

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

2020
Open to Public Inspection**A** For the 2020 calendar year, or tax year beginning **07/01/20**, and ending **06/30/21**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LOWER EAST SIDE FAMILY UNION, INC.		D Employer identification number 23-7412423
	Doing business as		E Telephone number 212-260-0040
	Number and street (or P.O. box if mail is not delivered to street address) 227 EAST 3RD STREET		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK NY 10009		G Gross receipts \$ 3,140,359
	F Name and address of principal officer: APRIL PHILLIPS		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.LESFU.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			
		L Year of formation: 1974	M State of legal domicile: NY

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)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	79
	6 Total number of volunteers (estimate if necessary)	6	0
	Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a
b Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0
8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)		3,456,024	3,139,824
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,167	535
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)		3,457,191	3,140,359
14 Benefits paid to or for members (Part IX, column (A), line 4)		35,928	16,230
Expenses		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,341,996	2,422,346
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,031,109	730,544
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,409,033	3,169,120
	19 Revenue less expenses. Subtract line 18 from line 12	48,158	-28,761
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year
21 Total liabilities (Part X, line 26)		1,504,003	1,118,978
22 Net assets or fund balances. Subtract line 21 from line 20		704,493	348,229
		799,510	770,749

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	Date		
	APRIL PHILLIPS Type or print name and title	EXECUTIVE DIRECTOR		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if PTIN
	A Gary Aaronson		03/08/22	self-employed P01327657
	Firm's name ▶ A Gary Aaronson CPA PLLC	Firm's EIN ▶		
	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 ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)