Form <b>990</b>
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Department of the Treasury

Internal Revenue Service

# EXTENDED TO MAY 15, 2020

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

B       Cost       C       Number of organization       D       Employer identification number         PORT CHESTER CARVER CENTER, INC.       13-1832949         Diverse       Doing business as       13-1832949         Diverse       Org Sectores       (914)305-6010         City or town, state or province, country, and ZIP or foreign postal code       G cost necepts 5       4,040,179.         Diverse       F Name and address of principal officer. ROBERT 5.       KOST       HD) Are altowordinates?       Yes No.         I Tax exempt status:       5 010(1)       Impart 10.       4947(a)(1) or 527       HD) Are altowordinates?       Yes No.         J Websta:       WWM.CANVERCENTER, VX DOTA       501(1)       Impart 10.       4947(a)(1) or 527       HC) Are altowordinates       No.       HD) Are altowordinates       Yes No.       No.         J Websta:       WWM.CANVERCENTER, SUBJOURD       Maste of legal domiciel. MY       Sectores       No.       HC) Are altowordinates       Yes No.         J Websta:       Yes No.       Summary       Tust       Association       Other       L Vace of formation: 13/43       Maste of legal domiciel. MY         Sectores       HD       HD Arent governing body (Part V). (ine 14)       3       23         J Brintify descrube the organization discontinue d tso pere	AI	For th	e 2018 calendar year, or tax year beginning JUL 1, 2018 and	ending J	UN 30, 2019	
PVRT ClassIble Clavitals, LNC.       13-1832949         Image: ClassIble Clavitals, LNC.       13-1832949         Image: ClassIble Clavitals, LNC.       (914)305-6010         Image: ClassIble Clavitals, NV state or province, country, and ZIP or foreign postal code post or classIble.       (914)305-6010         Image: Clavital Clavitals, NV state or province, country, and ZIP or foreign postal code post or classIble.       (914)305-6010         Image: Clavital Clavitals, NV state or province, country, and ZIP or foreign postal code post or classIble.       (914)305-6010         Image: Clavital Clavitals, NV state or province, country, and ZIP or foreign postal code post or classIble.       (914)305-6010         Image: Clavital Clavitals, NV state or province, country, and ZIP or foreign postal code post or classIble.       (914)305-6010         Image: Clavital Clavitals, NV state or province, country, and ZIP or foreign postal code post or classIble.       (914)305-6010         Image: Clavital Clavitals, NV state or province, country, and ZIP or foreign postal code post or classIble.       (914)305-6010         Image: Clavital Clavitals, NV state or province, country, and ZIP or foreign postal code post or classIble.       (914)305-6010         Image: Clavital Clavital Clavitals, NV state or post or clavital clavitals.       (914)305-6010         Image: Clavital Cla	B	Check if applicab	e: C Name of organization		D Employer identified	cation number
Image: Note of the second		Addre	PORT CHESTER CARVER CENTER, INC.			
Image: Second Secon		Name	· · · · · · · · · · · · · · · · · · ·		13-18	32949
Image: Second Secon		- Initial		Room/suite	F Telephone numbe	r
Image: City or town, state or province, country, and ZIP or foreign postal code       G arose receipts 4,040,173.         PORT CHESTER, NY 10573       PORT CHESTER, NY 10573         Port CHESTER, NY 10573       F Name and address of principal officer: ROBERT S. KOST         Port CHESTER, NY 10573       F Name and address of principal officer: ROBERT S. KOST         I Tax-exempt status: X 501(c)(3)       501(c) (4 (insert no.)       4947(a)(1) or 522         I Tax-exempt status: X 501(c)(3)       501(c) (4 (insert no.)       4947(a)(1) or 522         I Briefly describe the organization's mission or most significant activities: TO BUILD BRIGHTER FUTURES EX         SERVING, EDUCATING, AND EMPOWERING PARTLES IN OUR COMMUNITY.         2 Check this box )       if the organization discontinue its operations or disposed of more than 25% of its net assets.         3 Number of voting members of the governing body (Part VI, line 1a)       4       233         4 Number of individuals employed in calendar year 2018 (Part VI, line 1a)       3       2         7 To total number of volumeers (estimate if necessary)       6       1010         7 a Total number of univers (estimate if necessary)       6       1077         6 Total number of enting univers (estimate if necessary)       6       6         1 Number of individuals employed in calendar year 2018 (Part VI, line 1a)       3       2         9 Program service revenue (Part VII		Final	400 WESTCHESTER AVENUE	nooni, ouno		
PART       FORT       CHESTER, NY       10573       H(a) Is this a group return for subordinates?         Promoted Intervention       F Name and address of principal officer; ROBERT S. KOST       H(a) Is this a group return for subordinates/microlates?       Yes       No         I Tax exempt status:       I 501(c)(3)       501(c) ()       (insert no.)       4947(a)(1) or       527         J Website:       NWW: CANVERCENTER, ORG       H(c) Group exemption number       H(c) Group exemption number         Factor       Setter of granization:       C Corporation       Trust       Association       Other       L vare of formation:       1949       M State of legal domicile; NY         Part II       Summary       Briefly describe the organization's mission or mores significant activities:       TO BUILD BRIGHTER PUTURES BY         Setter ING, BUDCATING, AND EMPOWERING PANLIERS IN OUR COMMUNITY.       2       Check this box       if the organization ideocrimice doty (Part VI, line 1b)       4       23         Number of independent voting members of the governing body (Part VI, line 12)       5       177       6       1000         7a       Total number of individuals employed in calendar year 2018 (Part VI, line 12)       7a       0       0         9       Program service revenue (Part VIII, column (C), line 12       7a       0       0       0       0 </td <td></td> <td>termi</td> <td><u>-</u></td> <td></td> <td><b>G</b> Gross receipts \$</td> <td>4,040,179.</td>		termi	<u>-</u>		<b>G</b> Gross receipts \$	4,040,179.
Product       F Name and address of principal officer. ROBERT S. KOST       for subordinates include?       Yes       No         BARE AS C ABOVE       for subordinates include?       Yes       No         I Taxexempt status:       \$501(c)(3)       \$01(c)(1)       (insert no.)       4947(a)(1) or       527       H*No,* attach a list (see instructions)         H(b) Are all subordinates include?       Yes       No         J Website:       WWW.CARVERCENTER.ORG       H(c) Group exemption number       H(c) Group exemption number         K Form of organization:       X Corporation       Trust       Association       Other       L Year of formation:       144 9       M State of legal domicile: NY         Barriely describe the organization is continued its operations or disposed of more than 25% of its net assets.       3       23       23         3 Number of voting members of the governing body (Part VI, line 1a)       3       23       23         4 Number of independent voting members of the governing body (Part VI, line 2a)       5       1777         6 Total number of independent voting members of the governing body (Part VI, line 2a)       5       10100         7 a total number of volunteers (estimate if necessary)       6       1000         7 a total number of volunteers (estimate if necessary)       6       1000       123, 206, 216, 263, 967.		Amer	ded DODT CHECTED NY 10573		H(a) Is this a group re	
pending       SAME AS C ABOVE       H(b) Are all subordinates included?       Yes       No         1 Taxexempt status:       X 01(c)(3)       501(c) ()       (insert no.)       4947(a)(1) or       527       H(b) Are all subordinates included?       Yes       No         1 Taxexempt status:       X 01(c)(3)       501(c) ()       (insert no.)       4947(a)(1) or       527         Yes       WMX       CARVECENTER. ARE       MState of legal domicile: NY         Part II       Summary       M State of legal domicile: NY         Part II       Briefly describe the organization's mission or most significant activities: TO BUILD BRIGHTER FUTURES BY         SERVING       EDUCATING, AND EMPOWERING PANLIES IN OUR COMMUNITY.       2         2 Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3 Number of voting members of the governing body (Part V, line 1a)       3       23         4 Number of uduriteers (estimate if necessary)       6       1010         7 a Total number of ouldinteers (estimate if necessary)       6       1010         7 a Total number of udurities ababe income from Form 990-T, line 38       Prior Year       Current Year         9 Program service revenue (Part VIII, line 1h)       3 (027, 425, 2, 2, 328, 501, 202, 216, 263, 201, 202, 216, 263, 201, 202, 216, 263, 201, 202,		Appli			-	
I Tax.exempt status: ▼ 901(c)(3) 501(c)( ) ◆ (insert no.) 4947(a)(1) or 527       H* No.* attach a list. (see instructions)         J Website: ▶ WW. CARVERCENTER. ORG       H(C) Group exemption number ▶         K Form of organization: ▼ Corporation T Tust Association Other ▶       L year of formation: 1949       M State of legal domicie: NY         Part I       Summary       I Briefly describe the organization's mission or most significant activities: TO BUILD BRIGHTER FUTURES BY         2       Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of voting members of the governing body (Part VI, line 1a)       4       23         4       Number of voting members of the governing body (Part VI, line 1a)       4       23         5       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       5       177         6       Total number of volumteers (setimate if necessary)       6       1000       7a       0.         7       Total number of volumteers (setimate if necessary)       6       1010       7a       0.         8       Contributions and grants (Part VIII, column (A), lines 3, 4, and 70       213, 206, 216, 263, 261, 273, 288, 228, 292,			na			
J Website: ▶ WWW, CARVERCENTER, ORG       H(c) Group exemption number ▶         K Form of organization: X Corporation Trust Association Other ▶       L Year of formation: 1949       M State of legal demicile; WY         Part I       Summary         I       Briefly describe the organization's mission or most significant activities: TO BUILD BRIGHTER FUTURES BY         SERVING, EDUCATING, AND EXPOWERING PAMILIES IN OUR COMMUNITY,       Base and the organization discontinued its operations or disposed former than 25% of its net assets.         Number of voting members of the governing body (Part VI, line 1a)       Base and the organization of the organization discontinued its operations or disposed former than 25% of its net assets.         Number of individuals employed in calendar year 2018 (Part VI, line 2a)       Base and the organization of the organization of the governing body (Part VI, line 2a)       Base and the organization of the organ	1	Tax-ex	empt status: 🕱 501(c)(3) 🚺 501(c) ( )◀ (insert no.) 🗌 4947(a)(1) d	or 🗌 527		
Part I       Summary         1       Briefly describe the organization's mission or most significant activities: TO BUILD BRIGHTER FUTURES BY         2       Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3         4       4         5       Total number of independent voting members of the governing body (Part VI, line 1a)       4         6       1000         7       Total number of individuals employed in calendar year 2018 (Part VI, line 1a)       5         6       1010         7       Total number of volunteers (estimate if necessary)       6         7       Total unrelated business taxable income from Form 990-T, line 38       Prior Year         9       Porgram service revenue (Part VIII, line 1h)       3, 027, 425, 2, 328, 501, 618, 508, 6663, 961, 02, 216, 263, 216, 216, 216, 216, 216, 216, 216, 216	٦١	Vebsi			H(c) Group exemptio	n number 🕨
9       1       Briefly describe the organization's mission or most significant activities: TO BUILD BRIGHTER FUTURES BY         2       Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of viologenetic of the governing body (Part VI, line 1a)       3       23         4       Number of viologenetic of the governing body (Part VI, line 1a)       3       23         5       Total number of individuals employed in calendar year 2018 (Part VI, line 1a)       5       1777         6       100       7a       5       1777         6       101       7a       101       0.       7a       0.         7       Total number of violaters (estimate if necessary)       6       100       0.       0.         7       Total number of violations stagate income from Form 990.T, line 38       Prior Year       Current Year         8       Contributions and grants (Part VIII, line 1b)       3, 027, 425.       2, 328, 501.       7b       0.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       213, 206.       216, 263.       216, 263.         11       Other revenue fad lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       0.       0.       0.       0.       0.       0.       0.<	ĸ	<sup>=</sup> orm o	f organization: 🗴 Corporation 📄 Trust 📄 Association 📄 Other 🕨	<b>L</b> Year	of formation: 1949	A State of legal domicile: NY
SERVING, EDUCATING, AND EMPOWERING FAMILIES IN OUR COMMUNITY.         2       Check this box ▶	Pa	art I	Summary			
5       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       5       1777         6       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       5       100         7       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       6       100         7       Total number of volunteers (estimate if necessary)       6       100         7       Total number of volunteers (estimate if necessary)       7       6       100         7       Total oncess taxable income from Form 990-T, line 38       0.       7       0.         9       Prior Year       Current Year       0.       0.       0.         9       Program service revenue (Part VIII, line 1h)       3, 027, 425.       2, 328, 501.       10       10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       213, 206.       216, 263.       216, 263.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       237, 888.       298, 992.       13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <td></td> <td>1</td> <td>Briefly describe the organization's mission or most significant activities: TO BUIL</td> <td>LD BRIGHT</td> <td>TER FUTURES BY</td> <td></td>		1	Briefly describe the organization's mission or most significant activities: TO BUIL	LD BRIGHT	TER FUTURES BY	
5       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       5       1777         6       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       5       100         7       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       6       100         7       Total number of volunteers (estimate if necessary)       6       100         7       Total number of volunteers (estimate if necessary)       7       6       100         7       Total oncess taxable income from Form 990-T, line 38       0.       7       0.         9       Prior Year       Current Year       0.       0.       0.         9       Program service revenue (Part VIII, line 1h)       3, 027, 425.       2, 328, 501.       10       10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       213, 206.       216, 263.       216, 263.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       237, 888.       298, 992.       13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <td>nce</td> <td></td> <td></td> <td></td> <td></td> <td></td>	nce					
5       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       5       1777         6       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       5       100         7       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       6       100         7       Total number of volunteers (estimate if necessary)       6       100         7       Total number of volunteers (estimate if necessary)       7       6       100         7       Total oncess taxable income from Form 990-T, line 38       0.       7       0.         9       Prior Year       Current Year       0.       0.       0.         9       Program service revenue (Part VIII, line 1h)       3, 027, 425.       2, 328, 501.       10       10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       213, 206.       216, 263.       216, 263.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       237, 888.       298, 992.       13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <td>rna</td> <td>2</td> <td>Check this box 🕨 🔲 if the organization discontinued its operations or dispos</td> <td>ed of more</td> <td>than 25% of its net as</td> <td>ets.</td>	rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	ets.
5       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       5       1777         6       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       5       100         7       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       6       100         7       Total number of volunteers (estimate if necessary)       6       100         7       Total number of volunteers (estimate if necessary)       7       6       100         7       Total oncess taxable income from Form 990-T, line 38       0.       7       0.         9       Prior Year       Current Year       0.       0.       0.         9       Program service revenue (Part VIII, line 1h)       3, 027, 425.       2, 328, 501.       10       10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       213, 206.       216, 263.       216, 263.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       237, 888.       298, 992.       13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <td>ove</td> <td>3</td> <td>Number of voting members of the governing body (Part VI, line 1a)</td> <td></td> <td></td> <td>23</td>	ove	3	Number of voting members of the governing body (Part VI, line 1a)			23
b         Net unrelated business taxable income from Form 990-T, line 38         Tb         0           Prior Year         Current Year           3         Contributions and grants (Part VIII, line 1h)         3,027,425.         2,328,501.           9         Program service revenue (Part VIII, line 2g)         618,508.         663,967.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         213,206.         216,263.           11         Other revenue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e)         237,888.         298,992.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         2,518,986.         2,779,831.           16a         Professional fundraising expenses (Part IX, column (D), line 25)         228,704.         1.         1.           17         Other expenses (Part IX, column (D), line 25)         228,704.         1.         3.869,701.         4.378,964.		4	Number of independent voting members of the governing body (Part VI, line 1b)			23
b         Net unrelated business taxable income from Form 990-T, line 38         Tb         0           Prior Year         Current Year           3         Contributions and grants (Part VIII, line 1h)         3,027,425.         2,328,501.           9         Program service revenue (Part VIII, line 2g)         618,508.         663,967.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         213,206.         216,263.           11         Other revenue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e)         237,888.         298,992.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         2,518,986.         2,779,831.           16a         Professional fundraising expenses (Part IX, column (D), line 25)         228,704.         1.         1.           17         Other expenses (Part IX, column (D), line 25)         228,704.         1.         3.869,701.         4.378,964.	ŝ	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			177
b         Net unrelated business taxable income from Form 990-T, line 38         Tb         0           Prior Year         Current Year           3         Contributions and grants (Part VIII, line 1h)         3,027,425.         2,328,501.           9         Program service revenue (Part VIII, line 2g)         618,508.         663,967.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         213,206.         216,263.           11         Other revenue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e)         237,888.         298,992.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         2,518,986.         2,779,831.           16a         Professional fundraising expenses (Part IX, column (D), line 25)         228,704.         1.         1.           17         Other expenses (Part IX, column (D), line 25)         228,704.         1.         3.869,701.         4.378,964.	viti	6	Total number of volunteers (estimate if necessary)			100
b         Net unrelated business taxable income from Form 990-T, line 38         Tb         0           Prior Year         Current Year           3         Contributions and grants (Part VIII, line 1h)         3,027,425.         2,328,501.           9         Program service revenue (Part VIII, line 2g)         618,508.         663,967.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         213,206.         216,263.           11         Other revenue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e)         237,888.         298,992.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         2,518,986.         2,779,831.           16a         Professional fundraising expenses (Part IX, column (D), line 25)         228,704.         1.         1.           17         Other expenses (Part IX, column (D), line 25)         228,704.         1.         3.869,701.         4.378,964.	Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
8         Contributions and grants (Part VIII, line 1h)         3,027,425.         2,328,501.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         618,508.         663,967.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         213,206.         216,263.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         237,888.         298,992.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1.3)         0.         0.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 1.3)         0.         0.         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         10,483.         20,000.         0.	_	b	Net unrelated business taxable income from Form 990-T, line 38	<u></u>	7b	0.
9       Program service revenue (Part VIII, line 2g)       618,508.       663,967.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       213,206.       216,263.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       237,888.       298,992.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       4,097,027.       3,507,723.         13       Grants and similar amounts paid (Part IX, column (A), lines 1·3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), lines 1·3)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)       2,518,986.       2,779,831.         16a       Professional fundraising fees (Part IX, column (D), line 25)       228,704.       1						
Image: Constraint of the sector of the se	ē	8	Contributions and grants (Part VIII, line 1h)			
Image: Constraint of the sector of the se	enu	9				,
11       Other revenue (Part Vill, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       237, 500.       230, 592.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       4, 097, 027.       3, 507, 723.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       2,518,986.       2,779,831.         16a       Professional fundraising fees (Part IX, column (D), line 25)       228,704.       10,483.       20,000.         b       Total expenses (Part IX, column (A), line 11e)       10,483.       20,000.       10,483.       20,000.         b       Total fundraising expenses (Part IX, column (D), line 25)       228,704.       1,340,232.       1,579,133.         17       Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3,869,701.       4,378,964.         19       Revenue less expenses. Subtract line 18 from line 12       227,326.       -871,241.         19       Favenue less expenses. Subtract line 21 from line 20       438,260.       793,652.         21       Total assets (Part X, line 26)       5,892,891.	Jev Sev	10			· · ·	,
13       Grants and similar amounts paid (Part IX, column (A), lines 1·3)       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)       2,518,986.       2,779,831.         16a       Professional fundraising fees (Part IX, column (D), line 25)       228,704.       10,483.       20,000.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       1,340,232.       1,579,133.         18       Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25)       3,869,701.       4,378,964.         19       Revenue less expenses. Subtract line 18 from line 12       227,326.       -871,241.         10       438,260.       793,652.       438,260.       793,652.         20       Total liabilities (Part X, line 26)       4,952,903.       4,952,903.         19       Net assets or fund balances. Subtract line 21 from line 20       5,892,891.       4,952,903.         12       Net assets or fund balances. Subtract line 21 from line 20       5,892,891.       4,952,903.		11			1	
10       Orallities and similar amounts paid (Fart IX, column (A), lines 1-0)       0       0         14       Benefits paid to or for members (Part IX, column (A), line 4)       0       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       2,518,986.       2,779,831.         16       Professional fundraising fees (Part IX, column (A), line 11e)       10,483.       20,000.         b       Total fundraising expenses (Part IX, column (D), line 25)       228,704.       1         17       Other expenses (Part IX, column (A), line 11a-11d, 11f-24e)       1,340,232.       1,579,133.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3,869,701.       4,378,964.         19       Revenue less expenses. Subtract line 18 from line 12       227,326.       -871,241.         19       Total assets (Part X, line 16)       6,331,151.       5,746,555.         21       Total liabilities (Part X, line 26)       438,260.       793,652.         22       Net assets or fund balances. Subtract line 21 from line 20       5,892,891.       4,952,903.         Part II       Signature Block       5,892,891.       4,952,903.						
In a better base part to on formethic s (rain to), column (A), mine 47         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)         b Total fundraising expenses (Part IX, column (A), line 11e)         17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19 Revenue less expenses. Subtract line 18 from line 12         20 Total assets (Part X, line 16)         21 Total liabilities (Part X, line 26)         22 Net assets or fund balances. Subtract line 21 from line 20         5, 892, 891.         4, 952, 903.						
16a       Professional fundraising fees (Part IX, column (A), line 11e)       10,483.       20,000.         b       Total fundraising expenses (Part IX, column (D), line 25)       228,704.       1,340,232.       1,579,133.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       1,340,232.       1,579,133.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3,869,701.       4,378,964.         19       Revenue less expenses. Subtract line 18 from line 12       227,326.       -871,241.         20       Total assets (Part X, line 16)       6,331,151.       5,746,555.         21       Total liabilities (Part X, line 26)       438,260.       793,652.         22       Net assets or fund balances. Subtract line 21 from line 20       5,892,891.       4,952,903.         Part II       Signature Block       5,892,891.       4,952,903.					•	
17       Other expenses (rart X, column (A), lines Tra Hd, Hr 246)         18       Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12         20       Total assets (Part X, line 16)         21       Total liabilities (Part X, line 26)         22       Net assets or fund balances. Subtract line 21 from line 20         5       5,892,891.         4,952,903.	es	15			· · · ·	
17       Other expenses (rart X, column (A), lines Tra Hd, Hr 246)         18       Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12         20       Total assets (Part X, line 16)         21       Total liabilities (Part X, line 26)         22       Net assets or fund balances. Subtract line 21 from line 20         5       5,892,891.         4,952,903.	ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	704	10,483.	20,000.
17       Other expenses (rart X, column (A), lines Tra Hd, Hr 246)         18       Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12         20       Total assets (Part X, line 16)         21       Total liabilities (Part X, line 26)         22       Net assets or fund balances. Subtract line 21 from line 20         5       5,892,891.         4,952,903.	ă	b			1 240 222	1 570 122
19 Revenue less expenses. Subtract line 18 from line 12227,326871,241.Beginning of Current YearEnd of Year6,331,151.5,746,555.438,260.793,652.Part IISignature Block		1 "			, ,	
Beginning of Current YearEnd of Year20Total assets (Part X, line 16)6,331,151.5,746,555.21Total liabilities (Part X, line 26)438,260.793,652.22Net assets or fund balances. Subtract line 21 from line 205,892,891.4,952,903.Part IISignature Block5,892,891.4,952,903.					1 1	
Part II Signature Block	<u> </u>		Revenue less expenses. Subtract line 18 from line 12			,
Part II Signature Block	ts o		Tatal assists (Daut V, line 10)		<u> </u>	
Part II Signature Block	Asse	20				
Part II Signature Block	let /	21			1	
		art II			5,052,051.	2,552,505.
				and stateme	ents and to the best of my	knowledge and belief it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date
Here	ROBERT S. KOST, TREASURER Type or print name and title	
Paid	Print/Type preparer's name Preparer's sign JAMES J. REILLY	
Preparer	Firm's name 🕒 CONDON O'MEARA MCGINTY & DOMNELLY 1	LLP Firm's EIN ▶ 13-3628255
Use Only	Firm's address DONE BATTERY PARK PLAZA	
	NEW YORK, NY 10004	Phone no.212-661-7777
May the I	RS discuss this return with the preparer shown above? (see instru	ctions) X Yes No

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2018) PORT CHESTER CARVER CENTER, INC.	13-1832949	Page
aı			X
	Check if Schedule O contains a response or note to any line in this Part III		
	Briefly describe the organization's mission: SEE SCHEDULE O		
	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		Yes X N
	If "Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s?	Yes X
	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by exp	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers, the total exper	ises, and
	revenue, if any, for each program service reported.		
a	(Code:) (Expenses \$1,315,952. including grants of \$) (R	evenue\$	96,942
	CHILD & ADULT PROGRAMS:		
	CARVER CENTER CHILDREN'S PROGRAMS FOCUS ON THE DEVELOPMENTAL NEEDS OF		
	CHILDREN FROM PRE-SCHOOL THROUGH HIGH SCHOOL. IN CONJUNCTION WITH		
	WESTCOP, A HEAD START PRESCHOOL PROGRAM SERVES 130 CHILDREN DAILY. THE		
	AFTER SCHOOL PROGRAM PROVIDES CARE FOR MORE THAN 600 CHILDREN DAILY,		
	PROVIDING ENRICHMENT, ACADEMIC SUPPORT, FITNESS, AND RECREATION. FOR		
	SIX WEEKS IN THE SUMMER, A FULL-DAY RECREATIONAL AND EDUCATIONAL ENRICHMENT PROGRAM SERVES 150 CHILDREN. OTHER CHILDREN'S PROGRAMS		
	INCLUDE: SATURDAY MUSIC LESSONS, DANCE CLASSES, MARTIAL ARTS LESSONS, A		
	MATH AND SCIENCE CLASS, AND CARVER'S OWN BOY SCOUT GROUP (TROOP 400).		
	CARVER CENTER SERVES OVER 700 STUDENTS THROUGH ITS CHILDREN'S PROGRAMS.		
	CRAVER CENTER SERVES OVER 700 STODENTS THROUGH TTS CHTEDREN S TROORAMS.		
b	(Code:) (Expenses \$ 552,009. including grants of \$ ) (R	evenue \$	326,334
•	FOOD SERVICE PROGRAM:		,
	THE FOOD SERVICE PROGRAM IS AN INITIATIVE THAT PROVIDES DAILY HOT MEALS		
	TO CARVER CENTER'S AFTER SCHOOL PROGRAM, TEEN PROGRAM, AND VARIOUS		
	PRE-KINDERGARTEN PROGRAMS THROUGHOUT PORT CHESTER. CARVER'S FOOD		
	SERVICE PROGRAM SERVES APPROXIMATELY 225,000 NUTRITIOUS MEALS ON A		
	YEARLY BASIS; AN IMITATIVE THAT IS OVERSEEN BY NEW YORK STATE		
	DEPARTMENT OF EDUCATION'S CHILD AND ADULT CARE FOOD PROGRAM (CACFP). A		
	GROCERY STORE STYLE FOOD PANTRY SERVES NEARLY 400 FAMILIES MONTHLY AND		
	PROVIDES DELIVERY TO 20 HOMEBOUND SENIOR CITIZENS EACH MONTH. A		
	MONTHLY BREAKFAST FOR 50 SENIOR CITIZENS ADDRESSES THE SOCIAL AND LEGAL		
	ISSUES FACING THE ELDERLY.		
С	(Code:) (Expenses \$236,441. including grants of \$) (R	evenue \$	51,957.
	TEEN PROGRAMS:		
	TEEN OUTREACH SERVICES BENEFIT APPROXIMATELY 200 MIDDLE AND HIGH SCHOOL		
	STUDENTS. EFFORTS INCLUDE A DROP-IN TEEN CENTER, ACADEMIC SUPPORT,		
	GUIDANCE THOUGHT THE COLLEGE ADMISSIONS PROCESS, AND ATHLETIC PROGRAMS.		
	ADDITIONAL PROGRAMS IN CONJUNCTION WITH THE PORT CHESTER SCHOOLS		
	INCLUDE 21ST CENTURY PROGRAMS WHICH INCLUDE: BOXING, LIFE GUARD		
	TRAINING, AND EMPLOYABILITY. A COLLEGE TOUR AND A SUMMER SAT PROGRAM		
	ARE ALSO PROVIDED TO THE ENROLLED STUDENTS ANNUALLY.		
	Other program services (Describe in Schedule O.)		
	(Expenses \$ 1,698,986. including grants of \$ ) (Revenue \$	285,676.)	
	Total program service expenses 3,803,388.		Form <b>990</b> (20

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Form 990 (2018)

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PORT CHESTER CARVER CENTER, INC. 13-1832949 Page 3 Part IV Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 1 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for х public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or x similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ..... 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete х 8 Schedule D, Part III 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? х If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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, Х 11a Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 x 11d Part X, line 16? If "Yes," complete Schedule D, Part IX х Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? x 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E 13 х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 х or more? If "Yes," complete Schedule F, Parts I and IV ..... 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Ves " complete Schoolule E. Dorte II or 15 Х

		15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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	Х	
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	
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		Х
20a		20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		х
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PORT CHESTER CARVER CENTER, INC. Form 990 (2018) PORT CHESTER CARVE

Fai	Checklist of Required Schedules (continued)			T
~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	200		x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
20	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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes,"	06		x
27	complete Schedule L, Part II	26		
21	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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	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
с	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
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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 I	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		X
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
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
<b>0</b> -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5 h		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
30		36		x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
07	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?			<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 177			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	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?	5b		x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			<u> </u>
6a	any contributions that were not tax deductible as charitable contributions?	6a		x
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	00		
b		Ch		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		v	
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 X	┼──
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		┼──
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
_	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
е	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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	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		
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.			
а	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			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		T
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
			000	(00.10)

Form **990** (2018)

832005 12-31-18

Par		949		Pac
	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	a "No" re	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			_
0	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		
Sec	tion A. Governing Body and Management			Т
		23	Yes	+
та				
	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 0.			
b		23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			ŀ
	officer, director, trustee, or key employee?	2		╀
3	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?			╀
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			╀
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			╀
6	Did the organization have members or stockholders?	6		╀
7a	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		╀
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			L
а	The governing body?	<u>8a</u>	X	∔
b	Each committee with authority to act on behalf of the governing body?	8b	X	∔
9	Is there any officer, director, 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		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			т
			Yes	╡
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
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		ļ
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	Ļ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			l
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	1
b	Ware officers, directors, or tructees, and key employees required to disclose annually interacts that could give rise to conflicte?			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12b	X	1
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	. <u>12b</u>	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b 12c	x	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
с 13	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13	x	
с 13 14	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe         in Schedule O how this was done         Did the organization have a written whistleblower policy?	12c 13	x x	
с 13 14	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	12c 13	x x	
с 13 14 15	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Yes</i> ," <i>describe</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? 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	12c 13 14	x x	
с 13 14 15 а	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Yes</i> ," <i>describe</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? 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?	12c 13 14	x x x	
с 13 14 15 а	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	12c 13 14 15a	x x x x	
с 13 14 15 а b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	12c 13 14 15a	x x x x	
с 13 14 15 а b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	12c 13 14 15a	x x x x	
c 13 14 15 b 16a	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	12c 13 14 15a 15b	x x x x	
c 13 14 15 b 16a	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	12c 13 14 15a 15b	x x x x	
c 13 14 15 b 16a	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 take steps to safeguard the organization's	12c 13 14 15a 15b	x x x x	
c 13 14 15 a b 16a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 take steps to safeguard the organization's exempt status with respect to such arrangements?	12c 13 14 15a 15b 16a	x x x x	
c 13 14 15 16a b b Sec	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 take steps to safeguard the organization's <u>exempt status with respect to such arrangements?</u>	12c 13 14 15a 15b 16a	x x x x	
c 13 14 15 16a b b <b>Sec</b> 17	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 take steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed <sup>NY</sup>	12c 13 14 15a 15b 16a 16b	x x x x	
c 13 14 15 a b 16a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <sup>NY</sup> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	12c 13 14 15a 15b 16a 16b	x x x x	
c 13 14 15 b 16a b 5ec 17	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 take steps to safeguard the organization's exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.	12c 13 14 15a 15b 16a 16b	x x x x	
c 13 14 15 a b 16a b <b>Sec</b> 17 18	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 take steps to safeguard the organization's exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website U opon request Other ( <i>explain in Schedule O</i> )	12c 13 14 15a 15b 16a 16a	x x x x x availal	
c 13 14 15 b 16a b 5ec 17	Did the organization regularly and consistently monitor and enforce compliance with the policy? /f "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed MY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other ( <i>explain in Schedule O</i> ) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	12c 13 14 15a 15b 16a 16a	x x x x x availal	
c 13 14 15 a b 16a b <b>Sec</b> 17 18	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 take steps to safeguard the organization's exempt status with respect to such arrangements? <b>tion C. Disclosure</b> 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 (1024 or 1024 A if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other ( <i>explain in Schedule O</i> ) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.	12c 13 14 15a 15b 16a 16a	x x x x x availal	
c 13 14 15 a b 16a b <b>Sec</b> 17 18	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 take steps to safeguard the organization's exempt status with respect to such arrangements? ton C. Disclosure 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.	12c 13 14 15a 15b 16a 16a	x x x x x availal	
c 13 14 15 16a b 16a b <b>Sec</b> 17 18	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 take steps to safeguard the organization's exempt status with respect to such arrangements? <b>tion C. Disclosure</b> 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 (1024 or 1024 A if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other ( <i>explain in Schedule O</i> ) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.	12c 13 14 15a 15b 16a 16a	x x x x x availal	

<sup>2018.05080</sup> PORT CHESTER CARVER CENTE 7847BZ\_1

Form 990 (2018)	PORT CHESTER CARVER CENTER, INC.	13-1832949	Page 7
Part VII Con	npensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	
Emp	ployees, and Independent Contractors		
Chec	ck if Schedule O contains a response or note to any line in this Part VII		
Section A. Offici	cers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete this	s table for all persons required to be listed. Report compensation for the calendar year end	ing with or within the organization's t	tax vear

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	box	not c , unle:	Pos heck ss per	rson i	) than o s both pr/trus	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) CLAIRE DIESEN STEINBERG	3.00									
PRESIDENT		Х		Х				٥.	0.	0.
(2) BRIAN STERN	3.00									
VICE PRESIDENT		Х		Х				٥.	0.	0.
(3) MICHAEL S. FLYNN	3.00									
SECRETARY		Х		х				0.	0.	0.
(4) ROBERT S. KOST	3.00									
TREASURER		х		х				0.	0.	0.
(5) SHAKER KHAYATT	3.00									
BOARD MEMBER		Х						0.	0.	0.
(6) ROBERT KAPLAN, ESQ.	3.00									
BOARD MEMBER		Х						0.	0.	0.
(7) HOLLY ZIMMERMAN	3.00									
BOARD MEMBER		Х						0.	0.	0.
(8) JIM HOWLAND	3.00									
BOARD MEMBER		Х						0.	0.	0.
(9) ERICA FRITSCHE	3.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MAIDA ROBINSON	3.00									
BOARD MEMBER		Х						0.	0.	0.
(11) CHRISTOPHER PYE	3.00									
BOARD MEMBER		Х						0.	0.	0.
(12) JENNIFER PRATHER	3.00									
BOARD MEMBER		Х						0.	0.	0.
(13) SAMUEL ORTIZ	3.00									
BOARD MEMBER		Х						0.	0.	0.
(14) AMY FISCH	3.00									
BOARD MEMBER		х						0.	0.	0.
(15) CIARA DILLEY	3.00									
BOARD MEMBER		х						0.	0.	0.
(16) DEREK E. MAHONEY	3.00									
BOARD MEMBER		х						0.	0.	0.
(17) RICHARD LAWRENCE	3.00									
BOARD MEMBER		Х						0.	0.	0. Form <b>990</b> (2018)

832007 12-31-18

Form 990 (2018)

7

Form 990 (2018) PORT CHESTER	CARVER CEN	TER	, I	NC.					13-18	3294	9	Р	age <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	anc	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(10		Pos				Reportable	Reportable		E	stimate	ed
	hours per	box	, unle	ss per	rson i	than o s both	n an	compensation	compensatio	n	ar	nount	of
	week	offi	cer ar	nd a d	irecto	r/trus	tee)	from	from related			other	
	(list any	ector						the	organizations	s	com	pensa	ation
	hours for	r dire				ted		organization	(W-2/1099-MIS	iC)	f	rom th	е
	related	stee o	ustee			ensa		(W-2/1099-MISC)			org	janizat	ion
	organizations	al trus	nal tr		oyee	e comp					an	d relat	ed
	below	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				org	anizati	ons
	line)	Ind	lnst	Offi	Key	e Hig	For						
(18) BRENDAN GOODHOUSE	3.00												
BOARD MEMBER		х						0.		0.			٥.
(19) JOHN I. CONDON	3.00												
BOARD MEMBER		х						0.		Ο.			0.
(20) STEPHANIE BARRETT	3.00												
BOARD MEMBER		х						0.		٥.			0.
(21) SONIA ALCANTARILLA	3.00												
BOARD MEMBER		х						0.		٥.			0.
(22) JUDY DIAZ	3.00												••
BOARD MEMBER	5.00	x						0.		٥.			٥
	2.00	^						· · ·		<u> </u>			0.
(23) BETTY BROWN	3.00												
BOARD MEMBER		х						0.		0.			0.
(24) JOSEPH KWASNIEWSKI	40.00												
FORMER CEO (JULY - DEC)				X				143,559.		0.		9,	169.
(25) ANNE BRADNER	40.00												
CEO (OCTOBER - JUNE)				Х				28,269.		Ο.			0.
1b Sub-total								171,828.		0.		9,	169.
c Total from continuation sheets to Part VI								0.		0.			٥.
d Total (add lines 1b and 1c)								171,828.		0.		9.	169.
2 Total number of individuals (including but no							o re	,	000 of reportable			,	
compensation from the organization		030	11310	uac	000	<i>y</i> wiii	010			:			1
												Yes	No
										I		163	
<b>3</b> Did the organization list any <b>former</b> officer,	-			•	•			•			-		v
line 1a? If "Yes," complete Schedule J for su											3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	e J f	for such individual			4	X	
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	on fr	rom	any	unre	elate	ed organization or individ	dual for services				
rendered to the organization? If "Yes." com	olete Schedule	e J f	or sı	ich i	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest cor	npensated inc	lepe	nder	nt co	ontra	actor	rs th	hat received more than \$	100,000 of comp	ensat	ion fr	om	
the organization. Report compensation for t	•	•							•				
(A)	ine culoridui y			. <u>g</u>				(B)			((	C)	
Name and business	address	NO	NE					Description of s	ervices	С		nsatio	n
2 Total number of independent contractors (in	cluding but n	ot lir	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation 🕨				(	0							

Form **990** (2018)

832008 12-31-18

		Check if Schedule O contair			(A)		(C)	I Revenué excluc
					Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax unde sections 512 - 514
ts	1 a	Federated campaigns	1a					
uno	b	Membership dues	1b					
₽	С	Fundraising events	1c	350,239.				
ar	d	B Related organizations	1d					
and Other Similar Amounts	е	Government grants (contribution	ns) <b>1e</b>	372,063.				
ž	f	All other contributions, gifts, grants,						
) The		similar amounts not included above	If	1,606,199.				
g	g	Noncash contributions included in lines 1a-	1f: \$					
ar	h	Total. Add lines 1a-1f			2,328,501.			
				Business Code				
	2 a	PROGRAM FEES		900099	337,633.	337,633.		
e	b	FOOD SERVICE		900099	326,334.	326,334.		
ent	C							
ě	d	1						
Kevenue	e							
	f	All other program service revenu			662.067			
-	g	Total. Add lines 2a-2f			663,967.			
	3	Investment income (including di		· .	69,045.			69,0
		other similar amounts)			09,045.			05,0
	4	Income from investment of tax-e						
	5	Royalties						
	6 .		(i) Real 216 , 548 <b>.</b>	(ii) Personal				
	6а ь		0.					
	b	Rental income or (loss)	216,548.					
					216,548.			216,5
			(i) Securities	(ii) Other	, -			,
	, .	assets other than inventory	600,238.					
	h	Less: cost or other basis	,					
		and sales expenses	453,020.					
	с	Gain or (loss)	147,218.					
		Net gain or (loss)			147,218.			147,2
		Gross income from fundraising						
		including \$ 350,2	39. of					
		contributions reported on line 10	c). See					
		Part IV, line 18	a	64,938.				
	b	Less: direct expenses	b	79,436.				
1	с	Net income or (loss) from fundra	ising events	►	-14,498.			-14,4
	9 a	Gross income from gaming activ	vities. See					
		Part IV, line 19						
		Less: direct expenses						
	c	Net income or (loss) from gamin	g activities					
	10 a	Gross sales of inventory, less re						
		and allowances						
		Less: cost of goods sold						
┝	С	Net income or (loss) from sales of	of inventory					
┝		Miscellaneous Revenue		Business Code	06.046	06.010		
		OTHER		900099	96,942.	96,942.		
	b							
	C							
	d				00.040			
		Total. Add lines 11a-11d			96,942.		-	
1	12	Total revenue. See instructions			3,507,723.	760,909.	0	. 418,3

PORT CHESTER CARVER CENTER, INC.

Form 990 (2018)

9

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13-1832949

Page **9** 

PORT CHESTER CARVER CENTER, INC.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Page 10 13-1832949

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations			general experience	
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	277 762	250 620	12 100	12 02
_	trustees, and key employees	277,763.	250,638.	13,192.	13,933
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,185,556.	1,972,123.	103,795.	109,638
8	Pension plan accruals and contributions (include			_	
	section 401(k) and 403(b) employer contributions)	13,805.	12,458.	655.	692
9	Other employee benefits	108,288.	97,712.	5,143.	5,433
0	Payroll taxes	194,419.	175,433.	9,233.	9,753
1	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting	192,525.	182,899.	9,626.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	20,000.			20,000
f	Investment management fees	17,364.		17,364.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A) amount, list line 11g expenses on Sch 0.)	94,670.	89,936.	4,734.	
2	Advertising and promotion	17,922.	14,023.	738.	3,163
13	Office expenses	162,268.	121,679.	6,404.	34,185
14	Information technology	,	,	,	,
15	Royalties				
16		276,368.	262,549.	13,819.	
17	Occupancy			,	
18	Payments of travel or entertainment expenses				
0	for any federal, state, or local public officials				
0					
19 20	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	207,373.	197,004.	10,369.	
22	Depreciation, depletion, and amortization	100,751.	95,621.	5,033.	9.
23	Insurance	100,731.	55,021.	5,055.	
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.)				
а	PROGRAM EXPENSES	348,984.	331,313.	17,438.	233
b	BAD DEBT EXPENSE	129,329.		129,329.	
0	DONATED SUPPLIES	31,579.			31,57
ں م					
d	All other expenses				
	All other expenses	4,378,964.	3,803,388.	346,872.	228,70
2 <u>5</u>	Total functional expenses. Add lines 1 through 24e	4,3/0,904.	5,005,500.	540,072.	220,704
26	<b>Joint costs</b> . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

10

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Form 990 (2018)

14070508 152490 7847BZ

5,892,891.

6,331,151.

31

32

33

34

		and highest component	cou oni	ologood. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualifi	ied pers	sons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of sections	on 501	(c)(9) voluntary			
		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			43,950.	9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,993,997.			
	b	Less: accumulated depreciation	10b	2,639,033.	3,483,365.	10c	
	11	Investments - publicly traded securities			2,129,925.	11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	I <b>1</b>			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			6,331,151.	16	
	17	Accounts payable and accrued expenses			278,475.	17	
	18	Grants payable				18	
	19	Deferred revenue			135,995.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to current and former					
		key employees, highest compensated employees					
		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelat			23,790.	23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D			420.000	25	
+	26			<u>v</u> .	438,260.	26	
		Organizations that follow SFAS 117 (ASC 958)		there 🕨 🗓 and			
	07	complete lines 27 through 29, and lines 33 and			3 212 048	07	
	27	Unrestricted net assets			3,212,048.	27	
	28	Temporarily restricted net assets			1,404,000.	28	
	29			ahaak hara 🔊	1,404,000.	29	
		Organizations that do not follow SFAS 117 (AS	50 958	, check here 🗩 🔛			
	20	and complete lines 30 through 34.				20	
	30	Capital stock or trust principal, or current funds				30	

PORT CHESTER CARVER CENTER, INC.

Check if Schedule O contains a response or note to any line in this Part X

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net Accounts receivable, net

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 13-1832949

**(B)** End of year

**(A)** Beginning of year

57,561.

309,043.

307,307.

1

2

3

4

Page 11

177,718.

120,710.

123,006.

52,936.

3,354,964. 1,917,221.

5,746,555. 314,901.

111,418.

17,333. 350,000.

793,652.

2,865,443. 683,460. 1,404,000.

4,952,903.

5,746,555.

Form 990 (2018)

Form 990 (2018) Part X | Balance Sheet

1

2

3

4 5

Assets

Liabilities

Net Assets or Fund Balances

31 32

33

34

Form	1990 (2018) PORT CHESTER CARVER CENTER, INC.	13-183294	9	Pa	<sub>ae</sub> 12
	rt XI Reconciliation of Net Assets				3-
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,	,507,	723.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,	,378,	964.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-871,	241.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,	,892,	891.
5	Net unrealized gains (losses) on investments	5		-68,	747.
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			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,	,952,	903.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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 Schedule C	Э.			
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 reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			1
	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 require	ed audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
					/ · - ·

Form **990** (2018)

SCHEDULE A	SC	HE	Dι	JLE	Α
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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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047	
2018	

**Open to Public** 

Inspection

Nan	ne of t	he organization							identification number
_			HESTER CARVER C						13-1832949
Pa	rt I	Reason for Public (	Charity Status	All organizations must co	omplete th	is part.) Se	e instruction	S.	
The	organi	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only (	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n <b>170(b)</b> (1	1)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	-					ne general r	oublic described in
		section 170(b)(1)(A)(vi). (C	-		5			5	
8		A community trust describe		(1)(A)(vi), (Complete Par	EIL)				
9	$\square$	An agricultural research org			-	ed in coniu	unction with a	land-grant	college
•		or university or a non-land-g							
		university:	frank bolloge er agrie			name, eny	, and state of	the conege	
10		An organization that norma	Ilv receives: (1) more	than 33 1/3% of its sum	ort from c	ontributio	ns members	hin fees an	d aross receipts from
10		activities related to its exem							
		income and unrelated busir		• •	• •			• •	•
		See section 509(a)(2). (Cor				ses acqui		janization a	
11		An organization organized a		volv to tost for public so	foty Soo	coction 5(	10(a)(A)		
12	$\square$	<b>v v</b>	•		•			rny out tho	nurneses of one or
12		An organization organized a	-	•	-			•	
		more publicly supported or	-						Sheck the box in
_		lines 12a through 12d that	• •					-	-1.4
а		<b>Type I.</b> A supporting orga	-		•	-			
		the supported organization			majority o	of the aired	ctors or truste	es of the sl	ipporting
		organization. You must o	-						
b		<b>Type II.</b> A supporting org	-				•		-
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). <b>You mus</b>	•						
С		Type III functionally inte						lly integrate	d with,
		its supported organization							
d		Type III non-functionally	integrated. A supp	porting organization oper	ated in cor	nnection v	vith its suppo	rted organiz	ation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	veness
		_ requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information							
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	nization listed ng document?	(v) Amount o		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
_									
								-	
Tota	al								
		aperwork Reduction Act N	lotice. see the Instru	uctions for Form 990 o	990-EZ.	832021 10-	11-18 Sche	dule A (For	m 990 or 990-EZ) 2018

13

# Schedule A (Form 990 or 990-EZ) 2018 PORT CHESTER CARVER CENTER, INC.

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,192,014.	2,919,853.	3,136,481.	3,027,425.	2,328,501.	13,604,274.
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	2,192,014.	2,919,853.	3,136,481.	3,027,425.	2,328,501.	13,604,274.
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)						4,767,501.
6	Public support. Subtract line 5 from line 4.						8,836,773.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	2,192,014.	2,919,853.	3,136,481.	3,027,425.	2,328,501.	13,604,274.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	301,070.	347,624.	274,694.	247,837.	285,593.	1,456,818.
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 VI.)	1,919.	36,906.	46,993.	97,786.	96,942.	280,546.
11	<b>Total support.</b> Add lines 7 through 10	,	,	,	,	,	15,341,638.
12		etc. (see instructio	ns)			12	2,615,009.
	First five years. If the Form 990 is for	•	,	, fourth, or fifth ta	x vear as a sectior		· · ·
	organization, check this box and stor	•			2		
Sec	ction C. Computation of Publi	c Support Per					
14	Public support percentage for 2018 (I	ine 6. column (f) div	vided by line 11. co	olumn (f))		14	57.60 %
	Public support percentage from 2017		•			15	58.44 %
	33 1/3% support test - 2018. If the o					ore, check this bo	
	stop here. The organization qualifies					,	
b	<b>33 1/3% support test - 2017.</b> If the c		-				
	and <b>stop here.</b> The organization qual	•					
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			-		•	. —
h	10% -facts-and-circumstances test	-		• • • •	-		
N.	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization			-			
10	i mate roundation. If the organizatio	IT UIU HUL UHEUN A L		, 100, 17a, 01 17D		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

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Part II

## Schedule A (Form 990 or 990-EZ) 2018 PORT CHESTER CARVER CENTER, INC.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	clion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	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						
c	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						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectior	n 501(c)(3) organiza	ation,
	check this box and stop here	-				-	
Sec	ction C. Computation of Publi	ic Support Per	rcentage				
15	Public support percentage for 2018 (I	line 8, column (f), d	livided by line 13, (	column (f))		15	%
16	Public support percentage from 2017	7 Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest	stment Income	Percentage				
17	Investment income percentage for 20	018 (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17	%
	Investment income percentage from					18	%
	<b>33 1/3% support tests - 2018.</b> If the					3 1/3%, and line 17	
	more than 33 1/3%, check this box a						
b	<b>33 1/3% support tests - 2017.</b> If the						
~	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation.</b> If the organization						
	23 10-11-18			, <u>.</u> , 5000000		edule A (Form 990	) or 990-EZ) 2018
20202			15		501		

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1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2018

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a. b. or c. provide detail in <b>Part VI.</b>	11c		
	tion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	•		
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000			V.	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360			Y.	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	-		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
<u></u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction of the second sec	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Form 9	90 or 99	0-EZ)	2018

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Sche	dule A (Form 990 or 990-EZ) 2018 PORT CHESTER CARVER CENTER, INC.			13-1832949	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in <b>Part VI</b> ):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
_7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anization (see	

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 PORT CHESTER CARVER CENTER, INC.

Ра	rt V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	1
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	[	[	
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018	PORT	CHESTER	CARVER	CENTER,	INC.
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Part IV, Section A, lines 1, 2, 3b, 3c, 4b, line 1; Part IV, Section D, lines 2 and 3; F Section D, lines 5, 6, and 8; and Part V, 5 (See instructions.)	Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1; Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
32028 10-11-18	Schedule A (Form 990 or 990-EZ) 201 2 0

60	HEDULE D	Supplement	al Financial Statements	I	OMB No. 1545-0047
(Forr	n 990)	► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest information.		Open to Public Inspection
Nam	e of the organizat	ion PORT CHESTER CARVER CENTER,	TNC		identification number 13-1832949
Pa	t I Organiz	1	d Funds or Other Similar Funds or Ac		
		on answered "Yes" on Form 990, Part IV, lin			
		· · · · · · · · · · · · · · · · · · ·	(a) Donor advised funds	b) Funds and	d other accounts
1	Total number at e	nd of year			
2		of contributions to (during year)			
3	Aggregate value of	of grants from (during year)			
4		at end of year			
5	-		writing that the assets held in donor advised fund		
-			exclusive legal control?		Yes No
6	•		dvisors in writing that grant funds can be used o		
			or donor advisor, or for any other purpose conferr	•	
Pa	t II Conserv	vation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV,	line 7	Yes No
1		servation easements held by the organization			
•		n of land for public use (e.g., recreation or e		important la	nd area
		of natural habitat	Preservation of a certified hi		
	Preservatio	n of open space			
2	Complete lines 2a	a through 2d if the organization held a qualit	fied conservation contribution in the form of a co	nservation ea	asement on the last
	day of the tax yea	ır.		Held a	at the End of the Tax Year
				2a	
b				2b	
С			ucture included in (a)	2c	
d			after 7/25/06, and not on a historic structure		
•				2d	
3	year ►		leased, extinguished, or terminated by the organi	zation during	the tax
4	Number of states	where property subject to conservation eas	sement is located		
5	Does the organiza	ation have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and en	forcement of the conservation easements it	t holds?		Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	n easements	during the year
7	Amount of expense	 ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation ea	sements duri	ng the year
	▶\$				
8			ve satisfy the requirements of section 170(h)(4)(B)		
_	and section 170(h				
9		•	on easements in its revenue and expense statem		
			tion's financial statements that describes the org	anization's ad	ccounting for
Pa	conservation ease	ements. ations Maintaining Collections of	f Art, Historical Treasures, or Other S	imilar Ass	ets.
		if the organization answered "Yes" on Form			
1a			SC 958), not to report in its revenue statement an	d balance sh	eet works of art.
	•		nibition, education, or research in furtherance of		
		the to its financial statements that descri			, , , , <u>.</u> ,
b			SC 958), to report in its revenue statement and ba	alance sheet '	works of art, historical
	-		ducation, or research in furtherance of public ser		
	relating to these in				-
	(i) Revenue inclu	uded on Form 990, Part VIII, line 1		▶ \$	
2	If the organization	received or held works of art, historical tre	asures, or other similar assets for financial gain,	orovide	
	the following amo	unts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		

a Revenue included on Form 990, Part VIII, line 1	

**b** Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18 Schedule D (Form 990) 2018

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Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or Oth	er Similar /	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that are a	significant use	e of its col	lection	items	i
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	pllections and explain	how they further th	ne organization's ex	empt purpose	in Part XI	III.		
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's co	llection?			Yes		No
Par	t IV Escrow and Custodial Arrang				on Form 990, F	Part IV, lin	ie 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.	-						
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for contribution	s or other assets no	ot included				
	on Form 990, Part X?		-				Yes		No
b	If "Yes," explain the arrangement in Part XIII								
		·	Ū				Amount		
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fe						Yes		No
	If "Yes," explain the arrangement in Part XIII.		-						Ī
Par		f the organization and	swered "Yes" on Fo	orm 990, Part IV, line	e 10.				2
	·	(a) Current year	(b) Prior year	(c) Two years back		ars back	(e) Four	vears	back
1a	Beginning of year balance	2,680,843.	2,704,688.	2,265,566		9,049.		279,	
b	Contributions	987,470.	1,541,260.			7,139.		200,	
c	Net investment earnings, gains, and losses	130,152.	226,401.	183,479		1,868.	,		630.
d	Grants or scholarships	,	,	,					
	Other expenditures for facilities								
Ū	and programs	1,711,005.	1,791,506.	1,630,687	1,952	2,490.	1.	254.	115.
f	Administrative expenses	, , -	, , ,	, ,			,	,	
g	End of year balance	2 087 460.	2,680,843.	2,704,688	. 2 265	5,566.	2	229	049.
2	Provide the estimated percentage of the curr	i				_/	,	,	
-	Board designated or quasi-endowment	one your one balance	%						
b	Permanent endowment <b>•</b> 67.26	%							
	Temporarily restricted endowment	32.74 %							
C	The percentages on lines 2a, 2b, and 2c sho	,;;							
30	Are there endowment funds not in the posse	•	tion that are held a	nd administered for	the organizati	on			
Ja		ssion of the organizat		iu aurimistereu ior	the organization		ſ	Yes	No
	by: (i) unrelated organizations						3a(i)	165	X
							3a(ii)		x
h	If "Yes" on line 3a(ii), are the related organizations	tions listed as require					3b		
4	Describe in Part XIII the intended uses of the						30		
Par	t VI Land, Buildings, and Equipm		inent lunus.						
	Complete if the organization answere		Part IV line 11a S	ee Form 990 Part	X line 10				
	Description of property	(a) Cost or ot			Accumulated		d) Bool	c volu	
	Description of property	basis (investm	• •		depreciation		<b>u)</b> 6001	value	3
10	Land	· · ·							
	Land			705,000.	452,86	51		252	139.
	Buildings		A	,830,449.	1,779,70			<u>252,</u> 050,	
	Leasehold improvements		*	458,548.	406,46		<u> </u>		085.
	Equipment							54,	
	Other	•	, ,			$ \rightarrow $	2	354,	964
iota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part X</u>	( <u>, column (B), line 1</u>	UC.)		<b>*</b>	,	,	
					S	chedule <b>C</b>	ו (Form	ı 990)	2018

#### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<u>1.</u>	(a) Description of liability	(b) BOOK Value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. 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

Schedule D (Form 990) 2018

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Sche	dule D (Form 990) 2018 PORT CHESTER CARVER CENTER, INC.			13-1832949	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	its With R	evenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,501,048.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-68,747.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	79,436.		
е	Add lines 2a through 2d			2e	10,689.
3	Subtract line 2e from line 1			3	3,490,359.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	17,364.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	17,364.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				3,507,723.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With E	xpenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	4,441,036.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	79,436.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	79,436.
3	Subtract line 2e from line 1			3	4,361,600.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	17,364.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	17,364.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,378,964.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I			; Part X, line 2; P	art XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional informa	tion.		
PARI	V, LINE 4:				
mup	CENTER CLACTERE AC DERMANENT DECENTORED NEW ACCEME MUE ODICI	NT A T			
1112	CENTER CLASSIFIES AS PERMANENT RESTRICTED NET ASSETS THE ORIGIN				
VAT.T	E OF GIFTS DONATED TO THE PERMANENT ENDOWMENT. THE PORTION OF	тир			
VALC	E OF GIFTS DONATED TO THE FERMANENT ENDOWMENT. THE FORTION OF	1115			
DONC	R-RESTRICTED ENDOWMENT FUND THAT IS NOT CLASSIFIED AS PERMANEN	TT.V			
REST	RICTED NET ASSETS IS CLASSIFIED AS UNRESTRICTED AND TEMPORARIL	v			
		-			
REST	RICTED NET ASSETS BASED ON DONOR STIPULATIONS. PERMANENTLY RES	TRICTED			
NET	ASSETS AS OF JUNE 30, 2018 ARE RESTRICTED TO INVESTMENTS IN				
PERF	ETUITY, WITH INVESTMENT RETURN ON THE PROGRAM ENDOWMENT FUND T	0			
SUPF	ORT PROGRAMS OF THE CETNER AT THE DIRECTION OF THE EXECUTIVE D	IRECTOR			
AND	THE BOARD OF DIRECTORS, INCLUDING THE BOARD'S PROGRAM COMMITTE	Е.			
INVE	STMENT RETURN ON THE BALANCE OF \$654,000 IN THE ENDOWMENT FUND	IS TO			
BE U	SED TO SUPPORT ANY ACTIVITIES OF THE CENTER.				
	¥ 10-29-18			Schedule D (Fo	rm 990) 2018
	28			- • •	

Schedule D (Form 990) 2018 PORT CHESTER CARVER CENTER, INC.	13-1832949	Page <b>5</b>
Part XIII Supplemental Information (continued)		
PROGRAM ENDOWMENT FUND: \$750,000.		
ENDOWMENT FUND: \$654,000.		
TOTAL: \$1,404,000.		
TEMPORARILY RESTRICTED NET ASSETS: THESE NET ASSETS CONTAIN DONOR-IMPOSED		
STIPULATIONS THAT WILL BE MET BY ACTIONS OF THE CENTER OR THE PASSAGE OF		
TIME. THE ACTIVITY IN THE TEMPORARILY RETRICTED NET ASSETS IS REFLECTED ON		
PAGE 4 OF THESE FINANCIAL STATEMENTS.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
FUNDRAISING EXPENSE 79,436.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
FUNDRAISING EXPENSE 79,436.		
	Cabadula D (Faun	000\ 0040

Schedule D (Form 990) 2018

832055 10-29-18

SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1		,		r 19,	or if the	2018
Department of the Treasury Internal Revenue Service		Attach to Form 990						Open to Public
Name of the organization		o to www.irs.gov/Form990 for instr	uction	s and	the latest information	on.	Employer id	entification number
name er me ergamzation		ER CARVER CENTER, INC.					13-18329	
		Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, I	ine 17	7. Form 990-E	Z filers are not
<ol> <li>Indicate whether the</li> <li>a X Mail solicitati</li> <li>b X Internet and</li> <li>c X Phone solicit</li> <li>d X In-person sol</li> <li>2 a Did the organizatio key employees lister</li> </ol>	e organization rais ions email solicitations ations icitations n have a written c ed in Form 990, P highest paid indiv	sed funds through any of the followin e X Solicita f X Solicita g X Special or oral agreement with any individual part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Ye	
(i) Name and address or entity (fund		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
HOSPITALITY RESOURCE 237 MAMARONECK AVE		EVENT MGMT/COORDINATOR	Yes	No X	415,177.		20,000	. 395,177.
	·							
								<u> </u>
Total				►	415,177.		20,000	. 395,177.
<b>3</b> List all states in which or licensing.	ch the organizatio	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	egistration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2018

832081 10-03-18

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNUAL BENEFIT	STUDENT DANCE	1	(add col. <b>(a)</b> through
			(event type)	(event type)	(total number)	- col. <b>(c)</b> )
ne			(	(	(	
Revenue	1	Gross receipts	371,439.	34,578.	9,160.	415,177.
	2	Less: Contributions	341,079.		9,160.	350,239.
	3	Gross income (line 1 minus line 2)	30,360.	34,578.		64,938.
	4	Cash prizes				
~	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	2,741.	1,800.		4,541.
ect Ex <sub>l</sub>	7	Food and beverages	24,510.	11,685.		36,195.
Ō	8	Entertainment	2,000.	1,400.		3,400.
	9	Other direct expenses		776.		35,300.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	79,436.
		Net income summary. Subtract line 10 from I				-14,498.
Pa	art I	<b>II Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or r	reported more than	
nue		••••,•••• ••• •••, ····	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
S	2	Cash prizes				
xpenses	3	Noncash prizes				

%

Yes

No

%

Yes

No

9 Enter the state(s) in which the organization conducts gaming activities:

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

7 Direct expense summary. Add lines 2 through 5 in column (d)

Rent/facility costs

Other direct expenses

6 Volunteer labor

a Is the organization licensed to conduct gaming activities in each of these states?
 b If "No," explain:

Yes

No

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain: \_\_\_\_\_\_

832082 10-03-18

Direct Exp

4

5

Schedule G (Form 990 or 990-EZ) 2018

Yes

Yes

No

No

%

Sch	edule G (Form 990 or 990-EZ) 2018 PORT CHESTER CARVER CENTER, INC.	13-1832949	Page <b>3</b>
	Does the organization conduct gaming activities with nonmembers?	Yes	No
	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?		No
13	Indicate the percentage of gaming activity conducted in:		
á	a The organization's facility	13a	%
ł	• An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
ł	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 💲 and the amoun	t	
	of gaming revenue retained by the third party $\blacktriangleright$ \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation <b>&gt;</b> \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
-	retain the state gaming license?	Yes	No No
t	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t		
	organization's own exempt activities during the tax year 🕨 💲		
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	nd Part III, lines 9,	9b, 10b,
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I)	NAME OF FUNDRAISER: HOSPITALITY RESOURCE GROUP		
	ADDRESS OF FUNDRAISER:		
237	MAMARONECK AVE # 201, WHITE PLAINS, NY 10605		
8320		(Form 990 or 990	)-EZ) 2018
	32		

2018.05080 PORT CHESTER CARVER CENTE 7847BZ\_1

832084 04-01-18	Schedule G (Form 990 or 990-EZ)

832084 04-01-18

SCHEDULE J Compensation Information					1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2018		
		Compensated Employees		<b> U</b>	10	)
Dena	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 2 Attach to Form 990.	з.	Open to Pub		
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information		Inspe		
Nam	e of the organization	n		identificatio	on nui	mber
		PORT CHESTER CARVER CENTER, INC.	13-	1832949		
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Fo	rm 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, char	ffeur, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
•		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all director				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		_
~	he alter da sudata la 16 au					
3		ny, of the following the filing organization used to establish the compensation of the orga				
		ector. Check all that apply. Do not check any boxes for methods used by a related organi	zation to			
		ation of the CEO/Executive Director, but explain in Part III.				
		compensation consultant Compensation survey or study				
		ther organizations Approval by the board or compensation	n committee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	•	e payment or change-of-control payment?		4a		x
b		ceive payment from, a supplemental nonqualified retirement plan?				x
с		ceive payment from, an equity-based compensation arrangement?				x
	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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compens	ation			
	contingent on the r	evenues of:				
а	The organization?			5a		x
	Any related organiz					X
	If "Yes" on line 5a o	or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compens	ation			
	contingent on the r	net earnings of:				
а	The organization?			6a		x
b	Any related organiz					x
	If "Yes" on line 6a o	or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7		x
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	o the			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	n 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sche	dule J (Forn	n 990)	2018

832111 10-26-18

Schedule J (Form 990) 2018

13-1832949

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't 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 column (D) and (E) amounts for that individual.

<b>(A)</b> Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and (D) Nontaxable		(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) JOSEPH KWASNIEWSKI	(i)	143,559.	0.	0.	3,600.	5,569.	152,728.	0.
FORMER CEO (JULY - DEC)	(ii)	0.	0.	٥.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	[(ii)]			1			1	

Schedule J (Form 990) 2018

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2018

## SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Part I

1

2 3 Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

2018 Open to Public Inspection

Х

х

30a

31

32a

Schedule M (Form 990) 2018

Х

Name	of the	organization

Go to www.irs.gov/Form990 for instructions and the latest information.

ie	OT	the	orga	nizatio	n	

Employer identification number

PORT CHESTER CARV	ER CENTER,	INC.		13-1832949					
rt I Types of Property									
	(a) Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts					
Art - Works of art									
Art - Historical treasures									
Art - Fractional interests									
Books and publications	X		7,497.	FMV					
Clothing and household goods									

4	Books and publications	Х		7,497.FMV	
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or				
	trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution -				
	Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	Х		7,752.FMV	
20	Drugs and medical supplies				
21	Taxidermy	1			
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( OTHER )	X	0	15,730.	
26	Other ( EQUIPEMENT )	X	0	600.	
27	Other ► ()				
28	Other ► (				
29	Number of Forms 8283 received by the organi	zation duri	ng the tax year for contribution	ons	
	for which the organization completed Form 82	83, Part IV	, Donee Acknowledgement	29	
	<b>.</b> .	,		······	Yes No
30a	During the year, did the organization receive b	y contribut	ion any property reported in	Part I, lines 1 through 28	, that it

must hold for at least three years from the date of the initial contribution, and which isn't required to be used for

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

exempt purposes for the entire holding period?

contributions?

31

33

LHA

b If "Yes," describe in Part II.

describe in Part II.

b If "Yes," describe the arrangement in Part II.

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.


SCHEDULE O (Form 990 or 990-EZ)	or 990-EZ) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.			
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or 990-EZ.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>	Open to Public Inspection		
Name of the organization	PORT CHESTER CARVER CENTER, INC.	Employer identification number 13-1832949		
FORM 990, PART III	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:			
CORE VALUES STATEM	ENT THE PORT CHESTER CARVER CENTER, INC. (THE			
"CENTER") STRIVES	O MEET PEOPLE "WHERE THEY ARE" AND INSPIRE THEM TO			
MOVE FORWARD. WE PI	ROVIDE PROGRAMS AND SERVICES THAT ARE TESTED AND			
PROVEN, ENGAGING A	ID EMPOWERING.			
THE CENTER EMBRACE	3 AND PROMOTES UNDERSTANDING AND SENSITIVITY FOR			
CULTURAL DIVERSITY	WITH RESPECT FOR LANGUAGE AND VALUE DIFFERENCES. THE			
CENTER IS A PLACE	HERE INDIVIDUALS MUST HAVE COMPASSION FOR ALL WHO			
WALK THROUGH THE DO	DORS. WE ARE COMMITTED TO ASSISTING THOSE WHO COME TO			
US ACHIEVE SELF-SU	FICIENT BY EMPOWERING THEM TO TAKE CONTROL OF THEIR			
OWN LIVES AND COMM	UNITIES. THE ORGANIZATION IS COMPETENT IN ITS SERVICE			
DELIVERY, AND PROV	DES AN ENVIRONMENT THAT IS SAFE AND NURTURING FOR			
ALL.				
THE CENTER DOES NO	DISCRIMINATE ON THE BASIS OF RACE, GENDER,			
NATIONALITY, AGE,	THNICITY, RELIGION, OR SEXUALITY.			
FORM 990, PART III	LINE 4D, OTHER PROGRAM SERVICES:			
OTHER PROGRAMS:				
- POOL ACCESS AND	WIMMING LESSONS PROVIDED TO THE PORT CHESTER			
COMMUNITY.				
- SUPPORT FROM GEN	RAL ADMINISTRATION, DEVELOPMENT AND FUNDRAISING, AND			
CUSTODIAL STAFF IS	GIVEN TO ALL OF CARVER CENTER'S PROGRAMS.			
EXPENSES \$ 1,698,9	36. INCLUDING GRANTS OF \$ 0. REVENUE \$ 285,676.			
FORM 990, PART VI,	SECTION B, LINE 11B:			
LHA For Paperwork Re 832211 10-10-18	duction Act Notice, see the Instructions for Form 990 or 990-EZ. Scher	dule O (Form 990 or 990-EZ) (2018)		

14070508 152490 7847BZ

2018.05080 PORT CHESTER CARVER CENTE 7847BZ\_1

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
PORT CHESTER CARVER CENTER, INC.	13-1832949
THE FORM 990 IS PROVIDED TO THE ENTIRE GOVERNING BODY VIA EMAIL PRIOR TO	
FILING WITH THE INTERNAL REVENUE SERVICE. THE CENTER REQUIRES 100%	
PARTICIPATION IN APPROVAL OF THE FORM BY THE GOVERNING BODY PRIOR TO	
SUBMISSION.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EVERY BOARD MEMBER AND SENIOR STAFF MEMBER IS REQUIRED TO COMPLETE AND SIGN	
CARVER CENTER'S CONFLICT OF INTEREST POLICY. IF THERE ARE ANY DISCREPANCIES	
ON THE FORM, IT IS TO BE REVIEWED BY THE BOARD OFFICERS TO SEE IF ACTION	
NEEDS TO BE TAKEN.	
FORM 990, PART VI, SECTION B, LINE 15:	
PROCEDURES FOR REVIEW ARE OUTLINED IN THE BY-LAWS:	
1. PERFORMANCE REVIEW BY ALL, MEMBERS OF THE EXECUTIVE COMMITTEE.	
2. REVIEW OF DIRECTORS PERSONAL ACCOMPLISHMENTS.	
3. REVIEW COMPARABILITY DATA FROM OTHER SIMILAR NON-PROFITS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE CENTER MAKES ITS AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	
ON ITS WEBSITE.	

40

832212 10-10-18

(Rev. January 2019)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Entor filor's identifying number

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					s s lucitury	ing namb		
Type or	Name of exempt organization or other filer, see instru-		Employer identification number (EIN) or					
print	e for Number, street, and room or suite no. If a P.O. box, see instructions. S					13-1832949 Social security number (SSN)		
File by the due date for filing your								
return. See instructions								
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)				0 1	
Applicat	ion	Return	Application				Return	
Is For		Code	ls For				Code	
Form 990	) or Form 990-EZ	01	Form 990-T (corporation)				07	
Form 990	)-BL	02	Form 1041-A				08	
Form 472	20 (individual)	03	Form 4720 (other than individual)				09	
Form 990	)-PF	04	Form 5227				10	
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11	
Form 990	D-T (trust other than above)	06	Form 8870				12	
	ANNE BRADNER, CHIEF EZ							
• The b	ooks are in the care of 🕨 400 WESTCHESTER AVENU	E – PORI	CHESTER, NY 10573					
Telepl	none No.  (914)305-6010		Fax No. 🕨					
• If the	organization does not have an office or place of business	in the Un	ited States, check this box			►		
• If this	is for a Group Return, enter the organization's four digit (	Group Exe	mption Number (GEN) I	f this is fo	r the whole	group, ch	eck this	
box 🕨	$\hfill \hfill $	] and atta	ch a list with the names and EINs of	all memb	ers the exte	nsion is fo	or.	
<b>1</b> Ire	equest an automatic 6-month extension of time until	MAY 1	.5, 2020 , to file	e the exem	npt organiza	tion returr	n for	
the	e organization named above. The extension is for the orga	anization's	return for:					
►	calendar year or							
►	X tax year beginning JUL 1, 2018	, an	id ending <u>JUN</u> 30, 2019					
2 lft	he tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return	Final retur	'n			
	Change in accounting period							
3a lft	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less					
an	y nonrefundable credits. See instructions.			3a	\$		0.	
<b>b</b> lft	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and					
est	imated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$		0.	
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required, by					
usi	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$		0.	
Caution:	If you are going to make an electronic funds withdrawal	(direct del	bit) with this Form 8868, see Form 84	153-EO an	d Form 887	9-EO for p	ayment	
					Former	0000 /□	( 1 0010)	
LHA F	For Privacy Act and Paperwork Reduction Act Notice,	see instri	ICUONS.		Forma	<b>8868</b> (Rev	7. 1-2019)	

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