

Form **990**

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047  
**2021**  
 Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22**

<b>B</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	<b>C</b> Name of organization <p style="text-align: center;"><b>LOWER EAST SIDE FAMILY UNION, INC.</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p><b>227 EAST 3RD STREET</b></p> City or town, state or province, country, and ZIP or foreign postal code <p><b>NEW YORK NY 10009</b></p>	<b>D</b> Employer identification number <p style="text-align: center;"><b>23-7412423</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>212-260-0040</b></p> <b>G</b> Gross receipts \$ <b>3,020,688</b>
<b>F</b> Name and address of principal officer: <p style="text-align: center;"><b>APRIL PHILLIPS</b></p>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
<b>I</b> 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		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>WWW.LESFU.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1974</b> <b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;"><b>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.</b></p> 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) <span style="float: right;">3 8</span> 4 Number of independent voting members of the governing body (Part VI, line 1b) <span style="float: right;">4 8</span> 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) <span style="float: right;">5 68</span> 6 Total number of volunteers (estimate if necessary) <span style="float: right;">6 0</span> 7a Total unrelated business revenue from Part VIII, column (C), line 12 <span style="float: right;">7a 0</span> 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 <span style="float: right;">7b 0</span>		
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) <span style="float: right;">3,139,824</span> 9 Program service revenue (Part VIII, line 2g) <span style="float: right;">0</span> 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <span style="float: right;">535 212</span> 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <span style="float: right;">0</span> 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) <span style="float: right;">3,140,359 3,020,688</span>	Prior Year	Current Year
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) <span style="float: right;">16,230 16,780</span> 14 Benefits paid to or for members (Part IX, column (A), line 4) <span style="float: right;">0</span> 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <span style="float: right;">2,422,346 2,386,261</span> 16a Professional fundraising fees (Part IX, column (A), line 11e) <span style="float: right;">0</span> b Total fundraising expenses (Part IX, column (D), line 25) ▶ <span style="float: right;">0</span> 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <span style="float: right;">730,544 704,022</span> 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <span style="float: right;">3,169,120 3,107,063</span> 19 Revenue less expenses. Subtract line 18 from line 12 <span style="float: right;">-28,761 -86,375</span>		
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16) <span style="float: right;">1,118,978 888,398</span> 21 Total liabilities (Part X, line 26) <span style="float: right;">348,229 204,024</span> 22 Net assets or fund balances. Subtract line 21 from line 20 <span style="float: right;">770,749 684,374</span>	Beginning of Current Year	End of Year

**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.

<b>Sign Here</b>	Signature of officer <p style="text-align: center;"><b>APRIL PHILLIPS</b></p> Type or print name and title	Date <p style="text-align: center;"><b>EXECUTIVE DIRECTOR</b></p>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>A Gary Aaronson</b>	Preparer's signature Date <b>04/26/23</b>	Check <input checked="" type="checkbox"/> if self-employed PTIN <b>P01327657</b>
	Firm's name ▶ <b>A Gary Aaronson CPA PLLC</b> Firm's address ▶ <b>42 West 38th Street Suite 1003 New York, NY 10018-0060</b>	Firm's EIN ▶ Phone no. <b>212-684-5770</b>	

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** (2021)  
 DAA