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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 Open to Public inspection

<u>~</u>	ror tr	de 2012 calendar year, or tax year beginning JUL 1, 2012 and e	ending J	$0N_{3}0, 2013$	
В	Check i applical	C Name of organization		D Employer identifie	cation number
	Addi	ge _ HONTS POINT ALLIANCE FOR CHILDREN			
	Nam chan			20-8	503907
	Initia	Number and street (or P 0 box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Term				620-2824
	Ame retur	City, town, or post office, state, and ZIP code		G Gross receipts \$	1,383,579.
	Appi tion	DRONA, NI 104/4		H(a) Is this a group re	
	pend	F Name and address of principal officer: KRYSTAL REYES		for affiliates?	Yes X No
		same as C above		H(b) Are all affiliates inc	luded? Yes No
1	Tax-ex	tempt status: X 501(c)(3)	r 527	If "No," attach a	list. (see instructions)
J	Webs	ite: ► WWW.HPAC10474.ORG		H(c) Group exemption	•
K	Form o	forganization X Corporation Trust Association Other ▶	L Year		State of legal domicile NY
P	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities. THE H			
ğ		CHILDREN IS A COLLABORATIVE NETWORK OF NE			
/er	2	Check this box If the organization discontinued its operations or dispose	ed of more	1 1	
ő	3	Number of voting members of the governing body (Part VI, line 1a)		3	15 15
ಶಾ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	
₩.	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	26
# 6 201/ Activities & Governance	6	Total number of volunteers (estimate if necessary)		6	14
	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	D	Net unrelated business taxable income from Form 990-7, line 34		7b	
		Contributions and grants (Part VIII, line 1h)	_	Prior Year 1,472,132.	Current Year 1,382,951.
Revenue	8		_	0.	0.
Jeven Revent	9	Program service revenue (Part VIII, line 2g)		922.	628.
Ž &	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
3	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1,0c, and 1e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	1,473,054.	1,383,579.
_ _	12	Grants and similar amounts paid (Part IX, column (A) lines 1/3		134,795.	111,333.
	14	Benefits paid to or for members (Part IX, ocluma (A), line 4)		0.	0.
s	1	Salaries, other compensation, employee benefits (Part IX, solumn (A), lines 5-10)		632,962.	785,964.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	b	Total fundraising expenses (Part IX, column (D), line 25)	2.		······································
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		515,968.	451,450.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,283,725.	1,348,747.
	19	Revenue less expenses Subtract line 18 from line 12		189,329.	34,832.
20,0			Bed	inning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,493,298.	1,539,043.
ASS	21	Total liabilities (Part X, line 26)		27,051.	37,964.
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20		1,466,247.	1,501,079.
	art II	Signature Block			
Und	ler pen	offices of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my	knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer l	nas any knowledge	
Sig	ın	Signature of officer		Date 123/	14
He	re	KRYSTAL REYES, EXECUTIVE DIRECTOR		1	
		Type or print name and title	- 10	<u> </u>	DTIN
		Print/Type preparer's name Preparer's signature	CAP	R 17 20 Serie Anployed	PTIN POOR OCT A F
Pai		Kevin Sunkel // // // /) / "		
	parer	Firm's name Owen J Flanagan & Co		Firm's EIN ▶	13-2060851
use	Only	Firm's address 60 East 42nd Street		Dh 21	12-682-2783
NA	. 46 1	New York, NY 10165		Phone no 21	
<u>wa</u>	y tne i	RS discuss this return with the preparer shown above? (see instructions)		· · · · · · · · · · · · · · · · · · ·	X Yes No

Checklist of Required Schedules

		_	Tes	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?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
4	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.		Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_ ا		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<u> </u>	
U	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, for escrow or custodial account liability; 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	1	х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<u> </u>		
	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, VIII, IX, or X			····
	as applicable.			
а	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	
ь	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	11b		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	11c		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	1		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
Þ	Was the organization included in consolidated, independent audited financial statements for the tax year?	405	j	Х
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	-		X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
·	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		ł	
	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		_X_
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	17		<u>X</u>
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	[<u>X</u>
19	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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	202	
		Form	990 (2012)

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	l
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		Х
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			
	Schedule J	23		Х
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, 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	'	Х
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
-00	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b		200		
	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	200		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27		20		
21	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	27		Х
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
9	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32	ĺ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	İ	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34	ĺ	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, 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	35ь	ĺ	
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	J	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	x	
			990 (2012\

232004 12-10-12

HUNTS POINT ALLIANCE FOR CHILDREN 20-8503907 Form 990 (2012) Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable 14 1a 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 and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 26 filed for the calendar year ending with or within the year covered by this return 2a Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a 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). X 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 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7c to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting 8 organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a 9ь **b** Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Entera Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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 Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the

Form 990 (2012)

14a

14h

X

organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

c Enter the amount of reserves on hand

13b

13c

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.

	Check if Schedule O contains a response to any question in this Part VI						<u>X</u>
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		15			
	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						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		15			
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?		Ť		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision	- [
	of officers, directors, or trustees, or key employees to a management company or other person?			- [3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	Ī	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	tnioa	one or	j			
	more members of the governing body?				7a		Х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or	ľ			
	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following	ľ			
	The governing body?	by the	, tollowing	j	8a	х	
	Each committee with authority to act on behalf of the governing body?			F	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the	ŀ	-00		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	Venue	Code.)				
	Terre St. 1 Street (Alle Society & Poquesto Milania, according to the Poquesto S) the Milania He	, O. 10 O				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	anters	affiliates	ľ			
-	and branches to ensure their operations are consistent with the organization's exempt purposes?		,	l	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form		11a	Х	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	20,0,	- IIII. 19 I. 10 I.				
12a	Did the organization have a written conflict of interest policy? <i>If</i> "No," go to line 13				12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	o conf	licts?		12b		X
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye			Ţ			
•	In Schedule O how this was done	o, oo	001700		12c		Х
13	Did the organization have a written whistleblower policy?			ŀ	13	Х	
14	Did the organization have a written document retention and destruction policy?			t	14		X
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent	ľ			
•	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	~,				1	
а	The organization's CEO, Executive Director, or top management official			ĺ	15a	Х	
	Other officers or key employees of the organization)	15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			ľ			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent w	th a	[1	
	taxable entity during the year?				16a	- 1	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi			- 1	l	1	
	exempt status with respect to such arrangements?				16b]	
Sec	ion C. Disclosure						
17	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	Section	on 501(c)(3)s o	nly) av	/allabl	е	
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website X Another's website X Upon request Other (explain in	n Sch	edule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, con	flict o	finterest policy	, and	fınan	cıal	
	statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books and	d reco	rds of the orga	nizati	on: 🕨		
	TOM HUSER - 718-620-2824						
ARA ==	1231 LAFAYETTE AVE., BRONX, NY 10474						
32006					_		

232006 12-10-12

Form 990 (2012) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

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

Employees, and Independent Contractors

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 (\tilde{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

(A)	(B)			_ (((D)	(E)	(F)
Name and Title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week (list any	1-						from the	from related organizations	other compensation
	hours for	director				20		organization	(W-2/1099-MISC)	from the
	related	Trustee or	15 E			ausate		(W-2/1099-MISC)	, ,	organization
	organizations	E TUS	institutional trustee		Key employee	Highest compensated employee				and related
	below	Individual	量	Officer	dua.	ployer	Former			organizations
	(Ine)	르	Sul	튭	ð.	돌	횬			
(1) KATHLEEN LYNCH BAUM	1.00							_	•	•
DIRECTOR		X	_					0.	0.	0.
(2) RAMONA BEATO	1.00								•	•
DIRECTOR		X		L.,		ļ_,		0.	0.	0.
(3) JAMES COSTA	1.00									
DIRECTOR		X						0.	0.	0.
(4) GAIL BERNEY	1.00									_
DIRECTOR		X				<u> </u>		0.	0.	0.
(5) HOWARD GOLD	1.00								_	
DIRECTOR		Х						0.	0.	0.
(6) K. ANN MCDONALD	1.00									
DIRECTOR		Х				<u> </u>		0.	0.	0.
(7) ROSA AGOSTO	1.00									•
DIRECTOR		Х						0.	0.	0.
(8) MICHELLE ICAHN	1.00									_
DIRECTOR		X						0.	0.	0.
(9) DEBBY HYMOWITZ	1.00									
DIRECTOR		X						0.	0.	0.
(10) VALERIE MNUCHIN	1.00			}					_	
DIRECTOR		X						0.	0.	0.
(11) CAROLINE MATTHEWS	1.00					ll			_	
DIRECTOR		X						0.	0.	0.
(12) JUDY WALLACH	1.00									_
DIRECTOR		Х						0.	0.	0.
(13) SUE YI	1.00									•
DIRECTOR		X						0.	0.	0.
(14) LAUREN HURVITZ	1.00		ļ							•
DIRECTOR		Х	_			\sqcup		0.	0.	0.
(15) MARYANN HEDAA	40.00		ĺ				ļ	111 000	_	2 227
MANAGING DIRECTOR		\Box		X				111,365.	0.	2,237.
(16) DIDIER MALAQUIN	1.00			[- {			_ [•
DIRECTOR								0.	0.	0.
										Form 990 (2012)

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ra	TI VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d H	ighe	st C	Compensated Employe	es (continued)			
	(A)	(B)	(C)						(D)	(E)		(F)	
	Name and title	Average	Position (do not check more than one					000	Reportable	Reportable	-	Estimat	ed
		hours per	box	c, unle	ess pe	erson	is po	th an		compensation		amount	of
		week	-	icer ai	ng a c	irecto	or/trus	Tee)	from	from related	İ	other	•
		(list any	director]			the	organizations		mpens	
		related	5	8		ļ	sated		organization	(W-2/1099-MISC)		from th	
		organizations	Trustee	E E		8	Den	ļ	(W-2/1099-MISC)		1	rganiza	
		below	lan	tona) o	st cor				1	and rela ganızat	
		line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			"	gamea	
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			<u> </u>			<u></u>							
1 b	Sub-total								111,365.	0		2,2	<u>37.</u>
c	Total from continuation sheets to Part VI	I, Section A							0.	0			0.
<u>d</u>	Total (add lines 1b and 1c)	 					<u> </u>		111,365.	0	<u>.</u>	2,2	<u>37.</u>
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wh	o re	eceived more than \$100	,000 of reportable			
	compensation from the organization								···				1
												Yes	No
3	Did the organization list any former officer,	director, or tru	iste	e, ke	y en	nplo	yee,	or i	highest compensated er	nployee on			-
	line 1a? If "Yes," complete Schedule J for s	uch individual									3		_X
4	For any individual listed on line 1a, is the su	ım of reportabl	le co	ompe	ensa	ation	anc	oth	her compensation from t	he organization			
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	Jf	or such individual		4		X
5	Did any person listed on line 1a receive or a	accrue comper	nsati	on f	rom	any	unr	elate	ed organization or indivi	dual for services			
_	rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch į	oe <u>rs</u>	on				5		X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	rs ti	hat received more than	\$100,000 of compe	nsation	from	_
_	the organization. Report compensation for	the calendar y	ear e	endi	ng w	/ith o	or w	thin	the organization's tax y	ear.			
	(A)								(B)			(C)	
	Name and business	address	NC	NE	<u> </u>				Description of s	ervices	Comp	ensatio	n
								-					
									<u> </u>				
										1			
	-												
								\Box					
								_]					
_								_					_
2	Total number of independent contractors (in	ncluding but ne	ot lir	nited	d to	thos	se lis	ted	above) who received m	ore than			
	\$100,000 of compensation from the organiz		_ `			_ 0)	_					
-											Earn	990 (20121

232008

_		Check if Schedule O con	itains a response	to any question	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1 6	a Federated campaigns	1a		***************************************			313, 01 314
ra Z		Membership dues	1b					
S, E		Fundraising events	10					
ar /		d Related organizations	1d					
S, E		Government grants (contribu						
Š	f	All other contributions, gifts, gran						
the bet	•	similar amounts not included abo		382,951.				
E G	ç	Noncash contributions included in lines	s 1a-1f \$	382,951. 5,794.				
Contributions, Gifts, Grants and Other Similar Amounts	, 	Total. Add lines 1a-1f		•	1,382,951.			
				Business Code	·			·
8	2 a	·						
ه ڲ	b							
Program Service Revenue	c							
eve	c							
PG H	е)						
۲.	f	All other program service reve	enue					
	_ 9	Total. Add lines 2a-2f		•				
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		>	628.			628.
ľ	4	Income from investment of ta	x-exempt bond ;	oroceeds ►				
	5	Royalties		▶				
			(ı) Real	(II) Personal				
ľ	6 a	Gross rents						
}	b	Less. rental expenses						
	c	: Rental income or (loss)						
Ì	d	Net rental income or (loss)						1
- 1	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
ļ		assets other than inventory						
	b	Less: cost or other basis						
ł		and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)		>				
<u>o</u>	8 a	Gross income from fundraising	g events (not					
eur		including \$	of					
ا <u>چ</u>		contributions reported on line	1c). See					
ē		Part IV, line 18	а					
Other Revenue		Less: direct expenses	b	L				
-		Net income or (loss) from fund	-	>			······	
ł	9 a	Gross income from gaming ac	ctivities. See					
ľ		Part IV, line 19	а	ļ				
		Less: direct expenses	b	L	ļ	į		
İ		Net income or (loss) from gam		>			······································	·
	10 a	Gross sales of inventory, less	returns	[-	ĺ		
-		and allowances	а		į			
i		Less: cost of goods sold	b	L	-			
}	<u>c</u>	Net income or (loss) from sale		D				
}		Miscellaneous Revenu	e	Business Code	ŀ	į		
	11 a			 				
	b			 				
	9	All other recession		 				
}	d	All other revenue						
	е 12	Total. Add lines 11a-11d Total revenue. See instructions			.,383,579.	0.	0.	628.
232009		reserverence, occ matrictions			.,000,010.	0.1		Form 990 (2012)

Part IX Statement of Functional Expenses

14 Information technology 15 Royalities 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization above (List miscellaneous expenses in line 24e if line 24e amount, list line 24e expenses on Schedule 0) 28 TUITION AND FEES 29 MISCELLANEOUS 20 GIFTS AND AWARDS 31 MISCELLANEOUS 45,869 45,869 51,7357 4,136 1,865 23,358 17,357 4,136 1,865 24 Bi other expenses 35 COTHING AND BOOKS 45,206 13,877 1,273 56 41 other expenses 56,269 5,472 797 118,932 25 Total functional expenses. Add lines 1 through 24e deducational campaign and fundraising solicitation check here	Sect	tion 501(c)(3) and 501(c)(4) organizations must con			omplete column (A).	
Total expenses			nse to any question in th	is Part IX		
organization in the Linied States. See Part IV, line 22 3 Grants and other assistance to individuals in the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals in the United States. See Part IV, line 23 4 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Other estates and wages 8 Penson pile accurate and estates 4958(r)(19) and pensors discreted in section 4958(r)(19) and 493(p) employer contributions; include section 407(r) and 4			(A) Total expenses	Program service	Management and	Fundraising
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 and Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 15 and 16 and	1	· · · · · · · · · · · · · · · · · · ·				
the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outlaids the United States. See Part IV, line 15 and 16 Benefits paid to or for members 6 Compensation of current officers, directors, trustees, and key employees 113,602. 51,121. 11,360. 51,121 6 Compensation of current officers, directors, trustees, and key employees 133,602. 51,121. 11,360. 51,121 7 Other salaries and wages Person of han acrusts and contributions (include section 401(4) and 403(5) employer contributions) 9 Person of han acrusts and contributions (include section 401(4) and 403(5) employer contributions) 9 Person of han acrusts and contributions (include section 401(4) and 403(5) employer contributions) 9 Person of han acrusts and contributions (include section 401(4) and 403(5) employer contributions) 9 Person of han acrusts and contributions (include section 401(4) and 403(5) employer contributions) 9 Person of han acrusts and contributions (include section 401(4) and 403(5) employer contributions) 9 Person of han acrusts and contributions (include section 401(4) and 403(5) employer contributions) 9 Person of han acrusts and contributions (include section 401(4) and 403(5) employer contributions) 9 Person of hand acrusts and expenses 10 Peryoristic trusts (include section 401(4) and 403(5) employer contributions) 9 Person of hand acrusts (include section 401(4) and 403(5) employer contributions) 10 Control of the composition of the compo		organizations in the United States See Part IV, line 21	111,333.	111,333.		
3 Garats and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 4 Benefits paid to or for members 6 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Compensation of current officers, directors, trustees, and key employees of Compensation of Lindbud above, to disqualified persons described in section 4958(i)(1)) and persons described in section 4958(i)(1)) and persons described in section 4958(i)(1)) and persons described in section 4958(i)(1)) and persons described in section 4958(i)(1)) and persons described in section 4958(i)(1) and persons described in section 4958(i) and persons described	2					
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United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees disqualified persons (as defined under section 4958((1))) and persons discontinuous (include section 401) and 401(b) employer contributions) Portion employee benefits Paryoli taxes Paryoli taxes Paryoli taxes Solvanting Conternation of services (non-employees) Management Legal Cocount(A) amount, list line 119 expanses on Sch 01 Chibrying Professional fundralising services See Part IV, line 17 Investment management flees Coclima (A) amount, list line 119 expanses on Sch 01 Coffeen cocount of the Compensation of travel or entertainment expenses on sch 01 Coffeen cocount of travel or entertainment expenses for any federal, state, or local public officials Coclimance, conventions, and meetings Conferences, conventions, conferences of the control of the control of the control of the control of the control of the control of the control of the control of	3	-				
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113,602 51,121 11,360 51,121					······································	
trustees, and keye employees 6 Compensation not included above, to disqualified persons (as defined under section 498(f)(1)) and persons described in section 498(f)(1)) and persons described in section 498(f)(1)) and persons described in section 498(f)(1)) and persons described in section 498(f)(1)) and 402(f) employer contributions (include section 401(f) and 402(f) employer contributions) 7 Other employee benefits 8 Pension plan accruais and contributions (include section 401(f) and 402(f) employer contributions) 9 Other employee benefits 9 Other employees benefits 10 Payroli taxes 113,602. 51,121. 11,360. 51,121 580,811. 472,141. 67,110. 41,560 580,811. 472,141. 67,110. 41,560 59,497. 48,365. 6,874. 4,258 59,497. 48,365. 6,874. 4,258 15,565. 15,565		· ·				
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f Investment management fees g Other. (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0) 2 Advertising and promotion 3 Office expenses 56,268. 26,873. 25,266. 4,129 16 Information technology 17 Royalties 87,754. 77,908. 9,846. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount, list line 24e expenses on Schedule 0) 27 TUTION AND FEES 28 MISCELLANEOUS 29 GIFTS AND AWARDS 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 25 SIFTS AND AWARDS 26 GIFTS AND AWARDS 27 A STAND AWARDS 28 A STAND AWARDS 39 A STAND AWARDS 30 A STAND AWARDS 30 A STAND AWARDS 31 A STAND AWARDS 45,869. 45,869. 40 CLOTHING AND BOOKS 45,206. 13,877. 4,136. 1,865 46,269. 5,472. 797. 57 Total functional expenses. Add lines 1 through 24e 58 Joint costs. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation Check free P Implements 200 Page 2,085 989-220		, -		· · · · · · · · · · · · · · · · · · ·		
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17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 0) 23 TUITION AND FEES 24 MISCELLANEOUS 23,358. 17,357. 4,136. 1,865 23,358. 17,357. 4,136. 1,865 24 GLOTHING AND BOOKS 23,358. 17,357. 4,136. 1,865 24 OLOTHING AND BOOKS 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here	15	Royalties				
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23 Insurance 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 0) a TUITION AND FEES b MISCELLANEOUS c GIFTS AND AWARDS d CLOTHING AND BOOKS e All other expenses All other expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here 15,883.	21	Payments to affiliates	66.700	- 60 407	4 041	
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 0) a TUITION AND FEES b MISCELLANEOUS c GIFTS AND AWARDS d CLOTHING AND BOOKS e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here Other expenses Itemize expenses Itemize expenses Itemize		, in the second				
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c GIFTS AND AWARDS 19,144. 11,733. 5,337. 2,074 d CLOTHING AND BOOKS 15,206. 13,877. 1,273. 56 e All other expenses 6,269. 5,472. 797. 25 Total functional expenses. Add lines 1 through 24e 1,348,747. 1,038,456. 191,359. 118,932 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here (a) if following SOP 98-2 (ASC 958-720)	b				4,136.	1,865.
d CLOTHING AND BOOKS e All other expenses 5,206. 6,269. 5,472. 797. Total functional expenses. Add lines 1 through 24e 1,348,747. 1,038,456. 191,359. 118,932 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here If following SOP 98-2 (ASC 958-720)	c					2,074.
e All other expenses 5,472. 797. Total functional expenses. Add lines 1 through 24e 1,348,747. 1,038,456. 191,359. 118,932 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here If following SOP 98-2 (ASC 958-720)	d			13,877.		56.
Total functional expenses. Add lines 1 through 24e 1,348,747. 1,038,456. 191,359. 118,932 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ☐ If following SOP 98-2 (ASC 958-720)	е	All other expenses	6,269.	5,472.		
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here If following SOP 98-2 (ASC 958-720)	25	** *** *** *** *** *** *** *** *** ***	1,348,747.	1,038,456.	191,359.	118,932.
educational campaign and fundraising solicitation Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)	26	Joint costs. Complete this line only if the organization				
Check here ▶ ☐ If fallowing SOP 98-2 (ASC 958-720)		reported in column (B) joint costs from a combined				
		educational campaign and fundraising solicitation	Ì			
		Check here If following SOP 98-2 (ASC 958-720)		<u>_</u>		Form 990 (2012)

- Fart		Check if Schedule O contains a response to an	y question in this Part X			
				(A) Beginning of year		(B) End of year
} -	1	Cash - non-interest-bearing		1,235,722.	1	1,356,845
:	2	Savings and temporary cash investments			2	
;	3	Pledges and grants receivable, net			_3	
4	4	Accounts receivable, net		75,000.	4	60,328
1	5	Loans and other receivables from current and fe	ormer officers, directors,			
		trustees, key employees, and highest compens	ated employees Complete			
		Part II of Schedule L			5	
6	6	Loans and other receivables from other disqual	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
(0		employees' beneficiary organizations (see instr)	. Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
¥ ¥š	8	Inventories for sale or use			8	
9	9	Prepaid expenses and deferred charges		16,656.	9	14,031.
10	0a	Land, buildings, and equipment: cost or other]			
		basis. Complete Part VI of Schedule D	10a 246,311.			
	b	Less: accumulated depreciation	10b 149,654.	154,738.	10c	96,657.
11	1	Investments - publicly traded securities			11	
12	2	Investments · other securities. See Part IV, line	11		12	
13	3	Investments - program-related See Part IV, line	11		13	
14	4	Intangible assets		14		
15	5	Other assets. See Part IV, line 11	11,182.	15	11,182.	
16	6	Total assets. Add lines 1 through 15 (must equ	al line 34)	1,493,298.	16	1,539,043.
17	7	Accounts payable and accrued expenses		14,901.	17	25,241.
18	8	Grants payable		18		
19	9	Deferred revenue	12,150.	19	12,723.	
20	0	Tax-exempt bond liabilities		20		
ဖ္က 21	1	Escrow or custodial account liability. Complete		21		
22	2	Loans and other payables to current and former	officers, directors, trustees,			
21 22 22 22 23 24 25 25 25 25 25 25 25		key employees, highest compensated employee	es, and disqualified persons.			
ا د		Complete Part II of Schedule L			22	
23	3	Secured mortgages and notes payable to unrela	ated third parties		23	
24	4	Unsecured notes and loans payable to unrelate	d third parties		24	
25	5	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D			25	
26	3	Total liabilities. Add lines 17 through 25		27,051.	26	37,964.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and			
S S		complete lines 27 through 29, and lines 33 an	d 34.			
27	7	Unrestricted net assets	ļ	602,154.	27	718,099.
ē 28	3	Temporarily restricted net assets		864,093.	28	782,980.
29		Permanently restricted net assets	\	· ·····	29	
2		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ 📖			
5		and complete lines 30 through 34.				
ကို 30)	Capital stock or trust principal, or current funds			30	
ğ 31		Paid-in or capital surplus, or land, building, or eq	· ·		31	
27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32		Retained earnings, endowment, accumulated in	come, or other funds	1 466 247	32	1 501 070
33		Total net assets or fund balances	ļ	1,466,247.	33	1,501,079.
34	<u> </u>	Total liabilities and net assets/fund balances		1,493,298.	34	1,539,043.

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-	990 (2012) HUNTS POINT ALLIANCE FOR CHILDREN	20-85	03907	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,383	3,5	<u>79.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,348	3,7	$\frac{47.}{22}$
3	Revenue less expenses. Subtract line 2 from line 1	3			32.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,466	, 2	47.
5	Net unrealized gains (losses) on investments	_5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	_8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
 	column (B))	10	1,501	L , 0	<u> 79.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
			r	Yes	No
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 Scheol	lule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	********	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	wed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				1
þ	Were the organization's financial statements audited by an independent accountant?		2b	X	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate the second of the year were audited on a separate the second of the year were audited on a separate the second of the year were audited on a separate the year were audited on a separate the year were audited on a separate the year were audited on a separate the year were audited on a separate the year were audited on a separate the year were audited on a separate the year were audited on a separate the year were audited on a separate the year were audited on a separate the year were audited on a separate the year were audited on a separate the year were audited on a separate the year were audited on a separate the year were audited on a separate the year were audited on a separate the year were all years and year were all years and year were all years and years and years are years and years and years are years and years are years and years are years and years are years and years are years and years are years and years are years and years are years and years are years and years are years and years are years and years are years and years are years and years are years and years are years are years and years are years and years are years and years are years and years are years and years are years are years and years are years are years and years are years and years are years and years are years are years and years are years are years and years are years are years and years are years are years are years are years and years are years are years are years are years and years are years are years are years are years and years are years are years are years are years are years are years are years are years are years are years are years are years are years are years.	arate basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	f the audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Single Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r	equired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

Name of the organization

HUNTS POINT ALLIANCE FOR CHILDREN 20-8503907

Pa	rt I	Reason	for Public Char	rity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions.				
The	organ	zation is not a	a private foundation	because it is: (For lines	1 through	11, check	only one t	oox.)					
1				es, or association of chur).				
2				70(b)(1)(A)(ii) . (Attach Sc									
3		A hospital or	a cooperative hosp	ital service organization	described	ın section	170(b)(1)	(A)(iii).					
4			· ·	operated in conjunction					(b)(1)(A)(i	ii). Enter	the hospita	i's nan	ne,
		city, and stat											
5		An organizati	on operated for the	benefit of a college or un	niversity o	wned or or	perated by	a govern	mental uni	t describ	ped in		
_			(b)(1)(A)(iv). (Compl	=				, g					
6				nent or governmental uni	t december	dın sactic	n 170/h\/:	11/41/6/					
_	X			=					u franskha	امسمسما	ممالم مالمان	لدمطائد	
′	41	_	-	ceives a substantial part	or its supp	on nom a	governme	entai uniit C	or from the	general	public desc	noeu	III
			(b)(1)(A)(vi). (Comple	•	, <u> </u>	D-4IIX							
8	님			section 170(b)(1)(A)(vi).						_			
9			-	ceives: (1) more than 33									
				nctions - subject to certa									
				axable income (less sect	tion 511 ta	x) from bu	sinesses	acquired b	y the orga	anization	atter June 3	10, 197	/5
			509(a)(2). (Complete	•									
10	님	-	=	perated exclusively to te		-							
11				perated exclusively for the									or
				ations described in section				2) See sec	ction 509(a)(3). Ch	eck the box	that	
				organization and compl		-							
		a Type I		• •	ype III · Fu				• •		n-functional		-
е	L			at the organization is not									ın
				than one or more publicly						9(a)(1) or	section 509	(a)(2).	
f		If the organiz	ation received a wri	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
			rganization, check ti										ш
9				organization accepted ar									1
		(i) A persor	n who directly or inc	directly controls, either al	one or tog	ether with	persons of	described	ın (ii) and (iii) below	l l	Yes	No
		the gove	erning body of the s	upported organization?							11g(i)	 	<u> </u>
		(ii) A family	member of a person	n described in (i) above?							11g(ii)	├ ──	├
		(iii) A 35% d	controlled entity of a	a person described in (i) o	or (II) above	e?					11g(iii)		
h		Provide the fo	ollowing information	about the supported or	ganization	(s).							
					·								
(i)	Name	of supported	(II) EIN	(III) Type of organization		rganization			(vi) Is organization	i the on in col	(vii) Amount	of mor	netary
	orga	nization		(described on lines 1-9 above or IRC section	governing	sted in your document?		r support?	(i) organiz U S	ed in the	sup	port	
				(see instructions))					←				
				ļ <u>`</u>	Yes	No	Yes	No	Yes	No			
								Ì					
						<u> </u>	<u> </u>	 					
				}	ł		}	}	1				
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.HA	For P	aperwork Re	auction Act Notice	, see the Instructions fo	or				Schedul	e A (For	m 990 or 99	U-EZ)	2012

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

232021 12-04-12

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and			<u> </u>			
	membership fees received. (Do not				,		
	include any "unusual grants.")	1036361.	1045749.	1634218.	1472132.	1382951.	6571411.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					'	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	}					
4	Total. Add lines 1 through 3	1036361.	1045749.	1634218.	1472132.	1382951.	6571411.
5	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly		1				
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	İ					
	column (f)						3518972.
6	Public support. Subtract line 5 from line 4	 	······································		· · · · · · · · · · · · · · · · · · ·		3052439.
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·		•			
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	1036361.	1045749.	1634218.	1472132.	1382951.	6571411.
	Gross income from interest,						
	dividends, payments received on			į			
	securities loans, rents, royalties						
	and income from similar sources		i	514.	922.	628.	2,064.
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on					}	
10	Other income Do not include gain				-		
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						6573475.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop					·	▶□
Sec	tion C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2012 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	46.44 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14		[15	46.10 %
16a	33 1/3% support test - 2012. If the c	organization did no	t check the box on	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				ightharpoons X
b	33 1/3% support test - 2011. If the c	rganization did not	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization quali	fies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test	: - 2012 . If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	es" test, check th	is box and stop he	ere. Explain in Parl	: IV how the organ	ization
	meets the "facts-and-circumstances"	test The organizat	ion qualifies as a p	oublicly supported	organization		▶ []
b	10% -facts-and-circumstances test	: - 2011. If the orga	anization did not cl	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets th	e "facts-and-circur	mstances" test, ch	eck this box and s	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	umstances" test.	îhe organization q	ualifies as a public	ly supported organ	nization	>
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	<u>, check this box ar</u>	nd see instructions	<u>. ▶ </u>
					School	dule A (Form 990	or 990-E7\ 2012

232022 12-04-12

Schedule A (Form 990 or 990-EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complet	e only i	f you	checked	the box	on line 9	of Part	l or it	f the organization	failed to qualify	under P	art II. If t	he organization	ı fails to

	qualify under the tests listed b	elow, please comp	olete Part II.)					
Sec	tion A. Public Support		_	_				
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011		(e) 2012	(f) Total
	Gifts, grants, contributions, and				137		<u> </u>	37
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, 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 bus-							
	iness under section 513							
4	Tax revenues levied for the organ-		 					
	ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to	ł			}			
	the organization without charge			·	<u> </u>	L		
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
_	3 received from disqualified persons			<u> </u>	<u> </u>			
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
C.	Add lines 7a and 7b				<u> </u>			
8	Public support (Subtract line 7c from line 6)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011		(e) 2012	(f) Total
	Amounts from line 6							
	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 activities not included in line 10b, whether or not the business is regularly carried on							
	Other income. Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12)				_			
	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a section	n 501	(c)(3) organiz	ation,
	check this box and stop here				,		, , , , , = , g = , , la.	_
	tion C. Computation of Publi	c Support Per	centage					
	Public support percentage for 2012 (lii			olumn (fl)		15		%
	Public support percentage from 2011			· · · · · · · · · · · · · · · · · · ·	Ī	16		%
	tion D. Computation of Inves			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
	Investment income percentage for 201			e 13, column (fl)	<u> </u>	17		<u> </u>
	Investment income percentage from 2				ļ	18		%
	33 1/3% support tests - 2012. If the c			n line 14 and line	L 15 is more than 3:	,	%, and line 1	
	more than 33 1/3%, check this box an						, , , (III (▶□
							an 33 1/204 ~	and
	33 1/3% support tests - 2011. If the c	-						J
	ine 18 is not more than 33 1/3%, chec							
	Private foundation. If the organization	ulo not check a b	ox on line 14, 19a	, or 190, check th			_	N
32023	12-04-12				Sche	edule	A (Form 990	or 990-EZ) 20 ⁻

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 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 *

2012
Open to Public Inspection

Name of the organization

HUNTS POINT ALLIANCE FOR CHILDREN

Employer identification number

—	HUNTS POINT ALLIAN		20-8503907
Pa			or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts
_	Teacher has a second	(a) Dollor advised fullds	(b) Fullos 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 donor advisors in	-	
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	
- n-	Impermissible private benefit?		Yes No
	t II Conservation Easements. Complete if the org		t IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certifie	ed historic structure
_	Preservation of open space	for the constant of the force of	
2	Complete lines 2a through 2d if the organization held a qualif	tied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		
a			2a
b	Total acreage restricted by conservation easements	ricture included in (a)	2c
C	Number of conservation easements on a certified historic str	* *	
d	Number of conservation easements included in (c) acquired a listed in the National Register	alter 6/17/00, and not on a historic structure	2d
3	Number of conservation easements modified, transferred, rel	leased extinguished or terminated by the or	
Ū	year	leased, extinguished, or terminated by the or	iganization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		ng the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for
	conservation easements.	······································	
Pai	t III Organizations Maintaining Collections of	· · · · · · · · · · · · · · · · · · ·	er Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
Ь	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		▶ ¢
	(i) Revenues included in Form 990, Part VIII, line 1		
0	(ii) Assets included in Form 990, Part X	course or other cimilar coasts for fine-cial as	\$
2	If the organization received or held works of art, historical treat the following amounts required to be reported under SFAS 1:		ani, provide
2	Revenues included in Form 990, Part VIII, line 1	TO (ACC 300) relating to these items.	▶ \$
a b	Assets included in Form 990, Part X		▶ \$
U	ASSOLS MODUCO III I OIIII 330, CAILA		Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

Sche	edule D (Form 990) 2012 HUNTS P	OINT ALLIA	ANCE	FOR (CHILDREN		2	0-85	0390	7 Pa	ge 2
Pa	rt III Organizations Maintaining (Collections of A	rt, His	torical	Treasures,	or Othe	er Simila	r Asse	ts (contin		
3	Using the organization's acquisition, access	ion, and other recor	ds, chec	k any of t	the following th	at are a s	ignificant u	se of its	collection	ıtems	;
	(check all that apply):										
а	Public exhibition	•	d 🔲	Loan or e	exchange progr	ams					
b	Scholarly research	•	e	Other							
C	Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	iin how th	ney furthe	er the organizat	ion's exe	mpt purpos	se in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	istorical t	reasures, or oth	er sımılaı	assets		_		
	to be sold to raise funds rather than to be m								Yes		No
Pa	rt IV Escrow and Custodial Arran	igements. Comp	lete if the	organiza	ation answered	"Yes" to	Form 990,	Part IV, I	ıne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	lian or other interme	diary for	contribut	tions or other as	ssets not	ıncluded		_	_	
	on Form 990, Part X?							L	」Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	table							
									Amount		
C	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.								~~		
FB	rt V Endowment Funds. Complete		T		7				4 1 5		
_		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three ye	ars back_	(e) Four	years b	ack
1a	Beginning of year balance		 								
b	Contributions		-						 		—
C	Net investment earnings, gains, and losses		 				<u>-</u>				
a	Grants or scholarships									_	
е	Other expenditures for facilities					}					
	and programs										
' ~	Administrative expenses End of year balance		_								
9 2	Provide the estimated percentage of the curr	rent year end halan	ce (line 1	a column	(a)) held as	l.					
a	Board designated or quasi-endowment	rent year end balant	%	g, coluiiii	i (a)) iicio as.						
ь	Permanent endowment										
_	Temporarily restricted endowment ▶	^ %									
	The percentages in lines 2a, 2b, and 2c shou	uld equal 100%.									
3a	Are there endowment funds not in the posse		ation tha	it are held	d and administe	red for th	ne organiza	tion			
	by:	J					=			Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	on Sched	lule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	owment f	unds.		· 					
Pai	t VI Land, Buildings, and Equipm	ent. See Form 990), Part X,	line 10.							
	Description of property	(a) Cost or o			ost or other		cumulated		(d) Book	value	
		basis (investr	ment)	bas	is (other)	dep	reciation				
1a	Land										
b	Buildings				112 404		22 62	7	7.0	76	7
C	Leasehold improvements				12,404.		$\frac{33,63}{16,01}$,76	
d	Equipment				33,907.		16,01	1 •	<u> </u>	<u>,</u> 89	<u>v .</u>
	Other	15		(D) ti	- 10(-))			_	0.6	,65	7
LOTAL	. Add lines 1a through 1e. (Column (d) must e	OUAL FORM 990. PAM	A. COIUM	III (B), IIN	B TUICLI				フリ	, , ,	/ •

Schedule D (Form 990) 2012

232053 12-10-12

Schedule D (Form 990) 2012

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII

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

Schedule D (Form 990) 2012

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

_		
545-004	2	1
555	T	1
2		
OMB No	7	1

Open to Public

Inspection

Name of the organization							Employer identification number
HUNTS POINT ALLIS	HUNITS PUTNI ALL IANCE ation on Grants and Assistance	FOR CH	ILDREN				20-8503907
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	amount of the grants	s or assistance, the	grantees' eligibility	v for the grants or ass	istance, and the selec	tion
criteria used to award the grants or assistance?	stance?	•		·)			X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	oring the use of grant	funds in the United	d States.]
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	e United States. C	Somplete if the orga	anization answered ")	res" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							EARLY CHILDHOOD EDUCATION
NEW YORK, NY 10018	04-3262046		111,333.	0			INITIATIVE
i	and government or	ganizations listed in th	he Ine 1 table				1.
	s listed in the line	1 table					0
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2012) 🛓

232101 12-18-12

Schedule I (Form 990) (2012)* Page 2 (f) Description of non-cash assistance 20-8503907 Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I, Part I, Line 2: THE ORGANIZATION WORKS IN CLOSE CONTACT WITH (d) Amount of non-cash assistance HUNTS POINT ALLIANCE FOR CHILDREN 26 (c) Amount of cash grant (b) Number of recipients THE GRANTEE IN THE PROGRAM (a) Type of grant or assistance Schedule I (Form 990) (2012) 232102 12-18-12 Part III

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

HUNTS POINT ALLIANCE FOR CHILDREN

Employer identification number 20-8503907

MONTE TOTAL ADDITAGE TOX CHILDREN 20-0303907
Form 990, Part I, Line 1, Description of Organization Mission:
COMMUNITY-BASED ORGANIZATIONS AND FORDHAM UNIVERSITY TO ADDRESS
SYSTEMIC BARRIERS TO LEARNING AND TO FACILITATE THE PHYSICAL,
EMOTIONAL, SOCIAL, COGNITIVE AND ACADEMIC DEVELOPMENT OF CHILDREN
LIVING IN HUNTS POINT.
Form 990, Part III, Line 1, Description of Organization Mission:
CHILDREN LIVING IN HUNTS POINT.
Form 990, Part III, Line 4d, Other Program Services:
COMMUNITY - THE COMMUNITY PROGRAM SPONSORS THE ANNUAL BACK TO SCHOOL
FAIR TO ASSIST CHILDREN IN OBTAINING NEEDED BACK TO SCHOOL SUPPLIES.
THE COMMUNITY PROGRAM ALSO SUPPLIES SPORTS EQUIPMENT IN THE COMMUNITY.
Expenses \$ 48,032. including grants of \$ 0. Revenue \$ 0.
Form 990, Part VI, Section B, line 11: THE EXECUTIVE COMMITTEE OF THE
BOARD REVIEWS A DRAFT OF FORM 990 PRIOR TO FILING.
Form 990, Part VI, Section B, Line 15a: THE MANAGING DIRECTOR'S
COMPENSATION IS DETERMINED BY THE BOARD AFTER DISCUSSION OF COMPARABLE
SALARIES.
Form 990, Part VI, Section C, Line 19: THE ORGANIZATION'S FINANCIAL
STATEMENTS AND GOVERNING DOCUMENTS ARE AVAILABLE BY REQUEST. THE FORM 990
IS ALSO AVAILABLE AT GUIDESTAR.ORG.

Name of the organization HUNTS POINT ALLIANCE FOR CHILDREN	Employer identification number 20-8503907
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBIL	ITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SE	LECTION OF AN
INDEPENDENT ACCOUNTANT.	
	

	68 (Rev. 1-2013)				Page 2
If you	are filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II and check th	is box	
	nly complete Part II if you have already been granted an			filed Form 8868.	
	are filing for an Automatic 3-Month Extension, comple				··
Part I	Additional (Not Automatic) 3-Month E	xtensio	on of Time. Only file the origin	nal (no copies needed	<u>}. </u>
			Enter filer's	identifying number, see i	nstructions
Type or	Name of exempt organization or other filer, see instru	uctions		Employer identification nu	mber (EIN) or
print File by the	HUNTS POINT ALLIANCE FOR CH	สสตงา	N	20-85039	907
due date for				Social security number (S	
filing your return See	1231 LAFAYETTE AVE.			Social Security Humber (Co	
instructions	City, town or post office, state, and ZIP code. For a fine BRONX, NY 10474	oreign add	dress, see instructions.		
Enter the	Return code for the return that this application is for (file	e a separa	ate application for each return)		01
Applicati	ion	Return	Application		Return
ls For	•••	Code	Is For		Code
	or Form 990-EZ	01		······································	
Form 990	-BL	02	Form 1041-A		08
Form 472	0 (individual)	03	Form 4720		09
Form 990	PF	04	Form 5227		10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
	-T (trust other than above)	06	Form 8870		12
STOP! Do	o not complete Part II if you were not already granted	an auton	natic 3-month extension on a prev	iously filed Form 8868.	
	MARYANN HEDAA				
• The bo	ooks are in the care of > 1231 LAFAYETTE	AVE.	- BRONX, NY 10474		
	one No. ► 718-620-2824		FAX No.		
	rganization does not have an office or place of business	in the Un	ited States, check this box		. 🗆
	s for a Group Return, enter the organization's four digit (, check this
oox 🕨 [. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	all members the extension	is for.
4 I red	quest an additional 3-month extension of time until	May	15, 2014		
5 For	calendar year, or other tax year beginning	JUL 1	, 2012 , and ending	g JUN 30, 2013	<u> </u>
	e tax year entered in line 5 is for less than 12 months, cl			Final return	
L	☐ Change in accounting period				
	te in detail why you need the extension				- NOT
	E AUDIT OF THE ORGANIZATION	UPON	WHICH THE TAX RET	URN IS BASED I	S NOT
YE	T FINAL.				
	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, er	nter the tentative tax, less any		0.
	refundable credits. See instructions.		(, d - b) (M - , - d A) A d	8a \$	
	is application is for Form 990-PF, 990-T, 4720, or 6069, to				
	payments made. Include any prior year overpayment allo	owed as a	credit and any amount paid	Bb \$	0.
	viously with Form 8868.		this form if required by using	8b \$	<u></u>
	ance due, Subtract line 8b from line 8a, include your pay		i ina ioni, ii raquired, by baing	8c \$	0.
Erl	PS (Electronic Federal Tax Payment System). See instru		t be completed for Part II o		
Inder pena is true, co	titles of perjury, I declare that I have examined this form, including rect, and complete, and final final form.	ng accompa		the best of my knowledge and	
Sionature 1		PP	'A	Date > 2/12/14	

Form 8868 (Rev. 1-2013)