## Part I - Summary

1. Briefly describe the organization's mission or most significant activities: **PROVIDES TRANSDISCIPLINARY BEHAVIORAL INTERVENTION AND EDUCATION TO CHILDREN AND YOUNG ADULTS.**

### Activities & Governance

- **Number of voting members of the governing board (Part VI, line 1a)**: 3
- **Number of independent voting members of the governing body (Part VI, line 1b)**: 4
- **Total number of individuals employed in calendar year 2017 (Part V, line 2a)**: 5
- **Total number of volunteers (estimate if necessary)**: 6
- **Total unrelated business revenue from Form 990-T, line 34**: 0.

### Revenue

- **Contributions and grants (Part VIII, line 1h)**: 400,186.
- **Program service revenue (Part VIII, line 2g)**: 13,611,139.
- **Investment income (Part VIII, column A), lines 3, 4, and 7d)**: 13,336,697.
- **Other revenue (Part VIII, column A), lines 5, 6d, 8c, 9c, 10c, and 11d)**: 0.
- **Total revenue - add lines 8 through 11 (must equal Part VII, column A, line 12)**: 14,011,325.

### Expenses

- **Grants and similar amounts paid (Part IX, column A), lines 1-3)**: 0.
- **Benefits paid to or for members (Part IX, column A, line 4)**: 0.
- **Salaries, other compensation, employee benefits (Part IX, column A, lines 5-10)**: 9,889,615.
- **Professional fundraising fees (Part IX, column A, line 11a)**: 0.
- **Total fundraising expenses (Part IX, column D, line 25)**: 172,583.
- **Other expenses (Part IX, column A, lines 11a-11d, 11f-24a)**: 3,276,188.
- **Total expenses. Add lines 13-17 (must equal Part IX, column A, line 25)**: 13,165,803.
- **Revenue less expenses. Subtract line 18 from line 12**: 845,522.

### Net Assets or Fund Balances

- **Beginning of Current Year**: 5,420,401.
- **End of Year**: 5,216,445.

## 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**

THOMAS GELB, PRESIDENT

Type or print name and title

**Print/Type preparer's name**

ZACHARIA WAXLER

**Preparer's signature**

ZACHARIA WAXLER

**Date**

05/07/19

**Check**

Self-employed

**PTIN**

P00502633

**Firm’s name**

ROTH & COMPANY, LLP

**Firm’s EIN**

11-3360065

**Firm’s address**

1428 36TH STREET SUITE 200

BROOKLYN, NY 11218

**Phone no.**

718-236-1600

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

**X Yes**

**No**

For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION