# Form **990**

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

2017
Open to Public Inspection

ΑI	or th	= 2017 calendar year, or tax year beginning $$ JUL $1,$ $2017$ $$ and ending	JUN 30, 20	18							
В	Check if applicab	C Name of organization	D Employer ide	ntification number							
a	pplicab	SUNNYSIDE CITYWIDE HOMECARE									
	Addre	SS GDDITGDG TNG									
Ē	Name			-3502051							
	Initial	Number and street (or P.O. box if mail is not delivered to street address)  Room/s	Wast 175-750 Febr 30, 1950	The state of the s							
	Final	43-31 39TH STREET		18) 784-6173							
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	G Gross receipts \$ 27,297,512.							
	Amen return	LONG ISLAND CITY, NY IIIU4	H(a) Is this a gro	up return							
	Application	F Name and address of principal officer: JONATHAN MILLER	for subordin	ates? Yes X No							
	pendi	SAME AS C ABOVE	H(b) Are all subordina	ates included? Yes No							
1	Гах-ех	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527 If "No," atta	ch a list. (see instructions)							
		te: WWW.SCSNY.ORG	H(c) Group exem	V-0							
				9 M State of legal domicile: NY							
	art I	Summary									
_	1	Briefly describe the organization's mission or most significant activities: TO PROVI	DE HOME CAR	E SERVICES TO							
Activities & Governance	51	RESIDENTS OF WESTERN QUEENS									
nar	2	Check this box if the organization discontinued its operations or disposed of n	ore than 25% of its ne	t assets.							
Ver	3 Number of voting members of the governing body (Part VI, line 1a)										
ဇ္ဗ	4	Number of independent voting members of the governing body (Part VI, line 1b)	3 15 4 15								
<u>«ک</u>	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5 1672							
ties	6	Total number of volunteers (estimate if necessary)	6 134								
ξĶ		Total unrelated business revenue from Part VIII, column (C), line 12		7a 0.							
Ac		Net unrelated business taxable income from Form 990-T, line 34		7b 10,833.							
-	, D	Net differenced business taxable income from 1 offi 330-1, line 64	Prior Year	Current Year							
e	8	Contributions and grants (Part VIII, line 1h)	1,378,09								
	8		25,994,79								
Revenue	9		92,30								
Be	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,69								
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,473,88								
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0. 0.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0. 0.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)	26,698,37								
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)									
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.							
쏬	b	Total fundraising expenses (Part IX, column (D), line 25)	1 225 00	0 1 255 074							
ш	11	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,235,99								
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	27,934,36								
		Revenue less expenses. Subtract line 18 from line 12	-460,47								
Net Assets or			Beginning of Current Y								
Sset	20	Total assets (Part X, line 16)	12,238,35								
at A	21	Total liabilities (Part X, line 26)	3,676,42								
20	22	Net assets or fund balances. Subtract line 21 from line 20	8,561,93	1. 8,447,333.							
	ırt II	Signature Block	en de en en de de								
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta		of my knowledge and belief, it is							
true,	correc	t, and complete/Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	to bus							
_		Sighature of officer	Date	16/2011							
Sig			Date								
Her	е	ONATHAN MILLER, CFO Type or print name and title									
	_	F. S. & M. W.	Data / Lohin	DTIN							
р		Print/Type preparer's name Preparer's signature	Date Chec								
Paid		ROBERT LYONS WARREN LLD		P00227472							
Prep		Firm's name MARKS PANETH LLP	/ Firm's EIN	11-3518842							
Use	Unly	Firm's address 685 THIRD AVENUE		010 500 0000							
_		NEW YORK, NY 10017	Phone no.	212-503-8800							
May	the If	RS discuss this return with the preparer shown above? (see instructions)		X Yes No							

SUNNYSIDE CITYWIDE HOMECARE 11-3502051 Page 2 SERVICES, INC. Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: PROVIDE PERSONAL SERVICES TO THE ELDERLY AND DISABLED PERSONS WHO REQUIRE SUCH SERVICES IN ORDER TO MAINTAIN THEMSELVES SAFELY AT HOME. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 25,418,243.) 25,116,257. including grants of \$ \_ ) (Revenue \$ \_ ) (Expenses \$ \_\_\_ SUNNYSIDE CITYWIDE HOMECARE SERVICES - THROUGH CONTRACT WITH THE VISITING NURSE SERVICE OF NY, MANAGED LONG TERM CARE PROVIDERS AND PRIVATE INDIVIDUALS, CITYWIDE WAS AVAILABLE TO PROVIDE OVER 1.35 MILLION HOURS OF HOME CARE SERVICES TO OVER 900 FRAIL, ELDERLY AND DISABLED INDIVIDUALS. (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_\_\_\_) (Revenue \$ \_\_\_\_\_\_) including grants of \$ \_\_\_\_\_\_) (Revenue \$ \_\_\_\_\_\_ (Code: ) (Expenses \$ \_\_\_\_\_

				<u> </u>
			A SHARMAN AND A	
ŀd	Other program services (Describe in S	chedule O.)		
	(Expenses \$	including grants of \$	) (Revenue \$	)
le	Total program service expenses ▶	25,116,257.		
				Form <b>990</b> (201

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SUNNYSIDE CITYWIDE HOMECARE Form 990 (2017) SERVICES, INC.
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)?			
	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			
	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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	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?	1		
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			\ <b>.</b>
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			7,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ \v_
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<sub>w</sub>
	complete Schedule G. Part III	19		(2247)

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Part IV Checklist of Required Schedules (continued) Yes No Х 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" 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 X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b 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? # "Yes." complete Х 25b Schedule L. Part I 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." Х 26 complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х 27 of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ..... c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? Х 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 Part V, line 1 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b Х within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note, All Form 990 filers are required to complete Schedule O .....

Form 990 (2017) SERVICES, INC.
Part V Statements Regarding Other IRS Filings and Tax Compliance

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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12a		Check if Schedule O contains a response or note to any line in this Part V	********		
be Titler the number of Forms W2GL included in fine 1s. Enter-0-1 frost applicable  Did the organization comply with bioticity withholding uses for reportable payments to vendors and reportable gaming (gambing) winnings to pitz winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wape and Tax Statements, filed for the cachedral year ending with or within the year covered by this return  It also a second to the second of the properties of the properties of the second of the properties of the prop				Yes	No
b Enter the number of Forms W.2G included in line 1s, Enter-0-if not applicable with a Did Interconstanciation comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamelling) witerings to prize winners?  Enter the number of employees reported on Form W.3, Transmitted of Wage and Tax Statements, like the number of employees reported on Form W.3, Transmitted of Wage and Tax Statements, like the number of employees reported on Form W.3, Transmitted of Wage and Tax Statements, like the number of employees reported on Form W.3, Transmitted of Wage and Tax Statements, like the number of employees reported on Form W.3, Transmitted of Wage and Tax Statements, like the number of employees reported on Form W.3, Transmitted of Wage and Tax Statements, like the number of employees and the number of employees and the number of the organization have an interest in, or a signature or other authority over, a financial Accounts (FBAF).  If Y'ns, 'In all filed a Form 990-17 for this year if I'm's, to line its, provide an explanation in Schedule O and the number of the foreign country! I'm's and the organization of filing regularments for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  If Y'ns, 'I will be not or 6 this organization that I was or in a party to a prohibited tax shelter transaction at any time during the tax year?  Sa IX I'm's, 'I will be not or 6 the organization that I was or in a party to a prohibited tax shelter transaction at any time during the tax year?  Sa IX I'm's, 'I will be organization have annual groes receipts that are normally greater than \$100,000, and did the organization solid.  If Y'es,' did the organization in the organization that it was or is a party to a prohibited tax shelter transaction at year or this organization in express exhibitions and party for goods and services provided to the payor?  Organization receive any time, direct	1a		14, 141		
Gambling winnings to prize winners?  Ear Earlier the number of employees reported on Form W.S. Transmittal of Wago and Tax Statements, field for the calendar year ending with or within the year covered by this return  It least one is reported on line 2a, did the organization file all required toderal employment tax returns?  Note. If the sum of fines 1 and 2a did the organization file all required toderal employment tax returns?  Note. If the sum of fines 1 and 2a dis greater than 250, you may be required to e-gie (see Instructions)  If Y'es, * new file did a file a form 850 Tor file year?  If Y'es, * and file a form 850 Tor file year?  All Al arty timo during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly:  If Y'es, * enter the name of the foreign country; [with as a nath account, securities account, or other financial accountly?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  See instructions for filing requirements for FinCEN Form 888617  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  If Y'es, * Indiction that were not tax deductibles or mornably greater than \$100,000, and did the organization should were year to tax deductibles on solitable contributions or gifts were not tax deductibles on solitables on solitables on the solitables of the solitables on the solitable solitables on the solitables of the solitables of the solitables of the solitables of the so					
Gambling winnings to prize winners?  Ear Earlier the number of employees reported on Form W.S. Transmittal of Wago and Tax Statements, field for the calendar year ending with or within the year covered by this return  It least one is reported on line 2a, did the organization file all required toderal employment tax returns?  Note. If the sum of fines 1 and 2a did the organization file all required toderal employment tax returns?  Note. If the sum of fines 1 and 2a dis greater than 250, you may be required to e-gie (see Instructions)  If Y'es, * new file did a file a form 850 Tor file year?  If Y'es, * and file a form 850 Tor file year?  All Al arty timo during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly:  If Y'es, * enter the name of the foreign country; [with as a nath account, securities account, or other financial accountly?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  See instructions for filing requirements for FinCEN Form 888617  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  If Y'es, * Indiction that were not tax deductibles or mornably greater than \$100,000, and did the organization should were year to tax deductibles on solitable contributions or gifts were not tax deductibles on solitables on solitables on the solitables of the solitables on the solitable solitables on the solitables of the solitables of the solitables of the solitables of the so	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
field for the calendar year ending with or within the year covered by this return 2a 1672 b X    If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)  30. Did the organization have unrelated business gross income of \$1,000 or more during the year?  90. If "Yes," has it filed a form 950-T for this year? If "No," to line 3b, provide an explanation in Schedule 0  40. 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 bark account, southless account, or there financial accounts?  40. If "Yes," enter the name of the foreign country. In the same and the comparization and the same and the sa		(gambling) winnings to prize winners?	1c	<u> </u>	N. N. 12 12 12 12
b if it least one is reported on line 2a, did the organization file all required fodoral employment tax returns?    A   S   S   S   S   S	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1 and 2 air greater frain 250, you may be required to _nhe (see instructions)  30. Did the organization have unrelated business gross income of \$1,000 or more during the year?  41. 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) over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAF).  50. Was the organization so finiting requirements for Finc CNF form 114, Report of Foreign Bank and Financial Accounts (FBAF).  51. Was the organization to a prohibited tax shelter transaction of any time during the tax year?  52. So if "Yea," et lie so or 50, did the organization fine Form 888-67?  53. X.  54. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions?  55. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible accordinate any contributions that may receive deductible accordinate any contributions that may receive deductible accordinate any contributions that may receive deductible contributions under section 170(c).  56. Did the organization self accordinate with a section 170(c).  57. Did the organization self, exchange, or otherwise dispose of tanglible personal property for which it was required?  58. If Yes, "and the organization n		ised for the calcinal year chang with or within the year coronal by the retain.	U. Alle	V. 1	
33 Did the organization have unrelated business gross income of \$1,000 or more during the year?  44 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)?  55 Business of the foreign country (such as a bank account, securities account, or other financial account)?  56 Was the organization and foreign country?  57 Was the organization and the foreign country?  58 Was the organization for foreign country (such as a bank account, securities account, or other financial account)?  59 Was the organization foreign country?  50 Was the organization foreign country (such as a bank account, or other financial Accounts (FBAR).  50 Was the organization for foreign country (such as a bank account, or other financial Accounts (FBAR).  50 Was the organization foreign country (such as a bank account, or other financial Accounts (FBAR).  50 Was the organization foreign country (such as a bank account, or other financial Accounts (FBAR).  51 Was the organization have annual gross receipts that are normally groster than \$100,000, and did the organization solicit any contributions?  50 Was the organization solicit any contributions?  51 Was the organization shad may receive deductible as charitable contributions?  52 Was the organization shad may receive deductible as charitable contributions?  53 Was the organization shad may receive deductible contributions under section 170(c).  54 Was the organization shad may receive deductible contributions under section 170(c).  55 Uff the organization shad may receive deductible contributions under section 170(c).  56 Was the organization shad may receive deductible contributions under section 170(c).  57 Was the organization shad may receive deductible contributions under section 170(c).  58 Was the organization neceived a contribution of qualified intellectual property, for which it was required to the property	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	11.50
b if "Yes," has it filled a Form 990-T for this year? If "No," to line 3h, provide an explanation in Schedule O 40 At any time during the calendar year, did the organization have an introest in, or a signature or other authority over, a financial account; of the signature or other authority over, a financial account in a foreign country (such as a bank account, securities account; or other financial account)? 40 If "Yes," enter the name of the foreign country; when the submit of the signature of the foreign Bank and Financial Accounts (FBAR). 51 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 52 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 53 X 54 D Did any taxable party notify the organization this Form 8980-T? 55 Lif "Yes," of the five face of bid, did the organization to five American accountry or the signature of the signature of the signature of the organization and party to a prohibited tax shelter transaction? 55 Lif "Yes," and if the organization to tax deductibles escharibile contributions are normally greater than \$100,000, and did the organization solicit any contributions that men or tot x deductibles escharibile contributions? 56 Lif "Yes," and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles escharibile contributions are contributed or accountry of the organization or the transaction of the value of the spoods or services provided? 57 Organizations that may receive deductible contributions contribution of contribution o			YHEE.	WEEKEN	VACE
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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.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  B Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:  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.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  B If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note, See the instructions for additional information the organization must report on Schedule O.  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  Enter the amount of reserves on hand  Ital Did the organization receive any payments for indoor tanning services during the tax year?  If the organization receive any payments for indoor tanning services during the tax year?  If the organization is licensed to issue qualified health plans  Fire the amount of reserves on hand  If the organization receive any payments for indoor tanning services during the tax year?  If the organization is licensed to report these payments? If "No." provide an explanation in Schedule O.  In the organization is the organization receive any payments of the					
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Did 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.) 112a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			8		
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		amounts due or received from them.)		1444	
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	b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O		990	(2017)

SERVICES, INC.

11-3502051

Form 990 (2017) SERVICES, INC. 11-3502051 Pag

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.

	to mile say on your zeron, account and management of			X
	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management	Т	Van	N.o.
	Enter the number of voting members of the governing body at the end of the tax year 15	E NEW	Yes	No
1a	Little the humber of voting members of the governing body at the one of the fact of the			
	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 0.  Solve the number of voting members included in line 1a, above, who are independent 15			
b	Little the humber of voting members moladed in line 14, above, who are madpendent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		\$ 8,050833	Х
	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			Х
	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		Δ.
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		Х
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>_</u> .		v
	persons other than the governing body?	7b	1611520060	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	144(44)	77	1885 AVE 17
а	The governing body?	8a	X	
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			37
	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.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	17	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	315.
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		(1,121)	43.5
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
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			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	ļ,
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			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			100
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	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).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	100		
	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			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		NA.	1990
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabl	→	
.0	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website 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	financ	ial	
10	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	JONATHAN MILLER - 718784-6173			
	A2 21 20 MY COPPER TONG TOLAND CTTV NV 11104			

SERVICES, INC	S	ERV	JIC	CES	, :	INC
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11-3502051

Form 990 (2017) Part VII 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.

Chack this box if poither the organization per any related organization compensated any current officer, director, or trustee.

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 n	or any related o	1				pen	sate	ed any current officer, d	rector, or trustee.					
(A)	(B)	(C) Position						(D)	(E)	(F)				
Name and Title Average			not cl	Pos: heck i	ition more	l than c	one	Reportable	Reportable	Estimated				
	hours per	box.	o not check more than o x, unless person is both ficer and a director/trust			s both	an	compensation	compensation	amount of				
	week		Del an	o a u	rectu	, ous	1661	from	from related	other				
	(list any	recto						the	organizations	compensation from the				
	hours for	or di	a)			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization				
	related organizations	nstee	trust		99	lipen:		(99-2/1099-101130)		and related				
	below	tal tr	tional		nploy	yee yee	_			organizations				
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former							
(1) AMIT KALRA	1.00								_	_				
PRESIDENT	2.00	X		Х				0.	0.	0.				
(2) GERALD LEDERMAN	1.00													
DIRECTOR	2.00	X						0.	0.	0.				
(3) INEZ SIEBEEN	1.00													
DIRECTOR	2.00	Х						0.	0.	0.				
(4) JAVIER DIVORATO	1.00													
DIRECTOR	2.00	X						0.	0.	0.				
(5) LESLIE HEREDIA	1.00								_					
DIRECTOR	2.00	X					<u> </u>	0.	0.	0.				
(6) LISA DELLER	1.00													
DIRECTOR	2.00	X		<u> </u>		<u> </u>		0.	0.	0.				
(7) M. JOSEPH LEVIN	1.00													
SECRETARY	2.00	X		X	<u> </u>	_		0.	0.	0.				
(8) MARTIN K. GILLIARD	1.00									•				
DIRECTOR	2.00	X	<u> </u>	ļ	<u> </u>			0.	0.	0.				
(9) MATTHEW COCO	1.00									0				
DIRECTOR	2.00	X	<u> </u>	_		<u> </u>		0.	0.	0.				
(10) MICHAEL FONTE	1.00									•				
DIRECTOR	2.00	X		_		<u> </u>	<u>L</u>	0.	0.	0.				
(11) NED STEELE	1.00							_						
VICE PRESIDENT	2.00	X		X	<u> </u>			0.	0.	0.				
(12) NICOLE IZZO	1.00	]							_					
TREASURER	2.00	X		X				0.	0.	0.				
(13) NIKITA AIREN	1.00								_					
DIRECTOR	2.00	X						0.	0.	0.				
(14) RONALD F. CAVALIER	1.00							_						
DIRECTOR	2.00	X	L			_	<u> </u>	0.	0.	0.				
(15) RONALD J. RAMJUG	1.00													
DIRECTOR	2.00	X			<u> </u>	_	<u> </u>	0.	0.	0.				
(16) JONATHAN MILLER	13.84	-							152 000	12 000				
CFO	21.16	_		X	$\vdash$	_	$\vdash$	0.	153,009.	13,889.				
(17) JUDY ZANGWILL	11.90	-		x				0.	285,116.	29,982.				
EXECUTIVE DIRECTOR	23.10	<u></u>	<u> </u>	ĮΧ	<u> </u>	1		1 0.	<u> </u>	Earm 990 (2017)				

SERVICES, INC.

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)	r		
(A)	(B)			(0	2)			(D)	(E)		1	(F)
Name and title	Average	(do		Pos heck i		l than c	one	Reportable	Reportable			mated
	hours per week	box	, unle:	ss per	son i	s both	an	compensation	compensation from related	- 1		unt of ther
	(list any	_						from the	organizations	1		ensation
	hours for	Individual trustee or director				p		organization	(W-2/1099-MIS			n the
	related	tee or	ustee			ensate		(W-2/1099-MISC)	,		orgar	nization
	organizations	ll trus	nai tri		оўве	сопре						related
	below line)	işi de	institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former				organ	izations
		LE	ii.	₹	æ.	王島	윤					
(18) ANDREA THOMAS	12.64	l				X		121 472		0.	11	027
ASSOCIATE EXECUTIVE DIRECT	22.35 17.99	├	-	H		Λ		131,473.		0.		<u>,927.</u>
(19) ROBERTA AIKEN DIRECTOR PATIENT SERVICES	$\frac{17.99}{17.01}$					X		117,230.		0.	3	,353.
DIRECTOR PATIENT SERVICES	17.01			$\vdash$		<u> </u>		111,230+		<del>"</del>		, 555.
		┢		-	<u> </u>	_				-		
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		1										
1b Sub-total						<u></u>	<b>—</b>	248,703.	438,12	₹5.	59	,151.
c Total from continuation sheets to Part VI							•	0.	•	0.		0.
d Total (add lines 1b and 1c)							<b>•</b>	248,703.	438,12	<b>25.</b>	59	,151.
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	)		
compensation from the organization												2
											\	res No
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	nplo	yee,	or	highest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for s	uch individual							***************************************			3	X
4 For any individual listed on line 1a, is the su	ım of reportabl	le co	ompe	ensa	tion	and	oth	her compensation from t	he organization			
and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" cc	mpl	ete S	Sche	edule	9 <i>J f</i>	for such individual			4	X
5 Did any person listed on line 1a receive or a	accrue comper	ısati	ion f	rom	any	unre	elate	ed organization or individ	lual for services		HEED !	
rendered to the organization? If "Yes." con	plete Schedul	e J f	or si	ıch i	oers	on .					5	X
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest co</li> </ol>										ensat	ion fron	n
the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith o	or wi	thin		ear.			
(A)			~	_				(B)	ominon	C	(C) ompens	
Name and business	address	N	ONI	<u> </u>				Description of s	ervices		ompena	ation
The state of the s											<u> </u>	
And the state of t												
							Į					
2 Total number of independent contractors (i	ncluding but n	ot li	miter	d to	thos	ما مع	ted	I ahove) who received m	ore than	AN AN		
2 Total number of independent contractors (i \$100,000 of compensation from the organi		JUI	11116	. IO		) )	ucu	AND AND AND FOODINGS IER	J. J. KIMII			
φτου <sub>τ</sub> ούο οι compensation from the organi	ZUGOII P				<u> </u>			West Control of the C			Carm Q	90 (2017)

Form	990 (	(2017) SERVI	CES, INC	•			11-3502	051 Page 9
Par								
		Check if Schedule O conta	ains a response (	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
Gifts, Grants illar Amounts	ģ	Membership dues						
s, G		Fundraising events						
쫉		Related organizations						
in.		Government grants (contributi	· —	93,702.				
rti S S	f	All other contributions, gifts, grant		1 500 755				
Contributions, Gift and Other Similar		similar amounts not included abov		1,592,755.				
E B	g 5	Noncash contributions included in lines 1  Total. Add lines 1a-1f			1,686,457.			
0 0	!!	Total, Add lines 18-11		Business Code	, , ,			
ω l	2 a	CONTRACT REVENUE		621610	25,418,243.	25,418,243.		
, Ķ	b							
Sen	C							
am	d							
Program Service Revenue	е							
Ē		All other program service revenue			or 440 042			
_		Total. Add lines 2a-2f			25,418,243.		\$200,000,000,000,000,000,000,000,000,000	The Committee of the Co
	3	Investment income (including other similar amounts)			109,178.			109,178.
	4	Income from investment of tax						1
	5	Royalties						
	•		(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						Carrier and Article
		Net rental income or (loss)	1	T				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
	c	and sales expenses Gain or (loss)						
		Net gain or (loss)		<b>&gt;</b>				
		Gross income from fundralsing						
Other Revenue		including \$						
- S		contributions reported on line	1c). See					
<u>~</u>		Part IV, line 18	a					
		Less: direct expenses						
Ŭ		Net income or (loss) from func		<b>&gt;</b>				
	9 a	Gross income from gaming ac						
	h	Part IV, line 19 Less: direct expenses						
		: Net income or (loss) from gam		<b>&gt;</b>	·	1		
		Gross sales of inventory, less						
	-	and allowances						
	d	Less: cost of goods sold		E .				
	С	: Net income or (loss) from sale	s of inventory	T			N. W. E. West Rosses and a second	
-		Miscellaneous Revenu	<u>e</u>	Business Code	1			93 634
		MISCELLANEOUS		900099	83,634.			83,634.
	b							
	C							
	ď	Total, Add lines 11a-11d		<b></b>	83,634.			
	12	Total revenue. See instructions.		_	27, 297, 512,	25,418,243,	0.	192,812.

# Form 990 (2017) SERVICES, INC. Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp		r organizations must com	plete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		/D)
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	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,	400 643	15 760	1.04 074	
	trustees, and key employees	180,643.	15,769.	164,874.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	410 500	16 645 001	EOE 400	
7	Other salaries and wages	17,442,583.	16,645,091.	797,492.	
8	Pension plan accruals and contributions (include	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22 55-	
	section 401(k) and 403(b) employer contributions)	445,515.	421,850.	23,665.	
9	Other employee benefits	4,308,023.	4,064,099.	243,924.	
10	Payroll taxes	3,789,912.	3,563,596.	226,316.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	15,348.		15,348.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)	82,205.	41,582.	40,623.	
12	Advertising and promotion				
13	Office expenses	96,495.	28,663.	67,832.	
14	Information technology	138,414.	72,169.	66,245.	
15	Royalties				
16	Occupancy	257,357.	134,185.	123,172.	
17	Travel	4,433.	2,311.	2,122.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,788.	7,710.	7,078.	
23	Insurance	98,473.	51,344.	47,129.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	531,732.	energy of an artist of the transplant of the Control of the Contro	531,732.	nga pakan ni ni inga pamin ni nga pa
a	BAD DEBT EXPENSE	99,145.	58,720.	40,425.	
b	OTHER C. CHROCRIDATIONS	17,584.	9,168.	8,416.	
С	DUES & SUBSCRIPTIONS	17,304.	3,100.	0,410•	
q					
е	All other expenses	27 522 652	25 116 257	2,406,393.	0
<u>25</u>	Total functional expenses. Add lines 1 through 24e	27,522,650.	25,116,257.	4,400,333.	U
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)		1		Form <b>990</b> (201)

Form 990 (2017)
Part X Balance Sheet

SERVICES, INC.

Par	T X	Balance Sneet					
		Check if Schedule O contains a response or not	e to any lin	e in this Part X			<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			3,536,267.	1	655,529.
	2	Savings and temporary cash investments				2	395,220.
	3	Pledges and grants receivable, net			0.	3	79,518.
	4	Accounts receivable, net		3,241,898.	4	3,408,896.	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa				Partie.	
		Part II of Schedule L		i		5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect	ion 501(c)(	9) voluntary			
v,		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			160,955.	9	417,840.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	133,486.			
	b	Less: accumulated depreciation	10b	57,685.	81,103. 4,265,310.	10c	75,801. 4,528,527.
	11	Investments - publicly traded securities			4,265,310.	11	4,528,527.
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line	**********		13		
	14	Intangible assets			14	4 505 400	
	15	Other assets. See Part IV, line 11			952,824.	15	1,787,108.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		12,238,357.	16	11,348,439.
	17	Accounts payable and accrued expenses		2,847,758.	17	2,189,426.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
တ္	22	Loans and other payables to current and former					
Ě		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa				1	
		parties, and other liabilities not included on line			828,668.	25	711,680.
		Schedule D			3,676,426.	26	2,901,106.
	26	Total liabilities. Add lines 17 through 25				20	
		Organizations that follow SFAS 117 (ASC 958		iele 🚩 🔼 allu			
ĕS		complete lines 27 through 29, and lines 33 ar			8,561,931.	27	8.325.734.
auc	27	Unrestricted net assets Temporarily restricted net assets				28	8,325,734. 121,599.
Bal	28 29				· · · · · · · · · · · · · · · · · · ·	29	
Ē	29	Organizations that do not follow SFAS 117 (A					
Ę		and complete lines 30 through 34.	.00 000,, .				
Ō	30	Capital stock or trust principal, or current funds	i			30	
set	31	Paid-in or capital surplus, or land, building, or e				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Š	33	Total net assets or fund balances			8,561,931.	33	8,447,333.
	34	Total liabilities and net assets/fund balances			12,238,357.	34	11,348,439.

# SUNNYSIDE CITYWIDE HOMECARE SERVICES, INC.

		11 2	700051	_	40
	990 (2017) SERVICES, INC.	TT-3	502051	Pag	<sub>je</sub> 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	······································	· · · · · · · · · · · · · · · · · · ·		X
		1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,297		
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,522		
3	Revenue less expenses. Subtract line 2 from line 1	3	-225		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,561		
5	Net unrealized gains (losses) on investments	5	122	, 3	<u>73.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<u>-11</u>	, 8:	33.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	8,447	, 33	<u>33.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				35333
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u></u>
	If the organization changed either its oversight process or selection process during the tax year, explain in School	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit	William		Bab.
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2017)

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

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.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

SUNNYSIDE CITYWIDE HOMECARE

Employer identification number

11-3502051 SERVICES, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). 6 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) 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 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) (iv) Is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions))

11-3502051 Page 2

Schedule A (Form 990 or 990-EZ) 2017 SERVICES, INC. 11-3502

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
	- ***						
	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)						
	Public support. Subtract line 5 from line 4.			600.00000000000000000000000000000000000	Amainisa ninggipanna mad	and the reserve and the second of the second	
	ction B. Total Support	1			1 11 00/0	( ) 0047	(O.T.).1
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
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							
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First five years, If the Form 990 is fo	r the organization's	first, second, thir	d, fourth, or fifth ta	ıx year as a sectior	501(c)(3)	
	organization, check this box and sto						<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2017 (	line 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2016					15	%
16a	33 1/3% support test - 2017. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies					,	
b	33 1/3% support test - 2016. If the						
-	and stop here. The organization qua						
17=	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
L	10% -facts-and-circumstances tes						
L	more, and if the organization meets t						
	organization meets the "facts-and-cir						
40	Private foundation. If the organization						
18	Private foundation. If the organization	m did flot check a	DOX ON BIG 13, 10	a, 100, 17a, 01 171		dule A (Form 990)	or 000 EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 SERVICES, 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.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not			4005455	1250000	1.000458	E011400		
	include any "unusual grants.")	290,000.	651,408.	1005465.	1378093.	1686457.	5011423.		
2	Gross receipts from admissions,								
	merchandise sold or services per- formed, or facilities furnished in								
	any activity that is related to the		0.000.555	06605405	05004501	05410040	121540046		
	organization's tax-exempt purpose	<u> 26673262.</u>	<u> 26826615.</u>	<u> 26635135.</u>	25994791.	Z5418243.	131548046		
3	Gross receipts from activities that				1				
	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	1							
	furnished by a governmental unit to			1					
	the organization without charge				0.00000	08404500	400555460		
6	Total. Add lines 1 through 5	26963262.	<u>27478023.</u>	<u> 27640600.</u>	27372884.	27104700.	<u> 136559469</u>		
7 a	Amounts included on lines 1, 2, and						_		
	3 received from disqualified persons						0.		
b	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.		
c	Add lines 7a and 7b						0.		
8	Public support. (Subtract line 7c from line 6.)						136559469		
	ction B. Total Support					F			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
	Amounts from line 6	26963262.	27478023.	27640600.	27372884.	27104700.	136559469		
10a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties,		_			400 1-1	004 54-		
	and income from similar sources	15,401.	3,874.	486.	92,306.	109,178.	221,245.		
k	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
(	Add lines 10a and 10b	15,401.	3,874.	486.	92,306.	109,178.	221,245.		
11	Net income from unrelated business								
	activities not included in line 10b, whether or not the business is								
	regularly carried on								
12	Other income. Do not include gain						405 454		
	or loss from the sale of capital assets (Explain in Part VI.)			12,753.	8,692.	83,634.	105,079.		
	Total support. (Add lines 9, 10c, 11, and 12.)						136885793		
14	First five years. If the Form 990 is for	or the organization	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiza	ation,		
	check this box and stop here						<b>&gt;</b>		
Se	ction C. Computation of Publ	ic Support Pe	rcentage						
15	Public support percentage for 2017	(line 8, column (f) d	ivided by line 13, o	olumn (f))		15	99.76 %		
16	Public support percentage from 201					16	99.90 <u>%</u>		
Se	ction D. Computation of Inve	stment Incom	e Percentage			T I			
17	Investment income percentage for 2	<b>017</b> (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	.16 %		
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18	.10 %		
19	a 33 1/3% support tests - 2017. If the	e organization did i	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not		
	more than 33 1/3%, check this box a						<b>▶</b> X		
1	5 33 1/3% support tests - 2016. If the						and		
	line 18 is not more than 33 1/3%, cha								
20	The second secon								

### 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

- 1 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 (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.)

	Yes	No
1		wass.
2		
3a 3b		
3b 3c		
4a		
4b		
4c		
5a	14.	
5b		
5c		
6		
7		
78		
7 8 9a 9b		
7 8 9a 9b		

Sche	dule A (Form 990 or 990-EZ) 2017 SERVICES, INC. 11	-350205	1 Pa	ige <b>5</b>
Par	TIV Supporting Organizations (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		117.11	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		1750	
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	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.	11c		
Sec	tion B. Type I Supporting Organizations		,, I	
		1166 (90	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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	1	NAMES CALL	men () () () ()
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported			New Will
2	· · · · · · · · · · · · · · · · · · ·			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in  Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	ataria es autor	1/2002000000
Sec	tion C. Type II Supporting Organizations	,		
	To the state of th		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	VISTA:		
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			,
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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			VERSE
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			11.73
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	1 1 1 2 1 1 1 1 1	191511
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	A. A.		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		l
Sec	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 instruc	tions).		
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.		,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	ee instructions,	Yes	No
2	Activities Test. Answer (a) and (b) below.	17.57.55	163	110
а				
	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	2a		
	that these activities constituted substantially all of its activities.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
D	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	2b		1
•	activities but for the organization's involvement.  Parent of Supported Organizations. Answer (a) and (b) below.	N. N.	All	
3	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
d	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		A BUT	
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

11-3502051 Page 6 Schedule A (Form 990 or 990-EZ) 2017 SERVICES, INC. Type III Non-Functionally integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3 4 5 Depreciation and depletion 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) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (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): Average monthly value of securities 1a 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 6 7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 2 Enter 85% of line 1

\_\_ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

3 4

5

Schedule A (I	Form 990 (	or 990-EZ) 2017

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

11-3502051 Page 7 Schedule A (Form 990 or 990-EZ) 2017 SERVICES, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (iii) (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2017 3 а **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) j Remainder, Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2018. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2013 b Excess from 2014

Schedule A (Form 990 or 990-EZ) 2017

c Excess from 2015d Excess from 2016e Excess from 2017

11-3502051 Page 8 Schedule A (Form 990 or 990-EZ) 2017 SERVICES, INC. Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: OTHER INCOME 2015 AMOUNT: \$ 12,753. 8,692. 2016 AMOUNT: \$ 2017 AMOUNT: \$ 83,634.

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

SUNNYSIDE CITYWIDE HOMECARE

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

**2017** 

	SE	RVICES, INC.	11-3502051			
Organiza	ition type (check o	ne):				
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				
		s covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	lle. See instructions.			
General	Rule					
		n filing Form 990, 990·EZ, or 990·PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor				
Special I	Rules					
	sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount is a complete Parts I and II.	or 16b, and that received from			
	For an organization described in section 501(c)(7), (8), or (10) filling 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, 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it <b>m</b> u	ust answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

Name of organization
SUNNYSIDE CITYWIDE HOMECARE
SERVICES, INC.

Employer identification number

noncash contributions.)

SERVI	CES, INC.		-320Z02T
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBIN HOOD FOUNDATION  826 BROADWAY, 9TH FLOOR  NEW YORK, NY 10003	\$ 205,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WORKFORCE DEVELOPMENT CORPORATION  110 WILLIAM STREET 7TH FLOOR  NEW YORK , NY 10038	\$\$3,702.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	FIDELIS CARE  95-25 QUEENS BLVD  REGO PARK, NY 11374	\$35,001.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	GUILDNET  15 WEST 65TH STREET  NEW YORK, NY 10023	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	VISITING NURSE SERVICE OF NY  1250 BROADWAY 5TH FLOOR  NEW YORK, NY 10001	\$694,983.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash Complete Part II for

Name of organization
SUNNYSIDE CITYWIDE HOMECARE
SERVICES INC

Employer identification number

SERVI	CES, INC.		-320702T
Part II	Noncash Property (see instructions). Use duplicate copies of Part 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
		<b>s</b>	1

Name of organization

Employer identification number

### SUNNYSIDE CITYWIDE HOMECARE

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Part III	the year from any one contributor. Complete colui completing Part III, enter the total of exclusively religious, ch	mas (a) through (e) and the follo	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations			
	Use duplicate copies of Part III, enter the total or exclusively religious, on	pace is needed.	less for the year. (cities this this office.)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gif	t			
	Transferee's name, address, and z	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			
	Transferee's name, address, and a	(e) Transfer of gif	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift (c) Use of		(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, and a	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, and	ZIP + 4	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

SUNNYSIDE CITYWIDE HOMECARE SERVICES, INC.

Employer identification number 11-3502051

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the								
	organization answered "Yes" on Form 990, Part IV, line								
		(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 advis	ed funds						
	are the organization's property, subject to the organization's								
6	Did the organization inform all grantees, donors, and donor a								
	for charitable purposes and not for the benefit of the donor of								
	impermissible private benefit?								
Pai									
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	ducation) Preservation of a his	torically important land area						
	Protection of natural habitat	Preservation of a cer	tified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last						
	day of the tax year.		Held at the End of the Tax Year						
а	Total number of conservation easements	***************************************	2a						
b	Total acreage restricted by conservation easements	***************************************	2b						
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c						
đ	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structi	ıre						
	listed in the National Register								
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax						
	year ▶								
4	Number of states where property subject to conservation eas								
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of							
	violations, and enforcement of the conservation easements it	holds?							
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year						
	<b></b>								
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ition easements during the year						
	<b>▶</b> \$								
8	Does each conservation easement reported on line 2(d) above								
	and section 170(h)(4)(B)(ii)?		Yes No						
9	In Part XIII, describe how the organization reports conservation								
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes	the organization's accounting for						
F 5-3	conservation easements.  † III   Organizations Maintaining Collections of	Art Historical Traceures or O	thor Similar Assats						
Pa			tilei Siilliai Assets.						
	Complete if the organization answered "Yes" on Form		west and belong about works of art						
1a	If the organization elected, as permitted under SFAS 116 (AS								
	historical treasures, or other similar assets held for public exh		ince of public service, provide, in Fart Alli,						
	the text of the footnote to its financial statements that descri		t and halance about warks of art historical						
b	If the organization elected, as permitted under SFAS 116 (AS								
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in turtherance of pu	blic service, provide the following amounts						
	relating to these items:		<b>▶</b> ◆						
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$						
2	If the organization received or held works of art, historical tre		a gam, provide						
	the following amounts required to be reported under SFAS 1		<b>•</b> •						
a	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$						
			- 40						

Sche	dule D (Form 990) 2017 SERVICES								02051		ige <b>2</b>
Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	asures, o	Other S	Similar <i>I</i>	\ssets	(contin	ued)	
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the fo	ollowing that	are a sign	ificant use	of its c	ollection	items	
	(check all that apply):										
а	Public exhibition	c	i 🔲 i	Loan or excl	nange progra	ams					
b	Scholarly research	е	, 🗀 (	Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how the	ey further th	e organizatio	n's exemp	t purpose	in Part	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, his	torical treas	ures, or othe	er similar as	sets		_		_
	to be sold to raise funds rather than to be ma	intained as part of t	he organ	ization's col	lection?			<u>  L</u>	Yes		No
Par	t IV Escrow and Custodial Arrang	<b>jements.</b> Comple	ete if the	organizatio	n answered '	'Yes" on Fe	orm 990, F	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for c	ontributions	or other ass	sets not inc	duded		-		
	on Form 990, Part X?		,					└_	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing to	able:							
									Amount		
c	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or cu	stodial acco	unt liability	?		Yes	<u>L</u>	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	n has been	provided on	Part XIII					<u> </u>
Pai	t V Endowment Funds. Complete it	f the organization ar	swered	"Yes" on Fo	rm 990, Part						
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (c	i) Three yea	rs back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance		<u> </u>								
2	Provide the estimated percentage of the curr		e (line 1g	j, column (a)	) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
c	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administe	red for the	organizati	on	ſ		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pa	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	, line 11a. S	ee Form 990	), Part X, lir	ne 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	, , ,	cumulated		(d) Boo	k value	Э
		basis (invest	ment)	basis	(other)	depr	eciation				
1a	Land										
	Buildings	E .									
	Leasehold improvements				4,574.		20,02	-		4,54	
d	Equipment			4	<u>8,912.</u>		37,66	0.	1	1,2!	<u>52.</u>
	Other	1								- 0	

Schedule D (Form 990) 2017

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. column (B). line 10c.)

	NC.		11-	-3502051 Page <b>3</b>
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, F	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or end-	ot-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)		. 1040		
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.		100	111111111111111111111111111111111111111	
Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11c. See Form 990. F	Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		e 11d. See Form 990, I	Part X, line 15.	
(a	) Description			(b) Book value
(1) DUE FROM AFFLIATES				1,787,108.
(2)				****
(3)		·····		
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				1,787,108.
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	ne 15.)	*************************	<b>&gt;</b>	1,707,100.
Part X Other Liabilities.		a 11a ag 11f Cao Farm	000 Dorf V line 25	
Complete if the organization answered "Yes'  (a) Description of liability	on Form 990, Part IV, III	(b) Book value	1 990, Fait X, line 25.	
13		(b) Dook value		
(1) Federal income taxes (2) WORKERS COMPENSATION ASSE	CCMENT			
	INDIATIAT	711,680.		
		, , , , , , , , ,		
(4)				
<u>(5)</u>		**************************************		
(6)				
(7)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	25.)	711,680.		
Com (Commit to) must equal Form 990, Fart A. Col. (B) III	IU EU./		•	

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

SUNNYSIDE CITYWIDE HOMECARE 11-3502051 Page 4 SERVICES, INC. Schedule D (Form 990) 2017 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 27,405,419. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 122,373. 2a a Net unrealized gains (losses) on investments 882. b Donated services and use of facilities 2c c Recoveries of prior year grants d Other (Describe in Part XIII.) 2d 123,255. Add lines 2a through 2d 27,282,164. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 15,348. 4c c Add lines 4a and 4b ..... 27,297,512. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 27,520,017. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 882. a Donated services and use of facilities 2b Prior year adjustments 2c c Other losses 11,833. d Other (Describe in Part XIII.) ..... 12,715. 2e e Add lines 2a through 2d 27,507,302. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 15,348. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 15,348. 4c ..... 27,522,650. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: CITYWIDE BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30,2018 AND 2017 IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, "INCOME TAXES," WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS. PART XII, LINE 2D - OTHER ADJUSTMENTS:

11,833.

TRANSPORTATION BENEFITS

### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

SUNNYSIDE CITYWIDE HOMECARE SERVICES, INC.

Employer identification number 11-3502051

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			Angelogical Maggiora
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		1, 11111
	trastees, and officers, including the oborbaccutive bilector, regularing the norms of control of the fact.			
2	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
3	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.  X Compensation committee X Written employment contract			
	[ <del>1</del> ]			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	(A) Section	144411111111111111111111111111111111111	Thirtheat T
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
¢	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	21 - 5 - 22	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			NA A
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	14.54	•	
а	The organization?	5a		X
b	Any related organization?	5b	++5,7000	X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	BEN		
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	W.	VANS	WHAT.
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		NEW YEAR	445
-	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2017

INC

SERVICES,

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Page 2

11-3502051

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
				***************************************	other deferred		(B)(I)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JONATHAN MILLER	18	0	0	0	0	0	0.	0.
	: 🗉	153,009.		.0	1,012.	12,877.	166,898.	.0
JUDY ZANGWILL	Ξ	0	0	.0	0.		0	
EXECUTIVE DIRECTOR	: 🗊	285,116.	0.	• 0	8,738.	21,244.	315,098.	0.
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	Ξ							
	(3)							
	(II)							***************************************
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	<u>(ii)</u>							
	6							
	(E)							

Schedule J (Form 990) 2017

SUNNYSIDE CITYWIDE HOMECARE SERVICES, INC.

Schedule J (Form 990) 2017 SERVICES, INC.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Page 3

					Administrative Control of the Contro	Transmitted to the state of the	A CALLES AND A CAL			Schedule J (Form 990) 2017

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

SUNNYSIDE CITYWIDE HOMECARE

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 11-3502051 SERVICES. INC.

DAIL / LOLD / MILO
FORM 990, PART VI, SECTION B, LINE 11B:
INDEPENDENT ACCOUNTANT PREPARES RETURN AND SUBMITS IT TO MANAGEMENT FOR
REVIEW. AFTER MANAGEMENT'S REVIEW THE RETURN IS PROVIDED TO BOARD OF
DIRECTORS FOR REVIEW BEFORE SUBMISSION TO IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
SUNNYSIDE COMMUNITY SERVICES AND AFFILIATES REQUIRES OFFICERS, DIRECTORS,
AND KEY EMPLOYEES TO REVIEW THE ORGANIZATIONS CONFLICT ON INTEREST POLICY
ON HIRE AND TO DISCLOSE ANY RELATIONSHIP THAT COULD GIVE RISE TO A CONFLICT
OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST. ANNUAL REVIEW OF
THE POLICY IS REQUIRED.
FORM 990, PART VI, SECTION B, LINE 15:
THE PROCESS FOR DETERMINING COMPENSATION OF THE EXECUTIVE DIRECTOR ARE
INITIATED BY THE BOARD. PERTINENT SALARY HISTORIES, PERFORMANCE REVIEWS,
AND OTHER INFORMATION IS PREPARED FOR THE BOARD TO REVIEW. FINAL DECISIONS
ARE MADE BY THE BOARD. THE ORGANIZATION'S OTHER OFFICERS ARE DONE THROUGH A
SIMILAR PROCESS, HOWEVER INITIATION AND FINAL DECISION IS MADE BY THE
EXECUTIVE DIRECTOR.
FORM 990, PART VI, SECTION C, LINE 19:
AUDITED FINANCIALS AND IRS FORM 990 ARE AVAILABLE THROUGH THE ORGANZATIONS
WEBSITE TO THE PUBLIC
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

-11,<u>833.</u>

TRANSPORTATION BENEFITS

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2017

OMB No. 1545-0047

Open to Public Inspection

 $\begin{array}{c} \text{Employer identification number} \\ 11-3502051 \end{array}$ 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. ▶ Attach to Form 990. SUNNYSIDE CITYWIDE HOMECARE

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. INC. SERVICES, Name of the organization Department of the Treasury Internal Revenue Service

Parti

Direct controlling entity End-of-year assets <u>e</u> Total income € Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN (if applicable) of disregarded 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 organizations during the tax year. Part II

organization during the tax years							1
(a)	(q)	(0)	(p)	(e)	<b>(£)</b>	(6) (a)	é
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	<u>2</u>
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes No	او
SUNNYSIDE COMMUNITY SERVICES - 51-0189327					SUNNYSIDE		
43-31 39TH STREET	PROVIDING PROGRAMS FOR				COMMUNITY		
LONG ISLAND CITY, NY 11101	SENIORS, YOUTH & FAMILIES	NEW YORK	501(C)(3)	LINE 7	SERVICE, INC.	×	1
SUNNYSIDE HOMECARE PROJECT INC 11-2515996					SUNNYSIDE		
43-31 39TH STREET	PROVIDING HOME PERSONAL				COMMUNITY		
LONG ISLAND CITY, NY 11101	CARE SERVICES	NEW YORK	501(C)(3)	LINE 7	SERVICE, INC.	×	

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

Schedule R (Form 990) 2017

732161 09-11-17 LHA

SERVICES, Schedule R (Form 990) 2017

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Page 2

(h) (i) (k) (k) (k) (k) (k) (k) (k) (k) (k) (k	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	Share of total Share of Percentage Station Section Share of Percentage STE(N)(3) controlled assets Area No		
(f) (g)  Share of total Share of income end-of-year assets	/ered "Yes" on Form 9	(e) Type of entity (C corp., S corp, or trust)		
(e) Predominant income Share (related, unrelated, inc excluded from tax under sections 512-514)	f the organization answ	(d) Direct controlling entity		
Direct controlling Predor (relate entity excluded section		activity Legal domicile (state or country)		
(c) Legal domicile (state or foreign	ble as a Corporatio	(b) Primary a		
(b) Primary activity		tion		
(a) Name, address, and EIN of related organization	Part IV Identification of Related Organizations Taxable as a Corporation or Trust.	(a) Name, address, and EIN of related organization		

Page 3

INC. SERVICES, Schedule R (Form 990) 2017 Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. PartV

Schedule R (Form 990) 2017 × × × × × ×× Yes NX × Ē 10 2 9 ပ္ 무 19 14 무 9 4 ÷ (d) Method of determining amount involved 유 ē **;** = = ÷ Reimbursement paid by related organization(s) for expenses Loans or loan guarantees by related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? CASH 811,888.CASH 714,479.CASH 1,378,302.CASH 159,922. (c) Amount involved (b)
Transaction type (a-s) 0 O ĸ д Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) Reimbursement paid to related organization(s) for expenses Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (1) SUNNYSIDE COMMUNITY SERVICES (2) SUNNYSIDE COMMUNITY SERVICES (3) SUNNYSIDE COMMUNITY SERVICES (4) SUNNYSIDE COMMUNITY SERVICES (a)
Name of related organization Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) α. σ 9 ଭ

732163 09-11-17

Page 4

# SUNNYSIDE CITYWIDE HOMECARE

Schedule R (Form 990) 2017 SERVICES, INC.

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.

Sahadula D	(Form 000) 2017	SERVICES,		11-3502051 Page 5
Part VII	(Form 990) 2017 Supplemental Inform	nation.		
and the second second second	Provide additional informa	tion for responses to	questions on Schedule R. See instructions.	
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