur six-digit elec	ctronic filing	identification					w
umber (EFIN) followed by					162751 Do not ente			
certify that the above num onfirm that I am submitting file Providers for Business	g this return ir	าy PIN, whicl า accordance	h is my signature e with the requirer	on the 2018 election on the 2018 election of Pub. 4	tronically filed retu 163, Modernized e	urn for the or e-File (MeF) In	ganization nformation	indicated above. I for Authorized IRS
RO's signature ▶ DAVII	SON, FO					06/1	0/20	
		ERO N	/lust Retain T	his Form - Se	e Instructions	S		

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

823051 10-26-18

EXTENDED TO SEPTEMBER 15, 2020

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

X Yes

Form **990** (2018)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning NOV 1, 2018and ending OCT 31, 2019 Check if applicable: C Name of organization D Employer identification number FAMILY ENRICHMENT NETWORK, INC. Name change Doing business as **_**** Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 24 CHERRY STREET (607) 723-8313 termin-ated City or town, state or province, country, and ZIP or foreign postal code 10,236,079. G Gross receipts \$ Amended return JOHNSON CITY, NY 13790 H(a) Is this a group return F Name and address of principal officer: DARRELL NEWVINE for subordinates? Yes X No 24 CHERRY ST., JOHNSON CITY, NY 13790 H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.FAMILYENRICHMENT.CC **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1978 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: PLANNING, COORDINATING AND Governance IMPLEMENTING CHILD DEVELOPMENT AND CHILD SERVICES ON BEHALF OF Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 14 Number of independent voting members of the governing body (Part VI, line 1b) 4 14 Activities & Total number of individuals employed in calendar year 2018 (Part V, line 2a) 402 5 Total number of volunteers (estimate if necessary) 1025 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 38 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 8,485,538. 9,404,242. Program service revenue (Part VIII, line 2g) 1,008,185. 823,320. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 304. 874. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,829. 4,753. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9,495,856. 10,233,189. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 427,893. 470,026. Benefits paid to or for members (Part IX, column (A), line 4) 14 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 6,931,353. 7,269,866. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,729,945. 1,706,408. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 9,089,191. 9,446,300. Revenue less expenses. Subtract line 18 from line 12 406,665. 786,889. Or **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 4,442,336. 5,281,573. 21 Total liabilities (Part X, line 26) 2,243,899. 2,296,247. Net assets or fund balances. Subtract line 21 from line 20 2,198,437. 2,985,326. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign DARRELL NEWVINE, EXECUTIVE DIRECTOR Here Type or print name and title Print/Type preparer's name Preparer's signature Date Check Paid JESSE J. WHEELER, CP 06/10/20 self-employed JESSE J. WHEELER, CPA P00187533 Firm's name ▶ DAVIDSON, FOX & COMPANY, LLP Preparer **_**** Firm's EIN Use Only Firm's address ▶ 53 CHENANGO STREET BINGHAMTON, NY 13901 Phone no. 607-722-5386 May the IRS discuss this return with the preparer shown above? (see instructions)

For	m 990 (2018) FAMILY ENRICHMENT NETWORK, INC.	**_*****	Page 2
Pa	art III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:		X
•	PLANNING, COORDINATING AND IMPLEMENTING CHILD DEVELOPMENT	7 7 7 CTTT D	
	SERVICES ON BEHALF OF CHILDREN AND THEIR FAMILIES IN BROO	WE COTIVERS	
	DROC	ME COONTY.	
••••		3	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others revenue, if any, for each program service reported.	, the total expenses, ar	nd
4a	(Code:) (Expenses \$3,934,545. including grants of \$2,458.) (Revenue		· · · · · · · · · · · · · · · · · · ·
	HEAD START - PROVIDES COMPREHENSIVE EARLY CHILDHOOD DEVEL	ODMENT)
	SERVICES TO ECONOMICALLY DISADVANTAGED PRESCHOOL CHILDREN	I CHILDREN	
	WITH DISABILITIES, AND THEIR FAMILIES.	r, CHILDREN	

		71170	
4b	(Code:) (Expenses \$ 852,345. including grants of \$ 411,353.) (Revenue		
-10	(Code:) (Expenses \$ 852,345. including grants of \$ 411,353.) (Revenue CHILD AND ADULT CARE FOOD PROGRAM - PROVIDES NUTRITIONAL	MD A TAITAG A ATT)
	REIMBURSEMENT OF FOOD COSTS TO REGISTERED/LICENSED FAMILY	CHILDCARE	
	PROVIDERS.	CHILDCARD	
			-91000011

		WINDLE CONTROL OF THE PROPERTY	
4c	(0.1		
+0	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	\$)
	SERVICES TO ECONOMICALLY DISADVANTAGED PRESCHOOL CHILDREN	DEAETO DEMENT	<u>. </u>
	WITH DISABILITIES, AND THEIR FAMILIES.	, CULLDKEN	
	The second of th		
		***************************************	~~~

łd	Other program services (Describe in Schedule O.)		
	(Expenses \$ 2,083,461. including grants of \$ 56,215.) (Revenue \$ 8.	23,320.)	
ŀе	Total program service expenses ► 8,597,552.		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			İ
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
E	during the tax year? If "Yes," complete Schedule C, Part II	4	ļ	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			ļ
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	-	X
U	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
'	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
Ŭ	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		İ	
9	Schedule D, Part III	8	ļ	X
,	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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	İ		
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		X
	endowments, or quasi-endowments? (# Wee # complete October 1 B. B. 114			
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10		X
• •	as applicable.			
а				
-	Part VI	1	37	
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	X	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	l l		37
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		<u>X</u>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			v
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		_X_
	Part X, line 16? If "Yes," complete Schedule D, Part IX			х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1 ie		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes " complete Schedule D. Part V.	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	'''		
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12.0		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b	х	
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule F	13		X
14a	bid the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business.			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	bid the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	the digalization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	bid the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.			
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines			
19	1c and 8a? If "Yes," complete Schedule G, Part II	18	\perp	<u>X</u>
9	bid the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes."			
n-	complete Schedule G, Part III	19		X
.Uäl .u	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
D	res to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
. •	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
2002	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

	(continuea)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		1,7	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	. 22	<u> </u>	+
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	00		x
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	_23_	-	<u> </u>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
,	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		+ 22
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	. 240	†	+
	any tax-exempt bonds?	24c		
(To the organization act as an on behalf of issuer for bonds outstanding at any time during the year?	24d		
25	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		x
k	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
07	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
28	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
а	instructions for applicable filing thresholds, conditions, and exceptions):			
b	The state of the s	28a		X
C	y and the street of the street	28b		X
Ŭ	of the state of th			
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		X
	contributions? If "Yes," complete Schedule M			7.7
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		X
	If "Yes," complete Schedule N, Part I			v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u> </u>
	Schedule N, Part II		,]	v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 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		Х
37	Did the organization conduct more than 5% 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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Dar	Note. All Form 990 filers are required to complete Schedule O	38	X	
Par	The second of th			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
та ,	Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable 1a 22	-1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1 1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
00000	(gambling) winnings to prize winners?	1c	X	
o o≥ 004	12-31-18	Form	990 (2	2018)

Form 990 (2018) FAMILY ENRICHMENT NETWORK, Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 402 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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)? X 4a b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10 a 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 ______ 10b 11 Section 501(c)(12) organizations. Enter: a 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 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? X 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X 15 If "Yes," see instructions and file Form 4720, Schedule N. is the organization an educational institution subject to the section 4968 excise tax on net investment income? X

Form 990 (2018)

If "Yes," complete Form 4720, Schedule O.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management			· ·
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b				
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	Х	
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.0		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-00		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		- 23
	2 - Code of the internal revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iva		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1217		~~~~
	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	21	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	21	
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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUA		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶NY			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s or 1024-A if applicable), 990-T (Section 501(c)(3)s or 1024-A if appl	nlv) a	vailahi	Α
	for public inspection. Indicate how you made these available. Check all that apply.	ziny) a	, unabi	•
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and f	nanai	al	
-	statements available to the public during the tax year.	ı ıaı ıUli	al .	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	NORA BUSH - 607-723-8313			
	24 CHERRY STREET, JOHNSON CITY, NY 13790			

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- 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, and 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	itior) than		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s bot	h an	compensation	compensation	amount of
	week	\vdash	cer ar	ndad T	irecto	or/trus	tee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	or di	99			ated		organization	(W-2/1099-MISC)	from the
	organizations	ustee	trust		99	ubeus		(W-2/1099-MISC)		organization
	below	dual t	Institutional trustee	_	nploy	st cor	_			and related organizations
	line)	Indivi	Institu	Officer	key er	Highest compensated employee	Former			Organizations
(1) JESSICA AURELIO	2.00							***************************************	10.000	
BOARD MEMBER	***************************************	x						0.	0.	0.
(2) WILBERT MIDYETTE	2.00				 					
TREASURER		Х		х		ĺ		0.	0.	0.
(3) FRED MEAGHER	2.00						<u> </u>			
SECRETARY		х		х				0.	0.	0.
(4) DENISE LEE	2.00							<u> </u>	.	
POLICY COUNCIL CHAIRPERSON		х						0.	0.	0.
(5) PAMELA SWARTS	2.00									
BOARD MEMBER		х						0.	0.	0.
(6) BRIAN TETA	2.00								<u> </u>	
BOARD MEMBER		х						0.	0.	0.
(7) LISA STRAHLEY	2.00									<u>-</u>
BOARD MEMBER	***************************************	х						0.	0.	0.
(8) JACKIE WATSON	2.00									
CHAIRPERSON		Х		X				0.	0.	0.
(9) LIZ MYERS	2.00									
BOARD MEMBER		X				İ		0.	0.	0.
(10) ANDREA MASTRONARDI	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) MELISSA LANTZ	2.00							***************************************		
BOARD MEMBER		Х						0.	0.	0.
(12) CARRIE BATES	2.00									
BOARD MEMBER		X			****			0.	0.	0.
(13) CHRISTOPHER LEE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) CHRISTOPHER ROHDE	2.00									
BOARD MEMBER		X						0.	0.	0.
(15) DARRELL NEWVINE	40.00									
EXECUTIVE DIRECTOR				X				139,438.	0.	4,026.
(16) NORA BUSH	40.00									
FINANCE DIRECTOR				X				85,521.	0.	34,177.
					T	T	T			

832007 12-31-18

ĽĽ	Section A. Officers, Directors, Trus		oloy	ees			ghes	st C	1	s (continued)		
	(A)	(B)				C)			(D)	(E)		(F)
	Name and title	Average			heck		than		Reportable	Reportab	ole	Estimated
		hours per week	box	r, unle	ss pe	rson i	is both or/trus	h an	compensation	compensa	tion	amount of
		(list any		1		Toole	T	100)	from	from relat		other
		hours for	irecto						the	organizatio		compensation
		related	e or d	ag tee			sated		organization (W-2/1099-MISC)	(W-2/1099-N	1ISC)	from the
		organizations	truste	al trus		ag.	mpen		(44-27 1099-141130)			organization and related
		below	ndividual trustee or director	Institutional trustee	 	Key employee	est co	1 25				organizations
		line)	ngi	Instit	Officer	Key e	Highest compensated employee	Former				organizations

											l	
											İ	

1b	Sub-total]	▶	224,959.		0.	38,203.
С	Total from continuation sheets to Part VII,	Section A					1	▶	0.		0.	0.
d	Total (add lines 1b and 1c)	*****************)	▶	224,959.		0.	38,203.
2	Total number of individuals (including but no	ot limited to the	se i	isted	d abo	ove)	who	re	ceived more than \$100,0	000 of reportab	le	
	compensation from the organization									-		1
												Yes No
3	Did the organization list any former officer, or		stee	, key	/ em	ploy	/ee,	or h	nighest compensated em	ployee on		
	line 1a? If "Yes," complete Schedule J for su				• • • • • • •		• • • • • • •					3 X
4	For any individual listed on line 1a, is the sur	n of reportable	cor	npe	nsati	ion a	and	othe	er compensation from th	e organization		
	and related organizations greater than \$150,	000? If "Yes,"	con	nple	te S	ched	dule	J fc	or such individual			4 X
5	Did any person listed on line 1a receive or ac	crue compens	satio	n fro	om a	ıny ι	unrei	ate	d organization or individu	ual for services	,	
	rendered to the organization? If "Yes." comm	olete Schedule	J fo	rsuc	ch p	erso	n		******************************			5 X
Sec	tion B. Independent Contractors											
1	Complete this table for your five highest com-	npensated inde	pen	den	t cor	ntra	ctors	s tha	at received more than \$1	00,000 of com	ıpensati	on from
	the organization. Report compensation for the	ne calendar yea	ar er	nding	g wit	h or	r with	nin 1	the organization's tax ye	ar.		
	(A)								(B)			(C)
	Name and business a	address	NO	NE					Description of se	rvices	Co	ompensation
		- Allerton						_	*******		<u> </u>	
								+	***************************************		 	
								+			 	
****								+	773-77			
2	Total number of independent contractors (inc	oludina but s-t	- li	to d	to 41-	2000	lint		abouto) with a second of	- 4l:		
	\$100,000 of compensation from the organiza		. urmi	rea.	เบ เท	ose 0	: IISTE	eu a	above) who received mor	e tnan		
	+ . 55,555 or compensation from the organiza	uo(I				<u> </u>						- 000 (004.0)

_*

Form 990 (2018) FAMILY ENRICHMENT NETWORK, INC.
Part VIII Statement of Revenue

			Check if Schedule O cont	tains a response	or note to any I	ine in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	g 1			1a					
Gra	no		Membership dues						
s,	AIL		Fundraising events	1c					100
Ü				1d					
ns,			Government grants (contribut	· -	9,313,475	<u>. </u>			
rtio	<u>'</u>	f	All other contributions, gifts, gran						
ë	1		similar amounts not included abo		90,767	<u>. </u>			
Contributions, Gifts, Grants	3		Noncash contributions included in lines	***************************************					
<u>0</u>	<u> </u>	h	Total. Add lines 1a-1f			9,404,242.			
۵.		_	BINGHAMTON CITY SCHOOLS	a	Business Cod		200		
/ice	~	a		3	611600	309,400.		<u> </u>	
je v	2		JOHNSON CITY SCHOOLS		611600	239,465.			
E 2	Į,		BINGHAMTON SPECIAL EDUC	TATTON	611600	178,622.			
gra	4	u	UE SPECIAL EDUCATION	SALLON	611600	50,000. 45,833.	 		
Program Service		f	All other program service reve	nuo	011000	45,833.	45,833.		
			Total. Add lines 2a-2f			823,320.			
	3		Investment income (including						
			other similar amounts)			874.			874.
	4		Income from investment of tax	exempt bond p	roceeds				3,11.
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents						
		b	Less: rental expenses						
		С	Rental income or (loss)						
		d	Net rental income or (loss)		>				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis				900		
			and sales expenses						
			Gain or (loss)						
			Net gain or (loss))				
e le	8		Gross income from fundraising	events (not					
ent			including \$	of					
Other Revenu			contributions reported on line	1c). See					
er				a	7,643.				
₹			Less: direct expenses		2,890.				
			Net income or (loss) from fundr		<u> </u>	4,753.			4,753.
	9		Gross income from gaming act						
			Part IV, line 19					and the	The second second
			Less: direct expenses Net income or (loss) from gamin						
			Gross sales of inventory, less re		<u></u>				
			and allowances						
			Less: cost of goods sold						
			Net income or (loss) from sales	_	.				
ľ		_	Miscellaneous Revenue		Business Code				
Ī	11 a	— а							
		b	***************************************		***************************************				
	c	٠ .							
	ď	d .	All other revenue						
	6	∍ '	Total. Add lines 11a-11d		D				
	12		Total revenue. See instructions			10 233 189.	823 320	0	5 627

_***

10000000	rt IX Statement of Functional Expens				
Sec	tion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All oth	ner organizations must co	mplete column (A).	
	Check if Schedule O contains a respo	onse or note to any line in			
	not include amounts reported on lines 6b, 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 domestic organizations	3			37,000
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	1-1			
_	individuals. See Part IV, line 22	470,026.	470,026.		
3	Grants and other assistance to foreign				14.
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	224 050		004 050	
6	trustees, and key employees Compensation not included above, to disqualified	224,959.		224,959.	
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,745,316.	5,317,601.	427,431.	284.
8	Pension plan accruals and contributions (include	3,713,310.	3,317,001.	427,431.	204.
•	section 401(k) and 403(b) employer contributions)	40,262.	32,870.	7,392.	
9	Other employee benefits	692,359.	589,711.	99,282.	3,366.
10	Payroll taxes	566,970.	499,000.	67,970.	3,300.
11	Fees for services (non-employees):			0,75,00	
а	Management				
b	Legal	3,034.	2,495.		539.
С	Accounting	32,523.		32,523.	
d	Lobbying			•	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	188,267.	144,441.	37,166.	6,660.
12	Advertising and promotion	11,348.	11,348.		
13	Office expenses	63,773.	41,000.	22,717.	56.
14	Information technology				
15	Royalties	306 006	0.45 600		
16	Occupancy	306,996.	245,692.	61,304.	
17	Iravel	180,552.	175,650.	4,902.	
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	185,750.	185,750.		
23	Insurance	60,422.	49,665.	10,757.	
24	Other expenses. Itemize expenses not covered		25 / 5 5 5 1	10,737.	
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)		Profession (Control of Control of		
	amount, list line 24e expenses on Schedule 0.)	100 April 100 Ap		2,000	
а	SUPPLIES	630,494.	589,238.	18,077.	23,179.
b	STAFF DEVELOPMENT	106,716.	105,417.	1,299.	
С	EQUIPMENT EXPENSES	83,141.	39,125.	44,016.	
d	TELEPHONE	46,636.	20,657.	25,979.	
е	All other expenses	-193,244.	77,866.	-268,960.	-2,150.
25	Total functional expenses. Add lines 1 through 24e	9,446,300.	8,597,552.	816,814.	31,934.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

	n 990		C.	**_	_***** Page 11
Pa	ırt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	412,679.	1	585,723.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	795,892.	3	1,224,951.
	4	Accounts receivable, net			66,789.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L	_	6	
Assets	7	Notes and loans receivable, net		7	
Ÿ	8	Inventories for sale or use	7,263.	8	7,683.
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6,525,994	•		
	b	Less: accumulated depreciation 10b 3,188,452		10c	3,337,542.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	8,198.		6,808.
	15	Other assets. See Part IV, line 11	50,000.	15	52,077.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	5,281,573.
	17	Accounts payable and accrued expenses		17	289,858.
	18	Grants payable	0.444	18	
	19	Deferred revenue		19	0.
	20	Tax-exempt bond liabilities		20	
	21 22	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
Lia	23	Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties	002 270	22	750 000
	24	Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	883,370.		758,083.
	25	Other liabilities (including federal income tax, payables to related third		24	
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Ostandada D	1,082,657.	0.5	1,248,306.
	26	Total liabilities. Add lines 17 through 25	2,243,899.	25 26	2,296,247.
		Organizations that follow SFAS 117 (ASC 958), check here X and	2,230,000	20	2,250,247
S		complete lines 27 through 29, and lines 33 and 34.			
)ce	27	Unrestricted net assets	2,198,437.	27	2,985,326.
alar	28	Temporarily restricted net assets		28	
d B		Permanently restricted net assets		29	7*************************************
'n		Organizations that do not follow SFAS 117 (ASC 958), check here			
o		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
let /		Retained earnings, endowment, accumulated income, or other funds		32	
Z		Total net assets or fund balances	2,198,437.	33	2,985,326.
	34	Total liabilities and net assets/fund balances	4,442,336.	34	5,281,573 .

c If "Yes" to line 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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. **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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

2c

3a | X

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury nternal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number FAMILY ENRICHMENT NETWORK, INC. **_*** Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X 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 exempt 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). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of organization (described on lines 1-10 (v) Amount of monetary (vi) Amount of other n your governing document organization support (see instructions) support (see instructions) above (see instructions)) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18

13

Schedule A (Form 990 or 990-EZ) 2018

Total

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

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

Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	3 (f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to	(I) Total
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to	
include any "unusual grants.")	
2 Tax revenues levied for the organization's benefit and either paid to	
ization's benefit and either paid to	
or expended on its behalf	
3 The value of services or facilities	
furnished by a governmental unit to	İ
the organization without charge	
4 Total. Add lines 1 through 3	
5 The portion of total contributions	
by each person (other than a	
governmental unit or publicly	
supported organization) included	
on line 1 that exceeds 2% of the	
amount shown on line 11,	
column (f)	
6 Public support. Subtract line 5 from line 4.	
Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018	(f) Total
7 Amounts from line 4	(1) Total
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources	
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.)	
11 Total support. Add lines 7 through 10	
12 Gross receipts from related activities, etc. (see instructions)	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here	
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check thi	s box and
stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check	k this box
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 1	0% or more,
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	rganization
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 1	5 is 10% or
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how	v the
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instruc	tions >

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 FAMILY ENRICHMENT NETWORK, INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
	Gifts, grants, contributions, and				1-1-0-1	(5) = 5 5	17.000	
	membership fees received. (Do not							
	include any "unusual grants.")	7632694.	7976439.	7919812.	8515296.	9411885	41456126.	
2	Gross receipts from admissions,			/3230221	0313230.	7411003.	E1430120.	
-	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose	635,860.	881,858.	941,250.	958,185.	823,320.	4240473.	
3	Gross receipts from activities that					-	****	
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
Ü	furnished by a governmental unit to							
_	the organization without charge	8268554.	0050007	0061060	0.450.404	10005005	45505500	
	Total. Add lines 1 through 5	0200334.	8858297.	8861062.	94/3481.	10235205.	45696599.	
7 <i>e</i>	Amounts included on lines 1, 2, and			ļ				
	3 received from disqualified persons					THE PARTY OF THE P	0.	
E	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0	
_							0.	
	Add lines 7a and 7b							
Sec	Public support. (Subtract line 7c from line 6.)						45696599.	
		T / \ 0044 T	42004					
	ndar year (or fiscal year beginning in)	(a) 2014 8268554.	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
	Amounts from line 6	0200004.	8858297.	8861062.	9473481.	10235205.	45696599.	
iua	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	204						
	and income from similar sources	324.	126.	121.	304.	874.	1,749.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b	324.	126.	121.	304.	874.	1,749.	
	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 from the sale of capital assets (Explain in Part VI.)		1					
13	Total support. (Add lines 9, 10c, 11, and 12.)	8268878.	8858423.	8861183.	9473785.	10236079	15698318	
	First five years. If the Form 990 is for							
	check this box and stop here						uon,	
	tion C. Computation of Public	c Support Perc	centage					
	Public support percentage for 2018 (lin			olumn (f)\	T	45	100.00 %	
	Public support percentage from 2017		II. Dans der	.,,			100 00	
	tion D. Computation of Invest					16	100.00 %	
						1		
	Investment income percentage for 20					17	.00 %	
	8 Investment income percentage from 2017 Schedule A, Part III, line 17							
	more than 33 1/3%, check this box and						▶ X	
	33 1/3% support tests - 2017. If the							
	line 18 is not more than 33 1/3%, chec						▶□	
20	Private foundation. If the organization	n did not check a b	ox on line 14, 19a,	or 19b, check this	s box and see instr	uctions		

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	1	Y	es		1	10	
1							
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9b 9c							
00							
10a 10b							

Sc	nedule A (Form 990 or 990 EZ) 2018 FAMILY ENRICHMENT NETWORK, INC. **-	***** Page
	art IV Supporting Organizations (continued)	. ago
11	Has the organization accepted a gift or contribution from any of the following persons?	Yes No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
	below, the governing body of a supported organization?	
	A family member of a person described in (a) above?	11a
-	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b
Se	ction B. Type I Supporting Organizations	11c
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Yes No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	4
2	bid the organization operate for the benefit of any supported organization other than the supported	1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Ves." ovalois in	
	Part vi now providing such benefit carried out the purposes of the supported organization(s) that operated	
80	<u>Supervised, or controlled the supporting organization</u>	2
360	ction C. Type II Supporting Organizations	
4	Mana a main it of the	Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1
	The state of the s	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Yes No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2
	significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	<u>SUPPORTED Organizations played in this regard.</u>	3
	tion E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ıs).
a	The organization satisfied the Activities Test. Complete line 2 below.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions),
	Alswei (a) and (b) below.	Yes No
u	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	
	activities but for the organization's position that its supported organization(s) would have engaged in these	
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
	trustees of each of the supported organizations? Provide details in Part VI.	20
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b
2025	10-11-18	

Sche	dule A (Form 990 or 990-EZ) 2018 FAMILY ENRICHMENT NETWO			*_**** Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970 (explain in P	art VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c	7	
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		The second	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		100	
	emergency temporary reduction (see instructions)	6_		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting organ	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

	edule A (Form 990 or 990-EZ) 2018 FAMILY ENRICH rt V Type III Non-Functionally Integrated 509	MENT NETWORK, (a)(3) Supporting Organia	TT10.	**_***** Page 7
Sec	tion D - Distributions		10011111100097	Current Year
1	Amounts paid to supported organizations to accomplish ex-	empt purposes	***************************************	
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity	, , ,		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			1000010
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			***************************************
8	Distributions to attentive supported organizations to which t	he organization is responsive	€	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Scriedule A	(FOITH 990 OF 990-EZ) 2018 FAMILLI	ENKICHMENT.	NETWORK, INC	J.	**-***** P	age 8
Part VI	Supplemental Information. Pr Part IV, Section A, lines 1, 2, 3b, 3c, 4k line 1; Part IV, Section D, lines 2 and 3; Section D, lines 5, 6, and 8; and Part V	Part IV. Section F. lines	1a, 11b, and 11c, Part	IV, Section B, lines 1 and Part V S	b; Part III, line 12; d 2; Part IV, Section C,	
	(See instructions.)	, , , , , , , , , , , , , , , , , , , ,		part for any additional	inomiation.	
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

Employer identification number

FAMILY ENRICHMENT NETWORK, **_**** Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

FAMILY ENRICHMENT NETWORK INC. **_*** Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 NYS DEPARTMENT OF HEALTH Person X Payroll 150 BROADWAY 940,333. Noncash (Complete Part II for ALBANY, NY 12204 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution NYS OFFICE OF CHILD AND FAMILY 2 SERVICES Person X Payroll 52 WASHINGTON STREET 496,747. Noncash (Complete Part II for RENSSELAER, NY 12144 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution U.S. DEPARTMENT OF HEALTH AND HUMAN 3 SERVICES Person X Payroll 8TH FLOOR PORTAL BUILDING 6,756,942. Noncash (Complete Part II for WASHINGTON, DC 20024 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for

noncash contributions.)

Name of organization

Employer identification number

-***

-*****

Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of o	organization		Employer identification number					
FAMIL'	Y ENRICHMENT NETWORK,	INC.	**_****					
Part III	Exclusively religious, charitable, etc., contril from any one contributor. Complete columns completing Part III, enter the total of exclusively religiou. Use duplicate copies of Part III if addition	s, charitable, etc., contributions of \$1,000 c	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.)					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gi	ift					
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gif	ft					
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-	(e) Transfer of gift							
-	Transferee's name, address, a	Relationship of transferor to transferee						
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	Transferee's name, address, ar	(e) Transfer of gift	Polotionabia of the					
	, u.u., 200, di		Relationship of transferor to transferee					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FAMILY ENRICHMENT NETWORK, INC.

Employer identification number

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor of		
	•		
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space		a materio structure
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of a	conservation consument on the last
	day of the tax year.	ou delicervation contains attention in the form of a	Held at the End of the Tax Year
а			2a
b			
С	Number of conservation easements on a certified historic stru	octure included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structure	20
	listed in the National Register	itor 1720/00, and not on a materia structure	2d
3	Number of conservation easements modified, transferred, rele	eased extinguished or terminated by the organic	Zu
	year ▶	and any extension of the material by the org	garazation daming trie tax
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		ation easements during the year
	>	, and an angle of the second	and outsomethis daming the your
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservation	easements during the year
	▶ \$	g concentration	sacomente damig the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4))(B)(i)
	and section 170(h)(4)(B)(ii)?	, , , , , , , , , , , , , , , , , , , ,	Yes No
9	In Part XIII, describe how the organization reports conservatio	n easements in its revenue and expense stat	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		_
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statement	and balance sheet works of art.
	historical treasures, or other similar assets held for public exhi	bition, education, or research in furtherance	of public service, provide, in Part XIII.
	the text of the footnote to its financial statements that describ-	es these items.	, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of public s	service, provide the following amounts
	relating to these items:	•	, , , , , , , , , , , , , , , , , , , ,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treas		n, provide
	the following amounts required to be reported under SFAS 110		
а	Revenue included on Form 990, Part VIII, line 1		🕨 \$
b	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

	nedule D (Form 990) 2018 FAMILY	ENRICHMENT	' NETWO	RK,	INC.			*	*_**	***	: *	Page 2
Ρ;	art III Organizations Maintaining C	collections of A	rt, Histori	cal Tr	easures,	or Othe	er Sir	nilar .	Asset	s (cont	tinued	<u> </u>
3	Using the organization's acquisition, accessi	on, and other recor	ds, check an	y of the	following th	at are a s	signific	ant use	∍ of its o	collectio	n item	าร
	(check all that apply):											
á	Public exhibition		d Loa	ın or ex	change prog	ırams						
ŀ	Scholarly research				. 3- p 3							
(Preservation for future generations											
4	Provide a description of the organization's co	lections and expla	in how they t	urther t	he organizat	ion's exc	mnt n	urnoeo	in Dart	VIII		
5	During the year, did the organization solicit o	r receive donations	of art, histor	ical trea	asures or oth	ner simila	r seed	ui pose te	III Fait	ΛIII.		
	to be sold to raise funds rather than to be ma	intained as part of	the organiza	ion's co					<u> </u>	7 v	_	¬
Pa	ert IV Escrow and Custodial Arrang	gements. Comp	lete if the ord	ianizati	on answered	L"Vee" o	n Eorm	. 000 г	Oort IV	Yes		No
	reported an amount on Form 990, Par	t X, line 21.	1010 11 1110 015	jai iizati	on answered	1 165 0	II I OIII	1 990, r	art iv,	iine 9, o	r	
1a	Is the organization an agent, trustee, custodia		diary for cont	ribution	e or other a	ecote not	inalua	lod.				
	on Form 990, Part X?	and of our or intormot	aidiy for com	Hoution	is or other a	55612 1101	moido	eu	_	٦.,		٦
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	lowing toble	•		• • • • • • • • • • • • • • • • • • • •			L	_ Yes	_	No
	and an arrangement are the care than the	and complete the fo	mowing table				Г					
c	Beginning balance						-	_		Amour	<u> 1t </u>	
d		***************************************			•••••	•••••	-	1c				
e	Additions during the year Distributions during the year				•••••		·· -	1d	***************************************			
f	Distributions during the year				••••••			1e	· · · · · · · · · · · · · · · · · · ·			
2a	Ending balance	rm 000 Part V line			· · · · · · · · · · · · · · · · · · ·			1f				
b	If "Yes," explain the arrangement in Part XIII.	Chook boro if the o	ZI, IOI esci	ow or ci	ustodial acci	ount liabi	lity?	•••••	🖳	Yes	L	_ No
Pa	rt V Endowment Funds. Complete if	the organization or	(planation na	s been	provided on	Part XIII						
	Complete	(a) Current year						· · · · · · · · · · · · · · · · · · ·				
1a	Beginning of year balance	(a) Current year	(b) Prior	year	(c) Two year	ars dack	(d) In	ree yeai	's back	(e) Fou	r years	back_
b	6											
c	Net investment earnings, gains, and losses											
d										****		
	Other expenditures for facilities											
Ī					İ				ĺ			
f	Administrative expenses											
g	Frank at the t											
2	Provide the estimated percentage of the curre	pt voor on a leal-	/l' - 4		<u> </u>	l						
– a	Board designated or quasi-endowment	nt year end balance		umn (a)) held as:							
	Permanent endowment		_%									
	Temporarily restricted endowment	%										
Ŭ	The percentages on lines 2a, 2b, and 2c shoul	%										
32	Are there endowment funds not in the masses	d equal 100%.										
Ou	Are there endowment funds not in the possess by:	sion of the organiza	tion that are	held an	d administer	ed for th	e orga	nizatio	ก	_		
	-										Yes	No
	(i) unrelated organizations(ii) related organizations			• • • • • • • • • • • • • • • • • • • •						3a(i)		
h	(ii) related organizations					• • • • • • • • • • • • • • • • • • • •				3a(ii)		
4	If "Yes" on line 3a(ii), are the related organization	ons listed as require	ed on Sched	ıle R?		• • • • • • • • • • • • • • • • • • • •				3b		
Par	Describe in Part XIII the intended uses of the o	rganization's endov	vment funds.	····								
	, 0,,		5									
	Complete if the organization answered		i i							***		
	Description of property	(a) Cost or ot	1 4		or other		ccumu		(d) Book	: value	•
12	Land	basis (investm		basis (otner)	dep	preciati	on				
ıa h	Land	140,0							4		0,00	
'n	Buildings	2,873,9						504		,709		
	Leasehold improvements							713		,162		
u	Equipment	631,5						713			,86	
<u>e</u>	Other	1,216,2	/4.			9	30,	522			,75	
vial.	Add lines 1a through 1e. (Column (d) must equ	al Form 990. Part X	. column (B).	line 10	c.)				3	,337	, 54	2.

Schedule D (Form 990) 2018

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

1,248,306.

Schedule D (Form 990) 2018 FAMILY ENRICHMENT NETWORK, INC. **-***** Page 5
PART XII, LINE 2D - OTHER ADJUSTMENTS:
RELATED PARTY EXPENSES REPORTED SEPARATELY
PART XII, LINE 4B - OTHER ADJUSTMENTS:
DIRECT COSTS OF FUNDRAISING EVENTS REPORTED ON 990 PART
VIII, LINE 8B
FORM 990 PART VIII, LINE 8B
DIRECT EXPENSES RELATED TO FUNDRAISING EVENTS ARE INCLUDED ON THE AUDITED
STATEMENT OF FUNCTIONAL EXPENSE IN FUNDRAISING EXPENSES. THE AMOUNT IS
REPORTED ON 990 PART VIII, LINE 8B.

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public

Schedule I (Form 990) (2018)

Inspection Name of the organization FAMILY ENRICHMENT NETWORK, INC. Employer identification number General Information on Grants and Assistance **_**** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (f) Method of (e) Amount of (g) Description of or government (h) Purpose of grant (if applicable) valuation (book, cash grant non-cash noncash assistance FMV, appraisal. or assistance assistance other) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2018) FAMILY ENRICHME	NT NETWO	RK, INC.			**_****	Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		ISSUE STATE OF THE PARTY OF THE
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash ass	sistance
REIMBURSEMENT OF FOOD COSTS TO REGISTERED/LICENSED						
FAMILY CHILDCARE PROVIDER	100	411,353.	0.			
Part IV Supplemental Information. Provide the information req	uired in Part I line	e 2: Part III. column	(b); and any other ad	ditional information		
	and arr arri, ar	c z, r art iii, colariir	(b), and any other ad	ditional information.		
PART I, LINE 2:						
NO GRANTS, ONLY ASSISTANCE TO INDIV	/IDUALS.					

31

Schedule I (Form 990) (2018)

832102 11-02-18

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FAMILY ENRICHMENT NETWORK, INC.

Employer identification number **_****

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CHILDREN AND THEIR FAMILIES IN BROOME COUNTY.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
CHILD CARE RESOURCE AND REFERRAL
UNIVERSAL PRE-KINDERGARTEN
CHILD DAY CARE
FATHERHOOD
FAMILY SERVICES
EXPENSES \$ 2,083,461. INCLUDING GRANTS OF \$ 56,215. REVENUE \$ 823,320.
FORM 990, PART VI, SECTION A, LINE 2:
CHRISTOPHER AND DENISE LEE ARE BOARD MEMBERS AND ARE HUSBAND AND WIFE.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS REVIEWED AT BY THE BOARD OF DIRECTORS PRIOR TO FILING. ALL
MEMBERS ARE PROVIDED COPIES ELECTRONICALLY.
FORM 990, PART VI, SECTION B, LINE 12C:
IN CONNECTION WITH ANY ACTUAL OR PERCEIVED CONFLICTS OF INTEREST, AN
INTERESTED PERSON MUST ANNUALLY DISCLOSE THE EXISTENCE OF HIS OR HER
FINANCIAL INTEREST AND MUST BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL
MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD
DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.
AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND
AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

EOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. FORM 990, PART VI, SECTION B, LINE 15B: WAGE COMPARABILITY STUDY PERFORMED FOR ALL POSITIONS WHICH IS REVIEWED WITH THE FINANCE AND THE PERSONNEL COMMITTEES. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE IN THE FISCAL OFFICE.	Name of the organization FAMILY ENRICHMENT NETWORK, INC.	Employer identification numbe
INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. FORM 990, PART VI, SECTION B, LINE 15B: WAGE COMPARABILITY STUDY PERFORMED FOR ALL POSITIONS WHICH IS REVIEWED WITH THE FINANCE AND THE PERSONNEL COMMITTEES. FORM 990, PART VI, SECTION C, LINE 19:	BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CO	NFLICT OF
MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. FORM 990, PART VI, SECTION B, LINE 15B: WAGE COMPARABILITY STUDY PERFORMED FOR ALL POSITIONS WHICH IS REVIEWED WITH THE FINANCE AND THE PERSONNEL COMMITTEES. FORM 990, PART VI, SECTION C, LINE 19:	TAMBED FOR TO DESCRIPTION	
WAGE COMPARABILITY STUDY PERFORMED FOR ALL POSITIONS WHICH IS REVIEWED WITH THE FINANCE AND THE PERSONNEL COMMITTEES. FORM 990, PART VI, SECTION C, LINE 19:	MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.	
WAGE COMPARABILITY STUDY PERFORMED FOR ALL POSITIONS WHICH IS REVIEWED WITH THE FINANCE AND THE PERSONNEL COMMITTEES. FORM 990, PART VI, SECTION C, LINE 19:		
THE FINANCE AND THE PERSONNEL COMMITTEES. FORM 990, PART VI, SECTION C, LINE 19:	FORM 990, PART VI, SECTION B, LINE 15B:	
FORM 990, PART VI, SECTION C, LINE 19:	WAGE COMPARABILITY STUDY PERFORMED FOR ALL POSITIONS WHICH	IS REVIEWED WITH
	THE FINANCE AND THE PERSONNEL COMMITTEES.	
	FORM 990, PART VI. SECTION C. LINE 10.	
THE PROPERTY OF THE PROPERTY O		
	THE PIECE.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

orm 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number FAMILY ENRICHMENT NETWORK, INC. **_***** Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity foreign country) entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) Name, address, and EIN Primary activity Legal domicile (state or Exempt Code Public charity Direct controlling controlled of related organization foreign country) section status (if section entity entity? 501(c)(3)) Yes No THE CHILD DEVELOPMENT COUNCIL - **-***** COORDINATION OF CHILD P.O. BOX 997 DEVELOPMENT AND CARE PUBLIC FAMILY ENRICHMENT JOHNSON CITY, NY 13790 SERVICES IN BROOME COUNTY NEW YORK 501(C)(3) CHARITY NETWORK X

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2018

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predomir (related, excluded fr	(e) nant income , unrelated, rom tax under	Share	(f) e of total come	Sha end-	(g) are of of-year sets	Disprop alloca	h) ortionate ations?	(i) Code V-UI amount in b 20 of Sched	BI Goox Indule	(j) General or nanaging partner?	Perce	k) entag ership
		country)		Sections	s 512-514)					Yes	No	K-1 (Form 10)65) Y	<u>′es No</u>		
	_															
							· · · · · · · · · · · · · · · · · · ·									
	-			,												
rt IV Identification of Related Or organizations treated as a co	rganizations Taxable a orporation or trust duri	as a Corpo ng the tax y	ration or Trust. Co	omplete if t	he organizati	on ansv	vered "Yes	" on For	m 990, P	art IV,	l line 34	l , because it h	ad one	e or mo	ore rela	ated
(a) Name, address, and f of related organization		Prim	(b) ary activity	(c) Legal domicile (state or foreign	(d) Direct cont entity		Type of (C corp, s	entity S corp,	Share of incoming the state of	of total		(g) Share of end-of-year	Perce	(h) entage ership	Sec 512(i conti	(i) otion b)(13) rolled tity?
				country)			or tru	ist)				assets	1.		Yes	

Part V Transactions With Related Organizations. Complete if the organization a	answered "Yes" on For	m 990, Part IV, line 34, 35	b, or 36.			Windshoo.
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Voc	No
1 During the tax year, did the organization engage in any of the following transaction	ons with one or more	elated organizations listed	l in Parts II-IV?		168	140
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled en	atity			1a		X
2 and grant, or depiter contribution to related organization(s)				1 4.		X
7 5 7					<u> </u>	X
						X
e Loans or loan guarantees by related organization(s)				1e		X
				1000000		
f Dividends from related organization(s)		•••••	•••••	1f		X
3						X
11 1 and as a decete in on a rolated organization(3)				1 4.		X
				4.		X
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X
				1888		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X
to the market of services of membership of fundralsing solicitations for related or	ganization(s)		•••••	11		X
m Performance of services or membership or fundraising solicitations by related org	ganization(s)			1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization (a)	ation(s)			<u>1n</u>	X	
Sharing of paid employees with related organization(s)		······································		10	X	
n Reimbursement paid to related organization(s) for synapses						
p Reimbursement paid by related organization(s) for expenses		••••••		<u>1p</u>		X
q Reimbursement paid by related organization(s) for expenses				1q	X	
r Other transfer of cash or property to related organization(s)						
Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)	•••••			<u>1r</u>	X	
2 If the answer to any of the above is "Yes," see the instructions for information on	who must somelete the	-1- 11 1- 1: -1: -1:		1s		X
	1	is line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amoun	t involved		
(1) THE CHILD DEVELOPMENT COUNCIL, INC.	R	128,805.	NET CHANGE IN LIABILIT	Y		
(2)						,
<u>(3)</u>						
(4)						
<u>(5)</u>						
(6)						

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(b)	(c)	(d)	(e)	.	(f)	(g)	(1	1)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.?	sec. 3)	Share of total income	Share of end-of-year assets	Dispri tion allocat	opor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	al or F ging er?	Percentage ownership
		,,	30000113 3 12-3 14)	Yes N	10		aoseto	Yes	No	(Form 1065)	Yes	No	
								-					
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												-	
					-							_	
												_	
					_								

Schedule R (Form 990) 2018 FAMILY ENRICHMENT NETWORK, INC.	**-***** Page 5
Part VII Supplemental Information.	
Provide additional information for responses to questions on Schedule R. See instructions.	
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:	
The state of the s	
NAME OF THE AMED ODGANITGAMION.	
NAME OF RELATED ORGANIZATION:	
THE CHILD DEVELOPMENT COUNCIL	
PRIMARY ACTIVITY: COORDINATION OF CHILD DEVELOPMENT AND CARE	SERVICES IN
BROOME COUNTY AREA	
	The state of the s
	40
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	***************************************
	A. C. C. C. C. C. C. C. C. C. C. C. C. C.

#### Form **8868**

(Rev. January 2019)

### Application for Automatic Extension of Time To File an **Exempt Organization Return**

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).						
All corpo	orations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnersh	nips, REMIC	s, and trusts	· · · · · · · · · · · · · · · · · · ·			
must use	e Form 7004 to request an extension of time to file incom	e tax retur	ns.						
		Enter filer's identifying							
Type or	Name of exempt organization or other filer, see instru	ctions.		1	Employer identification number				
print		' '							
File by the	FAMILY ENRICHMENT NETWORK,		**_****						
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 24 CHERRY STREET	ee instruct	ions.	Social se	ecurity number	(SSN)			
instructions.	City, town or post office, state, and ZIP code. For a for JOHNSON CITY, NY 13790	oreign addı	ress, see instructions.						
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			0 1			
Applicat		Return	Application		***************************************	Return			
Is For		Code	Is For			Code			
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 990	)-BL	02	Form 1041-A			08			
Form 472	20 (individual)	03	Form 4720 (other than individual	)		09			
Form 990	)-PF	04	Form 5227			10			
	)-T (sec. 401(a) or 408(a) trust)	05	Form 6069	Thinnanus		11			
Form 990	O-T (trust other than above)	06	Form 8870			12			
	NORA BUSH  pooks are in the care of   24 CHERRY STREE	ET - J		.3790					
	none No. ► 607-723-8313		Fax No.						
■ If this	organization does not have an office or place of business	in the Uni	ted States, check this box			▶ 🔲			
box 🕨	is for a Group Return, enter the organization's four digit ( If it is for part of the group, check this box								
DOX	]. If it is for part of the group, check this box	and attac	ch a list with the names and EINs	ot all memb	ers the extens	ion is for.			
the ▶[	organization named above. The extension is for the orga	nization's			npt organizatio	n return for			
	ne tax year entered in line 1 is for less than 12 months, ch			Final retur	· m				
	Change in accounting period								
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less						
3a If th	nonrefundable credits. See instructions.	-		3a	\$	0.			
			vofundable avadite and			***************************************			
any	is application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any	returnable credits and						
any <b>b</b> If th	is application is for Forms 990-PF, 990-T, 4720, or 6069, mated tax payments made. Include any prior year overpa	ayment allo	wed as a credit.	3b	\$	0.			
b If the esti	is application is for Forms 990-PF, 990-T, 4720, or 6069,	ayment allo	wed as a credit. this form, if required, by	3b	\$	0.			

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)