

Form **990**
 (Rev. January 2020)
 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
2019
 Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20

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.

Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
227 EAST 3RD STREET

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK NY 10009

D Employer identification number
23-7412423

E Telephone number
212-260-0040

G Gross receipts \$ **3,457,191**

F Name and address of principal officer:
APRIL PHILLIPS

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes 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: Corporation Trust Association Other ▶

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

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	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 <input type="checkbox"/> 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)	9	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	9	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	82	
	6	Total number of volunteers (estimate if necessary)	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 39	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year: 3,597,611	Current Year: 3,456,024
	9 Program service revenue (Part VIII, line 2g)			0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,330	1,167
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,598,941	3,457,191
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		29,349	35,928
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		2,621,217	2,341,996
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		947,123	1,031,109
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		3,597,689	3,409,033
19 Revenue less expenses. Subtract line 18 from line 12		1,252	48,158	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year: 1,351,114	End of Year: 1,504,003
	21 Total liabilities (Part X, line 26)		599,762	704,493
	22 Net assets or fund balances. Subtract line 21 from line 20		751,352	799,510

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.

Sign Here
 Signature of officer: *[Signature]* Date: **4.23.21**
APRIL PHILLIPS EXECUTIVE DIRECTOR
 Type or print name and title

Preparer Use Only
 Print/Type preparer's name: **A Gary Aaronson** Preparer's signature: *[Signature]* Date: **04/21/21** Check if PTIN self-employed: **P01327657**
 Firm's name: **A Gary Aaronson CPA PLLC** Firm's EIN: **212-684-5770**
 Firm's address: **42 West 38th Street Suite 1003 New York, NY 10018-0060** Phone no. **212-684-5770**