For	_⊶ ,990-T	j E	OMB No 1545-0687									
	` \	(and proxy tax under section 6033(e))										
V	For calendar year 2018 or other tax year beginning, and ending											
	Department of the Treasury Internal Revenue Service Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).											
Αĺ	Check box if address changed			yer identification number pyees' trust, see itions)								
В	Exempt under section	nger section Print FAMILY SERVICE SOCIETY OF YONKERS										
	501(cl)(3)	or	Number, street, and room or suite no. If a P.O. box		ted business activity code structions)							
Ē	408(e) 220(e)	Туре	30 SOUTH BROADWAY	(000 111	au delions y							
	408A 530(a)		City or town, state or province, country, and ZIP o	F61000								
ㅗ	529(a)		YONKERS, NY 10701 561000									
C Book value of ell assets at end of year 10,725,372. G Check organization type ▶ X 501(c) corporation 501(c) trust 401(a) trust Other												
			· · · · · · · · · · · · · · · · ·					Other trust				
		-	tion's unrelated trades or businesses.	1		the only (or first) un						
			EE STATEMENT 1	rta Lan		complete Parts I-V.						
	escribe the first in the b usiness, then complete		ce at the end of the previous sentence, complete Pa	rtsıan	a II, complete a Schedule	M for each addition	ai trade (or				
			oration a subsidiary in an affiliated group or a parer	nt-cube	diary controlled group?		Yes	X No				
	• • •		tifying number of the parent corporation.	เเ-ธนบธ	diary controlled group.			S ZE NO				
			JAMES RAMBHAROSE		Telenh	one number 🕨 (914)	963-5118				
			de or Business Income		(A) Income	(B) Expenses		(C) Net				
	Gross receipts or sale				(,	(5) 2.40		(0)				
	Less returns and allow		c Balance ▶	1c			l	j				
_ 2020	Cost of goods sold (S			2								
3	Gross profit. Subtract			3								
-	Capital gain net incon			4a			 					
			art II, line 17) (attach Form 4797)	4b		 						
رِ ک د ک	Capital loss deduction			4c			İ					
5	•		ship or an S corporation (attach statement)	5								
Ω 6	Rent income (Schedu			6								
岁 7	Unrelated debt-financ	•	ne (Schedule E)	7								
Ę٤	Interest, annuities, roy	/alties, a	nd rents from a controlled organization (Schedule F)	8								
و بخ	Investment income of	a section	on 501(c)(7), (9), or (17) organization (Schedule G)	9								
SCANNED 10 10 10 10 10 10 10 10 10 10 10 10 10	Exploited exempt acti	vity inco	me (Schedule I)	10								
11	Advertising income (S	Schedule	•	11								
12	Other income (See in:	struction	is; attach schedule) STATEMENT 2	12	45,222. 45,222.			45,222.				
13	Total. Combine lines				45,222.							
P			ot Taken Elsewhere (See instructions for									
	<u>`</u>		itions, deductions must be directly connected	with t	ne unrelated business	income)	т					
14		icers, di	rectors, and trustees (Schedule K)				14	01 000				
15	Salaries and wages					ı	15	21,880.				
16	Repairs and mainten	ance					16					
17	Bad debts						17					
18	Interest (attach sche	dule) (s	ee instructions)				18					
19	Taxes and licenses	(0					19					
20			e instructions for limitation rules)		امرا		20					
21	Depreciation (attach			•	21 22a			•				
22	•	aimea or	Schedule A and elsewhere on return		[228]		22b	· · · · · · · · · · · · · · · · · · ·				
23	Depletion	arrad aa	managation plans				23	 				
24 25	Contributions to defe Employee benefit pro		inpensation plans	R	ECEIVED		24	3,268.				
25 26	Excess exempt expe	-	hedule I)	-	PIVED	7	26	3,200.				
26 27	Excess exempt experiences		1.77	Mai		J	27					
28	Other deductions (at	•		WU	/ 19 _{SAR9} STA	EMENT 3	28	16,345.				
29	T-4-1 d-d4: A	441	14 through 00	\			29	41,493.				
30	Unrelated business t	axable u	ncome before net operating loss deduction. Subtract	JGI.	htorAline 13		30	3,729.				
31			oss arising in tax years beginning on or after Janual		_ '		31					
32			ncome. Subtract line 31 from line 30	, ., =0	, , , , , , , , , , , , , , , , , , , ,		32	3,729.				
			work Reduction Act Notice, see instructions.		 			Form 990-T (2018)				

Form 890-			13-17	39956	Page 2
Part I	II Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (s	ee instruc	tions)	33	3,729.
34	Amounts paid for disallowed fringes				
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see insti	ructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the		*	·	
•••				36	3,729.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)				1,000.
			• •,,,••,. •,• ‹•,••• •,•	. 3/	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line				2 720
Dort I	enter the smaller of zero or line 36 V Tax Computation	*** * ** *	****** * *** **** ****	38	2,729.
				T	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)			39	573.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount				
	Tax rate schedule or Schedule D (Form 1041)			40	
41	Proxy tax. See instructions		.,	- 41	
42	Alternative minimum tax (trusts only)		** ;** *******	42	
43	Tax on Noncompliant Facility Income. See instructions	**** *****		43	
44	Total. Add fines 41, 42, and 43 to line 39 or 40, whichever applies			44	573.
art V	Tax and Payments				
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a			
	Other credits (see instructions)]," +	
	General business credit Attach Form 3800			∃ :	
	Credit for prior year minimum tax (attach Form 8801 or 8827)			- -1' .[
	Total credits. Add lines 45a through 45d			45e	
					573.
40	Subtract line 45e from line 44		Others	46	3/3.
48	Total tax Add lines 46 and 47 (see instructions)		• . • • • • • • • • • • • • • • • • • •	48	573.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2,		*** **** *** *** * * ***	49	0.
	Payments. A 2017 overpayment credited to 2018	50a		_ , .	
b	2018 estimated tax payments	50b		_	
¢	Tax deposited with Form 8868	50c			
d :	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		7 1	
	Backup withholding (see instructions)	50e		7. 1	
1	Credit for small employer health insurance premiums (attach Form 8941)			⊣ ઃ	
			····	7	
١	Other credits, adjustments, and payments. Form 2439 Form 4136 Other Total	500		1 1	
				51	
50 I	Total payments. Add lines 50a through 50g	*******	·· ··· ·· · · · · · · · · · · · · · ·	50	
	Estimated tax penalty (see instructions). Check if Form 2220 is attached				E72
	fax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed				573.
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid				
	nter the amount of line 54 you want: Credited to 2019 estimated tax			55	
art VI					
	At any time during the 2018 calendar year, did the organization have an interest in or a signature		•		Yes No
C	iver a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	ı may have	to file		
F	inCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign co	untry		ام_احدا
ŀ	ere >				
57 [During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ansferor to	o, a foreign trust?		X
	"Yes," see instructions for other forms the organization may have to file.		- **		
	nter the amount of tax-exempt interest received or accrued during the tax year				- \
	Under penalties of perjury, I declare that I have examined this return including accompanying schedules and sta			edge and belief it	
JN	correct, and complete Declaration of properor (other their tuxpayer) is based on all information of which preparer	has any kno			
re	IN 13 19 EXECUTI	מבים.	TDDAMAD	May the IRS discus	
	Signature of officer Date Title	<i>•</i> ц <i>D</i> .		the preparer shown ristructions)?	-,
					Yes No
	Print/Type preparer's name Preparer's signature Da	te	Check	if PTIN	
aid	1) 4 4 11	/13/:	self- employed		00466
epar	PERCENT TOTAL	./ 13/ -			03468
se On	IV Firm's name > GRASSI & CO. CPA'S, P.C.		Firm's EIN	<u>11-3</u>	266576
	488 MADISON AVENUE, 21ST FLOOR				
	Firm's address ► NEW YORK , NY 10022		Рһоле по.	212-661	-6166
11 01 09	-19			Forr	n 990-T (2018)
				. 5,,	· · - · - ,

Schedule A - Cost of Good	s Sold. Enter n	nethod of inven	ntory va	luation N/A	A				
1 Inventory at beginning of year	1		T	Inventory at end of ye	ar		6		
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5 Enter here and in Part I,			line 6			_
3 Cost of labor	3					Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	n 263A (1	with respect to		Yes	No
 Other costs (attach schedule) 	4b			property produced or	acquired	l for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real P	roperty and	l Pers	onal Property I	Lease	d With Real Prop	erty)		
Description of property									
(1)									
(2)									
(3)									
(4)						•			
	2. Rent received					3(a) Deductions directly	connect	ed with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for p	personal p	nal property (if the percenta roperty exceeds 50% or if if on profit or income)	age	columns 2(a) an	d 2(b) (a	ttach schedule)	·
(1)									
(2)					_				
(3)						·			
(4)	,								
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		er •			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	>		0.
Schedule E - Unrelated Deb	ot-Financed I	ncome (see	instruc	tions)				-	
				Gross income from		3. Deductions directly conn to debt-finance			
1. Description of debt-fir	nanced property		or allocable to debt- financed property		(a) Straight line depreciation (attach schedule)			(b) Other deductions (attach schedule)	
(1)							+		
(2)					 	- ·	†		
(3)					1		1		
(4)	•		 		1		†		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	debt-financ	djusted basis ocable to sed property schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(c	8. Allocable deducts column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%			1		
(3)				%	1		Ì		
(4)	·			%			1		
						nter here and on page 1, Part I, line 7, column (A)		nter here and on pag Part I, line 7, column (
Totals				•		0.			0.
Total dividends-received deductions	ncluded in column 8	3		•		•			0.
						•	-	Form 990-T	

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

2. Gross unrelated business from unrelated trade or business (column 2 directly connected 6. Expenses 1. Description of from activity that with production attributable to 6 minus column 5. exploited activity income from minus column 3). If a is not unrelated but not more than column 4) of unrelated column 5 business income through 7 (1) (2) (3) (4) Enter here and Enter here and on Enter here and on page 1, Part I, line 10, col (A) page 1, Part I, line 10, col (B) on page 1, Part II, line 26 0 0. **Totals**

Schedule J - Advertising Income (see instructions)

Part la Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2) (3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.	\		_	0.

Form **990- (**(2018)

Part II Income From Perio columns 2 through 7 on a			Separ	ate Basis (For eac	ch period	dical listed in P	art II, fill in	
1. Name of periodical			A. Advertising gain or (loss) (col. 2 minus sing costs col. 3) If a gain, compute cols. 5 through 7			culation 6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							· .	
(2)								
(3)					,			
(4)								
Totals from Part I	٠٠ ٥٠		0.					0.
	Enter here and on - page 1, Part I, line 11, col (A)	page	re and on 1, Part I, , col (B)					Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.		0.					0.
Schedule K - Compensation	n of Officers, D	Directo	rs, and	Trustees (see in:	struction	ns)		
1. Name				2. Title		 Percent of time devoted to business 		pensation attributable related business
(1)						9/		
(2)						9/		
(3)	•					9/	6	
(4)						9/		•
Total. Enter here and on page 1, Part II, II	ine 14			 		•		0.
								Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

ADMINISTRATIVE AND ACCOUNTING SERVICES

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER	INCOME	STATEMENT 2
DESCRIPTION			AMOUNT
OTHER INCOME			45,222.
TOTAL TO FORM 990-T, PAGE	3 1, LINE 12		45,222.
FORM 990-T	OTHER	DEDUCTIONS	STATEMENT 3
DESCRIPTION			AMOUNT
INSURANCE PARKING TAX OCCUPANCY POSTAGE AND PRINTING TELEPHONE TAX PREPARATION FEES			1,000. 11,945. 1,500. 100. 300. 1,500.
TOTAL TO FORM 990-T, PAGE	E 1, LINE 28		16,345.