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 black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 2011

Open to Public Inspection

For the 2011 calendar year, or tax year beginning . 2011, and ending D Employer Identification Number Check if applicable: Address change Center for Family Representation Inc 51-0419496 40 Worth Street #605 E Telephone number Name change New York, NY 10013 Initial return (212) 691-0950 Terminated 6,060,856. Amended return **G** Gross receipts \$ F Name and address of principal officer: Susan L. Jacobs H(a) Is this a group return for affiliates? Yes XINO Application pending H(b) Are all affiliates included? Same As C Above Yes If 'No,' attach a list. (see instructions) X 501(c)(3) Tax-exempt status 501(c) () ◀ (insert no.) 4947(a)(1) or 527 http://www.cfrny.org/ Website: ► H(c) Group exemption number Form of organization: X Corporation | Trust | Association Other > L Year of Formation: 2002 M State of legal domicile: NY Part I Summary 1 Briefly describe the organization's mission or most significant activities: CFR is a nonprofit law and policy organization whose mission is to guarantee that every family that can live safely Governance together has the opportunity to do so. Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... Number of independent voting members of the governing body (Part VI, line 1b)..... 14 Total number of individuals employed in calendar year 2011 (Part V, line 2a)..... 5 79 Total number of volunteers (estimate if necessary). 6 7a Total unrelated business revenue from Part VIII, column (C), line 12...... b Net unrelated business taxable income from Form 990-T, line 34..... **Prior Year Current Year** 1,183,000. 1,077,313. 8 Contributions and grants (Part VIII, line 1h)..... Program service revenue (Part VIII, line 2g)..... 2,566,672. 4,946,165. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)...... 59. 275. 215,921. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... -31,062. 3,965,652 5,992,691 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... Grants and similar amounts paid (Part 1X, column (A), lines 1-3)..... 14 Benefits paid to or for members (Part IX, column (A), line 4)..... 3,097,433 4,404,680. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 752,214 1,129,991. 3,849,647. 5,534,671. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 19 116,005. 458,020. Revenue less expenses. Subtract line 18 from line 12..... Beginning of Current Year End of Year 1,219,199. 1,917,877. Total assets (Part X, line 16)..... 21 Total liabilities (Part X, line 26)..... 983,951 1,224,609. Net assets or fund balances. Subtract line 21 from line 20...... 235,248 693,268. 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 Sign Here Type or print name and title. Preparer's signature Print/Type preparer's name PTIN Check Derek Flanagan 8/28/12 P00396383 self-employed Paid Preparer Levine & Associates ► Lederer, Firm's name Use Only Firm's EIN > 22-3778048 ► 1099 Wall St West Suite 280 Firm's address Lyndhurst, NJ 07071 Phone no. (201) 933-3780 No

| | m 990 (2011) Center for Family Representation Inc | 51-041949 | 6 Page 2 |
|------|---|--|-------------------------------------|
| Pa | nt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response to any question in this Part III | ****** | X |
| 1 | | | |
| | See Schedule 0 | | |
| | | | |
| | | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed or | n the prior | |
| | Form 990 or 990-EZ? | | Yes X No |
| | If 'Yes,' describe these new services on Schedule O. | | Yes X No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program se | | v 👽 |
| 3 | If 'Yes,' describe these changes on Schedule O. | ervices? | Yes X No |
| 4 | | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the a others, the total expenses, and revenue, if any, for each program service reported. | vices, as measured mount of grants ar | l by expenses. ad allocations to |
| 4 a | (Code:) (Expenses \$ 4,486,246. including grants of \$) (F | Payanua & A | 7/0 30/ \ |
| | Family Advocacy Teams: CFR's innovative model of representation | furniches e | , 143, 304.) |
| | family with a lawyer and a social worker, as well as access to a | Turnitanes e | acii |
| | trained staff member who has experienced the foster care system | Farent Advo | catea |
| | suggestfully reasined custody of her children. To 2011 | rirstnand an | <u>a</u> |
| , | successfully regained custody of her children. In 2011, we serv | e <u>d 2,050 Ia</u> | mīries iu |
| | Manhattan and Queens, 1,037 of them new clients. About 5% of | them were r | referred |
| | to us as a preventive measure - that is, at the critical juncture | e before the | re_was |
| | any intervention by the court system. More than 70% of the chi | <u>ldren in the</u> | <u>families</u> |
| | we served did not enter foster care. For those children who did | enter care, | CFR's |
| | average length of stay was just 2.4 months, compared to the New | York State a | verage of |
| | nearly 2.5 years. | | |
| | | | |
| | | | |
| 4b | (Code:) (Expenses \$ 282,291. including grants of \$) (F | | |
| • | | | |
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| - | | | |
| - | | | - |
| | | | |
| _ | | | |
| _ | | | |
| | | | |
| | | | |
| 4c | (Code: 176,241. including grants of \$) (R | evenue \$ | 172 760 \ |
| | Young Parents Program (YPP): YPP provides parents under the age of | ovenue y | 112,700. |
| | specialized legal and social work staff devoted to understanding, | | |
| , - | empowering independent and social work stall devoted to understanding, | _serving_qu | <u>a</u> |
| - | empowering vulnerable young clients who can be hard to serve. Nea | <u>irtă vari or</u> | <u> </u> |
| - | parents were themselves in foster care at one time, many of them | <u>naving</u> been | <u>abused</u> |
| _ | or neglected in the past. In addition, our young parents are often | en_unaware_o | f_their |
| _ | rights and have little experience navigating the court system. Ir | <u> 2011, YPP</u> j | pr <u>ovided</u> _ |
| _ | 54 young parents with enhanced legal and social work assistance, | <u>in</u> addition | to |
| _ | referring them to partner agencies that work to provide young peo | ple with ad | ditional |
| _ | services such as vocational training, education programs, therapy | and drug o | r alcohol |
| | treatment. | | |
| | | | · |
| _ | | | · |
| 4d (| Other program services. (Describe in Schedule O.) | | |
| | Expenses \$ including grants of \$) (Revenue \$ | |) |
| | Total program service expenses ► 4.944.778. | | |

| | | | Yes | No |
|----|---|------|-----|-------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | |
| 3 | B Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | X | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D Part I. | _6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. | 9 | - | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V. | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | | | |
| ; | a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. | 11 a | Х | |
| i | b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. | 11 b | | Х |
| (| c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | 11 c | | Х |
| C | d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | 11 d | Х | |
| 6 | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | Х | |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11 f | Х | |
| | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII. | 12a | Х | |
| Ł | Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | X |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | <u>X</u> |
| | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| Ė | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14b | | _X_ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. | 18 | Х | |
| | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III | 19 | | X |
| | aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20 | | X |
| b | olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20 b | | |

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II...... 21 Χ Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. 22 Χ Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete X 23 Schedule J. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25. 24a Χ 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I..... 25a Χ b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete* 25b Χ Schedule L, Part I..... Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II. Χ 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. 27 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X 28a a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Χ Schedule L, Part IV. 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV..... 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M...... 29 Χ Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If 'Yes,' complete Schedule M..... Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L..... Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II..... 32 X 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X line 1..... 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... Х b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2..... X 35b 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI...... 37 37 Х

BAA

38

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O......

Form 990 (2011) Center for Family Representation Inc Part V Statements Regarding Other IRS Filings and Tax Compliance

| Check if Schedule O contains a response to any question in this Part V | | | | |
|--|--|-----|--|------------------|
| t t | • | | Yes | No |
| 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 7] | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b (|) | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners? | and reportable gaming | 1 c | X | |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 79 |) | | |
| b if at least one is reported on line 2a, did the organization file all required federal employment | <u> </u> | 2b | Х | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see insi | | | | (VIII) |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | | X |
| b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule Q.</i> | | 3b | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other financial account.) | | 4a | | х |
| b If 'Yes,' enter the name of the foreign country: ▶ | arrorar about ny managan | | | 11 |
| See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fin | ancial Accounts. | 1 | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax | | 5a | THE REPORT OF | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter | | 5 b | | X |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | | 5 c | | |
| | | - 0 | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and solicit any contributions that were not tax deductible? | | 6a | | X |
| b If 'Yes,' did the organization include with every solicitation an express statement that such con not tax deductible? | tributions or gifts were | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and par | tly for goods and | | | |
| services provided to the payor? | | 7a | Х | |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | | 7b | X | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for whice Form 8282? | ch it was required to file | 7c | | X |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year. | 1 | 75 | | - 11 |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be | | 7e | ###################################### | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit | | 7f | - | X |
| g If the organization received a contribution of qualified intellectual property, did the organization | | | | |
| as required | | 7 g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the or Form 1098-C? | rganization file a | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, have holdings at any time during the year? | organizations. Did the e excess business | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | |
| a Did the organization make any taxable distributions under section 4966? | | 9a | ADMINISTRATION OF THE | DELPER INCLUSION |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| 10 Section 501(c)(7) organizations. Enter: | | | | |
| the state of the s | 0a | | 1 | |
| | 0 b | | | |
| 11 Section 501(c)(12) organizations. Enter: | 1 | | | |
| William Control of the Control of th | l a | | | |
| · · · · · · · · · · · · · · · · · · · | 1 b | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F | orm 1041? | 12a | | |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12 | 2b | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? | | 13a | esapphysics are | SSERGINETER |
| Note. See the instructions for additional information the organization must report on Schedule (| Э. | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | | |
| c Enter the amount of reserves on hand | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | X |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Sch | nedule O | 14b | T | _ |

51-0419496 Form 990 (2011) Center for Family Representation Inc Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Section A. Governing Body and Management Yes No 15 1a Enter the number of voting members of the governing body at the end of the tax year.... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 14 **b** Enter the number of voting members included in line 1a, above, who are independent . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?..... 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?..... Х 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Х Did the organization become aware during the year of a significant diversion of the organization's assets? . . 5 6 Did the organization have members or stockholders?..... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X 7 a members of the governing body?..... b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a a The governing body?.... Х 8b **b** Each committee with authority to act on behalf of the governing body?..... is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Х organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O...... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a X 10 a Did the organization have local chapters, branches, or affiliates?..... b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?..... 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?... 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O X 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?... 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c X Schedule O how this is done..... See. Schedule O................................. X 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 14 Did the organization have a written document retention and destruction policy?..... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15 a X 15_b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 h Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed - NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public 18 inspection. Indicate how you make these available. Check all that apply. X Upon request Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

See Schedule O 19 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

| 51-0419496 | 51 | L (| 04 | 1 | 9 | 4 | 9 | 6 |
|------------|----|-----|----|---|---|---|---|---|
|------------|----|-----|----|---|---|---|---|---|

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII.

- Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. | | | | | | | | | | | | |
|--|--|--------------------------------|-----------------------|----------------|--------------|---------------------------------|-------------|--|---|--|--|--|
| | | | | ((| - | | | | | | | |
| (A) Name and title | (B) Average hours per week | unles | ss per and a | ck mo son i | s bot | nan one h an offi rustee) | box, cer | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation | | |
| | (describe hours for related organiza- tions in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | relatéd organizations (W-2/1099-MISC) | from the organization and related organizations | | |
| (1) Judith Marshall | Ì | | | | | | | | | | | |
| Chairman | 1 | X | | X | | | | 0. | 0. | 0. | | |
| (2) Barbara Brown Board Member | 1 | X | | | | | | 0. | 0. | 0. | | |
| (3) John H. Newman, Esq. | | | | | | | | | | | | |
| Vice Chair | 1 | Х | | Х | | | | 0. | 0. | 0. | | |
| (4) Evan A. Davis, Esq. Board Member | 1 | Х | | | | | | 0. | 0. | 0. | | |
| (5) Millicent R. Fortunoff Board Member | 1 | Х | | | | | | 0. | 0. | 0. | | |
| (6) Laurel W. Eisner, Esq. | | 71 | \dashv | | | | | 0. | | <u> </u> | | |
| Board Member | 1 | Х | | | | | | 0. | 0. | 0. | | |
| (7) Prof. Martin Guggenheim Board Member | 1 | Х | | | | | | 0., | 0. | 0. | | |
| (8) Margaret A. Dale, Esq. Board Member | 1 | X | | | | | | 0. | 0. | 0. | | |
| <u>(9) Claire James, Esq.</u> Board Member | 1 | Х | | | | | | 0. | 0. | 0. | | |
| (10) Prof Jane M. Spinak Board Member | 1 | Х | | | | | | 0. | 0. | 0. | | |
| (11) Sania Metzger, Esq. Board Member | 1 | Х | | | | | | 0. | 0. | 0. | | |
| (12) Shiva S. Farouki, Esq. Board Member | 1 | Х | | | | | | 0. | 0. | 0. | | |
| (13) Philip C.Segal, Esq. Board Member | 1 | Х | | | | | | 0. | 0. | 0. | | |
| (14) Lori A. Lancaster Treasurer | 1 | Х | | Х | | - | | 0. | 0. | 0. | | |

| Part VII Section A. Officers, Directors, Trust | | | | | oye | es, | and | d Highest Con | pensated En | nploye | es (cont) |
|--|---|------------|----------------------|---------------|--------------------|------------------------------|----------------|---|--|-------------|---|
| Server of the se | | | | | C) | | | | | | · · · · · · · · · · · · · · · · · · · |
| (A) Name and title | (B) Average hours | box | , unle cer ar | ss pe | erson directe | than is bot or/trus | h an itee) | (D) Reportable compensation from | (E) Reportable compensation from | n a | (F) Estimated mount of other compensation |
| | per week (describ e hours for related organi- zations | or a | nst | Officer | Key ey | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizatio (W-2/1099-MISC) | | from the organization |
| | hours | irecto | nstitutional trustee | Ř | Key employee | lest co | ner | | | , | and related organizations |
| | related organi- | trust | naí tru | | oyee | ompe | | : | | | |
| | zations in Sch O) | 1 | stee | | | nsate | | | | | |
| | Suro | <u> </u> | | <u> </u> | | | | | * | | |
| (15) Genevieve Christy CFO | 30 | Х | | Х | | | | 90,540. | | o. | 25 997 |
| (16) Michele Cortese | 30 | ^ | | ^ | | - | | 90,340. | | J. | 25,997. |
| Deputy Director | 35 | | | X | | | | 140,712. | | o. | 5,867. |
| (17) Susan L. Jacobs | | | | | | | | | | | |
| Exec. Director | 35 | | | X | | | | 161,673. | 1 | D. | 19,784. |
| (8) | | | | | | | | | | | |
| (19) | | | | | | | | | •• | | |
| (20) | | | | | | | | | | | |
| (21) | | : | | | | | | | | | |
| (22) | <u> </u> | | | | | | | | | - | |
| | | | | | | | | | | | |
| (23) | | | | | | | | | | | |
| (24) | | | | | | | | | | | |
| (25) | | | | | | | | | | | *************************************** |
| 1 b Sub-total | | | | | | | j> - | 392,925. | (|). | 51,648. |
| c Total from continuation sheets to Part VII, Section | Α | <i></i> | | | | | > | 0. | | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 392,925. | | <u>). [</u> | 51,648. |
| Total number of individuals (including but not limited from the organization ▶ 2 | | | isted | ds b | ove) |) wh | o re | ceived more than | \$100,000 of rep | ortable o | compensation |
| from the organization > 2 | | | | | | | | | | | Yes No |
| 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in | or trus | tee, | key | emį | ploy | ee, o | or hi | ighest compensate | ed employee | 3 | |
| 4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the | | | | | | | | | | | |
| the organization and related organizations greater the such individual | nan \$1! | 50,00 | 00? | <i>If '</i> γ | es' | com | plet | e Schedule J for | | 4 | X |
| 5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' or | ompen: complet | satio | n fre ched | om a lule | any <i>J fo</i> | unre r suc | late | ed organization or erson | individual | 5 | 1 1 |
| Section B. Independent Contractors | | | | | | | | | #100.000 | | |
| Complete this table for your five highest compensation from the organization. Report competents | ed inde isation | pen for | dent the | t cor cale | ntrac nda | ctors r yea | tna ar ei | it received more ti nding with or with | nan \$100,000 of in the organizati | on's tax | year. |
| (A) Name and business address | s | | | | | | | (B) Description (| of services | Com | (C) pensation |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | ** * **** | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | na was in | Dayley Charles and the second of the |
| 2 Total number of independent contractors (including \$100,000 in compensation from the organization ► | | limi | ited | to th | nose | list | ed a | above) who receiv | ed more than | | |

| FC | rt VIII Statement of Revenue | | | | T |
|---|--|-----------------------|--|--|---|
| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 202,181 d Related organizations 1d e Government grants (contributions) 1e 282,137 f All other contributions, gifts, grants, and | | | | |
| | | | | | |
| PROGRAM SERVICE REVENUE | Business Code | 4,922,152. 24,013. | 4,922,152. 24,013. | | |
| PROGRAM S | e f All other program service revenue g Total. Add lines 2a-2f. | 4,946,165. | | - Area | |
| | 3 Investment income (including dividends, interest and other similar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties. | 275. | | | 275. |
| | (i) Real (ii) Personal 6a Gross rents. b Less: rental expenses. c Rental income or (loss) d Net rental income or (loss) | | | | |
| | 7a Gross amount from sales of assets other than inventory. b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) | | | | |
| OTHER REVENUE | 8a Gross income from fundraising events (not including. \$\frac{202,181}{202,181}\$. of contributions reported on line 1c). See Part IV, line 18 | -31,409. | | | -31,409. |
| | 9a Gross income from gaming activities. See Part IV, line 19 | | | | |
| | 10 a Gross sales of inventory, less returns and allowances | | | 12 mm (1) kg | |
| | Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 b | 347. | | | 347. |
| | d All other revenue e Total. Add lines 11a-11d Total revenue See instructions | 347. | 4.946.165. | 0 | -30,787. |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| | Check if Schedule O contains a response to any question in this Part IX. | | | | | | | | | | | |
|-----------|--|-----------------------|---|-------------------------------------|---------------------------------------|--|--|--|--|--|--|--|
| Do 6b, | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | | | | |
| 1 | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | | | | | | | | | | | |
| 2 | | | | AND STREET, Division | | | | | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | | | | | | | | |
| 4 5 | Benefits paid to or for members | 444,903. | 214,697. | 158,148. | 72,058. | | | | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. | | | | | | | |
| 7 | Other salaries and wages | 3,234,195. | 3,068,632. | 75,982. | 89,581. | | | | | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) | 64,672. | 57,558. | 3,880. | 3,234. | | | | | | | |
| 9 | Other employee benefits | 336,878. | 301,333. | 20,213. | 15,332. | | | | | | | |
| 10 | Payroll taxes | 324,032. | 288,388. | 19,442. | 16,202. | | | | | | | |
| 11 | | | | | | | | | | | | |
| 1 | b Legal | | | | | | | | | | | |
| | Accounting | 45,726. | 36,123. | 2,744. | 6,859. | | | | | | | |
| | d Lobbying | | | | | | | | | | | |
| • | e Professional fundraising services. See Part IV, line 17 | | | | | | | | | | | |
| 1 | Investment management fees | | | | | | | | | | | |
| 9 | g Other | 123,898. | 97,663. | 6,707. | 19,528. | | | | | | | |
| 12 | Advertising and promotion | | | | | | | | | | | |
| 13 | Office expenses | | 45,633. | 3,412. | 3,783. | | | | | | | |
| 14 | Information technology | | | | | | | | | | | |
| 15 | Royalties | | | | | | | | | | | |
| 16 | Occupancy | | 518,042. | 15,763. | 10,047. | | | | | | | |
| 17 | Travel | 10,562. | 9,814. | 438. | 310. | | | | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | 7 | | | | | | | | | |
| 19 | Conferences, conventions, and meetings | | | | | | | | | | | |
| 20 | Interest | 8,423. | 7,517. | 531. | 375. | | | | | | | |
| 21 | Payments to affiliates | | | | | | | | | | | |
| 22 | Depreciation, depletion, and amortization | 21,508. | 19,193. | 1,356. | 959. | | | | | | | |
| 23 | Insurance | 23,954. | 21,375. | 1,510. | 1,069. | | | | | | | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e | | | | | | | | | | | |
| | expenses on Schedule O.) | | | | | | | | | | | |
| | TELEPHONE | 68,357. | 60,999. | 4,309. | 3,049. | | | | | | | |
| | CASE RELATED EXPENSES | 56,399. | 56,399. | 2 222 | 0.054 | | | | | | | |
| | RETIREMENT OF FIXED ASSETS | 46,054. | 41,097. | 2,903. | 2,054. | | | | | | | |
| | OTHER | 39,820. | 35,532. | 2,510. 2,285. | 1,778. 21,542. | | | | | | | |
| | All other expenses | 88,610. 5,534,671. | 64,783. 4,944,778. | 322,133. | 267,760. | | | | | | | |
| 25 26 | Total functional expenses. Add lines 1 through 24e | 5,334,6/1. | 4,944,770. | 322,133. | 201,100. | | | | | | | |
| | campaign and fundraising solicitation. | • | | | | | | | | | | |
| | Check here ► if following | | | | | | | | | | | |
| | SOP 98-2 (ASC 958-720) | | <u> </u> | | | | | | | | | |

| Pa | rt X | Balance Sheet | | | | | | 1 |
|-----------------|----------|--|------------------|------------------------------------|-----------|--------------------------|--------------|---------------------------|
| | | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | | | 1 | 36,100. |
| | 2 | Savings and temporary cash investments | | | | | 2 | 233,428. |
| | 3 | Pledges and grants receivable, net | | | | | 3 | 117,470. |
| | 4 | Accounts receivable, net | | | | 710,179. | 4 | 1,223,814. |
| | 5 | Receivables from current and former officers, director and highest compensated employees. Complete Part | e trus | tees kev employ | PPS | | 5 | |
| | 6 | Receivables from other disqualified persons (as defining persons described in section 4958(c)(3)(B), and contributions organizations of section 501(c)(9) voluntary organizations (see instructions) |)(1)), ry | | 6 | | | |
| A S | 7 | Notes and loans receivable, net | | , | | | 7 | |
| ASSMITS | 8 | Inventories for sale or use | | 8 | | | | |
| T | 9 | Prepaid expenses and deferred charges | | | | | 9 | 56,317. |
| Ţ | 10 a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | ŀ | | | | | The Carlot Hard of Carlot |
| | | Less: accumulated depreciation | 10h | 34, | | | 10 c | 130,148. |
| | | Investments — publicly traded securities | 102 | <u> </u> | | | 11 | |
| | 11 | Investments — publicly traded securities | | 12 | | | | |
| | 12 | Investments – program-related. See Part IV, line 11. | | | | | 13 | |
| | 13 | Intangible assets | | | | | 14 | |
| | 14 | Other assets. See Part IV, line 11 | | 15 | 120,600. | | | |
| | 15 | | | | | | 16 | 1,917,877. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line Accounts payable and accrued expenses | 34) | | | | 17 | 415,594. |
| | 17 18 | Grants payable | | | | | 18 | , |
| | 19 | Deferred revenue | | 19 | | | | |
| , | 20 | Tax-exempt bond liabilities | | 20 | | | | |
| į | 21 | Escrow or custodial account liability. Complete Part I | | 21 | | | | |
| A B L | 22 | Payables to current and former officers, directors, tru highest compensated employees, and disqualified per | stees, rsons. | key employees, Complete Part II | | | 22 | |
| Ť | | of Schedule L | | | • • • • • | · | 23 | 207,752. |
| Ė | 23 | Unsecured notes and loans payable to unrelated third | | | | | 24 | |
| | 24 | Unsecured notes and loans payable to unletated think | i parti | coloted third partis | | | | |
| | 25 | Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com | plete | Part X of Schedu | le D. | 734,767. | 25 | 601,263. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | | 983,951. | 26 | 1,224,609. |
| Й | | Organizations that follow SFAS 117, check here ▶ | X a | nd complete line | S | | | |
| ΕT | | 27 through 29 and lines 33 and 34. | | | | | 1.0 | |
| Ą | 27 | Unrestricted net assets | | , | | . 160,248. | | 516,268. |
| ASSET-S | 28 | Temporarily restricted net assets | | | | 75,000. | | 177,000. |
| | 29 | Permanently restricted net assets | | | 29 | | | |
| O R | | Organizations that do not follow SFAS 117, check he | ere 🟲 | and complet | e | | | Para Lander Control |
| F | | lines 30 through 34. | | | | | | |
| FUZD | 30 | Capital stock or trust principal, or current funds | | | | | 30 | |
| | 31 | Paid in or capital surplus, or land, building, or equipment | nent f | und | | | 31 | |
| Ĺ | 32 | Retained earnings, endowment, accumulated income | , or of | ther funds | | | 32 | |
| B女し女文ひいの | 33 | Total net assets or fund balances | | | | 235,248. | | 693,268. |
| Š | 34 | Total liabilities and net assets/fund balances | | | | 1,219,199. | 34 | 1,917,877. |
| BA | Δ | | | | | | | Form 990 (2011) |

BAA

| Form 990 (2011) Center for Family Representation Inc 51-0419496 | | | | | | | |
|--|---------------------------------------|-------------------|--|--|--|--|--|
| Part XI Reconciliation of Net Assets | | | | | | | |
| Check if Schedule O contains a response to any question in this Part XI. | | | | | | | |
| | | | | | | | |
| 1 Total revenue (must equal Part VIII, column (A), line 12) | 5,99 | 2,691. | | | | | |
| | | 4,671. | | | | | |
| 3 Revenue less expenses. Subtract line 2 from line 1 | ; 45 | 8,020. | | | | | |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 23 | 5,248. | | | | | |
| 5 Other changes in net assets or fund balances (explain in Schedule O) | ; | 0. | | | | | |
| 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 69 | 3,268. | | | | | |
| Part XII Financial Statements and Reporting | | | | | | | |
| Check if Schedule O contains a response to any question in this Part XII. | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | fes No | | | | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | X | | | | | |
| b Were the organization's financial statements audited by an independent accountant? | 2b | Х | | | | | |
| c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? | audit, 2c | X | | | | | |
| in Schedule O. d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: \overline{X}\ Separate basis \text{Consolidated basis} \text{Both consolidated and separate basis} | | | | | | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133? | gle 3a | X | | | | | |
| b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | | | | | | |
| BAA | Form \$ | 990 (2011) | | | | | |

TEEA0112L 07/06/11

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

| Name | lame of the organization | | | | | | | | | | | |
|------------|--|---|--|---|--|--|---|-------------|-------------------------------------|-------------|---------|----------|
| | ter for Family I | | | | | | | | 119496 | | | |
| Par | Reason for Pub | lic Charity Status | (All organizations | must o | comple | te this | part.) | See ii | <u>nstructi</u> | ons. | | |
| The c | organization is not a priva | ate foundation becaus | e it is: (For lines 1 thro | ugh 11, | check o | nly one | box.) | | | | | |
| 1 | | | ciation of churches des | | | | | | | | | |
| 2 | | | (ii). (Attach Schedule i | | | . , | , | | | | | |
| 3 | | | e organization describe | | tion 170 |)/h\/1\/ <i>A</i> | Mii). | | | | | |
| | A nospital of a coop | erative nospital servic | in conjunction with a h | ocnital / | doccribo | d in cer | -///. -tion 17: | 0/hV1V# | Will En | ter the hos | nital's | : |
| 4 | <u> </u> | - | ar conjunction with a r | ospital t | 16301106 | u III 300 | | 0(5)(1)(7) | 1)(iii). L.i | tor the nec | pitai | , |
| 5 | 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | | | | |
| 6 | 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | | | |
| 7 | An organization that in section 170(b)(1)(| ■ The state of th | | | | | | | | | | |
| 8 | | | 70(b)(1)(A)(vi). (Comple | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 | | | exclusively to test for pu | | | | | | | | | |
| 11 | An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3) . Check the box that describes the type of supporting organization and complete lines 11e through 11h. | | | | | | | | | | | |
| | a Type I b Type II c Type III — Functionally integrated d Type III — Other | | | | | | | | | | | |
| е | The state of the s | | | | | | | | | | | |
| f | check this box | , . , , | rmination from the IRS | | | | | | | | ٦, | |
| g | Since August 17, 20 | 06, has the organizati | on accepted any gift o | r contrib | oution fro | om any | of the fo | ollowing | persons | ? | | |
| - | | | | | | | | | | | Yes | No |
| | (i) A person who obelow, the government | directly or indirectly o erning body of the su | ontrols, either alone or opported organization? | togethe | r with pe | ersons d | escribe | d in (ii) : | and (iii) | 11 g (i) | | |
| | (ii) A family memb | er of a person descri | bed in (i) above? | | | | | | | 11 g (ii) | | |
| | (iii) A 35% controll | ed entity of a person | described in (i) or (ii) a | bove? | | | | | | 11 g (iii) | | |
| h | ` ' | • | e supported organization | | | | | | | | | |
| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) organiz column (vour oc | Is the zation in i) listed in overning ment? | the organ | ou notify sization in n (i) of upport? | organiz | s the ation in mn (i) ed in the S.? | (vii) Amour | of sup | port |
| | | | | Yes | No | Yes | No | Yes | No | | | |
| | | | | | | | | | | | | |
| (A) | • | | | | | | | | | | | |
| <u> </u> | | | | | | | | | | | | |
| (B) | | | | | | | | | | | | |
| 75/ | | | | 1 | | · · · | · | | | | | |
| (C) | | | | | | | | | | | | |
| (C) | | | | | · " | | | | | | | |
| (D) | | | | | | | | | | | | |
| <u>(D)</u> | | | | 1 | | | | | | | | |
| | | 1 | | | | | | | | | | |
| <u>(E)</u> | | | | 100000000000000000000000000000000000000 | | | 4666 | | 32.33.45.246 | | | |
| Total | | | | | | | | | | | | <u>.</u> |

Schedule A (Form 990 or 990-EZ) 2011 Center for Family Representation Inc 51-0419496 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support | | | | | | | | | | | |
|---------------------------|---|--|--|--|------------------------|-----------------------|---------------------|--|--|--|--|
| | ndar year (or fiscal year nning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total | | | | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | 1,158,692. | 1,589,045. | 799,912. | 1,183,000. | 1,077,313. | 5,807,962. | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. | | | | |
| 4 | Total. Add lines 1 through 3 | 1,158,692. | 1,589,045. | 799,912. | 1,183,000. | 1,077,313. | 5,807,962. | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 753,470. | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 5,054,492. | | | | |
| Sec | tion B. Total Support | | | | | | | | | | |
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total | | | | |
| 7 | Amounts from line 4 | 1,158,692. | 1,589,045. | 799,912. | 1,183,000. | 1,077,313. | 5,807,962. | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 7,638. | 4,414. | 411. | 59. | 275. | 12,797. | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). See . Part . IV | -14,050. | 108,224. | | 250,000. | 347. | 344,521. | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 6,165,280. | | | | |
| 12 | Gross receipts from related activ | vities, etc (see ins | tructions) | | | 12 | 0. | | | | |
| | First five years. If the Form 990 organization, check this box and | stop here | | nd, third, fourth, c | or fifth tax year as | a section 501(c) | (3) ▶ □ | | | | |
| Sec | tion C. Computation of Pu | blic Support F | 'ercentage | 11l (6) | | 14 | 81.98% | | | | |
| 14 | Public support percentage for 20 Public support percentage from |) (ime 6, colum | n (t) divided by III Part II, line 17 | ne i i, columni (i)) | | 15 | 95.00% | | | | |
| | Public support percentage from 33-1/3% support test — 2011. If and stop here. The organization | the organization (| did not check the | hox on line 13, ar | nd the line 14 is 3 | 3-1/3% or more. o | check this box | | | | |
| b | 33-1/3% support test — 2010. If and stop here. The organization | the erganization (| did not check a bo | y on line 13 or 16 | Sa and line 15 is | 33-1/3% or more. | check this box | | | | |
| 17 a | 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact | moote the 'tarte- | and-circumstance | s test coeck-this | nox and stob ne | re, exulalii ili Fali | (1 V 110 VV | | | | |
| | 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar | -meets the 'facts 'd-circumstances' | and-circumstance test. The organiza | s test, check this ation qualifies as | a publicly suppor | ted organization. | ► | | | | |
| | Private foundation. If the organ | ization did not ch | eck a box on line | 13, 16a, 16b, 17a | | | 990 or 990-EZ) 2011 | | | | |
| BAA | | | | | 50 | | 0, 1 | | | | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

| | ation faile |
|---|-------------|
| (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization | auon rans |
| to qualify under the tests listed below, please complete Part II.) | |

| | 10 40.003 | | | <u> </u> | | | |
|-------|---|--|--|--|--|-----------------------|-------------|
| Sec | tion A. Public Support | | | | | | |
| Caler | dar year (or fiscal yr beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions | | | | | | |
| | Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.') | | | | | | |
| 2 | Gross receipts from admis- | | | | | | |
| 2 | sions, merchandise sold or | | | | | | |
| | services performed, or facilities | | 1 | | | | |
| | furnished in any activity that is related to the organization's | | | | | | |
| | tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities | | ŀ | | | | |
| | that are not an unrelated trade or business under section 513. | | | | | 1 | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and | | | | | | |
| | either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or | | | | | | |
| | facilities furnished by a governmental unit to the | | ŀ | | | | |
| | organization without charge | | | | <u> </u> | | |
| 6 | Total. Add lines 1 through 5 | | | <u></u> | | | |
| 7 a | Amounts included on lines 1, | | | | | | |
| | 2, and 3 received from disqualified persons | | | | | | |
| Į. | Amounts included on lines 2 | | | | | | |
| ٠ | and 3 received from other than | | | | | | |
| | disqualified persons that exceed the greater of \$5,000 or | | | | | | |
| | 1% of the amount on line 13 | | | | | | |
| | for the year | | | | | | |
| (| : Add lines 7a and 7b | 17 TO W. C. Shou, Present and All Presents and Addition of Present Co. | and the state of t | And the second s | and the second s | | |
| 8 | Public support (Subtract line | | | | | Magnetic Control | |
| ~ ~ ~ | 7c from line 6.)tion B. Total Support | | | | | | |
| _ | dar year (or fiscal yr beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | Amounts from line 6 | (a) 2007 | (1) 2000 | (0) 12000 | | | |
| - | Gross income from interest, | | | | | | |
| .01 | dividends, payments received | | | | | | |
| | on securities loans, rents, royalties and income from | | | | | | |
| | similar sources | | | | | | |
| t | Unrelated business taxable | | | | | | |
| | income (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether or not the business is | | | | | | |
| | regularly carried on | | ļ | | | | |
| 12 | Other income. Do not include gain or loss from the sale of | | | | | | |
| | čapital assets (Explain in | | [| | | · | |
| | Part IV.) | | | | | | |
| 13 | Total support. (Add ins 9, 10c, 11, and 12.) | L | <u> </u> | at at 1 | | a coetian F01/a/2 | ^ |
| 14 | First five years. If the Form 990 organization, check this box and | is for the organiz I stop here | ation's first, secon | a, tnira, tourth, (| or nittin tax year as | a section 501(c)(3 | " |
| Sec | tion C. Computation of Pu | | | | | | |
| | Public support percentage for 20 | | | e 13, column (f) |) | | 8 |
| | Public support percentage from | | | | | | % |
| | tion D. Computation of Inv | | | | | | |
| | Investment income percentage f | | | | лт (f)) | | % |
| | Investment income percentage f | | | | | | 8 |
| 19 a | 33-1/3% support tests — 2011. It is not more than 33-1/3%, check | f the organization | did not check the | hox on line 14. | and line 15 is mor | e than 33-1/3%, ar | nd line 17 |
| ļ | is not more than 35-1/370, Check | C II II I I I I I I I I I I I I I I I I | Pricies the organi | i ua 1/ az | ling 10g and ling | 16 is more than 33 | 1/3% and |
| | 33-1/3% support tests — 2010. I | tne organization | aid not check a be | ox on line 14 of | inte ida, and inte | 10 12 111016 (1911 22 | ization 🕨 🗀 |
| | line 18 is not more than 33-1/3% Private foundation. If the organi | 6, check this box | and stop here. The | e organization qu | ualities as a public | iy supported organ | iization — |

| Schedule A | (Form 990 o | r 990-EZ) 201 | 1 Center | for Fa | amily | Represe | ntation | Inc | 51-041 | 9496 | Page 4 |
|--------------|--|---------------|--------------------------|---------------------------|---------------------|-----------------------|--------------------------|------------------------|---------------------------|----------------------------|---------------|
| Part IV | Suppleme Part II, line (See instru | ntal Inform | ation. Com b; and Par | plete this t III, line | s part t 12. Als | o provide o comple | the expla te this par | nations i t for any | required by additional i | Part II, line nformation. | 10; |
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| 2011 | Schedu | le A, Part l' | / - Supplen | nental Info | rmation | Page 5 |
|--------------------------------|--------------|--|----------------|-------------|------------------------------|------------|
| Client C0419496 | | Center for I | Family Represe | ntation Inc | | 51-0419496 |
| 8/28/12 | | Company of the Compan | | | | 12:05PM |
| Part II, Line 10 - 0 | Other Income | | | | | |
| Nature and So | urce | 2011 | 2010 | 2009 | 2008 | 2007 |
| Special Event Lease Term Ag | | 247 | 250,000. | | 108,224. | -14,050. |
| Other Income | Total 🚦 | 347. 347. | \$ 250,000. | <u>0.</u> | <u>\$ 108,224.</u> <u>\$</u> | -14,050. |

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No. 1545-0047

2011

| Name of the organization | | Employer identification number |
|--|---|--|
| Center for Family Representa | tion Inc | 51-0419496 |
| | CIOII THE | |
| Organization type (check one): | Section: | |
| Filers of: | X 501(c)(3) (enter number) organization | |
| Form 990 or 990-EZ | 4947(a)(1) nonexempt charitable trust not treated as 527 political organization | a private foundation |
| Form 990-PF | 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a p 501(c)(3) taxable private foundation | rivate foundation |
| Check if your organization is covered by the Note. Only a section 501(c)(7), (8), or (10) or | General Rule or a Special Rule. ganization can check boxes for both the General Rule and | a Special Rule. See instructions. |
| General Rule For an organization filing Form 990, 990-t contributor. (Complete Parts I and II.) | EZ, or 990-PF that received, during the year, \$5,000 or mor | re (in money or property) from any one |
| Special Rules | | |
| (2) 2% of the amount on (i) Form 990, Pa | Form 990 or 990-EZ that met the 33-1/3% support test of the from any one contributor, during the year, a contribution art VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts | and II. |
| For a section 501(c)(7), (8), or (10) organ total contributions of more than \$1,000 for the prevention of cruelty to children or an | nization filing Form 990 or 990-EZ that received from any or or use <i>exclusively</i> for religious, charitable, scientific, literary nimals. Complete Parts I, II, and III. | ne contributor, during the year, , or educational purposes, or |
| If this box is checked, enter here the total purpose. Do not complete any of the part | nization filing Form 990 or 990-EZ that received from any or ous, charitable, etc, purposes, but these contributions did not all contributions that were received during the year for an ex sounless the General Rule applies to this organization because. | clusively religious, charitable, etc, nuse it received nonexclusively |
| | \$5,000 or more during the year | |
| Form 990-PF, to certify that it does not meet | by the General Rule and/or the Special Rules does not file ine 2, of its Form 990; or check the box on line H of its For the filing requirements of Schedule B (Form 990, 990-EZ, | or 990-PF). |
| BAA For Paperwork Reduction Act Notice, 990EZ, or 990-PF. | see the Instructions for Form 990, Sched | ule B (Form 990, 990-EZ, or 990-PF) (2011 |

| Schedule | B (Form 990, 990-EZ, or 990-PF) (2011) | Page Employe | 1 of 1 of Part 1 |
|---------------|---|-------------------------------|--|
| • | for Family Representation Inc | 1 | 419496 |
| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional s | pace is needed. | |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | Sirus Fund | | Person X |
| | 750 Third Ave | \$ 50,000. | Payroll Noncash |
| | New York, NY 10017 | | (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | Gimbel Foundation | | Person X Payroll |
| | 271 Madison Ave | \$50,000. | Noncash |
| | New York, NY 10016 | - | (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | Child Welfare Fund c/o SKP | | Person X Payroli |
| | 888 Seventh Ave | \$65,000. | Noncash |
| | New York, NY 10105 | • | (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | Interest on Lawyer Accounts | - - | Person X |
| | 11 East 44th Street | \$70,000. | Payroll |
| | New York, NY 10017 | | (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | Brd for Judiciary Civil Legal Svcs | - | Person X Payroll |
| | 25 Beaver Street | \$57,000. | Noncash |
| | New York, NY 10007 | | (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |

1 to 1 of Part II

Name of organization

Center for Family Representation Inc

Employer identification number 51-0419496

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| | N/A | | |
| | | \$\$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$\$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$\$ | |
| (a) No. from Part l | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$\$ | |
| (a) No. from Part l | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$\$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$\$ | |

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

(e) Transfer of gift

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

ection 501(c) and section 527 **2011**

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2011

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(6)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

| | | omplete Part I-A only. | | | |
|--|--|--|---|--|--|
| | | s,' to Form 990, Part IV, line 4, or Form 990 ns that have filed Form 5768 (election unde | | | |
| | | ns that have NOT filed Form 5768 (election | | | |
| Part II-A. | .,., | • | | | |
| | | s,' to Form 990, Part IV, line 5 (Proxy Tax) o | or Form 990-EZ, Part | V, line 35a (Proxy Tax), | then |
| | 11111 | organizations: Complete Part III. | | Tar. A. Da | |
| Name of organization | | | | Employer identification | |
| Center for | r Family Rer | presentation Inc | F01/-\ -vi | 51-041949 | |
| | | rganization is exempt under secti | | | zation. |
| | | organization's direct and indirect political of | | | |
| | | | | | |
| 3 Volunteer | mours | rganization is exempt under secti | on 501(c)(3) | | |
| | | cise tax incurred by the organization under | | <u></u> | 0. |
| 2 Enter the | amount of any ext | cise tax incurred by the organization managers | under section 4955 | | 0. |
| | | a section 4955 tax, did it file Form 4720 for | | | |
| | | a section 4933 tax, did it life from 4720 for | | | |
| | escribe in Part IV. | | | | [103 [140 |
| Part I-C Co | mplete if the o | rganization is exempt under secti | on 501(c) excep | t section 501(c)(3). | |
| | | spended by the filing organization for section | | | |
| | - | • | | | <u>, , , , , , , , , , , , , , , , , , , </u> |
| 2 Enter the function a | amount of the filin ctivities | ng organization's funds contributed to other | organizations for sec | ction 527 exempt ▶\$ | |
| 3 Total exer line 17b | npt function exper | nditures. Add lines 1 and 2. Enter here and | on Form 1120-POL, | · | |
| 4 Did the fili | ng organization fil | e Form 1120-POL for this year? | | | Yes No |
| 5 Enter the organization of segregated | names, addresses on made payment political contribut d fund or a politica | and employer identification number (EIN) s. For each organization listed, enter the a ions received that were promptly and direc al action committee (PAC). If additional spa | of all section 527 pol mount paid from the tly delivered to a sep ace is needed, provide | itical organizations to w filing organization's fund arate political organizat e information in Part IV | hich the filing ds. Also enter the ion, such as a separate |
| | Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter-0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| 1) | | | | | |
| 2) | | | | | |
| 3) | | | | | |
| 4) | | | | | |
| 5) | | | | | |
| | | | | | |

| Schedule C (Form 990 or 990-EZ) 20 | 11 Center for | Family Represent | ation Inc | 51-041 | |
|--|---|---|--|--|-----------------------------|
| Part II-A Complete if section 501 | the organization | n is exempt under se | ction 501(c)(3) and | l filed Form 5768 (e | lection under |
| A Check ► if the fill | ing organization belo | ongs to an affiliated group | (and list in Part IV eac | n affiliated group memb | er's name, |
| | | d share of excess lobbying | | | |
| B Check ► if the fill | ing organization che | cked box A and 'limited co | ontrol' provisions apply. | | |
| | Limits on Lobby | ing Expenditures ns amounts paid or incur | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1 a Total lobbying expendit | tures to influence pu | blic opinion (grass roots lo | obbying) | | |
| b Total lobbying expendit | tures to influence a l | egislative body (direct lob | bying) | | |
| c Total lobbying expendit | tures (add lines 1a a | nd 1b) | | | |
| | | | | | |
| e Total exempt purpose | expenditures (add lin | es 1c and 1d) | | | |
| | - | ount from the following ta | | | |
| If the amount on line 1e, co | lumn (a) or (b) is: | he lobbying nontaxable a | amount is: | | |
| Not over \$500,000 | | 20% of the amount on line 1e. | | | nga kadila sa 12 di |
| Over \$500,000 but not over \$1 | | \$100,000 plus 15% of the excess | over \$500,000. | | |
| Over \$1,000,000 but not over | | \$175,000 plus 10% of the excess | ···· | FOLDER FOR THE STATE OF T | |
| Over \$1,500,000 but not over | * | \$225,000 plus 5% of the excess | | | |
| Over \$17,000,000 | · / · · | \$1,000,000. | υνοι ψ1,000,000. | | |
| | | of line 1f) | | | |
| _ | • | s, enter -0 | | | |
| | | , enter -0 | | | |
| | | | | | |
| j If there is an amount of section 4911 tax for this | | her line 1h or line 1i, did t | | | Yes No |
| (Som | ne organizations that column | 4-Year Averaging Period I t made a section 501(h) el s below. See the instructi | Jnder Section 501(h) ection do not have to c ons for lines 2a throug | complete all of the five h 2f.) | |
| | Lobb | ying Expenditures During | 4-Year Averaging Peri | od I | |
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| 2a Lobbying non-taxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |
| BAA | | | | Schedule C (Forr | n 990 or 990-EZ) 2011 |

| Part II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)). | | | | | |
|---|-------------|-------------|--------|---------------|--------|
| 5 No. 1 No. | (2 | a) | | (b) | |
| For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | Yes | No | Aı | mount | |
| See Part IV 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | | | |
| a Volunteers?b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?c Media advertisements? | | Х Х Х | | | |
| d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? | | X | | 28 | 000. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? | | X | | | 000. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 | | X | | | i ismb |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 | (c)(5) | X , or | | t = 15 - 57 - | |
| section 501(c)(6). | | | | Yes | No |
| Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? | | | 2 | | |
| Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.' | (c)(5) | , or s | ection | ie 3, i | s |
| 1 Dues, assessments and similar amounts from members | | 1 | | | |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year. | | 2 a | | | |
| b Carryover from last year | | 2b 2c | | | |
| Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and police expenditure next year? | ss tical | 3 4 | | | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | | |
| Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; P Also, complete this part for any additional information. | | | | | |
| Part II-B - Description of Lobbying Activity | | | | | |
| CFR_engaged_a_consultant_to_represent_the_organization_before_the | e New | L Yo | rk_Sta | te | |
| executive, legislative and administrative branches of government. | _In | add | ition, | _the_ | |
| Executive Director engaged in discussions with legislators about | prop | ose | i | | |
| legislation | | | | | |

| Schedule C (Form 990 or 990-EZ) 2011 Center for Family Representation Inc | 51-0419496 | Page 4 |
|--|-------------|--|
| Schedule C (Form 990 or 990-EZ) 2011 Center for Family Representation Inc Part IV Supplemental Information (continued) | | |
| The state of the s | | ······································ |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

➤ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection
Employer identification number

| _ | | | | | |
|-----|--|--|---|--|-----------------|
| Ce | enter for Family Representation out! Organizations Maintaining Donor | I Inc | v Cimilar Funda | 51-0419496 | if |
| l c | the organization answered 'Yes' to | r Advised Funds or Othe o Form 990, Part IV, line | er Similar Funus (6. | or Accounts. Complete | 11 |
| | | (a) Donor advised f | | (b) Funds and other accou | ınts |
| 1 | Total number at end of year | | | | |
| 2 | Aggregate contributions to (during year) | | | | |
| 3 | Aggregate grants from (during year) | | | | |
| 4 | Aggregate value at end of year | | | | |
| 5 | Did the organization inform all donors and dor funds are the organization's property, subject | nor advisors in writing that the to the organization's exclusive | assets held in donor legal control? | advised Yes | No |
| 6 | Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene | the benefit of the donor or don | or advisor, or for any | other | □No |
| Da | it II Conservation Easements. Compl | | | | <u> </u> |
| | Purpose(s) of conservation easements held by | | | July Job, Farety, IIIIC / | • |
| ' | Preservation of land for public use (e.g., r | · · · · · · · · · · · · · · · · · · · | | historically important land are | ea |
| | Protection of natural habitat | cereation or education, | — | ertified historic structure | - u |
| | Preservation of open space | L | | • | |
| 2 | Complete lines 2a through 2d if the organization | on held a qualified conservatio | n contribution in the t | orm of a conservation easem | ent on the |
| | last day of the tax year. | • | 555 555 | | |
| | | | | Held at the End of the | Tax Year |
| | a Total number of conservation easements | | _ | 2a | |
| | b Total acreage restricted by conservation easer | | | 2b 2c | |
| | c Number of conservation easements on a certif | | · · · | 2C | |
| | d Number of conservation easements included in structure listed in the National Register | | | 2d | |
| 3 | Number of conservation easements modified, tax year ► | transferred, released, extinguis | shed, or terminated b | y the organization during the | |
| 4 | Number of states where property subject to co | | | | |
| 5 | and enforcement of the conservation easemer | garding the periodic monitoring its it holds? | g, inspection, handling | g of violations,Yes | No |
| 6 | Staff and volunteer hours devoted to monitorin | ng, inspecting, and enforcing c | onservation easemen | ts during the year | |
| 7 | Amount of expenses incurred in monitoring, in \$ | nspecting, and enforcing conse | rvation easements du | iring the year | |
| 8 | Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | line 2(d) above satisfy the re | quirements of section | Yes | No |
| 9 | In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements. | s conservation easements in its reto the organization's financial s | evenue and expense st statements that descri | atement, and balance sheet, ar bes the organization's accou | nd nting for |
| Pa | rtill Organizations Maintaining Collection Complete if the organization answers | ctions of Art, Historical wered 'Yes' to Form 990, | Treasures, or Oth Part IV, line 8. | ner Similar Assets. | |
| | a If the organization elected, as permitted under | r SEAS 116 (ASC 958), not to | report in its revenue s | statement and balance sheet | works of |
| | art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finar | s held for public exhibition, edu ncial statements that describes | ucation, or research in these items. | n furtherance of public service | e, provide, |
| | b If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items: | ld for public exhibition, educati | on, or research in fur | therance of public service, pr | ovide the |
| | (i) Revenues included in Form 990, Part VIII, | line 1 | | | |
| | (ii) Assets included in Form 990, Part X | | | | <u> </u> |
| | If the organization received or held works of a amounts required to be reported under SFAS | 116 (ASC 958) relating to thes | e items: | | wing |
| | a Revenues included in Form 990, Part VIII, line | | | | |
| | b Assets included in Form 990, Part X | | | | |

| Part III Organizations Mainta | ining Colle | ections of | Art, misto | ricai Treasures, o | rOther | Onimal ASS | 612 (C | Ununu | <u>eu/</u> |
|--|----------------------------------|---------------------------------------|-------------------------------|---|----------------------|-------------------|-----------------|--|-------------|
| 3 Using the organization's acquisiti items (check all that apply): | ion, accessio | n, and other | records, che | eck any of the followin | g that are | e a significant υ | se of its | s collec | tion |
| a Public exhibition | | • | d Loan o | or exchange programs | | | | | |
| b Scholarly research | | | e Other | | | | | | |
| c Preservation for future gener | ations | | | | | | | | |
| 4 Provide a description of the orga Part XIV. | nization's col | lections and | explain how | v they further the orga | nization's | exempt purpos | se in | | |
| 5 During the year, did the organiza assets to be sold to raise funds r | tion solicit or ather than to | receive don be maintain | ations of art ed as part c | , historical treasures, of the organization's co | or other sollection? | similar | Yes | | No |
| Part IV Escrow and Custodia | I Arrangen | nents. Cor | nplete if t | he organization ar | nswered | l 'Yes' to For | m 990 |), Part | .IV, |
| line 9, or reported an | | | | | | | | | |
| 1a Is the organization an agent, trus included on Form 990, Part X? | | • • • • • • • • • • • • | | | ner asset | S not | Yes | diaments of the state of the st | No |
| b If 'Yes,' explain the arrangement | In Part XIV 8 | and complete | e trie ioliowii | ng table: | | | Amoun | t | |
| c Beginning balance | | | | | 10 | : | | | |
| d Additions during the year | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 10 | 1 | | | |
| e Distributions during the year | | | | | | | | | |
| f Ending balance | | | | | | | | | |
| 2a Did the organization include an a | | | | | | · | Yes | Г | No |
| b If 'Yes,' explain the arrangement | | 1111 330, 1 are | 7, 1110 211 | | | | | _ | |
| Part V Endowment Funds. Co | | he organiz | ration and | wared 'Yes' to For | m 990 | Part IV line | · 10 | | |
| rant v Endowment Funds. Co | • | | | | | | | Four Hoor | n hook |
| | (a) Current | year | (b) Prior year | (c) Two years bac | :K (a) | Three years back | (e) | our year: | 3 Dack |
| 1a Beginning of year balance | | | | | _ | | | dan a | |
| b Contributions | | | | ····- | | | | | |
| c Net investment earnings, gains, and losses | | | | | | | | | |
| d Grants or scholarships | | | | | | | | | |
| e Other expenditures for facilities and programs | | | | | | | | | |
| f Administrative expenses | | | | | | | | | |
| g End of year balance | | | | | | | | | |
| 2 Provide the estimated percentage | | nt vear end l | balance (line | e 1a, column (a)) held | as: | | | | |
| a Board designated or quasi-endow | | | % | J. (), | | | | | |
| b Permanent endowment > | | | | | | | | | |
| c Temporarily restricted endowmen | | 2 | | | | | | | |
| · · | | | , | | | | | | |
| The percentages in lines 2a, 2b, | and zc snour | a equal 1007 | 0. | | | | | | |
| 3a Are there endowment funds not in organization by: | n the posses | sion of the o | rganization · | that are held and adm | inistered | for the | | Yes | No |
| (i) unrelated organizations | | | | | | , | 3a(i) | | |
| (ii). related organizations | | | | | | | 3a(ii) | | |
| b If 'Yes' to 3a(ii), are the related o | | | | | | | 3b | | |
| 4 Describe in Part XIV the intended | | | | | | | h | | |
| Part VI Land, Buildings, and E | | | | | | | | | |
| Description of property | | (a) Cost or c | | (b) Cost or other | (c) A | cumulated | (4) (| Book va | طراب |
| | | (investr | ment) | basis (other) | dep | reciation | (4) | | |
| 1a Land | | | | | | | | · | |
| b Buildings | | | | * -* | | | | | |
| c Leasehold improvements | | | | 65,000. | | 3,791. | | | 209. |
| d Equipment | | | | 99,873. | | 30,934. | | 68, | <u>939.</u> |
| e Other | <u>, , ,</u> | | | | | | | | |
| Total. Add lines 1a through 1e. (Colum | | gual Form 99 | 90, Part X, c | column (B), line 10(c). |), , <u>, , , ,</u> | | | 130, | 148. |
| 3ΔΔ | | · · · · · · · · · · · · · · · · · · · | · | | | | ule D (F | orm 99 | 0) 2011 |

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

(11)

Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).

601,263.

| Sch | edule D (Form 990) 2011 Center for Family Representation Inc | 51-0419496 | Page 4 |
|--------------------|--|--|------------------|
| | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements | | |
| 1 | | | 5,992,691. |
| 2 | and the second of the second o | | 5,534,671. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | 458,020. |
| _ | Net unrealized gains (losses) on investments. | | 100,020. |
| 4 | | | ·····- |
| 5 | Donated services and use of facilities | | |
| 6 | Investment expenses | | |
| 7 | Prior period adjustments | | |
| 8 | Other (Describe in Part XIV.) | | |
| 9 | Total adjustments (net). Add lines 4 through 8 | | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | | 458,020. |
| | Reconciliation of Revenue per Audited Financial Statements With Revenue per | | |
| 1 | Total revenue, gains, and other support per audited financial statements | , 1 | 5,992,691. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| | a Net unrealized gains on investments | | |
| | b Donated services and use of facilities | | |
| | c Recoveries of prior year grants | | |
| | d Other (Describe in Part XIV.) | | |
| | e Add lines 2a through 2d. | 2e | |
| | Subtract line 2e from line 1. | | 5,992,691. |
| - | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | -,,,, |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | | |
| | | | |
| | outer (Describe III) at MV. | | |
| | c Add lines 4a and 4b | | E 002 601 |
| | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5,992,691. |
| Pa | Reconciliation of Expenses per Audited Financial Statements With Expenses | per Return | F F24 C71 |
| | Total expenses and losses per audited financial statements | , 1 | 5,534,671. |
| | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| | a Donated services and use of facilities | | |
| - 1 | b Prior year adjustments | | |
| • | c Other losses | | |
| | d Other (Describe in Part XIV.) | | |
| | e Add lines 2a through 2d | <u>2e</u> | |
| 3 | Subtract line 2e from line 1 | 3 | 5,534,671. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| | a Investment expenses not included on Form 990. Part VIII. line 7b | | |
| 1 | Other (Describe in Part XIV.) | | |
| - (| c Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 5,534,671. |
| Pa | d XIV Supplemental Information | | |
| Com Part any | Polete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compadditional information. | t IV, lines 1b and plete this part to | l 2b; provide |
| | Part X - FIN 48 Footnote | | |
| | The Organization's accounting policy is to provide liabilities for | <u>uncertain</u> | <u>tax</u> |
| | positions when a liability is probable and estimable. Management i | <u>s not aware</u> | e of any |
| | <u>violation of its tax status as an organization exempt from income</u> | <u>taxes, nor</u> | of any |
| | exposure to unrelated business income tax. | | |
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| Schedule D (Form 990) 2011 Center for Family Representation Inc | 51-0419496 | Page 5 |
|--|------------|----------|
| Schedule D (Form 990) 2011 Center for Family Representation Inc Part XIV Supplemental Information (continued) | | - |
| CONTRACT AND | | |
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Open to Public

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. Department of the Treasury Internal Revenue Service Inspection Employer identification number Name of the organization 51-0419496 Center for Family Representation Inc Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Solicitation of government grants f b Internet and email solicitations Special fundraising events C Phone solicitations d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?..... **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (vi) Amount paid to (or retained by) organization (iii) Did fundraiser (i) Name and address of individual (ii) Activity (iv) Gross receipts (v) Amount paid to or entity (fundraiser) have custody or control from activity (or retained by) of contributions? fundraiser listed in column (i) Yes No 1 2 3 4 5 6 7 8 9 10 0. Total. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

| Pa | rt II | Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts great the second | event contribution | nswered 'Yes' to Fo s and gross income | rm 990, Part IV, li on Form 990-EZ, | ne 18, or reported lines 1 and 6b. |
|---------------------------------|---------------|--|--|---|--|--|
| RE | | | (a) Event #1 Annual Benefit (event type) | (b) Event #2 Summer in the (event type) | (c) Other events | (d) Total events (add column (a) through column (c)) |
| REVERUE | 1 | Gross receipts | 227,215. | 11,722. | | 238,937. |
| E | 2 | Less: Charitable contributions | 197,650. | 4,531. | | 202,181. |
| | 3 | Gross income (line 1 minus line 2) | 29,565. | 7,191. | | 36,756. |
| | 4 | Cash prizes | | | | |
| D | 5 | Noncash prizes | 313. | | | 313. |
| DIRECT | 6 | Rent/facility costs | 51,047. | 5,763. | | 56,810. |
| | 7 | Food and beverages | | | | |
| Σ P E | 8 | Entertainment | 300. | | | 300. |
| EXPENSES | 9 | Other direct expenses | 10,435. | 307. | | 10,742. |
| 5 | 10 | | | | | |
| Pai | † 1 † | Net income summary. Combine line 3, co Gaming. Complete if the organiza | ition answered 'Yes | s' to Form 990, Par | t IV, line 19, or rep | -31,409. Ported more than |
| R E V E N U E | | \$15,000 on Form 990-EZ, line 6a. | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add column (a) through column (c)) |
| | | Cash prizes | | | | |
| D I R E C T | | Non-cash prizes | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes% | Yes% | Yes% No | |
| | 7 | Direct expense summary. Add lines 2 three | ough 5 in column (d) | | ▶ | |
| | 8 | Net gaming income summary. Combine I | ines 1, column (d) and | line 7 | | |
| | ls th | er the state(s) in which the organization opne organization licensed to operate gaming lo,' explain: | activities in each of th | ese states? | | . Yes No |
| | | e any of the organization's gaming license | · · | | | |
| ВАА | | | TEEA3702L 0 | 1/24/12 | Schedule G (For | m 990 or 990-EZ) 2011 |

51-0419496

Schedule **G** (Form 990 or 990-EZ) 2011 Center for Family Representation Inc

| Sche | edule G (Form 990 or 990-EZ) 2011 Center for Family Representation Inc 51-0419496 Page 3 |
|------|---|
| 11 | Does the organization operate gaming activities with nonmembers? |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? |
| 13 | Indicate the percentage of gaming activity operated in: |
| ā | The organization's facility |
| i | An outside facility |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: |
| | Name • |
| | Address > |
| ŀ | Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ If 'Yes,' enter name and address of the third party: |
| | Name • |
| | Address ► |
| 16 | Gaming manager information: |
| | Name • |
| | Gaming manager compensation ► \$ |
| | Description of services provided |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor |
| 17 | , |
| ŀ | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? |
| Pai | Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). |
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| BAA | TEEA3703L 05/20/11 Schedule G (Form 990 or 990-EZ) 2011 |

BAA

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 ► Attach to Form 990. ► See separate instructions.

Name of the organization

Center for Family Representation Inc

Part Questions Regarding Compensation

| | | | | Yes | No |
|---|--|--|----------|------------------|----|
| 1 | a Check the appropriate box(es) if the organization provided any of the VII, Section A, line 1a. Complete Part III to provide any releva | ne following to or for a person listed in Form 990, Part nt information regarding these items. | | | |
| | First-class or charter travel | Housing allowance or residence for personal use | | | |
| | Travel for companions | Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments | Health or social club dues or initiation fees | | | |
| | Discretionary spending account | Personal services (e.g., maid, chauffeur, chef) | | | |
| | | _ | | | |
| ı | b If any of the boxes on line 1a are checked, did the organizatio reimbursement or provision of all of the expenses described a | n follow a written policy regarding payment or bove? If 'No,' complete Part III to explain | 1b | | ř |
| 2 | Did the organization require substantiation prior to reimbursing trustees, and the CEO/Executive Director, regarding the items | g or allowing expenses incurred by all officers, directors, checked in line 1a? | 2 | | |
| 3 | Indicate which, if any, of the following the filing organization u CEO/Executive Director. Check all that apply. Do not check an establish compensation of the CEO/Executive Director. Explain | sed to establish the compensation of the organization's boxes for methods used by a related organization to n in Part III. | | | |
| | Compensation committee | Written employment contract | | | |
| | Independent compensation consultant | X Compensation survey or study | | | T |
| | X Form 990 of other organizations | X Approval by the board or compensation committee | - 3 | | |
| | taxamid | | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, S or a related organization: | ection A, line 1a with respect to the filing organization | | | |
| · | or a related organization: | , | | | 17 |
| | a Receive a severance payment or change-of-control payment? | | 4a | | X |
| | b Participate in, or receive payment from, a supplemental nonqu | ualified retirement plan? | 4b 4c | | X |
| - | c Participate in, or receive payment from, an equity-based comp | | 40 | | Λ |
| | If 'Yes' to any of lines 4a-c, list the persons and provide the a | pplicable amounts for each item in Part III. | | | |
| | 0 1 (/ F04/-)/0) (F01/-)/() | alata linas E Q | | | |
| | Only section 501(c)(3) and 501(c)(4) organizations must comp | | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, di contingent on the revenues of: | d the organization pay or accrue any compensation | | | |
| | a The organization? | | 5 a | | Х |
| | b Any related organization? | | 5b | | X |
| | If 'Yes' to line 5a or 5b, describe in Part III. | | | | |
| | For persons listed in Form 990, Part VII, Section A, line 1a, di contingent on the net earnings of: | | | | |
| i | a The organization? | ······ | 6a | | X |
| 1 | b Any related organization? | | 6b | SEPTEMBER STREET | X |
| | If 'Yes' to line 6a or 6b, describe in Part III. | | 01.28 | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, didescribed in lines 5 and 6? If 'Yes,' describe in Part III | id the organization provide any non-fixed payments not | 7 | | X |
| | Were any amounts reported in Form 990, Part VII, paid or accontract exception described in Regulations section 53.4958-4 | | 8 | | Х |
| | If 'Yes' to line 8, did the organization also follow the rebuttable | | 9 | | |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

Center for Family Representation Inc

Page 2 Schedule J (Form 990) 2011 Center for Family Representation Inc

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

| | (B) Breakdown (| (B) Breakdown of W-2 and/or 1099-MISC compensation | C compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|---------------------|--|--|---|------------------------------------|---|------------------------------------|---|
| (A) Name | (i) Base compensation | (ii) Bonus and incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | | reported as deferred in prior Form 990 |
| Susan L. Jacobs (0) | 161,673. | 0 | | 0 | 19,784. | 181,457. | 0 |
| (E) | | 0 | | | 0 | 0 | |
| D | (0) | | | |]]]]] | | |
| ij | | | | | | | |
| j) | | | | | | | |
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BAA

Schedule J (Form 990) 2011

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

| Center for Family Representation Inc | 51-0419496 |
|---|-----------------------------|
| Form 990, Part III, Line 1 - Organization Mission | |
| CFR's mission is to provide families in crisis with free | legal assistance and social |
| work services that enable children to stay with their par | ents safely and avoid the |
| often devastating consequences of foster care on children | 's long-term well being. |
| CFR's model uses a groundbreaking approach that offers ea | ch family a lawyer and a |
| social worker, as well as a Parent Advocate -someone who | has experienced the foster |
| care system and can empathize with the struggles vulnerab | le families face. CFR_also |
| trains practitioners in the child welfare and court system | ms on best practices to |
| support families and provides leadership at the city, sta | te and national level on |
| how best to strengthen families. | |
| Form 990, Part III, Line 4b - Program Service Accomplishments | |
| Training/Replication and Policy Program: In 2011, CFR pro | vided 34 training sessions |
| for CFR staff and nearly 800 other practitioners including | g_judges,_child_welfare |
| workers, children's attorneys, parents' attorneys, Court | Appointed Special |
| Advocates, family court staff, and court attorneys from s | everal states and from |
| upstate regions in New York. | |
| | |
| Deputy Director Michele Cortese provided training and tec | hnical assistance sessions |
| on parent engagement and advocacy for judicial and legal | staff in all 13 judicial |
| districts of New York State as part of a two-year contrac | t with New York State |
| Office of Court Administration. Cortese also gave the k | eynote address at the Iowa |
| Permanency Summit, sponsored by the Iowa Children's Justi | ce, State Court |
| Administration. | |
| | |
| In October, CFR social work and legal staff provided trai | ning on how cases proceed |
| through the family court system to preventive caseworkers | from the Center for the |

| | ete Part II if you have already been gr | | | reviously filed Form 8868. | |
|--|--|--|---|---|--------------------------------|
| | g for an Automatic 3-Month Extension | | | | |
| Part II Addition | onal (Not Automatic) 3-Month | Extension of | | · · · · · · · · · · · · · · · · · · · | |
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| Name of | f exempt organization or other filer, see instructions | 5. | | Employer identification number | er (EIN) or |
| ype or | for Fordle Donnersh | T | | ₩ F1 041040C | |
| | er for Family Representations for Family Representations of Family Representations for Family Represen | | | X 51-0419496 Social security number (SSN) | |
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| | rer, Levine & Associates | s LLC | | | |
| lurn. See | Wall St West Suite 280 on or post office, state, and ZIP code. For a foreign | address see instruct | ions | | |
| - | hurst, NJ 07071 | address, see hisback | 301131 | | |
| LEYIIU | murst, No 07071 | | | | |
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| orm 990-BL | | 02 | Form 1041-A | | 08 |
| rm 990-EZ | | 01 | Form 4720 | | 09 |
| rm 990-PF | | 04 | Form 5227 | | 10 |
| | on 401(a) or 408(a) trust) | 05 | Form 6069 | | 11 |
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Form CHAR500

Annual Filing for Charitable Organizations
New York State Department of Law (Office of the Attorney General)

2011

| This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006) | | s Bureau - Registration Section 120 Broadway New York, NY 10271 p://www.charitiesnys.com | | Open to Public Inspection |
|--|---|---|--|---|
| 1. General Information | | | | |
| a. For the fiscal year beginning (n | | 2011 and ending (mm/dd/yyyy) | 12/31/2011 | |
| b. Check if applicable for NYS: | c. Name of organization | | | d. Fed. employer ID no. (EIN) (##-######) |
| Address change | 51-0419496 | | | |
| Name change | Center for Fami | ly Representation In | C | e. NY State registration no. (##-##-##) |
| Initial filing | | | | 20-56-77 |
| Final filing | Number and street (or P.O. box | if mail is not delivered to street address) | Room/suite | f. Telephone number |
| Amended filing | 40 Worth Street | | 605 | (212) 691-0950 |
| NY registration pending | City or town, state or country and | d zip + 4 | | g. Email |
| | New York, NY 10 | 013 | | gchristy@cfrny.or |
| | | | | g |
| 2. Certification - Two Signatures | Required | | | |
| We certify under penalties of peri | urv that we reviewed this re | port, including all attachments, a | nd to the best of | our knowledge and belief, they |
| are true, correct and complete in | accordance with the laws o | f the State of New York applicabl | e to this report. | |
| a. President or Authorized Officer | | DOC 000000 | Executive 3 | |
| a. Trestuent of Audiorized Officer | Signature | Printed Name | Title | Date |
| b. Chief Financial Officer or Treasurer | | | CFO | D.U. |
| D. Office I Manufact Officer of Treasurer | Signature | Printed Name | Title | Date |
| | | | | |
| 3. Annual Report Exemption Info | rmation | | | ' |
| a. Article 7-A annual report exem | ption (Article 7-A registrant | s and dual registrants) | | |
| Check → if total contribution \$25,000 and the contributions dur | ons from NY State (includin organization did not engag- ing this fiscal year. | g residents, foundations, corpora e a professional fund raiser (PFR | or fund raising o | counsel (FRC) to solicit |
| federated fund, U | Inited Way or incorporated | nption if no PFR or FRC was used community appeal and contribution ibutions from one government ag | ons from all sourc | ces did not exceed \$25,000 or 2); |
| b. EPTL annual report exemption | | l registrants) | | |
| | | (market value) did not exceed \$25,000 at a | ny time during this fis | cal year. |
| For EPTL or Article 7-A registr registrants claiming the annu | rants claiming the annual re al report exemptions under | eport exemption under the one law both laws, simply complete part al Report Exemption Information) | y under which the 1 (General Inform | ey are registered and for dual nation), part 2 (Certification) |
| Do not submit a | and part 3 (Annua foo do not complete the fo | ii Report Exemption information) Ilowing schedules and do not sub | auuve. mit anv attachme | ents to this form |
| L Do not submit a i | ico, ao not complete die 10 | noming somedures and up not sub | and any attachmic | |
| 4. Article 7-A Schedules | | | | |
| If you did not check the Article 7- | A annual report exemption | above, complete the following for | this fiscal year: | |
| a. Did the organization use a professional | | | | Yes* X No |
| * If "Yes", complete Schedule | | | | |
| b. Did the organization receive g | | ants)? | | X Yes* No |
| * If "Yes", complete Schedule | | | | |
| 11 103 ; complete obligation | | | - | |
| | | | | |
| 5. Fee Submitted: See last page | for summary of fee require | ments. | | |
| Indicate the filing fee(s) you are s | submitting along with this fo | orm: | | |
| a. Article 7-A filing fee | | | Submit oni | ly one check or money order total fee, payable to "NYS |
| b. EPTL filing fee | | | . Z | Department of Law" |
| c. Total fee | | | | |
| | | | - | |

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see page 4 for required attachments

Schedule 4b: Government Contributions (Grants)

If you checked the box in question **4.b.** on page 1, complete the following schedule for **each** government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

| Government Agency Name | Grant Amount |
|---|--|
| New York State Division of Criminal Justice Service | s \$ 122,497 |
| New York State Senate (OCFS) | \$ 159,640 |
| | \$ |
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| | \$ |
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| | \$ |
| Total G | Sovernment Contributions (Grants) \$ 282,137 |

Center for Family Representation Inc

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type Fee Instructions

• Article 7-A

Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.

• EPTL

Calculate the EPTL filing fee using the table in part b below. the Article 7-A filing fee is \$0.

• Dual

Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee

a) Article 7-A filing fee

| Total Support & Revenue | e Article 7-A Fee |
|-------------------------|-------------------|
| more than \$250,000 | \$25 |
| up to \$250,000 * | \$10 |

 Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) ETPL filing fee

| Net Worth at End of Year | EPTL Fee |
|--|----------|
| Less than \$50,000 | \$25 |
| \$50,000 or more, but less than \$250,000 | \$50 |
| \$250,000 or more, but less than \$1,000,000 | \$100 |
| \$1,000,000 or more, but less than \$10,000,000 | \$250 |
| \$10,000,000 or more, but less than \$50,000,000 | \$750 |
| \$50,000,000 or more | \$1500 |

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

| | | The state of the s |
|--|---|--|
| For All Filers | • | |
| Filing Fee | | |
| X Single check or money order payable to | o 'NYS Department of Law' | |
| Copies of Internal Revenue Service Forms | _ | |
| X IRS Form 990 X All required schedules (including Schedule B IRS Form 990-T | IRS Form 990-EZ All required schedules (including Schedule B IRS Form 990-T | IRS Form 990-PF All required schedules (including Schedule B IRS Form 990-T |

Additional Article 7-A Document Attachment Requirement Independent Accountant's Report X Audit Report (total support & revenue more than \$250,000) Review Report (total support & revenue \$100,001 to \$250,000) No Accountant's Report Required (total support & revenue not more than \$100,000)

Michael Krompier

From:

Iris M. Bonilla [Iris.Bonilla@ag.ny.gov] on behalf of Charities Extensions

[Charities.Extensions@ag.ny.gov]

Sent:

Friday, July 27, 2012 4:20 PM

To:

Michael Krompier

Subject:

RE: Center for Family Representation, Inc., NYS Reg No. 20-56-77, EIN 51-0419496

We have received your request for an extension of time to file an annual financial report. Please be advised that extensions of time to file annual financial reports will not be granted to any organization that has failed to file an annual financial report for any year prior to that for which the extension is requested.

Please include the name of the organization and the Charities Bureau registration number in the subject line of all email requests for extensions of time to file. The registration numbers are posted in our searchable registry at www.charitiesnys.com.

Charities Bureau Registration Section

From: Michael Krompier [mailto:MKrompier@llassoc.com]

Sent: Friday, July 27, 2012 2:38 PM

To: Charities Extensions **Cc:** Derek Flanagan

Subject: Center for Family Representation, Inc., NYS Reg No. 20-56-77, EIN 51-0419496

Ladies and Gentlemen:

We respectfully request a second extension of time till 11/15/2012 to file a return for the following not-for-profit organization::

Taxpaver:

Center for Family Representation, Inc.

Fed ID #:

51-0419496

NYS Reg #:

20-56-77

FYE:

12/31/11

Reason:

Taxpayer respectfully requests additional time to gather information necessary to file a complete and

accurate tax return.

Regards,

Michael Krompier

Michael Krompier Lederer, Levine and Associates, LLC 1099 Wall Street West - Suite 280 Lyndhurst, NJ 07071 201.933.3780 ext 26(Tel) 201.933.3575 (Fax)

e-mail: mkrompier@llassoc.com

Circular 230 Disclosure Notice: To ensure compliance with Treasury Department rules governing tax practice, we inform you that any advice contained herein (including in any attachment) (1) was not written and is not intended to be used, and cannot be used, for the purpose of avoiding any federal tax penalty that may be imposed on the taxpayer, and (2) may not be used in connection with promoting, marketing or recommending to another person any transaction or matter addressed herein.

CONFIDENTIALITY NOTE:

This transmission may contain confidential and/or privileged information. This information is intended for use by the individual or entity named above. If you are not the intended recipient, be aware that any disclosures, copying, distribution or use of the contents of this information is prohibited. If you have received this transmission in error, please notify this office immediately.

Michael Krompier

From:

Iris M. Bonilla [Iris.Bonilla@ag.ny.gov] on behalf of Charities Extensions

[Charities.Extensions@ag.ny.gov]

Sent:

Friday, April 27, 2012 10:26 AM

To:

Michael Krompier

Subject:

RE: Center for Family Representation Inc., NYS Reg No. 20-56-77, EIN 51-0419496

We have received your request for an extension of time to file an annual financial report. Please be advised that extensions of time to file annual financial reports will not be granted to any organization that has failed to file an annual financial report for any year prior to that for which the extension is requested.

Please include the name of the organization and the Charities Bureau registration number in the subject line of all email requests for extensions of time to file. The registration numbers are posted in our searchable registry at www.charitiesnys.com.

Charities Bureau Registration Section

From: Michael Krompier [mailto:MKrompier@llassoc.com]

Sent: Thursday, April 26, 2012 3:08 PM

To: Charities Extensions • **Cc:** Derek Flanagan

Subject: Center for Family Representation Inc., NYS Reg No. 20-56-77, EIN 51-0419496

Ladies and Gentlemen:

We respectfully request an automatic extension of time to file a return for the following not-for-profit organization:

Taxpayer:

Center for Family Representation Inc.

Fed ID #:

51-0419496 20-56-77

NYS Reg #:

FYE:

12/31/11

Regards,

Michael Krompier

Michael Krompier Lederer, Levine and Associates, LLC 1099 Wall Street West - Suite 280 Lyndhurst, NJ 07071 201.933.3780 ext 26(Tel) 201.933.3575 (Fax)

e-mail: mkrompier@llassoc.com

Circular 230 Disclosure Notice: To ensure compliance with Treasury Department rules governing tax practice, we inform you that any advice contained herein (including in any attachment) (1) was not written and is not intended to be used, and cannot be used, for the purpose of avoiding any federal tax penalty that may be imposed on the taxpayer, and (2) may not be used in connection with promoting, marketing or recommending to another person any transaction or matter addressed herein.

CONFIDENTIALITY NOTE:

This transmission may contain confidential and/or privileged information. This information is intended for use by the individual or entity named above. If you are not the intended recipient, be aware that any disclosures, copying, distribution or use of the contents of this information is prohibited. If you have received this transmission in error, please notify this office immediately.

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 black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2011

Open to Publication

| <u>A</u> | For th | e 2011 calen | dar year, or tax year begir | nning | , 2011 | , and endin | g | | | | | |
|--------------------------------|-------------|-------------------|---|--------------------------------|--------------------|-----------------|--|-------------------------|--------------------|-----------------|-----------------|----------------|
| В | Check if | applicable: | С | , | | | | D Employ | er Identi | fication Nu | nber | |
| | Add | dress change | Center for Famil | y Representati | on Inc | | | 51-0 | 04194 | 196 | | |
| | Nar | me change | 40 Worth Street | #605 | | | ľ | E Telepho | | | | |
| | H | ial return | New York, NY 100 | 13 | | | | (21) | 2) 69 | 91-095 | in. | |
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| | App | plication pending | ? | officer: Susan L. | Jacobs | 1 | H(a) Is this a H(b) Are all a | | | ates: | Yes | X No |
| | | | Same As C Above | | 7-7 | | | attach a list. | | ructions) | Yes | ∐ No |
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| <u>J</u> | | | tp://www.cfrny.o | rg/ | | | H(c) Group e | xemption nu | mber 🟲 | | | |
| K | | | X Corporation Trust | Association Other► | L. | Year of Formati | ion: 2002 | Ms | tate of le | gal domicile | e:_NY | |
| Pa | | Summar | | | | | | | | | | |
| | 1 E | Briefly descri | be the organization's miss | ion or most significant | activities: C | FR is a | nonpro | ofit 1 | aw a | nd pol | icy | |
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| න | | | ting members of the gove | | | | | | _3 | | | 1 5 |
| S | | | dependent voting member | | | | | | 4 | | | 14 |
| Activities & Governance | | | of individuals employed in | | | | | | 5 | | | 79 |
| ξĘ | | | of volunteers (estimate if | | | | | | 6 | | | 27 |
| • | | | ed business revenue from l | | | | | | 7a | | | <u>0.</u> |
| | DI | vet unrelated | business taxable income | from Form 990-1, line | 34 | | 1 | | 7b | | | 0. |
| | | S #_:L _ #: | | 7.1-5 | | | | ior Year | 00 | | ent Ye | |
| <u>o</u> | | | and grants (Part VIII, line | | | | | ,183,0 | | | 077, | |
| Revenue | | | ice revenue (Part VIII, line | | | | | ,566,6 | 7 <u>2.</u> 59. | <u> 4, </u> | 946, | |
| ě | 1 | | come (Part VIII, column (A | | | | | | | | | 275. |
| 14. | | | e (Part VIII, column (A), lir - – add lines 8 through 11 | | | | | 215,9 ,965,6 | | | -31, | |
| | | | milar amounts paid (Part I | | | | - | , 505, 0 | JZ. | J, | 992, | 031. |
| | l | | | | | | | | | | | |
| | 1 | | to or for members (Part I) | | | | | 007.4 | 22 | 1 | 404 | |
| စ္က | j | | r compensation, employee | | | | 3, | 3,097,433. | | 4,404,680 | | 680. |
| SE . | | | fundraising fees (Part IX, o | | | | 100 | | Karata and San | | | eren annadaren |
| Expenses | b⊤ | otal fundrais | ing expenses (Part IX, col | umn (D), line 25) 🟲 _ | 26 | 7,760. | | | | | | |
| ш | 17 C | Other expens | es (Part IX, column (A), lir | nes 11a-11d, 11f-24e). | | , , | | 752,2 | 14. | 1, | 129, | 991. |
| | 18 T | otal expense | s. Add lines 13-17 (must e | equal Part IX, column | (A), line 25) | <i></i> | 3, | 849,6 | 47. | 5, | 534, | 671. |
| | 19 R | Revenue less | expenses. Subtract line 1 | 8 from line 12 | | | | 116,0 | 05. | | 458, | |
| 5 % | | | | | | | Beginning | of Current | Year | End | of Yea | r |
| dan | 20 T | otal assets (| Part X, line 16) | | | , | | 219,1 | | | 917,8 | |
| Net Assets or Fund Balances | 21 T | otal liabilities | s (Part X, line 26) | . . | | | | 983,9 | 51. | 1,: | 224,0 | 609. |
| 캺 | 22 N | let assets or | fund balances. Subtract li | ne 21 from line 20 | | | | 235,2 | 48. | | 693,2 | 268. |
| Pa | rt II | Signature | | | <u> </u> | | <u> </u> | | | | 300). | |
| | | | | rn, including accompanying s | chedules and state | ments, and to t | he best of my | knowledge . | and helie | f. it is frue. | correct. | and and |
| com | plete. Dec | laration of prepa | clare that I have examined this reture (other than officer) is based on | all information of which prepa | rer has any knowle | dge. | | | | 7, 12.10 0 000, | | |
| | | | | | | | | | | | | |
| Sig | n | Signatur | e of officer | | | | Date | | | | | |
| Hei | re | > | | | | | | | | | | |
| | | Type or | print name and title. | | | | | | | | | |
| | | Print/Type pr | eparer's name | Preparer's signature | | Date | To | Check | if P | ΓìΝ | | |
| Pai | d | Derek | Flanagan | Buch Ku | ~ | 8/28/3 | 12 s | ــــــ elf-employed: | , 1 | 00396 | 383 | |
| | parer | | | ne & Associate | s LLC | • | | | , - | | | |
| | Only | | | West Suite 280 | | | ······································ | irm's EIN | - 22- | 377804 | 18 | |
| | • | | Lyndhurst, NJ | | - | | | | (201) | | 3780 | |
| May | the IRS | S discuss thi | s return with the preparer | | structions) | | | | ·/ | X Yes | | No |

| Forr | m 990 (2011) Center for Family Representation Inc | 51-0419496 | Page 2 |
|------|--|---------------------------------------|---|
| Pa | MIII Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response to any question in this Part III | <u></u> | X |
| 1 | Briefly describe the organization's mission: | | |
| | See Schedule 0 | | |
| | | | |
| | | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed or | | |
| | Form 990 or 990-EZ? | Yes | X No |
| | If 'Yes,' describe these new services on Schedule O. | , | _ |
| 3 | and the state of t | ervices? Yes | X No |
| | If 'Yes,' describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program sen Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the a | vices, as measured by ex | options to |
| | others, the total expenses, and revenue, if any, for each program service reported. | mount of grants and and | Cations to |
| | | | |
| 4 a | a (Code:) (Expenses \$ 4,486,246. including grants of \$) (F | Revenue \$ 4.749 | ,384.) |
| | Family Advocacy Teams: CFR's innovative model of representation | | , , , , , , , , , , , , , , , , , , , |
| | family with a lawyer and a social worker, as well as access to a | | |
| | trained staff member who has experienced the foster care system | | |
| ÷ | successfully regained custody of her children. In 2011, we serv | | les in |
| | Manhattan and Queens, 1,037 of them new clients. About 5% of | | |
| | to us as a preventive measure - that is, at the critical junctur | | |
| | any intervention by the court system. More than 70% of the chi | | |
| | we served did not enter foster care. For those children who did | | |
| | average length of stay was just 2.4 months, compared to the New | | |
| | nearly 2.5 years. | · · · · · · · · · · · · · · · · · · · | - |
| | | | |
| | | | |
| 4 b | o (Code: \$\) (Expenses \$\) 282,291. including grants of \$\) (F | Revenue \$ 24 | ,013.) |
| | See Schedule O | | ,, |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | · | | |
| | | | |
| | | | |
| | | | |
| 4 c | (Code: 176, 241. including grants of \$) (F | Revenue \$172, | <u>,768.</u>) |
| | Young Parents Program (YPP): YPP provides parents under the age | | |
| | specialized legal and social work staff devoted to understanding | , serving and | |
| | empowering vulnerable young clients who can be hard to serve. Nex | arly half of the | se |
| | parents were themselves in foster care at one time, many of them | | |
| | or neglected in the past. In addition, our young parents are often | | |
| | rights and have little experience navigating the court system. In | | <u>ided </u> |
| | 54 young parents with enhanced legal and social work assistance, | | |
| | referring them to partner agencies that work to provide young peo | | |
| | services such as vocational training, education programs, therapy | <u>, and drug or al</u> | <u>cohol</u> |
| | treatment. | | |
| | | | |
| | | | |
| | Other program services. (Describe in Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4 e | Total program service expenses ► 4,944,778. | | |

Form 990 (2011)

| ۲a | The Checklist of Required Schedules | | | |
|-----------|---|------|-----|----|
| Sauth Ass | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4_ | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I | 6 | - | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | | | |
| | a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | 11a | Х | |
| | b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. | 11 b | | Х |
| | c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. | 11 c | | Х |
| | d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | 11 d | | |
| | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11e | X | |
| | f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11f | Х | |
| 12 | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII. | 12a | Х | |
| | b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | Х |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | X |
| | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV | 16 | _ | Х |
| 17 | column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) | 17 | | X |
| 18 | lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | 18 | Х | |
| | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. | 19 | | Х |
| | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20 | | X |
| | bit 'Voc' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20 b | 1 | |

Page 4

| | 1990 (2011) Center for Family Representation Inc 51-041949 | 6 | P | age |
|------|--|------|----------|---------------|
| Pa | Checklist of Required Schedules (continued) | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | 163 | X |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. | 22 | | X |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete | | Х | |
| 24 8 | Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 | 24a | 21 | X |
| Ŀ | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| c | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | Х |
| l | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | 25b | | Х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| á | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | X |
| Ì | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | Х |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | | X |
| | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 1 | | - |
| | contributions? If 'Yes,' complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | X |
| | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | Х |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| Ł | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 | 36 | <u>.</u> | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |
| BAA | | Form | 990 (| 2011 |

TEEA0104L 07/05/11

Form 990 (2011)

| Pa | art V Statements Regarding Other IRS Filings and Tax Compliance | | | _ |
|----|---|-------------|--|--|
| | Check if Schedule O contains a response to any question in this Part V. | · · · · · · | 1 | - 1 |
| | | , | Yes | No |
| 1 | a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 4 | | |
| | b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 4 | | |
| | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 10 | Х | |
| 2 | a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 79 | | | |
| | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | S SERVINE |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) | 12.0 | | |
| 3 | a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | ; | X |
| | b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q | 3b | - | ļ |
| | a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| | b If 'Yes,' enter the name of the foreign country: | - | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | I, |
| | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | X |
| | c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | | ┼ |
| 6 | a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | | X |
| | b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | X | |
| | b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7b | Х | |
| | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file | | | Ι |
| | Form 8282? | 7c | . Province | X |
| | d If 'Yes,' indicate the number of Forms 8282 filed during the year | | | |
| | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | ŀ |
| | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | Alexander (Briefle | Section Class |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | | | | |
| | a Did the organization make any taxable distributions under section 4966? | 9a | X-CONTROL OF THE PARTY OF THE P | STATE OF THE PARTY |
| | b Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter: | | | |
| | a Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| | Section 501(c)(12) organizations. Enter: | | | |
| | a Gross income from members or shareholders | | | |
| | b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 12 | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| ! | b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| , | a Is the organization licensed to issue qualified health plans in more than one state? | 13a | 1 Mary Control | George . |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | 100 | |
| ļ | b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | | | | |
| | c Enter the amount of reserves on hand | 14- | | V |
| | a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| | b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q | 14b | | |

| Fori | m 990 (2011) Center for Family Representation inc 31-0419490 | | - | aye t |
|------|--|------------------|------------|---------|
| Pa | Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char Schedule O. See instructions. | low, a | and i n | for |
| | Check if Schedule O contains a response to any question in this Part VI | | | . X |
| Sec | ction A. Governing Body and Management | | | , |
| | | TARREST SERVICES | Yes | No |
| | a Enter the number of voting members of the governing body at the end of the tax year | | | |
| | b Enter the number of voting members included in line 1a, above, who are independent | - | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? | 2 | | X |
| 3 | of officers, directors or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents | | | ١ |
| | since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7 | a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | X |
| ł | b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| ; | a The governing body? | 8a | X | |
| - | b Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10: | a Did the organization have local chapters, branches, or affiliates? | 10 a | | X |
| ļ | b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11 a | a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11 a | Х | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O | | | |
| | a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 | 12a | X | ļ |
| | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| (| Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is doneSee. Schedule O | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | 255 |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| ä | a The organization's CEO, Executive Director, or top management official See. Schedule . Q | 15a | _X | |
| } | Other officers of key employees of the organization See . Schedule . O | 15b | X | 2260820 |
| | If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | | |
| 16 | a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | X |
| | of If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| | tion C. Disclosure | | | |
| | List the states with which a copy of this Form 990 is required to be filed NY | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available. Check all that apply. X Own website | vailabl | e tor i | public |
| 19 | Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year. See Schedule O | able to | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the org | anizati | ion: | |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII.....

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| Check this box if neither the organizatio | n nor any | relate | d or | gan | izati | ion co | mpe | ensated any current of | fficer, director, or trus | itee. |
|---|--|-----------------------------------|----------------------|------------------------|------------------|-------------------------------|--------|--|---|--|
| (A) Name and title | (B) Average hours per week | (dó no unles | ot che | Pos ck mo son is | ition ore the | an one n an offi ustee) | | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |
| | (describe hours for related organiza- tions in Schedule O) | Individual trustee or director | hstitutional trustee | Officer | Key employee | Highest compensated employee | Former | (พ-2/1099-MiSC) | (W-2/1099-MISC) | from the organization and related organizations |
| (1) Judith Marshall Chairman | 1 | Х | | Х | | | | 0. | 0. | 0. |
| (2) Barbara Brown Board Member | 1 | Х | | | | | | 0. | 0. | 0. |
| (3) John H. Newman, Esq. Vice Chair | 1 | Х | | Х | | | | 0. | 0. | 0. |
| (4) Evan A. Davis, Esq. Board Member | 1 | Х | | | | | | 0. | 0. | 0. |
| (5) Millicent R. Fortunoff Board Member | 1 | Х | | | | | | 0. | 0. | 0. |
| (6) Laurel W. Eisner, Esq. Board Member | 1 | Х | | | | | | 0. | 0. | 0. |
| (7) Prof. Martin Guggenheim Board Member | 1 | Х | | | | | | 0. | 0. | 0. |
| (8) Margaret A. Dale, Esq. Board Member | 1 | Х | | | | | | 0. | 0. | 0. |
| (9) Claire James, Esq. Board Member | 11 | Х | | | | | | 0. | 0. | 0. |
| (10) Prof Jane M. Spinak Board Member | 1 | Х | | | | | | 0. | 0. | 0. |
| (11) Sania Metzger, Esq. Board Member | 1 | Х | | | | | | 0. | 0. | 0, |
| (12) Shiva S. Farouki, Esq. Board Member | 1 | Х | | | | | | 0. | 0. | 0. |
| (13) Philip C.Segal, Esq. Board Member | 1 | Х | | | | | | 0. | 0. | 0. |
| (14) Lori A. Lancaster Treasurer | 1 | Х | | Χ | | , | | 0. | 0. | 0. |

| (A) Name and title (15) Genevieve Christy CFO (16) Michele Cortese Deputy Director (17) Susan L. Jacobs Exec. Director (18) (19) (20) | (B) Average hours per week (descrile hours for related organizations in Sch O) - 30 - 35 | ල රුප් Individual trustee or director | not c , unle cer an | Pos heck | ition more rson i | than is both ir/trusi | one an ee) | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | Estim amount comper from organiz | nated of other nsation the zation elated |
|--|---|--|---------------------------|---|-----------------------------------|------------------------------|------------------|---|--|--|---|
| (15) Genevieve Christy CFO (16) Michele Cortese Deputy Director (17) Susan L. Jacobs Exec. Director (18) (19) (20) | Averaghours per week (descriped hours for relations in Sch O) - 30 - 35 | or director | , unie cer an | Pos check iss pe id a d Officer | ition more rson i irecto | is both r/trust | ee) | Reportable compensation from the organization | Reportable compensation from related organizations | Estin amount comper from organi and n | nated of other nsation n the zation elated |
| CFO (16) Michele Cortese Deputy Director (17) Susan L.Jacobs Exec. Director (18) (19) (20) | week (descrill e hours for related organis zations in Sch O) | | Institutional trustee | | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | from organi and re | i the zation elated |
| CFO (16) Michele Cortese Deputy Director (17) Susan L.Jacobs Exec. Director (18) (19) (20) | 30 - 35 - 35 | | trustee | X | 96 | pensated | | - | | Į. | |
| CFO (16) Michele Cortese Deputy Director (17) Susan L.Jacobs Exec. Director (18) (19) (20) | 35 | х | - | Х | | i I | | | à. | | |
| Deputy Director (17) Susan L. Jacobs Exec. Director (18) (19) (20) | 35 - 35 | | | 1 | | | | 90,540. | 0. | 25 | 5,997. |
| Exec. Director (18) (19) (20) (21) | 35 | | | Х | | | | 140,712. | 0. | į | 5,867. |
| (20) (21) | - | | | Х | | | | 161,673. | 0. | 19 | 9,784. |
| (20) | | | | | | | | | | | |
| (21) | - | | | | | | | | | | |
| | _ | | | | | | | | | | |
| (22) | - | | | | | | | | | | |
| | - | | | | | | | | | | |
| (23) | _ | | | | | | | | | | |
| (24) | _ | | | | | | | | | | |
| (25) | | | | | | | | | | | |
| 1 b Sub-total | | | | | | | ▶- | 392,925. | 0. | 51 | L,648. |
| c Total from continuation sheets to Part VII, Section | | | | | | | ≻ | 0. | 0. | | .0 1,648. |
| d Total (add lines 1b and 1c) | od to th | 000 | ietor | d ah | ove, | <u> </u> | | 392,925. | | | |
| from the organization > 2 | .eu 10 tii | | 13(0) | u ab | | | | | ψ.00,000 of 10port | | |
| 3 Did the organization list any former officer, director | or or tru | stee, | key | em | ploy | ee, o | or hi | ghest compensate | ed employee | | es No X |
| on line 1a? If 'Yes,' complete Schedule J for such For any individual listed on line 1a, is the sum of r the organization and related organizations greater | | | | | | | | | the state of the s | . 3 | |
| such individual | • • • • • • • | | • • • • | | | | | | | 0.55 | X |
| 5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,' | comple comple | te S | chec | lule | J fo | r suc | h p | erson | | . 5 | X |
| 1 Complete this table for your five highest compensation from the organization. Report comp | ated ind | epen | den the | t cor cale | ntrac nda | ctors | tha ar er | t received more the | nan \$100,000 of n the organization | s tax year. | |
| (A) Name and business addre | | | | , | | | | (B) Description o | , | (C) Compens | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 Total number of independent contractors (including | | | | | | | | | | | |

| Par | WIII Statement of Revenue | | | | | |
|---|---|--|----------------------|--|---|------------------------------------|
| | | | (A) Total revenue | (B) Related or | (C) Unrelated | (D) Revenue |
| | | | Total revenue | exempt | business | excluded from tax |
| 170 | | | | function revenue | revenue | under sections 512, 513, or 514 |
| | | | | ************************************** | | |
| ξŞ | 1a Federated campaigns 1a | | | | | · 李善· |
| Z S | b Membership dues | 000 101 | | | | |
| S, G | c Fundraising events | 202,181. | | | | |
| FR | d Related organizations 1d | | | | | |
| S, C | e Government grants (contributions) 1e | 282,137. | | | | |
| TIO! | f All other contributions, gifts, grants, and similar amounts not included above 1f | | 7 | | | |
| BE | | 592,995. | | | | |
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | g Noncash contributions included in lns 1a-1f: \$ | The state of the s | | | | |
| | h Total. Add lines 1a-1f | | 1,077,313. | | | |
| ä | | Business Code | | 1 000 150 | | |
| , E | | 00099 | 4,922,152. | 4,922,152. | | |
| F. R. | b Training 90 | 00099 | 24,013. | 24,013. | | |
| Š | c | | | | | |
| Ä | d | | | | | |
| Z. | e | | | | | |
| PROGRAM SERVICE REVENUE | f All other program service revenue | | | | manifest or to a fact of the first of the fact of the | |
| PRC | g Total. Add lines 2a-2f | > | 4,946,165. | | | |
| | 3 Investment income (including dividends, in | nterest and | | | | 075 |
| | other similar amounts) | | 275. | | | 275. |
| | 4 Income from investment of tax-exempt bo | ond proceeds 🏲 | | | | |
| | 5 Royalties | | | | | |
| İ | (i) Real | (ii) Personal | | | | |
| | 6a Gross rents | | | = = | and the state of | |
| | b Less: rental expenses. | | 1000年 | | | |
| | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | > | | | | |
| 1 | 7a Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | assets other than inventory. | | | | | |
| | b Less: cost or other basis | | | | | |
| | and sales expenses | | | | | |
| İ | c Gain or (loss) | | | | | |
| | d Net gain or (loss) | | | | | |
| | 8a Gross income from fundraising events | | | | | |
| à | (not including. \$ 202, 181. | | | "我们是我们的人 | | |
| , KE | of contributions reported on line 1c). | | | | | |
| OTHER REVENU | See Part IV, line 18 a | 36,756. | | | | |
| 뿔 | b Less: direct expenses b | 68,165. | | | | 21 400 |
| 0 | c Net income or (loss) from fundraising even | ents 🟲 | -31,409. | | | -31,409. |
| | 9a Gross income from gaming activities. | | | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 a | | | | | |
| | b Less: direct expenses b | | | | | |
| | c Net income or (loss) from gaming activities | es | | | | |
| | 10a Gross sales of inventory, less returns | | | | | |
| | and allowancesa | | | 医多种甲基甲基 | | C-10-1-1 |
| | b Less: cost of goods sold b | | | | | |
| | c Net income or (loss) from sales of invent | | | | | |
| 1 | Miscellaneous Revenue | Business Code | | | | 2/17 |
| | 11a OTHER INCOME 90 | 00099 | 347. | | | 347. |
| | b | | | | | |
| | c | | <u> </u> | | | |
| | d All other revenue | | | THE PARTY OF THE P | | |
| | e Total. Add lines 11a-11d | | 011 * | The second secon | - | 20.707 |
| | 12 Total revenue. See instructions | | 5,992,691. | 4,946,165. | 0. | -30,787. |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| All base | Check if Schedule O contains a re | | | | |
|--------------------------|--|---------------------------------------|-----------------------------|---------------------------------|-------------------------|
| | Crack ii Schedule o Contains a N | (A) | (B) | (c) | · (D) |
| Do not 6b, <u>7b,</u> | include amounts reported on lines 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| ar | ants and other assistance to governments double organizations in the United States. See art IV. line 21 | | | | |
| 2 G | rants and other assistance to individuals in e United States. See Part IV, line 22 | | | | |
| or | rants and other assistance to governments, ganizations, and individuals outside the nited States. See Part IV, lines 15 and 16 | | | | |
| | enefits paid to or for members | | | | |
| trı | ompensation of current officers, directors, ustees, and key employees | 444,903. | 214,697. | 158,148. | 72,058. |
| dis | ompensation not included above, to squalified persons (as defined under ection 4958(f)(1)) and persons described section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 Ot | ther salaries and wages | 3,234,195. | 3,068,632. | 75,982. | 89,581. |
| (ir | ension plan accruals and contributions aclude section 401(k) and section 403(b) aployer contributions) | 64,672. | 57,558. | 3,880. | 3,234. |
| | ther employee benefits | 336,878. | 301,333. | 20,213. | 15,332. |
| | ayroll taxes | 324,032. | 288,388. | 19,442. | 16,202. |
| | ees for services (non-employees): | | | | |
| | anagement | | | | |
| | egal | | | | |
| c Ad | counting | 45,726. | 36,123. | 2,744. | 6,859. |
| d Lo | bbying | | | | |
| e Pro | ofessional fundraising services. See Part IV, line 17 | | | | |
| | vestment management fees | | | | 10.500 |
| | ther | | 97,663. | 6,707. | 19,528. |
| | dvertising and promotion | | 15 622 | 2 41 2 | 3,783. |
| | ffice expenses | | 45,633. | 3,412. | 3, 103. |
| | formation technology | | | | |
| | oyalties | | 518,042. | 15,763. | 10,047. |
| | ccupancy | 10,562. | 9,814. | 438. | 310. |
| 18 Pa ex pu | avelayments of travel or entertainment penses for any federal, state, or local ablic officials | 10,302. | 3,011. | | |
| 19 Co | onferences, conventions, and meetings | | | F 0.1 | 275 |
| | terest | 8,423. | 7,517. | 531. | 375. |
| | ayments to affiliates | 01 500 | 10 102 | 1,356. | 959. |
| | epreciation, depletion, and amortization | 21,508. | 19,193. 21,375. | 1,510. | 1,069. |
| | surancether expenses not | 23,954. | 41,313. | 1,010. | 2,000. |
| cc in of | wered above (List miscellaneous expenses line 24e. If line 24e amount exceeds 10% line 25, column (A) amount, list line 24e appenses on Schedule O.) | | | | |
| | ELEPHONE | 68,357. | 60,999. | 4,309. | 3,049. |
| | ASE RELATED EXPENSES | 56,399. | 56,399. | | |
| | ETIREMENT OF FIXED ASSETS | 46,054. | 41,097. | 2,903. | 2,054. |
| | THER | 39,820. | 35,532. | 2,510. | 1,778. |
| _ | I other expenses | 88,610. | 64,783. | 2,285. | 21,542. |
| | otal functional expenses. Add lines 1 through 24e | 5,534,671. | 4,944,778. | 322,133. | 267,760. |
| th jo ca | bint costs. Complete this line only if e organization reported in column (B) int costs from a combined educational ampaign and fundraising solicitation. | | | | |
| | OP 98-2 (ASC 958-720) | | | | |
| RΔΔ | 0. 00 - (100 000 1-0) | · · · · · · · · · · · · · · · · · · · | | | Form 990 (2011) |

| l d | | Balance Sheet | | | 7.53 | | (B) |
|-----------------|----------|--|------------------------------------|---|--------------------------|--|-----------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | | 1 | 36,100. |
| | 2 | Savings and temporary cash investments | | | 23,694. | 2 | 233,428 |
| | 3 | Pledges and grants receivable, net | | | | 3 | 117,470 |
| | 4 | Accounts receivable, net | | | 710,179. | 4 | 1,223,814. |
| | 5 | Receivables from current and former officers, director and highest compensated employees. Complete Part | s, trus II of S | tees, key employees, chedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contr sponsoring organizations of section 501(c)(9) voluntar organizations (see instructions) | ed und buting y emp | ler section 4958(f)(1)), gemployers and loyees' beneficiary | | 6 | |
| ASSETS | 7 | Notes and loans receivable, net | | | | 7 | |
| E | 8 | Inventories for sale or use | | | | 8 | |
| S | 9 | Prepaid expenses and deferred charges | ; | | 38,212. | 9 | 56,317 |
| | 10 a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 164,873. | | | |
| | h | Less: accumulated depreciation | 10b | 34,725. | 54,666. | 10 c | 130,148. |
| | 11 | Investments — publicly traded securities | | | | 11 | |
| | 12 | Investments – other securities. See Part IV, line 11. | | | 12 | | |
| | 13 | Investments – program-related. See Part IV, line 11. | | | | 13 | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | | 15 | 120,600 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line | | | | 16 | 1,917,877 |
| _ | 17 | Accounts payable and accrued expenses | | | | 17 | 415,594 |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | 19 | | | |
| , | 20 | Tax-exempt bond liabilities | | | 20 | | |
| Ī | 21 | Escrow or custodial account liability. Complete Part I | | 21 | | | |
| A B I L | 22 | Payables to current and former officers, directors, tru highest compensated employees, and disqualified per of Schedule L | key employees, Complete Part II | | 22 | | |
| T | 22 | Secured mortgages and notes payable to unrelated the | | 23 | 207,752 | | |
| E S | 23 | | | | | 24 | |
| | 24 25 | Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com | s to re | elated third parties, | 734,767. | 25 | 601,263 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 983,951. | 26 | 1,224,609 |
| M | 20 | Organizations that follow SFAS 117, check here ▶ | X a | nd complete lines | | | |
| E N | | 27 through 29 and lines 33 and 34. | ш. | • | | | |
| | 27 | Unrestricted net assets | | | | 27 | 516,268 |
| 女のいましょう | 28 | Temporarily restricted net assets | | | | 28 | 177,000 |
| Ţ | 29 | Permanently restricted net assets | | | | 29 | |
| O R | 25 | Organizations that do not follow SFAS 117, check he | and complete | | | | |
| | | lines 30 through 34. | | | | | |
| FUND | 20 | Capital stock or trust principal, or current funds | | | 30 | The second secon | |
| | 30 | Paid-in or capital surplus, or land, building, or equipn | | | | 31 | |
| Ã | 31 | Retained earnings, endowment, accumulated income | or of | her funds | | 32 | |
| B女し女又ひ出の | 32 | Total net assets or fund balances | | | | 33 | 693,268. |
| Ē | 33 | | | | | | 1,917,877. |
| 3 | 34 | Total liabilities and net assets/fund balances | | | <u> </u> | | Form 990 (2011 |

| Form 990 (2011) Center for Family Representation Inc 51-0419496 | | | | | | | | | |
|--|--|----------------|-------------|--|--|--|--|--|--|
| Part XI Reconciliation of Net Assets | | | | | | | | | |
| Check if Schedule O contains a response to any question in this Part XI | | <u> </u> | | | | | | | |
| | | | | | | | | | |
| 1 Total revenue (must equal Part VIII, column (A), line 12) | 1 | 5,992,6 | | | | | | | |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 2 | <u>5,534,6</u> | <u>571.</u> | | | | | | |
| 3 Revenue less expenses. Subtract line 2 from line 1 | 3 | 458,0 235,2 | | | | | | | |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | | | | | | | |
| Other changes in net assets or fund balances (explain in Schedule O) | | | | | | | | | |
| 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | | 693,2 | 268. | | | | | | |
| Rart XIII Financial Statements and Reporting | | | | | | | | | |
| Check if Schedule O contains a response to any question in this Part XII. | | | . 🔲 | | | | | | |
| | | Yes | | | | | | | |
| 1 Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | | | | |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | | | | | | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? b Were the organization's financial statements audited by an independent accountant? | | 2a 2b X | <u>X</u> | | | | | | |
| | | | | | | | | | |
| c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant? | ine audit, | 2c X | | | | | | | |
| If the organization changed either its oversight process or selection process during the tax year, explain | | | | | | | | | |
| in Schedule O. | | | | | | | | | |
| d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were iss separate basis, consolidated basis, or both: | a no beu | | | | | | | | |
| X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133? | Single | 3a | Х | | | | | | |
| b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | | | | | | | | |
| RAA | | Form 990 | (2011) | | | | | | |

ВАА

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

| Name of | the c | organiz | zation | | ····· | | | | | 1 | | tion number | | |
|------------|--|------------------------|-----------------------------------|---|--|--------------------------------|--|-------------------------------|---|----------------------|--------------------------------------|----------------------------------|---------------------------------------|---------------|
| | | | | Representation | | | | | | | 41949 | | | |
| | | | | | (All organizations | | | | | See i | nstruct | tions. | | |
| The org | | | | | e it is: (For lines 1 thro | | | | | | | | | |
| 1 [|] A | A chu | rch, conventio | n of churches or asso | ciation of churches desc | cribed in | section | n 170(b) | (1)(A)(i) | | | | | |
| 2 | 7 | A sch | ool described | in section 170(b)(1)(A) | (ii). (Attach Schedule I | Ξ.) | | | | | | | | |
| 3 | 7/ | A hos | pital or a coop | perative hospital service | e organization describe | ed in sec | tion 17 | 0(b)(1)(/ | A)(iii). | | | | | |
| 4 | | | | | in conjunction with a h | | | | | 0(b)(1)(<i>/</i> | 4)(iii). E | nter the hos | spital' | s |
| _ | 一, | name | . city, and stat | e: | • | | | | | | | | | |
| 5 | | ∖n or I 70(b | ganization ope (1)(A)(iv). (C | erated for the benefit of omplete Part II.) | f a college or university | | | | | nmenta | l unit de | scribed in | sectio | n |
| 6 7 | ⊽17 | An or | ganization tha | local government or go t normally receives a s (A)(vi). (Complete Pa | overnmental unit descri substantial part of its su rt II.) | bed in s Ipport fr | ection 1 om a go | 1 70(b)(1) overnme |)(A)(v). ntal uni | t or fron | n the ge | neral public | : desc | ribed: |
| 8 | | | | | 70(b)(1)(A)(vi). (Comple | te Part I | 1.) | | | | | | | |
| 9 | ቫ / | an or | aanization tha | t normally receives. (1 |) more than 33-1/3% of | f its sun | nort from | n contri | butions. | membe | ership fe | es, and gro | ss re | ceipts |
| ~ <u>[</u> | iı | rom a | activities relate Iment income | ed to its exempt tupcti | ons — subject to certair s taxable income (less | i except | ions, ar | M (Z) NO |) more t | nan 33- | 1/3% 01 | its support | rom | aross |
| 10 | _ | | | | exclusively to test for pu | ıblic safe | ety. See | section | 1 509(a) | (4). | | | | |
| 11 | | n or | ganization org publicly suppo | anized and operated e | exclusively for the benefication 509(a | fit of, to ()(1) or s | perform section (| the fur 509(a)(2 | ctions o). See s | of, or ca section | rry out t 5 09(a)(3 | he purpose). Check th | s of o ie box | ne or that |
| | more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III – Functionally integrated d Type III – Other | | | | | | | | | | | | | |
| e [| | 3y ch other | acking this ha | v. I certify that the org | anization is not controll r than one or more pub | led direc | tly or in | directly | hy one | or more escribed | disqual in secti | lified nerso: | as | |
| f | 1 | f the | organization r | eceived a written dete | rmination from the IRS | that is a | Type I | , Type I | or Typ | e III sup | porting | organizatio | n, | . [|
| g | S | Since | August 17, 20 | 006, has the organizati | on accepted any gift o | r contrib | ution fr | om any | of the fo | ollowing | persons | s? | | |
| 3 | | | ,, | | . , , , | | | | | | | | Yes | No |
| | (| i) | A person who | directly or indirectly of | ontrols, either alone or | togethe | with pe | ersons d | lescribe | d in (ii) | and (iii) | | | |
| | • | | below, the gov | verning body of the su | pported organization? | | | | | | | . 11g(I) | | |
| | | | | | bed in (i) above? | | | | | | | | | |
| | | | | | described in (i) or (ii) a | | | | • • • • • • • | , . | | . 11 g (iii) | · · · · · · · · · · · · · · · · · · · | <u> </u> |
| h | F | rovio | de the followin | g information about th | e supported organization | n(s). | | | | | | | | |
| | (| i) Nam or | e of supported ganization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | organiz column (your go | s the sation in in its like in | the organ | ou notify nization in n (i) of upport? | organiz colur | s the ation in no (i) add in the S.? | (vii) Amour | it of sup | port |
| | | | | | | Yes | No | Yes | No | Yes | No | | | |
| (A) | | | | | - | | | | | | | | | |
| | | | | | | | | | | | | | | |
| (B) | | | | | | | | ļ | | | | | | |
| (C) | | | | | | | | | | | | | | |
| (D) | | | | | | | | | | | | | | |
| <u>(E)</u> | | | | | | | | | | | | | | |
| T.4.1 | | | | | | | | | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | ection A. Public Support | | | | | | | | | | | | |
|---------------|--|----------------------|----------------------|----------------------|----------------------|--|--------------------|--|--|--|--|--|--|
| Cale: begi | ndar year (or fiscal year nning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total | | | | | | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | 1,158,692. | 1,589,045. | 799,912. | 1,183,000. | 1,077,313. | 5,807,962. | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. | | | | | | |
| 4 | Total. Add lines 1 through 3 | 1,158,692. | 1,589,045. | 799,912. | 1,183,000. | 1,077,313. | 5,807,962. | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 753,470. | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 5,054,492. | | | | | | |
| Sec | From line 4 | | | | | | | | | | | | |
| | ndar year (or fiscal year nning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total | | | | | | |
| 7 | Amounts from line 4 | 1,158,692. | 1,589,045. | 799,912. | 1,183,000. | 1,077,313. | 5,807,962. | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 7,638. | 4,414. | 411. | 59. | 275. | 12,797. | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). See . P.art . IV | -14,050. | 108,224. | | 250,000. | 347. | 344,521. | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 6,165,280. | | | | | | |
| 12 | Gross receipts from related activ | vities, etc (see ins | structions) | | | 12 | 0. | | | | | | |
| | First five years. If the Form 990 organization, check this box and | i stop here | <u></u> | nd, third, fourth, o | or fifth tax year as | a section 501(c)(| 3) | | | | | | |
| Sec | tion C. Computation of Pu | blic Support F | Percentage | | <u> </u> | | 81.98% | | | | | | |
| 14 | Public support percentage for 20 | 011 (line 6, colum | n (f) divided by lit | ne 11, column (f) |) | 15 | 95.00% | | | | | | |
| | Public support percentage from | | | | | | | | | | | | |
| | 33-1/3% support test — 2011. If and stop here. The organization | | | | | | | | | | | | |
| | 33-1/3% support test — 2010. If and stop here. The organization | qualifies as a pu | blicly supported o | rganization | | | | | | | | | |
| | 17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization | | | | | | | | | | | | |
| | b 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. | | | | | | | | | | | | |
| | | ization did not ch | eck a box on line | 13, 16a, 16b, 1/a | a, or 17b, check tr | thedule A (Form 9 | 90 or 990-EZ) 2011 | | | | | | |
| BAA | i. | | | | 30 | ALLOCATION PARTY OF THE PARTY O | ,,,, | | | | | | |

| 3 | - | | | | |
|-------------------------|---------------------------|--------------------------|--------------------------|---------------------|----------------------------------|
| · (O | حمد بدمظ مطلا أمميام ساسي | line 0 of Dart Lar if th | o organization failed to | s qualify under Pai | rt II. If the organization fails |
| (Complete only if you | I Checked the box on | ikie 5 Ori arti orii i | to organization ranea to | quanty united to | • |
| to avalify under the to | asts listed helow inle: | ase complete Part II.) | } | | t II. If the organization fails |

| | tion A. Public Support | | | | 45 5040 | (-) 0013 | (O Total |
|--------|--|---------------------|-----------------------|---------------------------------------|--|---|---------------------|
| Calend | lar year (or fiscal yr beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 7 | Gifts, grants, contributions and membership fees received. (Do not include | | | | | | |
| | received. (Do not include any 'unusual grants.') | | | | | | |
| 2 | Gross receipts from admis- | | | | | : | |
| | sions, merchandise sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is | | | | | | |
| | related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities | · | | | | | • |
| | that are not an unrelated trade or business under section 513. | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to or expended on | | | | | | |
| | its hehalf | | · | | | | |
| | The value of services or facilities furnished by a | | | | | | |
| | governmental unit to the organization without charge | | | | | <u>.</u> | |
| | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, | | | | | | |
| | 2, and 3 received from | | | | | | |
| | disqualified persons | | | | | | |
| D | and 3 received from other than | | | | | | |
| | disqualified persons that exceed the greater of \$5,000 or | | | | | | |
| | 1% of the amount on line 13 | | | | | | |
| _ | for the year | ļ | | | | | |
| | Public support (Subtract line | | | | | | |
| • | 7c from line 6.) | | | | | | |
| Sec | tion B. Total Support | <u> </u> | | 1 | 4 N CO10 | (-) 2011 | (f) Total |
| | dar year (or fiscal yr beginning in) 🟲 👚 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (I) Totas |
| | Amounts from line 6 | | | | | | |
| 10 a | Gross income from interest, dividends, payments received | | | | | | |
| | on securities loans, rents, | | | | | | |
| | royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 | | | | | | |
| | taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business | | | | | | |
| 11 | activities not included in line 10b, | | | | | | |
| | whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of | | | | | | |
| | gain or loss from the sale of capital assets (Explain in | | | | | | |
| | capital assets (Explain in Part IV.) | | | | | | |
| 13 | Total support. (Add ins 9, 10c, 11, and 12.) | | Linet coo | I had third fourth a | or fifth tay year as | a section 501(c) | (3) |
| 14 | First five years. If the Form 990 organization, check this box and | d stop here | ation's lifst, sect | ma, ama, man, i | | | ······ <u>}</u> |
| Sec | tion C. Computation of Pu | ıblic Support F | Percentage | | | | |
| 15 | Public support percentage for 2 | .011 (line 8, colum | n (f) divided by l | ine 13, column (f) |) | 15 | 0/0 |
| 16 | Public support percentage from | 2010 Schedule A | , Part III, line 15 | | | | |
| Sec | tion D. Computation of Inv | vestment Inco | me Percentac | je | ımp (f\) | | ે |
| 17 | Investment income percentage | tor 2011 (fine 10c. | , column (t) divid | eu by line 13, COII ^ 17 | aniu (1 <i>)).</i> | · · · · · · · · · · · · · · · · · · · | % |
| 18 | Investment income percentage | | and the second of the | a bay on line 14 | and lina 15 is mai | ro than 33.1/3% ≥ | and line 17 |
| | 33-1/3% support tests — 2011. Is not more than 33-1/3%, chec | | | | | | |
| t | 33-1/3% support tests — 2010. Inc. 18 is not more than 33-1/39 | If the organization | did not check a | box on line 14 or | line 19a, and line | 16 is more than 3 | 33-1/3%, and ► ☐ |
| | line 18 is not more than 33-1/39 | %, check this box | and stop here. T | ne organization di . 14 10a or 10b | rannes as a public chack this how and | ny supported orga 1 see instructions | ▶ |
| _20 | Private foundation. If the organ | ization did not ch | еск а вох оп иле | : 14, 13a, UI 13U, | SA SOCIETY NOON AIT | hedule A (Form C | 990 or 990-EZ) 2011 |

| O - la - de el - A | (Form 990 o | ~ 000 E70 3 | 2011 (| anter | for | Famil: | v Ren | resent | tation | Inc | 5 | 1-041 | 9496 | | Page 4 |
|--------------------|--|----------------------------------|-------------------|-----------------|-------------------|--------------------------|------------------|----------------|---------------------|-----------------------|---------------------|-------------------|--------------------|----------------------|---------------|
| Part IV | Suppleme Part II, lin (See instr | e ntal Info r e 17a or | rmatio 17b; ai | n. Com | plete III, lir | this par ne 12. A | t to pro | ovide the | ne expla this pa | anations rt for ar | s requir ny addi | ed by tional i | Part II, nforma | line 1 ation. | 0; |
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| 2011 S | chedule | A, Part IV | - Supple | mental Infor | mation | Pa |
|--|----------|--------------------|-------------|--------------|-------------|-------|
| Client C0419496 | | Center for Fa | mily Repres | entation Inc | | 51-0 |
| 8/28/12 | | | | | | |
| Part II, Line 10 - Other | Income | | | | | |
| Nature and Source | | 2011 | 2010 | 2009 | 2008 | 2007 |
| Special Event Inco Lease Term Agreeme Other Income | me nt | | 250,000. | | 108,224. | -14,0 |
| Other Income | Total \$ | 347. 347. \$ | 250,000. | \$ 0. | \$ 108,224. | -14,C |
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No. 1545-0047

2011

| Name of the organization | | Employer identification number |
|---|--|---|
| Center for Family Represen | 51-0419496 | |
| Organization type (check one): | | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | X 501(c)(<u>3</u>) (enter number) organization 4947(a)(1) nonexempt charitable trust not tre 527 political organization | ated as a private foundation |
| Form 990-PF | 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated 501(c)(3) taxable private foundation | as a private foundation |
| Check if your organization is covered by Note. Only a section 501(c)(7), (8), or (10) | the General Rule or a Special Rule . D) organization can check boxes for both the General Ru | le and a Special Rule. See instructions. |
| General Rule For an organization filing Form 990, 9 contributor. (Complete Parts I and II.) | 990-EZ, or 990-PF that received, during the year, \$5,000 | or more (in money or property) from any one |
| Special Rules | | |
| 500(a)(1) and 170(b)(1)(A)(vi) and re | iling Form 990 or 990-EZ that met the 33-1/3% support to eceived from any one contributor, during the year, a cont D. Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete | tribistion of the greater of (1) \$5.000 or |
| total contributions of more than \$1.00 | rganization filing Form 990 or 990-EZ that received from 00 for use exclusively for religious, charitable, scientific, or animals. Complete Parts I, II, and III. | any one contributor, during the year, literary, or educational purposes, or |
| contributions for use <i>exclusively</i> for real fithis box is checked, enter here the purpose. Do not complete any of the | rganization filing Form 990 or 990-EZ that received from eligious, charitable, etc, purposes, but these contribution total contributions that were received during the year for parts unless the General Rule applies to this organization | r an <i>exclusively</i> religious, charitable, etc, on because it received nonexclusively |
| religious, charitable, etc, contributions | s of \$5,000 or more during the year | \$ |
| 990 DE) but it must answer 'No' on Part i | ered by the General Rule and/or the Special Rules does r IV, line 2, of its Form 990; or check the box on line H of neet the filing requirements of Schedule B (Form 990, 99 | 85 FORM 990-EZ OF OFF PARTI, WITE 2, OF ITS 90-EZ, or 990-PF). |
| BAA For Paperwork Reduction Act Not 990EZ, or 990-PF. | ice, see the Instructions for Form 990, | Schedule B (Form 990, 990-EZ, or 990-PF) (2011) |

| | B (Form 990, 990-EZ, or 990-PF) (2011) | | , Page | 1 of identification no | 1 of Part 1 |
|---------------|---|-----------------|-----------------------------|--|--------------------------------------|
| Name of org | r for Family Representation Inc | | ' - | 119496 | |
| | Contributors (see instructions). Use duplicate copies of Part I if additional s | pace is ne | eeded. | | |
| (a) Number | (b) Name, address, and ZIP + 4 | col | (c) Total ntributions | Type of | (d) contribution |
| 1 | Sirus Fund 750 Third Ave | \$ | 50,000. | Person Payroll Noncash | X |
| | New York, NY 10017 | · · · · · · · · | | (Complete | Part II if there sh contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | co | (c) Total ntributions | Type of | (d) contribution |
| 2 | Gimbel Foundation 271 Madison Ave New York, NY 10016 | \$ | 50,000. | Person Payroll Noncash (Complete is a noncas | Rart II if there sh contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | co | (c) Total ntributions | Type of | (d) contribution |
| 3 | Child Welfare Fund c/o SKP 888 Seventh Ave New York, NY 10105 | \$ | 65,000. | Person Payroll Noncash (Complete is a noncas | Part II if there sh contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | со | (c) Total ntributions | Type of | (d) contribution |
| 4 | Interest on Lawyer Accounts 11 East 44th Street New York, NY 10017 | \$ | 70,000. | Person Payroll Noncash (Complete | X Part II if there sh contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | со | (c) Total ntributions | Type of | (d) contribution |
| | Brd for Judiciary Civil Legal Svcs 25 Beaver Street New York, NY 10007 | \$ | <u>57,000.</u> | Person Payroll Noncash (Complete is a noncas | Part II if there ch contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | со | (c) Total ntributions | Type of | (d) contribution |
| | | \$ | dule B (Form 990 | is a noncas | Part II if there sh contribution.) |
| BAA | TEEA0702L 08/30/11 | ocne | TOTAL DE CLOHIT AAC | ,, ∋∋∪°⊑∠, ΩΓ | 220-117 (COLI) |

Employer identification number

Center for Family Representation Inc

51-0419496

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|--|--|--|
| | N/A | _ | |
| | | \$ | |
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| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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1 of Part III

| Name of orgai Center | nization for Family Representation I: | nc | | 51-0419496 | | | |
|---------------------------|--|---|-------------|----------------------------------|---------------------------------------|--|--|
| Part III | Exclusively religious, charitable, e organizations that total more than | tc, individual contributio | ns to secti | ion 501(c)(7), (8), or (10) | | | |
| | For organizations completing Part III, enter contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional | total of exclusively religious, cl (Enter this information once. S | | | N/A | | |
| (a) | (b) | (c) | | (d) | · · · · · · · · · · · · · · · · · · · | | |
| No. from Part I | Purpose of gift | Use of gift | | Description of how git | ft is held | | |
| Faiti | N/A | | | | | | |
| <u></u> | | | | <u></u> | | | |
| | | (e) | | | | | |
| | Transferee's name, addres | Transfer of gift | Rela | ationship of transferor to tran | sferee | | |
| | | | | | | | |
| (a) | (b) | (c) | | (d) | | | |
| No. from Part I | Purpose of gift | Use of gift | | Description of how git | it is held | | |
| | | | | | | | |
| | | | | | | | |
| | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, and ZIP + 4 | | | ationship of transferor to tran | sferee | | |
| | | | | | | | |
| | | | | | | | |
| (a) | (b) | (c) | | (d) | | | |
| No. from Part I | Purpose of gift | Use of gift | | Description of how gif | t is held | | |
| | | | | | · · · · · · | | |
| | | | | | | | |
| | | (e) Transfer of gift | | | | | |
| | Transferee's name, addres | Relationship of transferor to transferee | | | | | |
| | | | | | | | |
| | | | | | | | |
| (a) | (6) | (c) | | (d) | | | |
| (a) No. from Part I | (b) Purpose of gift | Use of gift | | Description of how gif | t is held | | |
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| | | (e) | | 1 | | | |
| | Transferee's name, addres | Transfer of gift | Rela | ationship of transferor to trans | sferee | | |
| | | , | | • | | | |
| | | | | | | | |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Employer identification number 51-0419496 Center for Family Representation Inc Part [A] Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. Volunteer hours..... Part I-B Complete if the organization is exempt under section 501(c)(3). 0. 1 Enter the amount of any excise tax incurred by the organization under section 4955..... 2 Enter the amount of any excise tax incurred by organization managers under section 4955..... ▶ \$ 0. If the organization incurred a section 4955 tax, did it file Form 4720 for this year?..... No No 4a Was a correction made?..... Yes b If 'Yes,' describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities..... Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Did the filing organization file Form 1120-POL for this year?.... Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (c) EIN (e) Amount of political (d) Amount paid from filing (b) Address (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. (a) Name organization's funds. If none, enter-0-. (1)(2)(3)(4) (5)(6)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

| Schedule C (Form 990 or 990-EZ) 201 | 11 Center for | Family Represent | ation Inc | 51-041 | |
|---|------------------------|--|---------------------------|-------------------------------------|--------------------------------|
| Part II-A Complete if section 501(| the organization | is exempt under se | ction 501(c)(3) and | l filed Form 5768 (e | lection under |
| A Check ► if the filing | ng organization belo | ngs to an affiliated group | (and list in Part IV eac | h affiliated group membe | er's name, |
| | | l share of excess lobbying | | | |
| B Check ► if the filing | ng organization chec | ked box A and 'limited co | ontrol' provisions apply. | | |
| | 'expenditures' mea | ing Expenditures ns amounts paid or incur | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1 a Total lobbying expendite | ures to influence pui | blic opinion (grass roots le | obbying) | | |
| b Total lobbying expendite | ures to influence a l | egislative body (direct lob | bying) | | ····· |
| c Total lobbying expendit | ures (add lines 1a a | nd 1b) | | , | |
| d Other exempt purpose | | | | | |
| e Total exempt purpose e | expenditures (add lin | es 1c and 1d) | | | |
| f Lobbying nontaxable an both columns. | nount. Enter the am | ount from the following ta | ble in | | |
| If the amount on line 1e, col | umn (a) or (b) is: | he lobbying nontaxable | amount is: | | |
| Not over \$500,000 | | 20% of the amount on line 1e. | | | |
| Over \$500,000 but not over \$1 | ,000,000 | \$100,000 plus 15% of the excess | s over \$500,000. | | |
| Over \$1,000,000 but not over \$ | | \$175,000 plus 10% of the excess | s over \$1,000,000. | 2000年,1910年,1910年,1910年 | |
| Over \$1,500,000 but not over \$ | \$17,000,000 | \$225,000 plus 5% of the excess | over \$1,500,000. | | |
| Over \$17,000,000 | | \$1,000,000. | | | |
| g Grassroots nontaxable a | amount (enter 25% | of line 1f) | | | |
| h Subtract line 1g from lir | ne 1a. If zero or less | s, enter -0 | | | |
| i Subtract line 1f from lin | e 1c. If zero or less | , enter -0 | | | |
| j If there is an amount ot section 4911 tax for this | ther than zero on eit | her line 1h or line 1i, did | the organization file Fo | rm 4720 reporting | Yes No |
| | | 4-Year Averaging Period t made a section 501(h) e s below. See the instructi | | | |
| | | ying Expenditures During | | | - |
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| 2a Lobbying non-taxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | Sahadula C (Fare | n 990 or 990-EZ) 2011 |
| BAA | | | | Schedule C (Forr | וו אלכל וו אלכל וו אלכל וו |

| Part II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)). | T filed | For | m 576 | 8 | |
|--|----------------|----------------|-----------|---------------|----------|
| | (; | a) | | (b) | |
| For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | Yes | No | | Amoun | nt |
| See Part IV 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | | | |
| a Volunteers?b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?c Media advertisements? | Х | X | | | |
| d Mailings to members, legislators, or the public? | | X X X | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | X | | 28 | ,000. |
| j Total. Add lines 1c through 1i | | X | | 28 | ,000. |
| c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | Х | | | |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6). | (c)(5) | , or | | | |
| Were substantially all (90% or more) dues received nondeductible by members? | | | | 1 2 | es No |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? | | | | 3 | |
| Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.' | (c)(5) | , or s | ection | i ine 3, | is |
| 1 Dues, assessments and similar amounts from members | | 1 | | | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | | | |
| a Current yearb Carryover from last year | | 2a 2b 2c | | | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poli expenditure next year? | | 4 | | | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | | |
| Part IV Supplemental Information | | | | | |
| Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; P. Also, complete this part for any additional information. | art II-A | ; and | Part II-I | 3, line ' | 1. |
| Part_II-B - Description of Lobbying Activity | _ . | | | | - |
| CFR_engaged_a_consultant_to_represent_the_organization_before_the | | | | | |
| executive, legislative and administrative branches of government. | | | | ,_th∈ | <u></u> |
| <u>Executive Director engaged in discussions with legislators about</u> | prop | ose | i | | - |
| legislation | | | | | |

| Schedule C (Form 990 or 990-EZ) 2011 Center for Family Representation Inc Part IV Supplemental Information (continued) | 51-0419496 | Page 4 |
|---|---|----------------|
| Part IV Supplemental Information (continued) | | |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

2011

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Employer identification number

| Cer | nter for Family Representation | Inc | | 51-0419496 |
|----------|---|---|--|--|
| Pa | Organizations Maintaining Donor the organization answered 'Yes' to | r Advised Funds or Other | Similar Funds or Acc | ounts. Complete if |
| | the organization answered fes to | | | |
| | | (a) Donor advised fu | nds (b) F | unds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate contributions to (during year) | | | |
| 3 | Aggregate grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and dor funds are the organization's property, subject | to the organization's exclusive I | egal control? | Yes No |
| 6 | Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene | rs, and donor advisors in writing the benefit of the donor or dono fit? | g that grant funds can be r advisor, or for any other | Yes No |
| Da | Conservation Easements. Compl | - | | |
| <u>1</u> | Purpose(s) of conservation easements held by | | | |
| ' | Preservation of land for public use (e.g., r | | Preservation of an historic | ally important land area |
| | Protection of natural habitat | ecreation or education, | Preservation of a certified | |
| | Preservation of open space | | 11 reservation of a continua | 1.00.10 0.1 00.01 |
| 2 | Complete lines 2a through 2d if the organization | on held a qualified conservation | contribution in the form of | a conservation easement on the |
| _ | last day of the tax year. | on note a quantoa consolvation | | |
| | | | Sample Sa | leld at the End of the Tax Year |
| ā | Total number of conservation easements | | | |
| ŧ | Total acreage restricted by conservation ease | ments | | |
| (| : Number of conservation easements on a certi- | fied historic structure included in | n (a) | |
| | Number of conservation easements included in structure listed in the National Register | | <u> ∠0</u> | |
| 3 | Number of conservation easements modified, tax year ► | transferred, released, extinguis | hed, or terminated by the or | ganization during the |
| 4 | Number of states where property subject to co | onservation easement is located | - | |
| 5 | Does the organization have a written policy re and enforcement of the conservation easemer | | | ations, Yes No |
| 6 | Staff and volunteer hours devoted to monitorin | ng, inspecting, and enforcing co | nservation easements durin | g the year |
| 7 | Amount of expenses incurred in monitoring, ir ► \$ | nspecting, and enforcing conser | vation easements during the | e year |
| 8 | Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | n line 2(d) above satisfy the req | uirements of section | Yes No |
| 9 | In Part XIV, describe how the organization reports include, if applicable, the text of the footnote | s conservation easements in its re to the organization's financial st | venue and expense statement atements that describes the | , and balance sheet, and organization's accounting for |
| Pai | conservation easements. Organizations Maintaining Colle Complete if the organization ans | ctions of Art, Historical T wered 'Yes' to Form 990, | reasures, or Other Sin Part IV, line 8. | nilar Assets. |
| 1 a | If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its final | r SFAS 116 (ASC 958), not to re | eport in its revenue stateme | nt and balance sheet works of rance of public service, provide, |
| ł | of the organization elected, as permitted under historical treasures, or other similar assets he | r SEAS 116 (ASC 958) to repor | t in its revenue statement a | nd balance sheet works of art, e of public service, provide the |
| | following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, | | | |
| | (ii) Assets included in Form 990, Part X | HIIG I | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Þ\$ |
| 2 | If the organization received or held works of a amounts required to be reported under SFAS | rt, historical treasures, or other | similar assets for financial of | gain, provide the following |
| | amounts required to be reported under SFAS Revenues included in Form 990, Part VIII, line | | | ▶\$ |
| | Assets included in Form 990, Part X | | | |

| Schedule D (Form 990) 2011 Cent | | | | | 19496 | Page 2 |
|--|-------------------------|--|--|---|-------------------|---------|
| Part III Organizations Mainta | ining Collection | ıs of Art, Histo | rical Treasures, c | or Other Similar As | sets (continu | леd) |
| 3 Using the organization's acquisi items (check all that apply): | tion, accession, and | | | | use of its collec | tion |
| a Public exhibition | | | r exchange programs | | | |
| b Scholarly research c Preservation for future gene | rations | e Other | | | | |
| c Preservation for future gene 4 Provide a description of the organization. | | s and explain how | they further the orga | nization's exempt purp | ose in | |
| 5 During the year, did the organization assets to be sold to raise funds | ation solicit or receiv | ve donations of art aintained as part o | , historical treasures, f the organization's co | or other similar | Yes | No |
| Part IV Escrow and Custodia line 9, or reported an | al Arrangements | . Complete if the | ne organization a | | | t IV, |
| 1 a Is the organization an agent, tru included on Form 990, Part X?. | | | | her assets not | Yes | No |
| b If 'Yes,' explain the arrangemen | t in Part XIV and co | mplete the followir | ig table: | | Amount | |
| c Beginning balance | | | | 1c | | |
| d Additions during the year | | | | | | |
| e Distributions during the year | | | | | | |
| f Ending balance | | | | | | |
| 2a Did the organization include an | |), Part X, line 21? . | | | Yes | No |
| b If 'Yes,' explain the arrangemen | | | | 000 5 1 11 11 | | |
| Part V Endowment Funds. Co | | | | · , · · · · · · · · · · · · · · · · · · | | |
| 1. Designing of the state of | (a) Current year | (b) Prior year | (c) Two years bac | k (d) Three years back | (e) Four year: | s back |
| 1 a Beginning of year balance b Contributions | | | | | | |
| | | | | | | |
| c Net investment earnings, gains, and losses | | | | | | |
| d Grants or scholarships | | | | | | |
| e Other expenditures for facilities and programs | | | | | | |
| f Administrative expenses | | | | | | |
| g End of year balance | | | 1 | | | |
| 2 Provide the estimated percentag a Board designated or quasi-endow | | r end balance (line | ig, column (a)) neid | as: | | |
| b Permanent endowment | Auneur 6 | ^o | | | | |
| c Temporarily restricted endowmer | | % | | | | |
| The percentages in lines 2a, 2b, | | | | | | |
| 3a Are there endowment funds not in organization by: | • | | nat are held and adm | inistered for the | Yes | No |
| (i) unrelated organizations | | | | | 3a(i) | NO |
| (ii). related organizations | | | | | 3a(ii) | |
| b If 'Yes' to 3a(ii), are the related of | | | | | | |
| 4 Describe in Part XIV the intended | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | . 00 | |
| Part VI Land, Buildings, and I | | | | | | |
| Description of property | (a) Cos | st or other basis nvestment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book val | ue |
| 1 a Land | | | | | | |
| b Buildings | | | | | | |
| c Leasehold improvements | | | 65,000. | 3,791. | | 209. |
| d Equipment | | | 99,873. | 30,934. | 68, | 939. |
| e Other | | 000 5 111 | | | | |
| Total. Add lines 1a through 1e. (Colum | ın (a) must equal Fo | orm 990, Part X, co | iumn (B), line 10(c).) | | 130, | |
| 3444 | | | | School | THE HILL ARM COL | וווכיוו |

| Sch | edule D (Form 990) 2011 Center for Family Representation Inc | 51-0419496 | Page 4 |
|--------------------|--|---|--------------------|
| | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements | | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 5,992,691. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 5,534,671. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | 458,020. |
| 4 | Net unrealized gains (losses) on investments | | |
| | Donated services and use of facilities | | - |
| 5 | Investment expenses | | |
| 6 | Prior period adjustments | | |
| 7 | Other (Describe in Part XIV.) | | |
| 8 | Total adjustments (net). Add lines 4 through 8. | ****** | |
| 9 | Total adjustments (net). Add lines 4 through 8 | | 458,020. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | r Peturn | 450,020. |
| | Reconciliation of Revenue per Audited Financial Statements With Revenue per | 1 | 5,992,691. |
| 1 | | | 0,002,001. |
| | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| | 2 Not dividual 200 gains on investmenter in | | |
| | Donated services and use of facilities | | |
| | c Recoveries of prior year grants | | |
| 9 | d Other (Describe in Part XIV.) | | |
| | Add lines 2a through 2d | <u>2e</u> | E 000 C01 |
| 3 | | 3 | 5,992,691. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | • | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | | |
| | o Other (Describe in Part XIV.) | | |
| | c Add lines 4a and 4b | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5,992,691. |
| Pa | Reconciliation of Expenses per Audited Financial Statements With Expenses | per Return | |
| 1 | Total expenses and losses per audited financial statements | | 5,534,671. |
| | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| | a Donated services and use of facilities | | |
| | b Prior year adjustments | | |
| 1 | c Other losses | | |
| | d Other (Describe in Part XIV.) | 4 5 | |
| | e Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 5,534 <u>,671.</u> |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| ; | a Investment expenses not included on Form 990, Part VIII, line 7b | | |
| | b Other (Describe in Part XIV.) | | |
| | c Add lines 4a and 4b | 4c | F FD 4 C71 |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 5,534,671. |
| Pa | REXIV Supplemental Information | | |
| Com Part any | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comadditional information. | rt IV, lines 15 and plete this part to | n ZD; provide |
| | Part X - FIN 48 Footnote | | |
| | The Organization's accounting policy is to provide liabilities for | | |
| | <u>positions when a liability is probable and estimable. Management i</u> | | |
| | <u>violation of its tax status as an organization exempt from income</u> | | |
| | exposure to unrelated business income tax. | | |
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Schedule **D** (Form 990) 2011

| Schedule D (Form 990) 2011 Center for Family Representation Inc | 51-0419496 | Page 5 |
|--|---------------------------------------|----------------|
| Schedule D (Form 990) 2011 Center for Family Representation Inc Part XIV Supplemental Information (continued) | | |
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

| Captor for Enmiler Popper | ntotion T | [ma | | | 1 | 51-041949 | |
|---|--------------------------------------|--------------|---|---------------------------------------|-----------------|---|---|
| Center for Family Represe Parti Fundraising Activities. Comp Form 990-EZ filers are not re | lete if the orga | nization a | nswered ' | Yes' to Form 990, Part I | | | 0 |
| | | | | | | | |
| 1 Indicate whether the organization | raised funds th | irough any | | | | | |
| a Mail solicitations | _ | | e | | - | - | |
| b Internet and email solicitations | 5 | | 1 | Solicitation of gove | _ | irants | |
| c Phone solicitations | • | | g | Special fundraising | events | | · |
| d In-person solicitations 2a Did the organization have a writter employees listed in Form 990, Par | n or oral agreer t VII) or entity | ment with | any indivi | dual (including officers, | directors | , trustees or k | ey Yes X No |
| b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the | dividuals or en | tities (fund | | | | | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did | fundraiser dy or control ributions? | (iv) Gross receipts from activity | or re fundra | ount paid to etained by) iser listed in lumn (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | | |
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| Total | | | . | | | | 0. |
| List all states in which the organize or licensing. | | | | | | otified it is exe | mpt from registration |
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| Sche | edule | G (Form 990 or 990-EZ) 2011 Center | for Family Rep | resentation Inc | 51-04 | |
|-----------------------|----------------|--|--|---|-----------------------|--|
| Pa | t II | Fundraicing Events Complete if t | the organization ar | swered 'Yes' to Fo | rm 990. Part IV. lii | ne 18, or reported |
| | | more than \$15,000 of fundraising List events with gross receipts gre | event contributions eater than \$5,000. | s and gross income | on Form 990-EZ, | lines i and ob. |
| | | Elst events with gross receipts gre | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | Annual Benefit | Summer in the | | (add column (a) through column (c) |
| R | | | (event type) | (event type) | (total number) | through column (c) |
| 名言と言いる | 1 | Gross receipts | 227,215. | 11,722. | | 238,937. |
| Ē | 2 | Less: Charitable contributions | 197,650. | 4,531. | | 202,181. |
| | 3 | | 29,565. | 7,191. | | 36,756. |
| | | | | | | |
| | 4 | - 1.1 p | | | | |
| D | 5 | Noncash prizes | 313. | | | 313. |
| D R E C T | 6 | Rent/facility costs | 51,047. | 5,763. | | 56,810. |
| | 7 | Food and beverages | | | | |
| E X P | 8 | Entertainment | 300. | | | 300. |
| EXPENSES | 9 | Other direct expenses | 10,435. | 307. | | 10,742. |
| ร์ | 10 | Direct expense summary. Add lines 4 thre | ouah 9 in column (d) | | | 68,165. |
| | 11 | Net income summary. Combine line 3, co | olumn (d), and line 10. | | <u> </u> | -31,409. |
| Pai | tIII | Gaming. Complete if the organiza | tion answered 'Ye | s' to Form 990, Par | t IV, line 19, or rep | oorted more than |
| | 1 | "\$15,000 on Form 990-EZ, line 6a. | | | | T |
| R E V E N U E | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add column (a) through column (c)) |
| N U | | | | | | |
| E | 1 | Gross revenue | | | | |
| | 2 | Cash prizes | | | | |
| ρX | | | | | | |
| D I R E C | 3 | Non-cash prizes | | | | |
| T E | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | · |
| - | | | Yes% | Yes% | Yes% | |
| | 6 | Volunteer labor | No | No | No | |
| | 7 | Direct expense summary. Add lines 2 thr | ough 5 in column (d) | | | |
| | | Net gaming income summary. Combine I | ings 1 column (d) and | line 7 | > | |
| _ | 8 | Net garning income summary. Combine i | ines 1, column (a) and | ine / | | |
| 9 | Ent | ter the state(s) in which the organization or | perates gaming activitie | es: | | |
| | alsti | he organization licensed to operate gaming | g activities in each of th | nese states? | | |
| į | b If 'N | √o,' explain: | | | | |
| | | : _ | | | | |
| 10: | a Wei | re any of the organization's gaming license | es revoked, suspended | or terminated during the | e tax year? | Yes No |
| 1 | b If '\ | Yes,' explain: | | | | |
| | | | | | | |
| BAA | 1 | | TEEA3702L (| 01/24/12 | Schedule G (Fo | rm 990 or 990-EZ) 2011 |

| Schedule G (Form 990 or 990-EZ) 2011 Center for Family Represe | entation Inc 51-04 | 19496 Page 3 |
|---|---|-------------------------------------|
| 11 Does the organization operate gaming activities with nonmembers? | | Yes No |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member administer charitable gaming? | of a partnership or other entity formed t | O. Yes No |
| 13 Indicate the percentage of gaming activity operated in: | | |
| a The organization's facility | | ્ર |
| b An outside facility | | 용 |
| 14 Enter the name and address of the person who prepares the organization | s gaming/special events books and recor | ds: |
| Name • | · | |
| Address • | | |
| 15 a Does the organization have a contact with a third party from whom the org b if 'Yes,' enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party ► \$ c if 'Yes,' enter name and address of the third party: | ▶ \$ and the amo | |
| Name - | | |
| Address ► | | |
| 16 Gaming manager information: | | |
| Name * | · | |
| Gaming manager compensation ► \$ | | |
| Description of services provided | | |
| Director/officer Employee Indep | pendent contractor | |
| 17 Mandatory distributions | | |
| a Is the organization required under state law to make charitable distribution state gaming license? | | 162 140 |
| Part IV Supplemental Information. Complete this part to provice columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b this part to provide any additional information (see inst | , 15c. 16, and 1/b, as applicable. | Part I, line 2b, . Also complete |
| | | |
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| | | |
| | | |
| | | |
| BAA TEEA3703L 05/20/1 | Schedule G (Fo | orm 990 or 990-EZ) 2011 |

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No. 1545-0047

Employer identification number

51-0419496

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

Center for Family Representation Inc Part Questions Regarding Compensation Yes No 1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.... 16 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?..... Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: 4a a Receive a severance payment or change-of-control payment?..... b Participate in, or receive payment from, a supplemental nonqualified retirement plan?..... 4b Х X c Participate in, or receive payment from, an equity-based compensation arrangement?..... If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a a The organization?..... X 5b b Any related organization?..... If 'Yes' to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?..... 6h **b** Any related organization?..... If 'Yes' to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not Χ described in lines 5 and 6? If 'Yes,' describe in Part III..... Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III..... X 8 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?.....

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011 Center for Family Representation Inc

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

| | (B) Breakdowr | (B) Breakdown of W-2 and/or 1099-MISC compensation | compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|-----------------|--|--|---|---|--|--|---|
| (A) Name | (i) Base compensation | (ii) Bonus and incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | reported as deferred in prior Form 990 |
| Susan L. Jacobs | 161, | .0 | 0. | 0 | 19,784. | 181,457. | 0.0 |
| | | 0 | | | 0 | 0. | |
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| 13 | (i) | | | | | | |
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| 14 | (I) | | | | | | |
| | 1 1 1 1 1 1 |] | | 1 1 [| | 1 1 1 1 1 1 1 | |
| 15 | (ii) | *************************************** | | | | | |
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| 16 | (t)) | | | | | | |
| BAA | | | TEEA4102L 01 | 01/24/12 | | Sche | Schedule J (Form 990) 2011 |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Department of the Treasury Internal Revenue Service Name of the organization

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Publication

Employer identification number

| Cente | er for Family Representation Inc | 51-0419496 |
|-------------|---|---|
| | orm 990, Part III, Line 1 - Organization Mission | |
| CE | FR's mission is to provide families in crisis with free legal a | ssistance and social |
| <u>_</u> WC | ork services that enable children to stay with their parents sa | fely and avoid the |
| of | ften devastating consequences of foster care on children's long | -term well being. |
| CF | R's model uses a groundbreaking approach that offers each fami | ly a lawyer and a |
| sc | ocial worker, as well as a Parent Advocate -someone who has exp | perienced the foster |
| ca | are system and can empathize with the struggles vulnerable fami | lies face. CFR also |
| tr | cains practitioners in the child welfare and court systems on b | est practices to |
| su | upport families and provides leadership at the city, state and | national level on |
| ho | ow best to strengthen families. | |
| F_o | orm 990, Part III, Line 4b - Program Service Accomplishments | |
| <u>Tr</u> | raining/Replication and Policy Program: In 2011, CFR provided 3 | 4 training sessions |
| fo | or CFR staff and nearly 800 other practitioners including judge | s, child welfare |
| wo | orkers, children's attorneys, parents' attorneys, Court Appoint | ed Special |
| <u>Ad</u> | vocates, family court staff, and court attorneys from several | states and from |
| up | state regions in New York. | · • • • • • • • • • • • • • • • • • • • |
| | | · |
| De | puty Director Michele Cortese provided training and technical | assistance sessions |
| on | parent engagement and advocacy for judicial and legal staff i | n all 13 judicial |
| di | stricts of New York State as part of a two-year contract with | New York State |
| Of | fice of Court Administration. Cortese also gave the keynote | address at the Iowa |
| Pe | rmanency Summit, sponsored by the Iowa Children's Justice, Sta | te Court |
| Ad: | ministration. | |
| | | |
| In | October, CFR social work and legal staff provided training on | how cases proceed |
| th | rough the family court system to preventive caseworkers from t | he Center for the |
| BAA For | Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. TEEA4901L 07/14/11 Sch | nedule O (Form 990 or 990-EZ) 2011 |

| Name of the organization | Employer identification number |
|--|---------------------------------------|
| Center for Family Representation Inc | 51-0419496 |
| Form 990, Part III, Line 4b - Program Service Accomplishments | |
| (Cont.) Integration and Advancement of New Americans (CIANA). I | This training was the |
| beginning of a new relationship with CIANA which will enable CF | R to better serve our |
| growing population of immigrant clients in Queens. | |
| | · |
| In December, CFR hosted our second Cornerstone Institute for ch | aild_welfare |
| practitioners, including the State Public Defender, a family co | ourt judge, and a law |
| professor, from the Unified Court System in Iowa. This three-da | y training provided |
| comprehensive instruction on our Cornerstone Advocacy approach | and best practices |
| for supporting families in crisis. It also gave participants the | ne opportunity to |
| interact with CFR staff, New York City family court judges, cou | urt improvement |
| personnel, and ACS Commissioner Ron Richter. | · · · · · · · · · · · · · · · · · · · |
| | |
| In addition to training and replication activities, CFR played | a leadership role in |
| numerous policy initiatives to improve child welfare practices_ | at the city, state |
| and national levels, including key staff and board members serv | ring on the American |
| Bar Association Steering Committee. These initiatives utilize | CFR's expertise in |
| the child welfare field and focus on improving funding opportur | ities available to |
| practitioners around the country. | . |
| Form 990, Part VI, Line 11b - Form 990 Review Process | · |
| A Draft of the 990 is distributed to the board officers and the | finance committee. |
| Their comments are shared and their final approvals are kept or | file. The completed |
| 990 is distributed to the full board before filing with the IRS | |
| Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Con | iflicts |
| On an annual basis Officers, Key employees and Board Members ar | re required to sign a |
| new affirmation of compliance with the written Conflict of Inte | erest Policy. |
| · | |
| | |

| Form 8868 | (Rev 1-2012) | | | | Page 2 |
|--|---|--|--|--|--------------------|
| • If you | are filing for an Additional (Not Automatic) 3 | ·Month Extensio | n, complete only Part II an | nd check this box | ▶ 🏻 |
| Note. Only | complete Part II if you have already been gr | anted an automa | atic 3-month extension on a | a previously filed Form 8868 | • |
| ● If you a | are filing for an Automatic 3-Month Extension | n, complete only | Part I (on page 1). | | - |
| Part II | Additional (Not Automatic) 3-Month | Extension of | Time. Only file the or | riginal (no copies neede | ed). |
| | | | Ente | er filer's identifying number | , see instructions |
| | Name of exempt organization or other filer, see instruction | s. | | Employer identification n | umber (EIN) or |
| Type or | | | | _ | |
| print | Center for Family Represent | ation Inc. | | X 51-041949 | |
| Etta bu Haa | Number, street, and room or suite number. If a P.O. box, s | ee instructions. | | Social security number (| SSN) |
| File by the extended | Lederer, Levine & Associate | s LLC | | | |
| due date for filing the | 1099 Wall St West Suite 280 | | | | |
| return. See instructions. | City, town or post office, state, and ZIP code. For a foreign | address, see instructi | ons. | | |
| | Lyndhurst, NJ 07071 | | | | |
| Enter the F | Return code for the return that this application | n is for (file a seg | parate application for each | return) | 01 |
| Application | n | Return | Application | | Return |
| ls For | | Code | ls For | | Code |
| Form 990 | | 01 | | | |
| Form 990-E | | 02 | Form 1041-A | | 08 |
| Form 990-E | | 01 | Form 4720 | | 09 |
| Form 990-F | | 04 | Form 5227 | | 10 |
| | (section 401(a) or 408(a) trust) | 05 | Form 6069 | | 11 |
| Form 990- | (trust other than above) | 06 | Form 8870 | | 12 |
| If the orIf this is whole group | ks are in care of Genevieve Christone No. (212) 691-0950 rganization does not have an office or place of for a Group Return, enter the organization's p, check this box (If it is for part of the extension is for.) | of business in the four digit Group | e United States, check this Exemption Number (GEN | s box | f this is for the |
| 5 For ca 6 If the | test an additional 3-month extension of time alendar year 2011, or other tax year beg tax year entered in line 5 is for less than 12 hange in accounting period in detail why you need the extensionTher information necessary to | inning months, check re axpayer re | , 20 _ , and deeper spectfully reques | turn Final return | |
| nonre | application is for Form 990-BL, 990-PF, 990 fundable credits. See instructions | | | 8aŞ | |
| paym: | application is for Form 990-PF, 990-T, 4720, ents made. Include any prior year overpayme orm 8868. | ent allowed as a | credit and any amount pair | d previously | |
| c Balan EFTP: | ce due. Subtract line 8b from line 8a. Include S (Electronic Federal Tax Payment System). | e your payment v See instructions | vith this form, if required, b | by using 8c\$ | |
| | 7 | | st be completed for P | _ | |
| Under penalties correct, and cor | s of perjuly, a declare that I have examined this form, including the and that I am authorized to prepare this form. | ng accompanying sche | edules and statements, and to the bo | est of my knowledge and belief, it is tr | ue, |
| Signature > | 1 CM teach THO | · - C/ 6 | ~ | Date Date | 11/12 |
| BAA | | FIFZ0502L | 07 <i>1</i> 29/11 | Form 88 | 68 (Rev 1-2012) |

CENTER FOR FAMILY REPRESENTATION, INC
FINANCIAL STATEMENTS
(WITH INDEPENDENT AUDITORS' REPORT)
FOR THE YEARS ENDED
DECEMBER 31, 2011 AND 2010

CENTER FOR FAMILY REPRESENTATION, INC FINANCIAL STATEMENTS (WITH INDEPENDENT AUDITORS' REPORT) FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

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|-----------------------------------|-----------------------|
| Independent Auditors' Report | 1 |
| Statements of Financial Position | 2 |
| Statements of Activities | 3 |
| Statements of Functional Expenses | 4 |
| Statements of Cash Flows | 5 |
| Notes to Financial Statements | 6-9 |

LEDERER, LEVINE & ASSOCIATES, LLC

CERTIFIED PUBLIC ACCOUNTANTS

KENNETH J. LEDERER, CPA STEVEN J. LEVINE, CPA DEREK A. FLANAGAN, CPA 1099 WALL STREET WEST - SUITE 280 LYNDHURST, NEW JERSEY 07071 (201) 933-3780 (201) 933-3575 FAX

99 MADISON AVENUE - 11th FLOOR NEW YORK, NEW YORK 10016 (800) 269-3457 (NYC)

INDEPENDENT AUDITORS' REPORT

Board of Directors Center for Family Representation, Inc.

We have audited the accompanying statements of financial position of the Center for Family Representation, Inc., ("CFR") as of December 31, 2011 and 2010, and the related statements of activities, functional expenses and cash flows for the years then ended. These financial statements are the responsibility of CFR's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Center for Family Representation, Inc. as of December 31, 2011 and 2010, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Lederer, Levine & Associates, LLC

CENTER FOR FAMILY REPRESENTATION, INC. STATEMENTS OF FINANCIAL POSITION AS OF DECEMBER 31, 2011 AND 2010

| | | 2011 | | 2010 |
|--|----|--------------------|------------|--------------|
| ASSETS | _ | | | |
| Cash and cash equivalents (Notes B and F) | \$ | 269,528 | \$ | 23,694 |
| Accounts receivable, net (Note C) | | 1,223,814 | | 710,179 |
| Contributions receivable (Note D) | | 117,470 | | 80,381 |
| Amount held in escrow | | - | | 250,000 |
| Prepaid expenses and other assets | | 56,317 | | 38,212 |
| Property and equipment (Notes B and E) | | 130,148 | | 54,666 |
| Security deposits (Note J) | | 120,600 | _ | 62,067 |
| TOTAL ASSETS | \$ | 1,917,877 | \$ <u></u> | 1,219,199 |
| LIABILITIES Accrued expenses and other payables Loan payable (Note G) | \$ | 415,594 207,752 | \$ | 249,184 - |
| Line of credit (Note J) | | _ | | 139,659 |
| Refundable advances (Note F) | | 601,263 | | 595,108 |
| TOTAL LIABILITIES | _ | 1,224,609 | | 983,951 |
| COMMITMENTS AND CONTINGENCIES (Note J) | | | | |
| NET ASSETS | | | | |
| Unrestricted | | 516,268 | | 160,248 |
| Temporarily restricted (Note I) | | 177,000 | | 75,000 |
| TOTAL NET ASSETS | _ | 693,268 | | 235,248 |
| TOTAL LIABILITIES AND NET ASSETS | \$ | 1,917,877 | \$ | 1,219,199 |

CENTER FOR FAMILY REPRESENTATION, INC. STATEMENTS OF ACTIVITIES FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

| | | | 2011 | | | 2010 | |
|--|----|---------------------------------|---------------------------|---------------------------------|---------------------------------|---------------------------|---------------------------------|
| |] | Unrestricted | Temporarily Restricted | Total | Unrestricted | Temporarily Restricted | Total |
| SUPPORT AND REVENUE: Contributions - foundations Contributions - other Special events foot of exercise in 2011 | ↔ | 263,000 \$ 152,995 | 177,000 \$ - 542 | 177,000 \$ 440,000 | \$ 375,209 \$ 250,647 | 75,000 \$ | 450,209 250,647 |
| Special events (net of expenses of \$68, f65 in 2011) and \$58,179 in 2010) Government contracts (Note F) Training revenue | | 170,772 5,204,289 24,013 | i d 1 | 170,772 5,204,289 24,013 | 144,081 2,852,179 18,477 | , , , | 144,081 2,852,179 18,477 |
| Other income Net assets released from restrictions | | 275 347 75,000 | (75,000) | 275 347 | 250,000 | | 250,000 |
| TOTAL SUPPORT AND REVENUE |] | 5,890,691 | 102,000 | 5,992,691 | 3,890,652 | 75,000 | 3,965,652 |
| EXPENSES: Program services Management and general Fundraising and development | | 4,944,778 322,133 267,760 | | 4,944,778 322,133 267,760 | 3,292,510 272,080 285,057 | 1 1 | 3,292,510 272,080 285,057 |
| TOTAL EXPENSES | | 5,534,671 | , | 5,534,6712 | 3,849,647 | t | 3,849,647 |
| CHANGE IN NET ASETS | | 356,020 | 102,000 | 458,020 | 41,005 | 75,000 | 116,005 |
| Net Assets - Beginning of Year | | 160,248 | 75,000 | 235,248 | 119,243 | | 119,243 |
| NET ASSETS - END OF YEAR | \$ | 516,268 \$ | 177,000 \$ | 693,268 | \$ 160,248 \$ | \$ 000'52 | 235,248 |

The accompanying notes are an integral part of these financial statements.

CENTER FOR FAMILY REPRESENTATION, INC. STATEMENTS OF FUNCTIONAL EXPENSES FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

| | | | 2011 | | | | | 20 | 2010 | |
|---|---------------------|--------------|---------------------------|-----------------------------------|----------------------|-----------|----------------------|---------------------------|-----------------------------|----------------------|
| | Program Services | - | Management and General | Fundraising and Development | Total | J | Program Services | Management and General | Fundraising and Development | Total |
| Salaries Payroll taxes and benefits (Note H) | \$ 3,256,942 | 3,256,942 \$ | 232,351 \$ (7,45,314 | 160,157 \$ | 3,649,450 755,231 | \$ | 2,249,783 \$ 455,984 | 176,670 35,807 | \$ 148,992 \$ 30,197 | 2,575,445 521,988 |
| Total salaries and related costs | 3,930,608 | 809' | 277,665 | 196,408 | 4,404,681 | | 2,705,767 | 212,477 | 179,189 | 3,097,433 |
| Professional fees | 133 | 133,786 | 9,451 | 26,386 | 169,623 | | 49,429 | 17.273 | 52.837 | 119,539 |
| Occupancy (Note J) | 518 | 518,042 | 15,763 | 10,047 | 543,852 | | 337,705 | 26,519 | 22,365 | 386,589 |
| Case related expenses | 56 | 56,399 | , | 1 | 56,399 | | 25,240 | | <u>.</u> | 25,240 |
| Office supplies and expenses | 45 | 45,633 | 3,412 | 3,783 | 52,828 | | 29,170 | 2,103 | 1,775 | 33,048 |
| Equipment and maintenance | 28 | 28,114 | 1,987 | 1,405 | 31,506 | | 11,858 | 928 | 782 | 13,568 |
| Telephone | 99 | 666'09 | 4,309 | 3,049 | 68,357 | | 42,352 | 3,323 | 2.803 | 48,478 |
| Research services and publications | 36 | 36,669 | 298 | 718 | 37,685 | | 27,208 | 2,108 | 1 778 | 31,094 |
| Travel and conferences | 6 | 9,814 | 438 | 310 | 10,562 | | 5,156 | . 13 | | 5,180 |
| Insurance | 21 | 21,375 | 1,510 | 1,069 | 23,954 | | 17,872 | 2,148 | 1,184 | 21,204 |
| Interest (Note J) | _ | 7,517 | 531 | 375 | 8,423 | | 11,437 | 888 | 757 | 13,092 |
| Fundraising | | 1 | | 19,419 | 19,419 | | | • | 18,422 | 18,422 |
| Other expenses | 35 | 35,532 | 2,510 | 1,778 | 39,820 | | 16,347 | 3,272 | 2,294 | 21.913 |
| Retirement of fixed assets | 41 | 41,097 | 2,903 | 2,054 | 46,054 | | . 1 | , 1 | * | |
| Depreciation and amortization | 19 | 19,193 | 1,356 | 959 | 21,508 | ļ | 12,969 | 1,018 | 860 | 14,847 |
| TOTAL EXPENSES | \$ 4,944 | 4,944,778 \$ | 322,133 \$ | 267,760 \$ | 5,534,671 | ₩. | 3,292,510 \$ | 272,080 | \$ 285,057 \$ | 3,849,647 |

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The accompanying notes are an integral part of these financial statements.

CENTER FOR FAMILY REPRESENTATION, INC. STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

| | _ | 2011 | 2010 |
|--|-------------|--|--|
| CASH FLOWS FROM OPERATING ACTIVITIES: Change in net assets | \$ | 458,020 | \$ 116,005 |
| Adjustments to reconcile change in net assets to net cash provided (used) by operating activities: | | • | |
| Depreciation and amortization Write down of property and equipment | | 21,508 46,054 | 14,847 |
| Changes in operating assets and liabilities: (Increase) decrease in assets: | • | | |
| Accounts receivable Contributions receivable Amount held in escrow Prepaid expenses and other assets Security deposits | | (513,635) (37,089) 250,000 (18,105) (58,533) | (285,546) (59,673) (250,000) 20,818 |
| (Decrease) increase in liabilities: Accrued expenses and other payables Refundable advances | | 166,410 6,155 | 126,496 |
| Net Cash Provided (Used) by Operating Activities | _ | 320,785 | (317,053) |
| CASH FLOWS FROM INVESTING ACTIVITIES: Property and equipment acquisitions | _ | (143,044) | |
| Net Cash Used by Investing Activities | _ | (143,044) | - |
| CASH FLOWS FROM FINANCING ACTIVITIES: Proceeds from loans payable Principal repayments of loans payable Proceeds from line of credit Repayment of line of credit | | 694,491 (486,739) 1,930,880 (2,070,539) | - - 139,659 - |
| Net Cash Provided by Financing Activities | _ | 68,093 | 139,659 |
| NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS | | 245,834 | (177,394) |
| Cash and cash equivalents - beginning of year | _ | 23,694 | 201,088 |
| CASH AND CASH EQUIVALENTS - END OF YEAR | \$_ | 269,528 | \$ 23,694 |
| Supplementary Disclosure of Cash Flow Information: Cash paid during the year for interest | \$ | 8,422 | \$ 13,092 |

The accompanying notes are an integral part of these financial statements.

CENTER FOR FAMILY REPRESENTATION, INC NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2011 AND 2010

Note A - Organization and Nature of Activities

The Center for Family Representation, Inc. ("CFR") was founded in May of 2002 to improve representation for parents involved in child protective proceedings in New York Family Courts. Inadequate representation can result in unnecessary removal of children from indigent families and unnecessarily long stays in foster care. CFR's mission is to improve outcomes for families involved in the Child Welfare and Family Court systems through legal representation, social services, education, advocacy, research, policy reform and training.

CFR is organized under the Not-for-Profit Corporation Law of the State of New York and has been granted exemption from federal income tax pursuant to Section 501 (c) (3) of the Internal Revenue Code.

Note B - Summary of Significant Accounting Policies

Method of Accounting

CFR follows accounting principles generally accepted in the United States of America ("U.S. GAAP"), which include certain specialized requirements set forth in publications of the Financial Accounting Standards Board.

Subsequent Events Evaluation by Management

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through the date that the financial statements were available to be issued, which date is June 22, 2012.

Cash and Cash Equivalents

CFR considers all highly liquid investments with a maturity of less than three months to be cash equivalents.

Restricted Contributions

Contributions are recognized when the donor makes a promise to give to CFR that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Property and Equipment

Property and equipment are stated at cost, less accumulated depreciation and amortization. Depreciation and amortization are provided for on the straight line basis over the estimated useful lives of the assets. CFR capitalizes property and equipment with a useful life of two years or more and a cost of \$5,000 or more, unless such property and equipment is funded by a grantor, and the grantor retains title to the property and equipment.

CENTER FOR FAMILY REPRESENTATION, INC. NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2011 AND 2010 (continued)

Note B - Summary of Significant Accounting Policies (Continued)

Accounting for Uncertainty in Income Taxes

CFR's accounting policy is to provide liabilities for uncertain tax positions when a liability is probable and estimable. Management is not aware of any violation of its tax status as an organization exempt from income taxes, nor of any exposure to unrelated business income tax.

Fair Value Measurements

U. S. GAAP has established a fair value hierarchy organized into three levels based upon the "input" assumptions used in pricing assets. Level 1 inputs relate to assets with quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices that are observable either directly or indirectly with fair value being determined through the use of models or other valuation methodologies. Level 3 inputs are unobservable inputs and are used to the extent that observable inputs do not exist.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, an investment's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement.

Reclassification

Certain line items in the December 31, 2010 financial statements have been reclassified to conform to the December 31, 2011 presentation.

Note C - Accounts Receivable

Accounts receivable consist of the following as of December 31, 2011 and 2010:

| | <u> 2011</u> | 2010 |
|---|--|---|
| The City of New York Criminal Justice Coordinator ("CJC") New York State Office of Children and Family Services ("OCFS") New York State Division of Criminal Justice Services ("CJS") Other | \$ 889,933 220,680 94,372 18,829 \$ <u>1,223,814</u> | \$ 381,944 216,492 84,375 27,368 \$_710,179 |

Note D - Contributions Receivable

Contributions receivable at December 31, 2011 and 2010 are all due within one year.

Note E - Property and Equipment

Property and equipment consist of the following as of December 31, 2011 and 2010:

| | 2011 | 2010 |
|---|-------------------|-----------|
| Leasehold improvements | \$ 65,00 | \$ 68,135 |
| Furniture and fixtures Equipment | 46,759 | = |
| Equipment | <u>53,11</u> 4 | |
| Less: accumulated depreciation and amortization | 164,873 34,725 | |
| | \$ <u>130,148</u> | |

CENTER FOR FAMILY REPRESENTATION, INC. NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2011 AND 2010 (continued)

Note F - Concentrations

- For the years ended December 31, 2011 and 2010, approximately 87% and 72%, respectively, of CFR's support and revenue was generated under two government contracts. The contracts are with CJC, and both have expiration dates of June 30, 2013. The original contract with CJC included start up funding to support CFR's expansion. The new contract includes start up funding to support CFR's expansion to Queens County.
 - Included in refundable advances is approximately \$601,263 and \$595,108 as of December 31, 2011 and 2010, respectively, advanced by CJC under the contract relating to the provision of services in Manhattan.
- 2) CFR maintains several bank accounts at a bank (J.P. Morgan Chase) which is an institution insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per depositor. This limit will be in effect through December 31, 2013. At December 31, 2011 and 2010 there were no uninsured balances. Management believes credit risk related to these accounts to be minimal.

Note G - Loan Payable

In December 2011, in order to cover the expenses of CFR's new CJC contract, CFR entered into a loan agreement with the Fund for The City of New York (the "Fund"). This loan was necessary due to the delay in the execution of the contract. The agreement provided for a loan in the amount of \$207,752. The loan did not bear interest. The maturity date of the agreement is February 7, 2012. As of December 31, 2011, the outstanding loan balance was \$207,752. The loan balance was paid off by the maturity date.

Note H - Pension Plan

In 2004, CFR established a defined contribution pension plan (the "Plan") covering all employees that have completed six months of employment. Contributions to the Plan are made at the discretion of CFR. Pension plan expense amounted to approximately \$80,000 and \$-0- for the years ended December 31, 2011 and 2010, respectively.

Note I - Temporarily Restricted Net Assets

Temporarily restricted net assets at December 31, 2011 and 2010 were subject to the following restrictions:

| | | <u>2010</u> |
|--|-------------------|------------------|
| Time restrictions | \$ - | \$ 75,000 |
| Program restrictions | 157,000 | -4 |
| Facility renovations and purchase of equipment | 20,000 | |
| | \$ <u>177,000</u> | \$ <u>75,000</u> |

Note J - Commitments and Contingencies

1) In August, 2007, CFR entered into a lease for increased office space in Manhattan. The original expiration date of this lease was July 31, 2017. Rent expense amounted to \$368,511 for the year ended December 31, 2010. In December, 2010, CFR terminated the lease. Under the terms of the termination agreement, CFR was to receive a payment of \$250,000 if certain conditions were met. At December 31, 2010, this payment was placed in escrow for CFR. The payment was released in 2011 when the conditions were subsequently met. During the first part of 2011, CFR continued to use this space at no charge.

On February 17, 2011, CFR entered into a lease for new office space in Manhattan for its program and supporting services. The lease expires in August, 2021. Under this agreement CFR was required to pay a security deposit in the amount of \$120,600. Rent expense amounted to \$136,828 for the year ended December 31, 2011.

CENTER FOR FAMILY REPRESENTATION, INC. NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2011 AND 2010 (continued)

Note J - Commitments and Contingencies (continued)

Approximate future minimum annual rental commitments under noncancelable rental lease obligations are as follows:

| For the years ended December 31, 2012 | \$ | 366,021 |
|---------------------------------------|-----------------|-----------|
| 2013 | ▼ | 373,341 |
| 2014 | | 380,805 |
| 2015 | | 388,424 |
| 2016 | | 419,643 |
| There | eafter <u>2</u> | 2,152,878 |
| | \$_2 | 4.081.112 |

During 2011, CFR also began operations in Queens, New York, occupying office space from The City of New York at no charge. Moving costs, including renovations and the purchase of furniture and equipment for its new locations, amounted to approximately \$378,000, which have been included in occupancy expense on the statement of functional expenses. These costs have not been capitalized, as they have been funded by CJC, which retains title to the property.

- 2) A substantial amount of CFR's revenues are government reimbursements. Revenues and related expenses are subject to audit verification by the funding agencies. The accompanying financial statements make no provision for possible disallowances. Although such disallowances could be substantial in amount, in the opinion of management, any actual disallowances would be immaterial.
- 3) CFR has established a bank line of credit with a current borrowing limit of \$450,000. As of December 31, 2011, no amount was outstanding under the bank line of credit. Borrowings under this facility bear interest at the bank's LIBOR rate plus 3.25%. To secure this loan, the bank was granted a first priority security interest in all of CFR's assets. The line of credit has no maturity date and is due on demand.