

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2012 calendar year, or tax year beginning 7/1/2012 and ending 6/30/2013

B Check if applicable:

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization The Arab-American Family Support Center, Inc.

D Employer identification number 11-3167245

E Telephone number (718) 643-8000

F Name and address of principal officer:
Samar E. Khalaf, Board Chair 150 Court Street, Brooklyn, NY 11201

G Gross receipts \$ 1,973,506

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: www.aafscny.org

K Form of organization: Corporation Trust Association Other

L Year of formation: 1993 **M State of legal domicile:** NY

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No

If "No," attach a list. (see instructions)

H(G) Group exemption number ▶

Part I Summary

1 Briefly describe the organization's mission or most significant activities: The Organization is dedicated to providing social services programs to thousands of Arab-Americans with comprehensive social services to Arab-American immigrant families, children to adjust to new cultural, legal environment, language barriers, educational issues and better the community.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **3**

4 Number of independent voting members of the governing body (Part VI, line 1b) **14**

5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) **49**

6 Total number of volunteers (estimate if necessary) **50**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **0**

7b Net unrelated business taxable income from Form 990-T, line 34 **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,180,670	1,967,110
9 Program service revenue (Part VIII, line 2g)	6,991	6,393
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16	3
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,187,677	1,973,506
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	841,594	1,340,324
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
16b Total fundraising expenses (Part IX, column (D), line 25) ▶	20,323	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	351,860	602,643
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,193,454	1,942,967
19 Revenue less expenses. Subtract line 18 from line 12	-5,777	30,539
20 Total assets (Part X, line 16)	300,400	466,671
21 Total liabilities (Part X, line 26)	55,695	191,427
22 Net assets or fund balances. Subtract line 21 from line 20	244,705	275,244

Part II Signature Block

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

Sign Here

Signature of officer: Lera Atvissen Date: 4/15/14

Type or print name and title: Lera Atvissen, Executive Director

Paid Preparer Use Only

Print/Type preparer's name: George Kaminski Date: 4/14/2014 PTIN: P00488115

Preparer's signature: George Kaminski Check if self-employed

Firm's name: GEORGE R. KAMINSKI CPA Firm's EIN: 14-1721118

Firm's address: PO BOX 69, LA HAM, NY 12110 Phone no.: (518) 782-7124

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form CHAR500

This form used for Article 7-A, EPTL and dual filers (except for non-CHAR 500, CHAR 010 and CHAR 009)

Annual Filing for Charitable Organizations
New York State Department of Law (Office of the Attorney General)
Charities Bureau - Registration Section
120 Broadway
New York, NY 10271
<http://www.charitiesnys.com>

2012

Open to Public Inspection

1. General Information

a. For the fiscal year beginning (mm/dd/yyyy) 07/01 / 2012 and ending (mm/dd/yyyy) 06/30/2013

b. Check if applicable for NYS:
 Address change
 Name change
 Initial filing
 Final filing
 Amended filing
 NY registration pending

c. Name of organization
The Arab-American Family Support Center, Inc.
 Number and street (or P.O. box if mail not delivered to street address) **150 Court Street, 3rd floor**
 City or town, state or country and zip + 4 **Brooklyn, NY 11201**

d. Fed. employer ID no. (EIN) (##-####-####) **11-3167245**

e. NY State registration no. (##-##-##) _____

f. Telephone number **(718) 643-8000**

g. Email _____

2. Certification - Two Signatures Required

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

a. **President or Authorized Officer**
 Signature: *[Signature]* Printed Name: **Lena Akussein, Executive Director** Title: _____ Date: **4/15/14**

b. **Chief Financial Officer or Treasurer**
 Signature: *[Signature]* Printed Name: **Joseph A. Bochos** Title: **Treasurer** Date: **4/15/14**

3. Annual Report Exemption Information

a. **Article 7-A annual report exemption (Article 7-A registrants and dual registrants)**
 Check if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 **and** the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.

NOTE: An organization may claim this exemption if no PFR or FRC was used **and** either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal **and** contributions from other sources did not exceed \$25,000 **or** 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.

b. **EPTL annual report exemption (EPTL registrants and dual registrants)**
 Check if gross receipts did not exceed \$25,000 **and** assets (market value) did not exceed \$25,000 at any time during this fiscal year.

For EPTL filers: Article 7-A organizations claiming this exemption must file a copy of the annual report exemption certificate with the annual report. For dual filers: Organizations claiming this exemption must file a copy of the annual report exemption certificate with the annual report. Do not submit any attachments to this form.

4. Article 7-A Schedules

If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year.

a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? Yes* No

* If "Yes", complete Schedule 4a.

b. Did the organization receive government contributions (grants)? Yes* No

* If "Yes", complete Schedule 4b.

5. Fee Submitted: See last page for summary of fee requirements.

Indicate the filing fee(s) you are submitting along with this form:

a. Article 7-A filing fee \$ 25

b. EPTL filing fee \$ 100

c. Total fee \$ 125

Submit only one check or money order for the total fee, payable to "NYS Department of Law"

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

This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 919 and CHAR 909)

Open to Public Inspection

1. General Information

a. For the fiscal year beginning (mm/dd/yyyy) 07/01 / 2012 and ending (mm/dd/yyyy) 06/30/2013

b. Check if applicable for NYS:
 Address change
 Name change
 Initial filing
 Final filing
 Amended filing
 NY registration pending

c. Name of organization
The Arab-American Family Support Center, Inc.
 Number and street (or P.O. box if mail not delivered to street address) Room/suite
150 Court Street, 3rd floor
 City or town, state or country and zip + 4
Brooklyn, NY 11201

d. Fed. employer ID no. (EIN) (##-####-####)
11-3167245

e. NY State registration no. (##-##-##)

f. Telephone number
(718) 643-8000

g. Email

2. Certification - Two Signatures Required

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

a. President or Authorized Officer
 Sign: *Lena Alkoussein* Printed Name: **Lena Alkoussein - Executive Director** Date: **4/15/14**

b. Chief Financial Officer or Treas.
 Sign: *Joseph A. Boikos* Printed Name: **JOSEPH A. BOIKOS** Title: **Treasurer** Date: **4/15/14**

3. Annual Report Exemption Information

a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants)
 Check if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.
NOTE: An organization may claim this exemption if no PFR or FRC was used and either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal and contributions from other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from the government agency to which it submitted an annual report similar to that required by Article 7-A.

b. EPTL annual report exemption (EPTL registrants and dual registrants)
 Check if gross receipts did not exceed \$25,000 and assets (market value) did not exceed \$25,000 at any time during this fiscal year.

For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered, and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. Do not complete the following schedules and do not submit any attachments to this form.

4. Article 7-A Schedules

If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:

a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? Yes* No

b. Did the organization receive government contributions (grants)? Yes* No
 * If "Yes", complete Schedule 4b.

5. Fee Submitted: See last page for summary of fee requirements.

Indicate the filing fee(s) you are submitting along with this form:

a. Article 7-A filing fee	\$	25
b. EPTL filing fee	\$	100
c. Total fee	\$	125

Submit only one check or money order for the total fee, payable to "NYS Department of Law"

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