

Short Form Return of Organization Exempt From Income Tax

2012

Open to Public
Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 01/01, 2012, and ending 12/31, 20 12

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

ALBANY COUNTY CORRECTIONAL FACILITY FOR CHILDRENS BENEFIT INC

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

806 Huntingdon Drive

City or town, state or country, and ZIP + 4

Schenectady, NY 12309-4906

D Employer identification number

26-0013956

E Telephone number

518-588-5055

F Group Exemption

Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ www.acfcfb.org

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **45,815**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	607
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	0
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	1,200
b	Gross income from fundraising events (not including \$ <u>0</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	44,008	
c	Less: direct expenses from gaming and fundraising events	6c	14,109	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	31,099	
7a	Gross sales of inventory, less returns and allowances	7a	0	
b	Less: cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O) _____	8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	31,706	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	0
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	650
	15	Printing, publications, postage, and shipping	15	1,367
	16	Other expenses (describe in Schedule O) _____	16	31,955
17	Total expenses. Add lines 10 through 16 ▶	17	33,972	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,266
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	22,491
	20	Other changes in net assets or fund balances (explain in Schedule O) _____	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	20,225

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22,491	22 20,225
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	22,491	25 20,225
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	22,491	27 20,225

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O, Statement 1

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 <u>ACFCFB expenditures In 2012 assisting several seriously ill children and their families through the generosity of ACCF staff, our sponsors and community supporters- Daniel Dingley age 10 of Green Island, (Continued on Schedule O, Statement 2)</u> (Grants \$ <u>31,955</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	31,955
29 _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) _____ (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32 Total program service expenses (add lines 28a through 31a) ▶	32	31,955

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>John R Smith</u> President	40	0	0	0
<u>John Wojcik</u> 1st Vice President	20	0	0	0
<u>Barbara McMullen</u> 2nd Vice President	20	0	0	0
<u>Tammy Criscone</u> Secretary	20	0	0	0
<u>Mary Kay Weis</u> 2nd Trustee	20	0	0	0
<u>Tim Dedee</u> 1st Trustee	20	0	0	0
<u>Donna M Smith</u> Board of Director	20	0	0	0
<u>Frank Commisso</u> Board of Director	10	0	0	0
<u>Michele Siegfried</u> Treasurer	40	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ **Yes** **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer	Date
	▶ John Smith, President Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no. ▶			

May the IRS discuss this return with the preparer shown above? See instructions ▶ **Yes** **No**

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization ALBANY COUNTY CORRECTIONAL FACILITY FOR CHILDRENS BENEFIT INC	Employer identification number 26-0013956
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	51,488	43,799	54,339	31,786	31,706	213,118
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	51,488	43,799	54,339	31,786	31,706	213,118
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						213,118

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	51,488	43,799	54,339	31,786	31,706	213,118
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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		0				0
13 Total support. (Add lines 9, 10c, 11, and 12.)	51,488	43,799	54,339	31,786	31,706	213,118
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	100 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	100 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0 %

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Employer identification number

ALBANY COUNTY CORRECTIONAL FACILITY FOR CHILDRENS BENEFIT INC

26-0013956

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Annual Teed Off For Tots Golf (event type)	County Employee Payrol (event type)	0 (total number)	
Revenue	1 Gross receipts	30,003	14,005		44,008
	2 Less: Contributions	0	0		0
	3 Gross income (line 1 minus line 2)	30,003	14,005		44,008
Direct Expenses	4 Cash prizes	0	0		0
	5 Noncash prizes	0	0		0
	6 Rent/facility costs	8,819	0		8,819
	7 Food and beverages	0	0		0
	8 Entertainment	0	0		0
	9 Other direct expenses	5,290	0		5,290
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(14,109)
11 Net income summary. Combine line 3, column (d), and line 10 ▶				29,899	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				()
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

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

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

ALBANY COUNTY CORRECTIONAL FACILITY FOR CHILDRENS BENEFIT INC

Employer identification number

26-0013956

Form 990-EZ, Part I, Line 16 - Mission- We support seriously ill children around Albany, New York's Capital Region during their time of
need. Philosophy- Children are special gifts and we will do everything in our power to support them during their critical stage in life. We are
driven by the belief that amazing things happen when people work together to spark the potential in individuals and communities. We are
partners with our community in our mission and we couldn't do this without you! We are all volunteers from the Albany County Correctional
Facility and our community. We are committed to our mission and guided by our philosophy and the compassion for the plight of our
seriously ill children. ACCFCB is a IRS registered 501(c)(3) Charitable Organization. Website- www.accfcb.org Phone 518-588-5055.

Form: 990-EZ

Page: 2

Line Number: Part III

Primary Exempt Purpose

Primary Exempt Purpose

Mission- We support seriously ill children around Albany, New York's Capital Region during their time of need. Philosophy- Children are special gifts and we will do everything in our power to support them during their critical stage in life. We are driven by the belief that amazing things happen when people work together to spark the potential in individuals and communities. We are partners with our community in our mission and we couldn't do this without you! We are all volunteers from the Albany County Correctional Facility and our community. We are committed to our mission and guided by our philosophy and the compassion for the plight of our seriously ill children. ACCFCB is a IRS registered 501(c)(3) Charitable Organization. Website- www.accfcb.org Phone 518-588-5055.

Form: 990-EZ

Page: 2

Line Number: Part III Line 28

First Program Service Accomplishments Description

Description

NY (ACCFB support- \$4,430) Daniel was trapped in his burning home on April 2, 2010. He was found unconscious and was rescued by the Green Island Fire Department. Daniel was resuscitated and given life saving medical treatment by Empire Ambulance Service. Daniel continues on his long road to recovery and travels back and forth to Boston Shriners Hospital for Children with the help of ACCFCB to undergo several corrective surgeries while coping with extensive Physical Therapy. Matthew 'Buddy' Lafontaine age 16 of Delanson, NY (ACCFB support- \$4,615) Buddy was diagnosed in April 2002 with Primary Hyperoxaluria Type I. This is a rare genetic condition of too much oxalate (salt form of acid) present in the urine causing kidney stones/ kidney failure which eventually required a transplant operation. On January 22, 2009, Buddy courageously underwent a triple transplant surgery replacing his Liver and both Kidneys @ Boston Children's Hospital which would not have been possibly without the generosity of an unknown organ donor. He celebrates a new birthday- January 22. Buddy returns to Boston Children's Hospital often because he is currently battling organ rejection. Hunter Sanchez age 15 of Castleton, NY (Hunter supported ACCFCB @ Teed off for Tots in 2012 to show his appreciation for our support of him- \$1,000!) At the age of 8, Hunter complained of leg pain which doctors diagnosed as Bi-Lateral Legg-Calve Perthes Disease- (a rare disease that causes bone death in the ball of both hips due to a lack of blood flow). He went from being a very active child to confinement in a wheelchair. Hunter had surgery in January 2007 and spent 5 months recovering @ Sinai Hosp in Baltimore, Maryland. He was finally able to come home in May and faced a yearlong extensive Physical Therapy regiment. Hunter had another surgery on May 11, 2010 and returned home on May 22, 2010 to face several months of bed rest and a year of Physical Therapy. Hunter continues to go to Baltimore for regular checkups and is expected to require further medical treatment as he grows. We are thankful to Hunter and are pleased to report that he is doing very well as of this writing (02-14-2013)! Zackary VanAllen age 16 of Hudson, NY (ACCFB support- \$8,453) Zackary was born with SpinaBifida- a birth defect of the spinal cord resulting in paralysis, bowel & bladder problems and other medical complications. Zackary is confined to a wheelchair; He suffers with infections of the kidney and bladder. He uses a catheter to help him go to the bathroom. Zackary has difficulty moving about the family's small trailer they reside in. Aiden Torres age 2 of Port Ewen, NY (ACCFB support- \$150) Aiden was born on Thanksgiving 2009 with Gastroschisis (Intestines outside of his body) and remained in Albany Medical Center's Neonatal ICU since birth. He was released from the hospital on March 22, 2010 after a 117 day stay only to be re-admitted for 23 more days to undergo more surgery and procedures. Aiden is doing very well these days with only slight complications. Max Kelsey age 4 of Cohoes, NY (ACCFB support- \$478) Max suffers with Down Syndrome. He, mom and dad traveled to Boston Children's Hospital to see a pediatric eye specialist due to Max being nearly blind in one eye. He had an unsuccessful surgery locally and these trips are to determine corrective treatment. We cover all travel expenses for their continued trips to Boston. Logan Siciliano age 2 of Latham, NY (ACCFB support- \$0) Note: ACCFCB met Logan and his family at the end of 2011. Logan was diagnosed with Marfan Syndrome (MFS), a genetic disorder of connective tissue which holds all parts of the body together and helps control growth. MFS affects the heart, blood vessels, bones, joints, eyes, lungs and skin. He was born with leaky heart valves and an enlarged aorta causing congestive heart failure. Logan underwent open heart surgery on September 1, 2011 at Boston Children's Hospital to repair 3 valves and replace part of his stretched aorta. He underwent a successful second open heart surgery in the fall of 2012 at Boston Children's Hospital. Logan is nearsighted and has eye glasses. As of this writing (2-14-2013), Logan is stable and we continue to assist Logan and his family. Note that the family utilized money from local fundraising efforts in Logan's honor for their 2012 expenses. These funds have been exhausted and we plan to assist Logan and his family again in 2013. Matthew Bake age 4 of Queensbury, NY (ACCFB Support- \$100) Matthew went peacefully into the arms of the Lord, with his loving family and friends by his side, after a nearly year long courageous battle with Medulloblastoma, on Tuesday, Jan. 24, 2012, at Albany Medical Center. Albany County Correctional Facility for Children's Benefit extends our deepest sympathy to Matthew's family with flowers and a hug. Madeline Musto age 5 of Rotterdam, NY (ACCFB Support- \$2,000) Just before 5:30 a.m. on Wednesday, February 8, 2012 Madeline (Maddie) Musto died of a rare inoperable tumor on her brain stem at Albany Medical Center Hospital with family members by her side. Her diagnosis and passing was within a few days of each other. ACCFCB assisted with funeral expenses. Alexander 'AJ' Ballard age 1 of Waterford, NY (ACCFB support- \$483) AJ was diagnosed with Chiari Malformation, Type 1- a condition where the lower back of the skull is too small or misshaped causing crowding of the brain and pressing it down against the spinal cord. He underwent surgery to make room in his skull and spent the last 2 months of 2011 in the hospital recovering. Doctors have not determined whether there is permanent nerve damage nor the extent. AJ is currently being fed via a G-Tube. He has a portable ventilator requiring suction due to aspiration. Mom said, 'AJ is always smiling and laughing...Now that he is home, he is getting stronger and bigger every day'. We continue to assist AJ. Alexandria Howlan age 18 of Colonie, NY (ACCFB support- \$50) Alexandria was diagnosed with Moya-Moya Syndrome at age 18 months, a condition restricting the blood and oxygen flow to her brain. She suffered through multiple surgeries over the years at Boston Children's Hospital (BCH), the last was in August of 2004. Alex's surgeon at BCH- Dr. Scott, refers to Alex as his "little challenge" because she is a special case. Alex has suffered several strokes, a direct cause of this disease. ACCFCB has assisted Alexandria since we learned of her plight in November, 2004. Alex told ACCFCB upon accepting her "Courage Award" on July 7, 2006- "I'm glad I met new friends like you...I thank god for special people in the world each day and god led me to all of you" Alex, you will always be our special angel and we thank heaven for leading us to you. Natalie Welch age 9 of Colonie, NY (ACCFB support \$500) Natalie was diagnosed at birth with Erb's Palsy- Paralysis of her right arm caused by injury to the upper group of the arm's main nerves, injuries arising during a difficult birth. She underwent surgery on Thursday, July 26, 2012 at Boston Children's Hospital to replace plates and screws in her right arm from previous surgeries and ACCFCB covered all expenses. In 2013 she will undergo a final corrective surgery to replace nerves and muscle with the hope that she may finally have use of her arm. ACCFCB Account Payments to Best Western Inn at Longwood Medical Center, Boston Mass- located across the street from Boston Children's Hospital (ACCFB hotel expenses paid for children's treatment- \$7,000) Total

Albany County Correctional Facility for Children's Benefit, Inc's support to children total for 2012 (\$28,259) Foundation Expenses- 2012 and 2013 cell phone 518-588-5055- \$2,430; Misc. Expenses- annual website fee, tax filing fee, charity registration (\$ 216) American Heart Association (ACCFB donated \$200) Crohns & Colitis Foundation walk (ACCFB donated \$100) Juvenile Diabetes Foundation (ACCFB donated \$100) Save A Limb Ride honor of Hunter Sanchez (ACCFB donated \$100) Cancer Fund- honor of Barb McMullen (ACCFB donated \$450) Adopt A Family Program of Albany County- (ACCFB donated \$100) ACCFCB's 2011 'Teed off for Tots' golf event raised \$18,315 Albany County Employees donated \$14,005 directly from their paychecks to ACCFCB in 2012! The Albany County Correctional Facility staff continues to be ACCFCB's 'Bread and Butter' supporters. We are also very grateful to all of our sponsors and supporters for which we couldn't do what we do without all of you!