A For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21

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

D Employer identification number
23-7412423

E Telephone number
212-260-0040

G Gross receipts $ 3,140,359

F Name and address of principal officer:
APRIL PHILLIPS
WWW.LESFU.ORG

H(a) Is this a group return for subordinates? Yes X No
H(b) Are all subordinates included? Yes No

I Tax-exempt status: X 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 EMPOWERM 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)
4 Number of independent voting members of the governing body (Part VI, line 1b)
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)
6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (O), line 12
7b Net unrelated business taxable income from Form 990-T, Part I, line 11

8 Contributions and grants (Part VIII, line 1h)
9 Program service revenue (Part VIII, line 2g)
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
14 Benefits paid to or for members (Part IX, column (A), line 4)
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
16a Professional fundraising fees (Part IX, column (A), line 11a)
b Total fundraising expenses (Part IX, column (D), line 25)
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)
19 Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 18)
21 Total liabilities (Part X, line 26)
22 Net assets or fund balances. Subtract line 21 from line 20

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 or preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature Block

APRIL PHILLIPS EXECUTIVE DIRECTOR

Date

Print/Type preparer's name
A Gary Aaronson

Preparer's signature

Printed name and title
A Gary Aaronson CPA PLLC

Paid Preparer Use Only

Firm's name ▶ A Gary Aaronson CPA PLLC

Firm's EIN
F01327657

Phone number 212-684-5770

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