			EXTENDED TO MAY 15, 20				
	Ω	00	Return of Organization Exempt Fr	rom l	ncome Tax	OMB No. 1545-0047	
For	m J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C	Code (exc	ept private foundatio	ns) 2022	
Der	Do not enter social security numbers on this form as it may be made				Open to Public		
Dep Inter	nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the			Inspection	
Α	For th	e 2022 calend	ar year, or tax year beginning $ m JUL1$, 2022 and en	nding J	UN 30, 2023		
В	Check if applicab	le: C Name or	forganization		D Employer identific	cation number	
	Addre		NING CHILDREN'S CENTER, INC.				
	Name				13-186192	27	
	chang Initial	Ŭ	and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone number		
	return Fiṇal	32 9	TATE STREET	Join/Suite			
	return termir ated	0	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,546,484.	
	Amen		NING, NY 10562		H(a) Is this a group re		
			nd address of principal officer: HOWARD MILBERT		for subordinates		
	pendi		AS C ABOVE		H(b) Are all subordinates in		
1	Tax-ex	empt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	1	list. See instructions	
	Websi		OCC-NY.ORG		H(c) Group exemption		
κ	Form o	f organization:	X Corporation Trust Association Other	L Year of		State of legal domicile: NY	
P	art I	Summary					
6	1	Briefly describ	be the organization's mission or most significant activities: ${f PROVII}$	DE HI	GH QUALITY	EDUCATIONAL	
- UC		CHILD C	ARE FOR CHILDREN IN A SAFE, NURTUR	ING,	& ENRICHING		
ern (2	Check this bo	x if the organization discontinued its operations or disposed	d of more	than 25% of its net as		
Ň	3	Number of vo	ting members of the governing body (Part VI, line 1a)			23	
ي م	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b) \ldots			23	
ies	5		of individuals employed in calendar year 2022 (Part V, line 2a)			88	
ivit	6		of volunteers (estimate if necessary)			38	
Act			d business revenue from Part VIII, column (C), line 12			0.	
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	·····		0.	
					Prior Year	Current Year	
ne	8		and grants (Part VIII, line 1h)		3,235,912. 1,322,432.	<u>4,157,667.</u> 1,731,491.	
ven	9	•	ce revenue (Part VIII, line 2g)		703,977.	148,364.	
Revenue Activ			come (Part VIII, column (A), lines 3, 4, and 7d)		103,977.	140,304.	
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,262,321.	6,037,522.	
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0,057,522.	
			nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)		0.	0.	
		.			2,348,404.	2,657,036.	
Ise	162	Professional f	undraising fees (Part IX, column (Δ), line 11e)		0.	0.	
Expenses	b	Total fundrais	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25)	9.			
Щ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,368,343.	1,378,437.	
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,716,747.	4,035,473.	
			expenses. Subtract line 18 from line 12		1,545,574.	2,002,049.	
Or	8			Be	ginning of Current Year	End of Year	
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)		22,129,592.	21,445,129.	
tAS	21	-	(Part X, line 26)		2,945,824.	161,419.	
Plei	22		fund balances. Subtract line 21 from line 20		19,183,768.	21,283,710.	
	art II	Signature					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it							

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

Sign	Signature of officer		Date					
	e HOWARD MILBERT, EXECUTIVE DIRECTOR							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature Jamence Scot	Date Check	PTIN				
Paid	LAURENCE SCOT, MBA, CPA	LAURENCE SCOT, MBA,	05/07/24 self-employed	P00632647				
Preparer		CPAS, PC	Firm's EIN 13-	-3597814				
Use Only	Firm's address 520 EIGHTH AVE, S	UITE 2200						
	NEW YORK, NY 1001	.8	Phone no. 212	967-1100				
May the I	RS discuss this return with the preparer shown ab	ove? See instructions		X Yes No				
232001 12-1	13-22 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2022)				
g	EF SCHEDILE O FOR ORGANIZ	ATTON MISSION STATEM	FNT CONTINUATI	ION				

		-1861927	Pa
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission: THE MISSION OF THE OSSINING CHILDREN'S CENTER IS TO PROVID	Б ПТОП	
	QUALITY, EDUCATIONAL CHILDCARE FOR CHILDREN OF WORKING PAR		Δ
	SAFE, SUPPORTIVE ENVIRONMENT. WE PREPARE OUR CHILDREN FOR		
	SCHOOL WITH A BASIS FOR LIFE-LONG LEARNING. WE CREATE A		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ye	es X
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ye	es X
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	•	
	revenue, if any, for each program service reported.	e total expenses	5, anu
4a		1,731	,49
	PROVIDING EARLY CHILDHOOD PROGRAMS THAT NURTURE EACH CHILD	'S UNIQU	Έ
	DEVELOPMENTAL PATH DURING THE CRITICAL FORMATIVE YEARS OF		
	THROUGH THE AGE OF 5 YEARS OLD. THE SCHOOL-AGE PROGRAM PRO		FOR
	AND AFTER SCHOOL CARE AND EDUCATIONAL ENRICHMENT, AS WELL		
	FULL-TIME RECREATIONAL AND ENRICHMENT DURING SCHOOL HOLIDA VACATIONS, AND FULL-DAY CAMP PROGRAMS IN THE SUMMER.	IS AND	
	VACATIONS, AND FOLL-DAT CAMP PROGRAMS IN THE SUMMER.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses3,235,501.		000
		Form	990
32002	¹² 12-13-22 3		
30	0507 788383 OC2862 2022.05090 OSSINING CHILDREN'S CEN	ITER OC	2863
		, 002	

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Pa	rt 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
0		6		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		- 23
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		- 23
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		x
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Tie		- 23
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		
IZd		12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	- 11	
D D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a		144		- 23
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
10	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,	10		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
10	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,"	- 10		
13	complete Schedule G, Part III	19		x
20-2	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		_ <u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
23200			990	(2022)

16130507 788383 OC2862

Form 990 (2022)	Form	990	(2022)
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Part IV Checklist of Required Schedules (continued)

OSSINING CHILDREN'S CENTER, INC.

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
••	Schedule J	23		x
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			v
	Schedule K. If "No," go to line 25a	24a		x
	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		
	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	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	254		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
0/	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 on 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>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
232004	12-13-22	Form	990	(2022)
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16130507 788383 OC2862

Form 990	(2022)
Part V	Sta

022) OSSINING CHILDREN'S CENTER, INC. 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 88					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х		
b	If "Yes," enter the name of the foreign country					
	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		Х		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
_	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).	_	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	<u> </u>		
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		х		
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х		
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				
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:					
	Gross income from members or shareholders 11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
10	amounts due or received from them.) [11b]	10				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a				
d	Note: See the instructions for additional information the organization must report on Schedule O.	100				
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 13c					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
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 the 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.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes," complete Form 6069.	F -	000	(0000)		
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232005 12-13-22

16130507 788383 OC2862

Form 990	(2022)
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Check if Schedule O contains a response or note to any line in this Part VI

Х

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

			Yes	Ν
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 23	3		
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 23	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
	Did the organization have members or stockholders?	6		╀
	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		
	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:			
а	The governing body?	8a	X	Ļ
b	Each committee with authority to act on behalf of the governing body?	8b	X	L
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		ľ
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
ect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			-
			Yes	ļ
	Did the organization have local chapters, branches, or affiliates?	10a		╀
	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	37	╀
	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
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			L
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	╀
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	╀
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	x	
3	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?	14	X	
5	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1
	taxable entity during the year?	16a		
	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			1
	exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed $_\mathbf{NY}$			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avai	la
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION $-914-941-0230$			
	32 STATE STREET, OSSINING, NY 10562			

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	d a d	recto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	rustee	l trust		ee	npen		1099-NEC)	1099-NEC)	organization and related
	below	d ual t	Institutional trustee	_	mplo)	st col	5	10001120)		organizations
	line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former			0
(1) VANESSA PAIRIS	2.00									
PRESIDENT		X		Х				0.	0.	0.
(2) ALEXANDER CAMPBELL	2.00									
VICE PRESIDENT		X		Х				0.	0.	0.
(3) NOREEN CELENTE	2.00									
TREASURER		X		Х				0.	0.	0.
(4) SAMARA V. SOLAN	2.00									
SECRETARY		Х		Х				0.	0.	0.
(5) CELINE VERAS	1.00									
DIRECTOR		Х						0.	0.	0.
(6) DANIELLE O'REILLY	1.00									
DIRECTOR		Х						0.	0.	0.
(7) DARRYL MOY	1.00									_
DIRECTOR		Х						0.	0.	0.
(8) DAVID ABLES	1.00									
DIRECTOR		X						0.	0.	0.
(9) DEBRA KITTAY	1.00									•
DIRECTOR	1 00	X						0.	0.	0.
(10) ELIZABETH BLOCK	1.00									0
DIRECTOR	1 00	X						0.	0.	0.
(11) JOHN CHOW	1.00									0
DIRECTOR	1 00	X						0.	0.	0.
(12) JUSTINE FONTINELL	1.00	x						0.	0.	0.
DIRECTOR (13) KELLY FARLING	1.00	<u>^</u>						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(14) LISA ROSENBLOOM	1.00							0.	•	U •
DIRECTOR	1.00	x						0.	0.	0.
(15) MADELYN RICCIARDI	1.00								••	
DIRECTOR	1.00	x						0.	0.	0.
(16) MARIA SIMKINS	1.00									
DIRECTOR		x						0.	0.	0.
(17) MARILYN WISHNIE	1.00	- <u>-</u>								
DIRECTOR		x						0.	0.	0.
232007 12-13-22										Form 990 (2022)
						~				(=-= =)

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8 2022.05090 OSSINING CHILDREN'S CENTER, OC2862_1

Form	990	(2022)

13-1861927 Page 8

Part VII Section A. Officers, Directors, Tru	stees, Key Em (B)	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)	·
(A)		(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				ן than than	one	Reportable	Reportable	Estimated
	hours per week					is bot or/trus		1 .	compensation	amount of
	(list any						É	from the	from related organizations	other compensation
	hours for	Individual trustee or director				P			(W-2/1099-MISC/	from the
	related	ee or	stee			in sate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	l trust	nstitutional trustee		oyee	Highest compensated employee		1099-NEC)		and related
	below	vidua	itutio	Officer	empl	hest c oloyee	mer			organizations
	line)	lnd	lns	Offi	Key	Hig	For			
(18) MARK LEVINE	1.00	.,						0	0	
DIRECTOR	1 00	X			<u> </u>			0.	0.	0.
(19) MARY HUROWITZ	1.00	x						0.	0.	0.
DIRECTOR (20) NATALIE GORLIN	1.00	<u>^</u>						0.	0.	0.
	1.00	x						0.	0.	0.
DIRECTOR (21) PATRICK YOST	1.00	^			<u> </u>			0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(22) REBECCA SAMBERG	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(23) SUSAN MIDGLEY KOMOSA	1.00							0.	0.	<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
(24) HOWARD MILBERT	40.00								0.	
EXECUTIVE DIRECTOR	40.00			x				104,831.	0.	8,488.
								101/0310		0,1001
1b Subtotal						-		104,831.	0.	8,488.
c Total from continuation sheets to Part V	II. Section A						••	0.	0.	0.
d Total (add lines 1b and 1c)								104,831.	0.	8,488.
2 Total number of individuals (including but								eceived more than \$100	,000 of reportable	
compensation from the organization										1
										Yes No
3 Did the organization list any former officer	, director, trust	ee, ł	key e	emp	loye	e, o	r hig	phest compensated emp	oloyee on	
line 1a? If "Yes," complete Schedule J for	such individual									3 X
4 For any individual listed on line 1a, is the s										
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J i	for such individual		4 X
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	n any	y unr	relat	ted organization or indiv	dual for services	
rendered to the organization? If "Yes," cor	nplete Schedul	e J f	or su	uch	pers	son .				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest c	•	•							· ·	ation from
the organization. Report compensation for	the calendar y	ear	endi	ng v	with	or w	<u>ithir</u>		year.	
(A) Name and busines:	addross	NTO		7				(B) Description of s	onvicos ((C) Compensation
	s audress	INC	ONE	<u> </u>			_	Description of s		ompensation
2 Total number of independent contractors	(includina but n	not li	mite	d to	tho	se li	ster	d above) who received m	ore than	
\$100,000 of compensation from the organ			. 2			0		,		
J										

232008 12-13-22

Form **990** (2022)

Form 990 (20	22)	OSSININ
Part VIII	Statement of	of Revenue

13-1861927 Page 9

			Check if Schedule O c	cont	ains a r	esponse	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
									lunction revenue	business revenue	sections 512 - 514
nts its	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts			b Membership dues 1b								
Ğ, G			c Fundraising events 1c			191,563.					
ar J			Related organizations			1d					
s, C			Government grants (contributions) 1e			2,855,897.					
r Si			All other contributions, gifts, g								
the			similar amounts not included			1f	1,110,207.				
d d i		g	Noncash contributions included in		···· -	1g \$	25,195.				
a O		-			-			4,157,667.			
							Business Code				
e	2	а	PROGRAM SERVICE INCO	OME			900099	1,731,491.	1,731,491.		
Program Service Revenue		b									
Se		с									
eve		d									
2 B B B B		е									
Ľ L		f	All other program service	reve	nue						
			Total. Add lines 2a-2f					1,731,491.			
	3	3	Investment income (includ								
							, ,	6,574.			6,574.
	4		Income from investment of tax-exempt bond pr								
	5		Royalties			•					
					(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)	L							
			Gross amount from sales of	<u> </u>		curities	(ii) Other				
	•	-	assets other than inventory	7a		89,955.					
		h	Less: cost or other basis	<u> </u>	,	,					
e		~	and sales expenses	7b	24	48,165.					
eni		c	Gain or (loss)	7c		41,790.					
ther Revenue			Net gain or (loss)			,		141,790.			141,790.
er			Gross income from fundraisin					, -			
Ğ	Ŭ	-	including \$								
-			contributions reported on		-						
			Part IV, line 18				60,797.				
		h	Less: direct expenses				60,797.				
			Net income or (loss) from t			·····	,	0.			
			Gross income from gaming					-			
	·	-	Part IV, line 19								
		h	Less: direct expenses								
			Net income or (loss) from			·····					
			Gross sales of inventory, le								
		-	and allowances								
		b	Less: cost of goods sold								
			Net income or (loss) from s			·····					
		-		_ 4,0			Business Code				
sno	11	а									
ane		b									
eve eve		č									
Miscellaneous Revenue			All other revenue								
2			Total. Add lines 11a-11d				· · · · · · · · · · · · · · · · · · ·				
	12		Total revenue. See instructio					6,037,522.	1,731,491.	0.	148,364.
23200		13									Form 990 (2022)

16130507 788383 OC2862

10

Part IX Statement of Functional Expenses

OSSINING CHILDREN'S CENTER, INC.

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

Donoti	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Ints and other assistance to domestic organizations I domestic governments. See Part IV, line 21				o (periode
	ants and other assistance to domestic				
	lividuals. See Part IV, line 22				
	ants and other assistance to foreign				
	anizations, foreign governments, and foreign				
•	lividuals. See Part IV, lines 15 and 16				
	nefits paid to or for members				
	mpensation of current officers, directors,				
	stees, and key employees	118,945.	104,458.	7,969.	6,518
	mpensation not included above to disqualified				
pers	sons (as defined under section 4958(f)(1)) and				
pers	sons described in section 4958(c)(3)(B)				
7 Oth	ner salaries and wages	2,178,634.	1,913,276.	145,969.	119,389
8 Pen	nsion plan accruals and contributions (include				
Sec	tion 401(k) and 403(b) employer contributions)				
9 Oth	ner employee benefits	182,961.	160,676.	12,259.	10,026
0 Pay	yroll taxes	176,496.	154,999.	11,825.	9,672
1 Fee	es for services (nonemployees):				
a Ma	inagement				
b Leg	gal				
c Acc	counting	109,614.		109,614.	
d Lob	bbying				
	ofessional fundraising services. See Part IV, line 17				
	estment management fees	3,434.		3,434.	
-	ner. (If line 11g amount exceeds 10% of line 25,	50 000		F0 000	
	umn (A), amount, list line 11g expenses on Sch 0.)	59,230.		59,230.	14 666
	vertising and promotion	28,680.	000	14,125.	14,555
	ice expenses	88,161.	922.	53,254.	33,985
	ormation technology	2,760.			2,760
	yalties	98,610.		98,610.	
	cupancy	90,010.		90,010.	
	avel				
	yments of travel or entertainment expenses				
	any federal, state, or local public officials				
	nferences, conventions, and meetings	48,029.	48,029.		
		40,029.	40,025.		
	yments to affiliates	577,046.	577,046.		
	preciation, depletion, and amortization	36,379.	1,074.	35,305.	
	er expenses. Itemize expenses not covered	50,515.	1,0/10	55,5051	
abo	ove. (List miscellaneous expenses on line 24e. If				
	24e amount exceeds 10% of line 25, column (A), ount, list line 24e expenses on Schedule 0.)				
	DOD	162,232.	162,232.		
	LASSROOM EQUIPMENT & S	64,326.	55,452.	8,459.	415
	EPAIRS AND MAINTENANCE	34,828.	82.	34,746.	
-	LASSROOM PROGRAMS	34,777.	34,777.		
	other expenses	30,331.	22,478.	5,154.	2,699
	tal functional expenses. Add lines 1 through 24e	4,035,473.	3,235,501.	599,953.	200,019
	nt costs. Complete this line only if the organization	_,,	-,,		,.
	orted in column (B) joint costs from a combined				
	icational campaign and fundraising solicitation.				
	eck here if following SOP 98-2 (ASC 958-720)				
	13-22				Form 990 (20

16130507 788383 OC2862

16130507 788383 OC2862

Form 990 (2022)

OSSINING CHILDREN'S CENTER, INC. Part X Balance Sheet

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

(A) (B) Beginning of year End of year 1,482,967. 340,622. Cash - non-interest-bearing 1 1 651,472. 2,886,881. 2 2 Savings and temporary cash investments 1,968,590. 687,361. Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Assets 7 8 Inventories for sale or use 8 12,446. 19,569. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 16,439,157. basis. Complete Part VI of Schedule D _____ 10a 1,687,522. 15,328,681. 14,751,635. b Less: accumulated depreciation _____ 10b 10c 2,671,781. 2,745,406. Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 13,655. 13,655. Other assets. See Part IV, line 11 15 15 22,129,592. 21,445,129. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 127,984. 161,419. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, -iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 2,817,840. 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 2,945,824. 161,419. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 14,729,979. 18,411,761. Net assets without donor restrictions 27 27 4,453,789. 2,871,949. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 19,183,768. 21,283,710. Total net assets or fund balances 32 32 22,129,592. 21,445,129. 33 33 Total liabilities and net assets/fund balances ...

Form **990** (2022)

Form	1 990 (2022) OSSINING CHILDREN'S CENTER, INC.	13-18	361927	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
					~ ~
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,03		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,035		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,002		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,183		
5	Net unrealized gains (losses) on investments	5	81	1,4	19.
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 on Schedule O)	9	16	5,4	74.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	21,283	3,7	10.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_	Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	<u> </u>
			Eorm	yyr)/	(2022)

Form **990** (2022)

232012 12-13-22

16130507 788383 OC2862

SCHEDULE A

(Form 990)

Total

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.

	OMB No. 1545-0047
	2022
	Open to Public Inspection
er	identification number

		of the Treasury nue Service			ttach to Form 990 or Fo Form990 for instruction			formation.		Open to Public Inspection
Nam	e of t	the organizati		- U					Employer	identification number
OSSINING CHILDREN'S CENTER, INC.										3-1861927
Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.									
					For lines 1 through 12, o					
			•		on of churches describe	•				
1	H)(a)011 n	I)(A)(I).		
2	H				Attach Schedule E (Forr					
3					anization described in s					41 1 3 - 11
4				zation operated in co	njunction with a hospita	I described	a in sectio	on 170(d)(1)(A)(III). Enter	the hospital's name,
_		city, and stat								
5					llege or university owne	d or opera	ted by a g	overnmental	unit describ	bed in
				Complete Part II.)						
6					nental unit described in					
7	X				intial part of its support	from a gov	rernmenta	l unit or from	the general	public described in
				Complete Part II.)						
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultura	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university	or a non-land-	grant college of agric	ulture (see instructions)	Enter the	name, cit	y, and state c	f the colleg	e or
		university:								
10		An organizati	on that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	ship fees, a	nd gross receipts from
		activities rela	ted to its exer	npt functions, subjec	ct to certain exceptions;	and (2) no	more tha	n 33 1/3% of	its support	from gross investment
		income and u	unrelated busi	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organizati	on organized	and operated exclus	ively for the benefit of, to	o perform	the function	ons of, or to c	arry out the	e purposes of one or
		more publicly	v supported or	rganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on
	_	_lines 12a thro	ough 12d that	describes the type of	of supporting organization	n and con	nplete line	s 12e, 12f, an	d 12g.	
а		Type I. A si	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	' giving
		the suppor	ted organizati	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting
		organizatio	n. You must d	complete Part IV, Se	ections A and B.					
b		Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	iving
		control or n	nanagement c	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported
		organizatio	n(s). You mus	st complete Part IV,	Sections A and C.					
с		Type III fur	nctionally inte	egrated. A supporting	g organization operated	in connec	tion with,	and functiona	ally integrate	ed with,
		its supporte	ed organizatio	on(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its suppo	orted organi	zation(s)
		that is not f	functionally inf	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requiremen	it (see instruct	tions). You must con	nplete Part IV, Section	s A and D,	, and Part	V .		
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	e II, Type III	
		functionally	/ integrated, o	r Type III non-functio	nally integrated support	ing organi:	zation.			
f	Ente	er the number	of supported	organizations						
				n about the supporte						
	(i) Name of supp	orted	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
							1			

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OSSINING CHILDREN'S CENTER, INC.

Schedule	A (⊦orm 990	J) 2022
Part II	Suppor	rt Sc

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.)

See	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2769505.	3260767.	4160062.	3235912.	4157667.	17583913.
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	2769505.	3260767.	4160062.	3235912.	4157667.	17583913.
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)						2329026.
6	Public support. Subtract line 5 from line 4.						15254887.
	ction B. Total Support						1
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	2769505.	3260767.	4160062.	3235912.	4157667.	17583913.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		115,189.	63,330.	130,638.	148,364.	457,521.
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.)						
11	Total support. Add lines 7 through 10						18041434.
	Gross receipts from related activities,	etc. (see instruction	ons)				,261,885.
	First 5 years. If the Form 990 is for the			fourth, or fifth tax	vear as a section 5		
	organization, check this box and stor	-			,		
Sec	ction C. Computation of Publ						
	Public support percentage for 2022 (-	column (f))		14	84.55 %
	Public support percentage from 2021					15	91.89 %
	33 1/3% support test - 2022. If the o					nore, check this be	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances tes	•	•		•		
	more, and if the organization meets th	-					
	organization meets the facts-and-circ						
18	Private foundation. If the organization		•				ıs
			,	. , ,			(Form 990) 2022

232022 12-09-22

Schedule A ((Form 990)	2022
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OSSINING CHILDREN'S 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
7a	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						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support					-	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	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						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's f	irst. second. third.	fourth, or fifth tax	x vear as a section	501(c)(3) orga	nization.
	check this box and stop here	-			•		,
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2022 (column (f))		15	%
	Public support percentage from 202					16	%
	ction D. Computation of Inve						
	Investment income percentage for 20)	17	%
	Investment income percentage from		B	· · · · · · · · · · · · · · · · · · ·		18	%
	33 1/3% support tests - 2022. If the					33 1/3%, and	
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-09-22						ule A (Form 990) 2022
				16			-

16130507 788383 OC2862

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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.)

232024 12-09-22

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Schedule A (Form 990) 2022

Schedu	e A (Form 990) 2022		CHILDREN'S	CENTER,	INC.	13-18	6192	7 Pa	age 5
Part I	V Supporting Organ	nizations _{(continue}	ed)						
						_		Yes	No
11 Ha	as the organization accepted	d a gift or contribution	from any of the follo	wing persons?					
a A	person who directly or indire	ectly controls, either a	lone or together with	persons describ	ed on lines 11b and				
11	c below, the governing bod	ly of a supported orga	nization?				11a		
bΑ	family member of a person of	described on line 11a	above?				11b		
c A	35% controlled entity of a p	erson described on lir	ne 11a or 11b above?	If "Yes" to line 1	1a, 11b, or 11c, provide	Γ			
de	etail in Part VI						110		

Section B. Type I Supporting Organizations

	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI 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 officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
~	Did the eventient on events for the boundit of environmented eventienties other the events of	

Did the organization operate for the benefit of any supported organization other than the supported 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, supervised, or controlled the supporting organization.

Section	C. Type	II Supporting	Organizations	

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 the supported organization(s). 1

See	ction D. All Type III Supporting Organizations			
			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 on line 2, above, 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 Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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? If "Yes" or "No" provide details in Part VI.
- 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.

232025 12-09-22

16130507 788383 OC2862

3b Schedule A (Form 990) 2022

2a

2b

3a

No Yes

13-1861927 Page 5

2

Yes No

18

Schedule A	(Form 990)	2022	OSSININ	G CHILI	DREN'S	CENTER,	INC.
Part V	Type III	Non-Fun	ctionally Integr	ated 509	(a)(3) Sup	porting Org	anizations

Sectio	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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			
I	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		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	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		
С	Fair market value of other non-exempt-use assets	1c		
ď	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	on C - Distributable Amount			Current Year
1,	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		
	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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

	Form 990) 2022		CHILDREN'			13-1861927 _{Pa}
	Part IV, Section A, line	s 1, 2, 3b, 3c, 4b, 4c D, lines 2 and 3; Pa	, 5a, 6, 9a, 9b, 9c, 1 t IV, Section E, lines	1a, 11b, and 11c; 1c, 2a, 2b, 3a, an	Part IV, Section B, line d 3b; Part V, line 1; Pa	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V ditional information
	(See instructions.)	ind 8; and Part V, Se	ction E, lines 2 , 5, ar	ia 6. Also complet	e this part for any add	ntional information.
28 12-09-2	2					Schedule A (Form 990)
				21		. ,

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements 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. Attach to Form 990.

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



Name of the organization

OSSINING CHILDREN'S CENTER, INC. Employer identification number 13-1861927

		(a) Donor adv	lised tunds	(b) Fund	ds and other acc	ounts
1	Total number at end of year						
	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
	Did the organization inform all donors and donor advisors in v	writing that the asset	s held in donor ad	vised fun	ds		
	are the organization's property, subject to the organization's	exclusive legal contr	ol?			Yes	
	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or fo	or any other purpo	se confer	ring		
	impermissible private benefit?					Yes	
Par	t II Conservation Easements. Complete if the org						
1	Purpose(s) of conservation easements held by the organization	on (check all that app	oly).				
	Preservation of land for public use (for example, recrea	tion or education)	Preservation	of a histo	orically i	important land a	rea
	Protection of natural habitat		Preservation	of a certit	fied hist	toric structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cor	tribution in the fo	m of a co	onservat	tion easement o	n the las
	day of the tax year.					Held at the End of	
а	Total number of conservation easements				2a		
	Total acreage restricted by conservation easements				2b		
	Number of conservation easements on a certified historic stru				2c		
	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register				2d		
	Number of conservation easements modified, transferred, rel	easeu, extinguisneu,	or terminated by	the organ	IIZation	during the tax	
4	year Number of states where property subject to conservation eas	-		_			
4 5	Number of states where property subject to conservation easons the organization have a written policy regarding the per	- iodic monitoring, ins				_	
4 5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it	iodic monitoring, ins holds?					
4 5	Number of states where property subject to conservation easons the organization have a written policy regarding the per	iodic monitoring, ins holds?					e year
4 5 6	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it	iodic monitoring, ins holds? handling of violation:	s, and enforcing c	onservatio	on ease	ements during th	
4 5 6 7	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,	iodic monitoring, ins t holds? handling of violation: lling of violations, and	s, and enforcing c d enforcing conse	onservatio vation ea	on ease	ements during th	
4 5 6 7 8	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand	iodic monitoring, ins t holds? handling of violations lling of violations, and re satisfy the requirer	s, and enforcing c d enforcing conse ments of section 1	onservatio vation ea 70(h)(4)(B	on ease Isement 3)(i)	ts during the yea	
4 5 6 7 8	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, 	iodic monitoring, ins t holds? handling of violation: lling of violations, and re satisfy the requirer	s, and enforcing c d enforcing conse nents of section 1	onservatio vation ea 70(h)(4)(B	on ease Isement 3)(i)	ts during the yea	
4 5 7 8 9	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, 	iodic monitoring, ins holds? handling of violations lling of violations, and re satisfy the requirer on easements in its r	s, and enforcing c d enforcing conse nents of section 1 evenue and exper	onservation vation ea 70(h)(4)(B	on ease Isement 3)(i) nent an	ts during the yea	
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	dule D (Form 990) 2022 OSSININ t III Organizations Maintaining C	G CHILDREN			thar Si		86192		ge 2
3	Using the organization's acquisition, accessi							ueu)	
3	collection items (check all that apply):		s, check any of the	Tollowing that that	e signine	Jant use of	15		
а	Public exhibition	b	I oan or excl	hange program					
b	Scholarly research	e							
c	Preservation for future generations	·							
4	Provide a description of the organization's co	ollections and explain	how they further the	he organization's e	exempt p	urpose in P	art XIII		
5	During the year, did the organization solicit o								
•	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Pa		0			,	, ,		
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contribution	is or other assets i	not inclu	ded			
	on Form 990, Part X?					[Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
							Amount		
С	Beginning balance				[1	lc			
d	Additions during the year				🗖	1d			
е	Distributions during the year				🗖	le			
f	Ending balance					1f			
	Did the organization include an amount on F				-	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i		(b) Prior year	(c) Two years back		roo voare ha		voare h	Jack
4.	De significar o force a la classe	(a) Current year 568,666.	666,607.					years i	aun
	Beginning of year balance	2,500.	2,500.			487,41			
	Contributions	30,044.	-100,441.		_	30,71			
	Net investment earnings, gains, and losses	50,044.	100,441.	155,50	· ·	50,71	±•		
	Grants or scholarships Other expenditures for facilities								
e						30,00			
f	Administrative expenses					,			
	End of year balance	601,210.	568,666.	666,60'	7.	502,54	2.		
2	Provide the estimated percentage of the cur	-			-	,	-		
а	Board designated or guasi-endowment	· · · · , · · · · · · · · · · · · · · · · · · ·	%	<i>,,,</i>					
b	Permanent endowment 100	%	_						
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held a	nd administered fo	or the		_		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere		· · · · · · · · · · · · · · · · · · ·	·					
	Description of property	(a) Cost or ot	. ,	•	Accumi		(d) Bool	< value	
		basis (investm	,	· ,	deprecia	luon	1 000		10
	Land			0,000. 0,056. 1	220	,278.	1,800 12,68		
	Buildings			7,855.		,278. ,758.		9,09	
	Leasehold improvements			3,030.		,030.	0.	, 03	0.
	Equipment			8,216.		,456.	1.8),76	
	Other						14,75		
TOLA	\cdot Aud lines ta through te. (Column (a) must e	yuari unn 330, Fall i					<u> </u>		

Schedule D (Form 990) 2022

232052 09-01-22

Part VII	Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 900 Part X line 12	
(a) Descrip	Dition of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
	al derivatives			•
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(E)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
	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 en	d-of-vear market value
(4)				a or year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
Part IX		on Form 000 Dort IV line	11d See Form 000 Dart V line 15	
	Complete if the organization answered "Yes"	Description	The See Form 990, Fait A, line 15.	(b) Book value
(4)	(a)	Description		
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		(=)		
	umn (b) must equal Form 990, Part X, col. (B) lin	e 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 2	
1.	(a) Description of liability			(b) Book value
(1) Fea	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) lin	e 25.)		
	/ for uncertain tax positions. In Part XIII, provide			that reports the
	ation's liability for uncertain tax positions unde			

13-1861927 Page 3

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 OSSINING CHILDREN'S CENTE	R, INC.		13-1	1861927 _{Page} 4
Part XI Reconciliation of Revenue per Audited Financial Staten	nents With F			
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1 Total revenue, gains, and other support per audited financial statements			1	6,132,975.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	81,419.		
b Donated services and use of facilities				
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)	2d	17,468.		
e Add lines 2a through 2d	-		2e	98,887.
3 Subtract line 2e from line 1			3	6,034,088.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,434.		
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	3,434.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,037,522.
Part XII Reconciliation of Expenses per Audited Financial State		Expenses per	Retu	ırn.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ments With 2a.		Retu	
	ments With 2a.		Retu	ırn. 4 , 033 , 033 .
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ments With 2a.			
Complete if the organization answered "Yes" on Form 990, Part IV, line 12 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	ments With 2a. 2a			
Complete if the organization answered "Yes" on Form 990, Part IV, line 12 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	ments With 2a. 2a			
Complete if the organization answered "Yes" on Form 990, Part IV, line 12 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	2a. 2a 2a 2a 2b			
Complete if the organization answered "Yes" on Form 990, Part IV, line 12 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.)	2a. 2a. 2a. 2b. 2c. 2d.	994.		4,033,033.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d	2a. 2a 2a 2b 2c 2d	994.		4,033,033.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.)	2a. 2a 2a 2b 2c 2d	994.	1	4,033,033.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a. 2a. 2b. 2b. 2c. 2d.	994.	1 2e	4,033,033.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1	2a. 2a. 2a. 2b. 2b. 2c. 2d.	994.	1 2e	4,033,033.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a. 2b. 2b. 2c. 2d.	994.	1 2e	4,033,033. 994. 4,032,039.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b	2a 2a 2b 2c 2d 2d 4a 4b	994. 3,434.	1 2e 3 4c	4,033,033. 994. 4,032,039. 3,434.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	2a 2a 2b 2c 2d 2d 4a 4b	994. 3,434.	1 2e 3	4,033,033. 994. 4,032,039.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GAIN ON STOCK TRANSFERS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNCOLLECTABLE ACCOUNTS

232054 09-01-22

17,468.

994.

SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1					or if the	2022
Department of the Treasury		Attach to Form 990 of						Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and t	he latest informatio	on.	E	Inspection entification number
Name of the organization		G CHILDREN'S CENTE	R.	INC			13-1861	
		Complete if the organization answe				line 1		
 Indicate whether the a Mail solicitation Mail solicitation Internet and Internet and Phone solicitation In-person solicitation Did the organization key employees list 	e organization rais tions email solicitations tations blicitations on have a written o ted in Form 990, P 0 highest paid indiv	sed funds through any of the following e Solicita f Solicita g Special or oral agreement with any individua vart VII) or entity in connection with p viduals or entities (fundraisers) pursue	tion of tion of fundra l (inclue profess	non-g gover aising ding o sional 1	overnment grants nment grants events fficers, directors, tru undraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	have c	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
		1	<u> </u>	I				
		on is registered or licensed to solicit			l s or has been notified	l d it is	exempt from I	registration
or licensing.								

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

Schedule G (Form 990) 2022

232081 10-27-22

13-1861927 Page 2

Part II	Fundraising	Events.	Complete if th
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ne 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 SPECIAL EVENTS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
е			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	252,360.			252,360.
	2	Less: Contributions	191,563.			191,563.
	3	Gross income (line 1 minus line 2)	60,797.			60,797.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	60,797.			60,797.
	10	Direct expense summary. Add lines 4 through				60,797.
Da	11 Irt I	Net income summary. Subtract line 10 from li III Gaming. Complete if the organization a		000 Dert IV line 10 er		0.
Fa		\$15,000 on Form 990-EZ, line 6a.	answered tes on Form	1990, Part IV, line 19, or	reported more than	
-		······································		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Seve						
_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	Ŭ		Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No	□ No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	0	Net gaming income summary. Subtract line r				L
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
		he organization licensed to conduct gaming a	· · -	states?		Yes No
b	lf "	No," explain:				
10-	14/-					
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
5		res, explain:				
	_					
2320	32 10)-27-22			Sche	dule G (Form 990) 2022
_0200					25110	

Schedule (G (Form 990) 2022	OSSINING	CHILDREN'S	CENTER,	INC.	13-1861	927	Page 3
11 Does	the organization conduct ga	aming activities with	nonmembers?				Yes	No
	organization a grantor, bene							
to adr	minister charitable gaming?						Yes	No
	ate the percentage of gaming							
a The o	rganization's facility					13a		%
	tside facility							%
14 Enter	the name and address of th	e person who prep	ares the organization's	s gaming/specia	al events books and rec	ords:		
Name								
Addre	ess							
15a Does	the organization have a con	tract with a third na	arty from whom the or	nanization receiv	ves aamina revenue?		Yes	
IOU DOCS	the organization have a con			ganzation recen				
b If "Ye	s," enter the amount of gam	ina revenue receive	ed by the organization	\$	and the a	imount		
	ning revenue retained by the							
-	s," enter name and address	· · · -						
Name								
Addre	ess							
16 Gamir	ng manager information:							
Name								
Name								
Gamir	ng manager compensation	\$						
Garm	ig manager compensation	•						
Descr	iption of services provided							
	1	_						
	Director/officer	Employee		ndent contracto	or			
	atory distributions:			- f ue t he				
	organization required under						Vac	
	the state gaming license? the amount of distributions				nt organizations or ano		Yes	
	ization's own exempt activit	•			pt organizations of spe			
Part IV	Supplemental Infor			red by Part I, lin	e 2b, columns (iii) and	(v); and Part III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as							
232083 10-27	/-22			20		Schedule G (Form 9	990) 2022
				32				

16130507 788383 OC2862

Schedule G (Form 990) OSS: Part IV Supplemental Information	INING CHILDREN'	S CENTER,	INC.	13-1861927 _P	age 4
Part IV Supplemental Information	l (continued)				
				Schedule G (Forr	n 990
32084 04-01-22		33			
.30507 788383 OC2862	2022.05090	OSSINING	CHILDREN'S	CENTER, OC2862	2_1

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

)22

r

Employer identification number 13 - 1861927

ΖU

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

OSSINING CHILDREN'S CENTER, INC.

Pai	τI	Ту	pes of Property							
				(a)	(b)	(c)	(d)	••••••		
				Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu			S
					items contributed	Form 990, Part VIII, line 1g	Honouoir contribu	tion a		<u> </u>
1	Art	- Works	s of art							
2	Art	- Histor	rical treasures							
3	Art	- Fracti	onal interests							
4	Boo	oks and	publications							
5	Clo	thing a	nd household goods							
6	Car	s and c	other vehicles							
7	Boa	ats and	planes							
8	Inte	ellectua	l property							
9	Sec	curities	- Publicly traded							
10			- Closely held stock	X	3	25,195.	FMV			
11	Sec	curities	- Partnership, LLC, or							
	trus	st intere	ests							
12			- Miscellaneous							
13	Qua	alified c	onservation contribution -							
	Hist	toric sti	ructures							
14	Qua	alified c	onservation contribution - Other							
15	Rea	al estate	e - Residential							
16			e - Commercial							
17			e - Other							
18			S							
19			ntory							
20			medical supplies							
21										
22			artifacts							
23			specimens							
24			ical artifacts							
25	Oth		()							
26	Oth	ner (()							
27	Oth	ner (()							
28	Oth	ner (()							
29	Nur	mber of	Forms 8283 received by the organ	ization durin	g the tax year for c	contributions				
	for	which t	he organization completed Form 82	83, Part V, I	Donee Acknowledg	jement				
									Yes	No
30a	Dur	ring the	year, did the organization receive b	y contributio	on any property rep	ported in Part I, lines 1 throu	gh 28, that it			
	mu	st hold	for at least 3 years from the date of	the initial co	ntribution, and wh	ich isn't required to be used	for			
	exe	empt pu	rposes for the entire holding period	?				30a		Х
b			escribe the arrangement in Part II.							
31	Doe	es the c	organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	itions?	31		Х
32a	Doe	es the c	organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash				
	con	ntributic	ons?					32a		X
b	If "۱	Yes," de	escribe in Part II.							
33	lf th	ne orgai	nization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	cked,			

describe in Part II.

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

Schedule M (Form 990) 2022

232141 09-09-22

16130507 788383 OC2862

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 M, PART I, COLUMN (B):

Part II

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. EZ
OMB No. 1545-0047
2022
Open to Public
Inspection
Employer identification number

13-1861927

OSSINING CHILDREN'S CENTER, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENVIRONMENT WHILE THEIR PARENTS WORK.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SOCIO-ECONOMICALLY DIVERSE ENVIRONMENT THAT REFLECTS THE GREATER

COMMUNITY BY ENSURING THAT CHILDREN FROM FAMILIES WITHOUT SUFFICIENT

ECONOMIC MEANS CAN ALSO ATTEND OCC. IN THIS SETTING, OUR CHILDREN ARE

PROVIDED WITH A STRONG FOUNDATION FOR LIFE, AND OUR COMMUNITY IS

LIKEWISE STRENGTHENED.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 DRAFT HAS BEEN REVIEWED AND APPROVED BY BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION ENFORCES THE CONFLICT OF INTEREST POLICY BY MONITORING

KNOWN RELATIONSHIPS, QUESTIONNAIRES, AND NOTING ANY CHANGES IN DISCLOSED

INFORMATION. ANY CONFLICT IS REVIEWED BY THE BOARD BEFORE A DECISION IS

MADE AS TO WHETHER TO APPROVE THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15:

MANAGEMENT COMPENSATION IS REVIEWED ANNUALLY. THIS REVIEW INCLUDES

RESEARCHING GUIDESTAR, 990S, NY NON-PROFIT NETWORK ANNUAL SALARY SURVEY,

PHONE CALLS TO OTHER ORGANIZATIONS TO COLLECT DATA. ALL DELIBERATIONS &

DECISIONS ARE REFLECTED IN THE BOARD MINUTES.

 FORM 990, PART VI, SECTION C, LINE 19:

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211 10-28-22
 36

 16130507 788383 OC2862
 2022.05090 OSSINING CHILDREN'S CENTER, OC2862_1

UNCOLLECTABLE ACCOUNTS		-994
GAIN ON STOCK TRANSFERS		17 468
TOTAL TO FORM 990, PART XI	, LINE 9	
FORM 990. PART XII, LINE 20	2:	
THE PROCESS HAS NOT CHANGED	D FROM PRIOR YEAR.	
		Schedule O (Form 990) 20

Name of the organization

THESE DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.