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.

Form 990

Department of the Treasury
Internal Revenue Service

2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07/01/18 , and ending 06/30/19

B Check if applicable:

Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
LOWER EAST SIDE FAMILY UNION, INC.

D Employer identification number
**-***2423

E Telephone number
212-260-0040

G Gross receipts
3,598,941

H(a) Is this a group return for subordinates? Yes X No

H(b) Are all subordinates included? Yes X No

If "No," attach a list. (see instructions)

I Tax-exempt status: [ ] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website:
WWW.LESFU.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1974 M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:

TO PRESERVE, STRENGTHEN AND EMPOWER FAMILIES BY DELIVERING CULTURALLY SENSITIVE, MULTILINGUAL SERVICES SUCH AS FAMILY PRESERVATION, SUPPORTIVE CASE MANAGEMENT, PARENT EDUCATION AND INFORMATION AND REFERRAL SERVICES

2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 10

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 90

6 Total number of volunteers (estimate if necessary) 6 0

7a Total unrelated business revenue from Part VIII, column (C), line 12 0

7b Net unrelated business taxable income from Form 990-T, line 38 0

8 Contributions and grants (Part VIII, line 1h) 3,221,750 3,597,611

9 Program service revenue (Part VIII, line 2g) 0 0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 681 1,330

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0

12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,222,431 3,598,941

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 34,738 29,349

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,347,454 2,621,217

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 851,399 947,123

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 3,233,591 3,597,689

19 Revenue less expenses. Subtract line 18 from line 12 11,160 1,252

Beginning of Current Year End of Year

20 Total assets (Part X, line 16) 1,285,814 1,351,114

21 Total liabilities (Part X, line 26) 535,714 599,762

22 Net assets or fund balances. Subtract line 21 from line 20 750,100 751,352

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer
APRIL PHILLIPS

Date

EXECUTIVE DIRECTOR

Print/Type preparer's name
A Gary Aaronson CPA PLLC

Preparer's signature

Date
06/15/20

Check □ self-employed □

PTIN

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Firm's name
A Gary Aaronson

Firm's address
42 West 38th Street Suite 1003

New York, NY 10018-0060

Phone no. 212-684-5770

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes X No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA