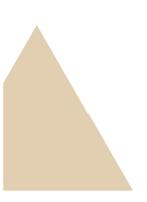
OPEN FOR PUBLIC INSPECTION

2020 990 TAX RETURN





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

Form 9 Department of the Treasury Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

6 Q Open to Public

OMB No. 1545-0047

| A F | or th | e 201 | 9 cale | ndar year, or t | ax year begir | ning | | 10/01,2019 | 9, an | d end | ling | | | 09/ | ′30 ,20 20 |
|--------------------------------|-----------------|--|---|----------------------------------|--------------------|-----------------|---------------|------------------|---------|-----------|--------------|-------------|------------------------------|------------|----------------------------|
| P | | | C Nam | e of organization | | | | | | | | D | Employer io | lentifica | ation number |
| БС | heck if ap | | NE | W YORK CAR | ES, INC. | | | | | | | | | | |
| | Addre chang | | | g Business As | | | | | | | | | 13-344 | | |
| | Name | change | | ber and street (or | | | to street ad | dress) | Roo | m/suite | e | | Telephone | | |
| | Initial | return | | BROADWAY, | | | | | | | | (2 | 212) 22 | 28-50 | 000 |
| | Termi | | | or town, state or p | | and ZIP or fore | eign postal | code | | | | | | | |
| | Amen return | | | W YORK, NY | | ~~~~ | | | | | | | Gross recei | | 12,162,394. |
| | Applic pendi | | | e and address of p | • | | | Y, EXECUT | | DIF | l | H(a) | Is this a gro subordinate | | |
| | _ | | | BROADWAY, | | | | | | | | H(b) | | | |
| | | empt sta | | X 501(c)(3) | 501(c) (|) ┥ (in | isert no.) | 4947(a)(1) |) or | | 527 | - | | | (see instructions) |
| - | | - | | NEWYORKCAR | | | | • | | • • • | | 1 . , | Group exer | | - |
| _ | | | ization: | | Trust | Association | Othe | r 🕨 | | L Yea | r of forma | tion: | 198/ M | State o | f legal domicile: NY |
| Pa | art I | | nmary | / ibe the organizat | | | | W. NEW V | NDK | CAE | TO ME | ידיםי | 2 DDFC | TNC | COMMINITTY |
| | 1 | | | ibe the organizat Y MOBILIZII | | | | | | | | | | | |
| Activities & Governance | | | | | | | | | | | | | | | |
| erne | 2 | | | ox ▶ if the | organization d | | | tions or dianos | | | | (| | | |
| Š | | | | oting members o | | | | | | | | | | 3 | 17. |
| .∞ ∞ | | | | idependent votin | | | | | | | | | | 4 | 17. |
| ies | | | | r of individuals e | | | | | | | | | | 5 | 114. |
| i <u>vi</u> t | | | | | | | | | | | | | | 6 | 40,968. |
| Act | | Total number of volunteers (estimate if necessary) 'a Total unrelated business revenue from Part VIII, column (C), line 12 | | | | | | | 7a | 0 | | | | | |
| | | Net unrelated business taxable income from Form 990-T, line 34 | | | | | | | | | | | | 7b | 0 |
| | | Hot ui | noiatos | | | | , 1110 0 1 | | | | <u></u> | | rior Year | 1.2 | Current Year |
| | 8 | Contributions and grants (Part VIII, line 1h) | | | | | | | | | ₋ ⊢── | 10,781,957. | | 57. | 11,672,788 |
| nue | | Program service revenue (Part VIII line 2g) | | | | | | | | | 0. | | | 23,250 | |
| Revenue | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | | | | | | | 136,306. | | | 111,492 | |
| Ř | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | | | | | | ┛╞─── | 3,350. | | 50. | 12,963 | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | | | | | | | | 10,921,613. | | | 11,820,493 | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) | | | | | | | | | 0. | | 0. | 0 | |
| | 14 | | | | | | | | | | 0. | | | 0 | |
| s | 4.5 | Salari | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | | | | | | | 5,429,408. | | | 6,137,983 | |
| ense | 16a | Profes | ssional | fundraising fees | (Part IX, column | (A), line 11 | e) | | | | - | 63,000. | | | 65,630 |
| Expenses | b | | | sing expenses (P | | | ▶ | 1,315,982 | 2 | | _ | | | | |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | | | | | | - | 5,423,419. | | | 4,731,908 | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | | | | | | - | 10,915,82 | | | 10,935,521 | | |
| | 19 | Reven | ue les | s expenses. Subl | tract line 18 from | n line 12 | | | | | | 5,786. | | | 884,972 |
| ts ol | | | | | | | | | | | Begir | | of Current | | End of Year |
| Net Assets or Fund Balances | 20 | Total a | assets (| (Part X, line 16) | | | | | | | • | 9 | ,896,9 | | 11,824,050 |
| et A Ind E | 21 | | | es (Part X, line 26 | | | | | | | - | 0 | 988,8 ,908,0 | | 1,945,998 9,878,052 |
| | | | | r fund balances. e Block | Subtract line 21 | from line 20 | 0 | | | | - | 0 | ,900,0 | 50. | 9,070,032 |
| | rt II | | | | ave evenined th | ia natura inal | | | ماريامم | | tomonto | and t | a tha haat d | للم الم | nowledge and belief, it is |
| true | e, corre | ct, and | complet | e. Declaration of pr | eparer (other than | officer) is ba | ised on all i | nformation of wh | nich pr | reparer | has any k | nowle | edge. | л шукі | lowledge and bellel, it is |
| | | | Sam | 3 y Cey | | | | | | | | | 8/9/2 | 021 | |
| Sig | n | | Signatu | re of officer | | | | | | | | | Date | - | |
| He | | | 0 | agley, Executive Dire | ector | | | | | | | | | | |
| | | | | print name and title | | | | | | | | | | | |
| | | | | eparer's name | | Preparer's s | ignature | | | Date | | | Check | if P | TIN |
| Paic | ł | | DICE | METH | | | - | | | | | | self-emplo | _ " | 201306891 |
| | parer | | name | ► EISNERA | MPER LLP | I | | | I | | | Firm | n's EIN 🕨 | | .639826 |
| Use | Only | | | ▶ 733 THI | | NEW YO | RK, NY | <u>x 10017-2</u> | 703 | | | - | one no. | | -949-8700 |
| Mav | the II | | | his return with the | | | | | | | | | | | X Yes No |
| | | | | tion Act Notice, | | | | | | | | ••• | | <u></u> | Form 990 (2019) |

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

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

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

| Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) | | | | | | | | | | |
|--|--|--|---|-------------------------|------|---------------|-----------------------|--|--|--|
| print | NEW YORK CARES, INC. | | | 13-3444193 | | | | | | |
| - File by the | Number, street, and room or suite no. If a P.O. bo | 15 511119 | 5 | | | | | | | |
| due date for | 65 BROADWAY, 19TH FLOOR | , ooo mona | | | | | | | | |
| filing your return. See | City, town or post office, state, and ZIP code. Fo | r a foreign ac | dress, see instructions. | | | | | | | |
| instructions. | INSTRUCTIONS. NEW YORK, NY 10006 | | | | | | | | | |
| Enter the F | Return Code for the return that this application | is for (file | a separate application fo | r each return) | | | 01 | | | |
| Application | n | Return | Application | | | | Return | | | |
| Is For | | Code | Is For | | | | Code | | | |
| Form 990 | or Form 990-EZ | 01 | Form 990-T (corporation | on) | | | 07 | | | |
| Form 990-I | | 02 | Form 1041-A | , | | | 08 | | | |
| |) (individual) | 03 | Form 4720 (other than | individual) | | | 09 | | | |
| Form 990-F | | 04 | Form 5227 | | | | 10 | | | |
| | T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | | 11 | | | |
| | T (trust other than above) | 06 | Form 8870 | | | | 12 | | | |
| | EDWARD LADA | | | | | | | | | |
| • The boo | ks are in the care of ▶ 65 BROADWAY, 19 | TH FLOO | R NEW YORK NY 100 | 06 | | | | | | |
| • If this is for the who a list with t | ganization does not have an office or place of for a Group Return, enter the organization's fo ble group, check this box ► | our digit Gro If it is for pa sion is for. | oup Exemption Number (C art of the group, check th | GEN) iis box▶ | | If the and at | ttach | | | |
| 1 I requ | lest an automatic 6-month extension of time u | ntil | 08/16_, 202 | 1, to file the exempt | org | janizat | tion return | | | |
| for th | e organization named above. The extension is | s for the or | ganization's return for: | | | | | | | |
| | calendar year 20 or tax year beginning10/0 tax year entered in line 1 is for less than 12 m Change in accounting period | | | | - | <u>20</u> . | | | | |
| 3a If this | application is for Forms 990-BL, 990-PF, 9 | 90-T, 472 | 0, or 6069, enter the t | entative tax, less any | | | | | | |
| nonre | fundable credits. See instructions. | | | | 3a | \$ | 0. | | | |
| b If this | s application is for Forms 990-PF, 990-T | , 4720, o | r 6069, enter any re | fundable credits and | | | | | | |
| estim | ated tax payments made. Include any prior yea | ar overpayr | nent allowed as a credit. | | 3b | \$ | 0. | | | |
| c Balar | ce due. Subtract line 3b from line 3a. Include | your paym | ent with this form, if req | uired, by using EFTPS | | | | | | |
| (Elec | tronic Federal Tax Payment System). See instru | uctions. | | | 3c | \$ | 0. | | | |
| Caution: If y | ou are going to make an electronic funds withdrawa | al (direct deb | it) with this Form 8868, see | e Form 8453-EO and Form | n 88 | 79-EO f | for payment | | | |
| instructions. | | | | | | | | | | |
| For Privacy | Act and Paperwork Reduction Act Notice, see inst | ructions. | | | For | n 8868 | B (Rev. 1-2020 | | | |

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| Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III efly describe the organization's mission: W NOPK OPPROTUG |
|---|
| efly describe the organization's mission: |
| |
| N YORK AREA MEERA PREATING COMMUNITELY NEEDA BY MODILIEING CARING |
| W YORK CARES MEETS PRESSING COMMUNITY NEEDS BY MOBILIZING CARING |
| W YORKERS IN VOLUNTEER SERVICE. |
| |
| |
| the organization undertake any significant program services during the year which were not listed on the |
| or Form 990 or 990-EZ? |
| Yes," describe these new services on Schedule O. |
| d the organization cease conducting, or make significant changes in how it conducts, any program |
| vices? |
| Yes," describe these changes on Schedule O. |
| scribe the organization's program service accomplishments for each of its three largest program services, as measured by |
| penses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others |
| e total expenses, and revenue, if any, for each program service reported. |
| |
| |

| 4a (Code: |) (Expenses \$8,981 | , 381. including grants of \$ |) (Revenue \$ | 23,250.) | | | | | | | |
|--|---|-------------------------------|---------------|----------|--|--|--|--|--|--|--|
| | ORK CARES' IMPACT PROGRAM | | | | | | | | | | |
| | IALLY VULNERABLE POPULATI | | | | | | | | | | |
| | YEAR. OUR PROGRAMS HARNE | | ND SKILLS OF | | | | | | | | |
| | 0,000 VOLUNTEERS ANNUALLY, AND RUN AT 1,000 NONPROFIT | | | | | | | | | | |
| ORGAN | IZATION AND PUBLIC SCHOOL | S SITES. OUR PROGRAMS CO | MBAT THE | | | | | | | | |
| ROOT | CAUSES OF INEQUITY, HELPI | NG LOW-INCOME TEENS ACCE | SS SUPPORTS | | | | | | | | |
| AS THEY APPLY TO COLLEGE; PROVIDING ACADEMIC TUTORING FOR CHILDREN | | | | | | | | | | | |
| FACIN | G BARRIERS IN THE EDUCATI | ON SYSTEM; DISTRIBUTING | FOOD TO FOOD | | | | | | | | |
| INSEC | URE FAMILIES, PROVIDING W | ELLNESS SERVICES FOR ISO | LATED | | | | | | | | |
| SENIO | RS AND VETERANS; AND SO M | UCH MORE. | | | | | | | | | |
| | | | | | | | | | | | |
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| 4b (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) | | | | | | | |
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| 4c (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) | | | | | | | |
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| | | | | | | | | | | | |
| 4d Other p | orogram services (Describe on Schedu | ıle O.) | | | | | | | | | |
| (Expens | • | | \$) | | | | | | | | |

Form 990 (2019)

Page **3**

| Ves 1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? II "Yes," complete Schedule A, | |
|---|----|
| complete Schedule A. 1 the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 bid the organization and the organization and the organization engage in lobbying activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 4 the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part II. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 8 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, inc 21, for escrow or custodial account liability, serve as a custodian for amounts not listed organization, hold assets in donor-restricted endowments 10 rays," complete Schedule D, Part IV. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11 Did the organization report an amount for lands astements for the tax year? If "Yes," complete Schedule D, Part X II. 12 Did the organization report an amount for investments-other securiti | No |
| 2 Is the organization required to complete Schedule 6, Schedule of Contributors (see instructions)? 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "vss," complete Schedule C, Part II 3 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 "vss," complete Schedule C, Part II 4 5 Is the organization a section 501(c)(4), S01(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "vss," complete Schedule C, Part II 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "vss," complete Schedule D, Part II 7 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "vss," complete Schedule D, Part II 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 repari, or debt neganization sanseve to any othe following questions is "Yes," then complete Schedule D, Part VI. 9 10 Did the organization report an amount for linvestments-orher securities in Part X, line 10? If "Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 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. 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceedure 98-19? If "Yes," complete Schedule C, Part II. 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land rease, or historic circuctures? If "Yes," complete Schedule D, Part II. 8 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 negonization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 11 If the organization report an amount for investments-order related organization more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X. 110 Did the organization report an amount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X. 110 Did the organization report an amount for investments-order mat X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Sch | |
| candidates for public office? If "Yes," complete Schedule C, Part I. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax yea? If "Yes," complete Schedule C, Part II. S the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. To did the organization neoited an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ior provide actedule D, Part IN. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments-orber securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for other stesets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for there saysets in the tax year V II "Yes," complete Schedule D, Part X. Did the organization report an amount for investments-orber securities in Part X, line 13 that is 5 | |
| 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 yea? II "Yes," complete Schedule C, Part II. 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? II "Yes," complete Schedule C, Part III. 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I. 6 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes," complete Schedule D, Part II. 7 8 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 neganization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part VI 9 10 Xi If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 10 110 Xi Did the organization report an amount for investments-orber securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 110 2 Did the organization report an amount for investments-orber securtiles in P | |
| election in effect during the tax year? If "Yes," complete Schedule C, Part II, | Х |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "yes," complete Schedule C, Part II. 6 Did the organization maintain an y doorn advised funds or any similar funds or accounts? If "yes," complete Schedule D, Part I. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 8 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 9 Did the organization metror an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts no listed assets reported in Part X, line 100, Part V 8 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 10 11 If the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part XI. 11 12 Did the organization report an amount for inves | |
| assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization nount not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasiendowments? If "Yes," complete Schedule D, Part V. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments-order securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X. Did the organization report an amount for there assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X. Did the organization report an amount for other assets in Part X, line 15% or mo | Х |
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| of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization btain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization maintain an office, employees, or agents outside of the United States? 11a 11a 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 14a | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate | v |
| reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. a Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X . b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate | Х |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate | |
| the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 14a | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12a X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 14a | |
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| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 14a | Х |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 14a | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate | X |
| fundraising, business, investment, and program service activities outside the United States, or aggregate | |
| | |
| foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | Х |
| 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 foreign organization? If "Yes," complete Schedule F, Parts II and IV | Х |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | |
| assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | Х |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | |
| Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | |
| Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | - |
| If "Yes," complete Schedule G, Part III | Х |
| 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | Х |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | |
| domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | Х |

| Part | V Checklist of Required Schedules (continued) | | | |
|-------|--|---------|-----|--------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | 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 Schedule J. | 23 | Х | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | 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 | | Х |
| 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 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see 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 | | Х |
| 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 lines 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 | | Х |
| 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 | | Х |
| 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 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | | Х |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | |
| | 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | Х | |
| Part | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | - |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| JSA | reportable gaming (gambling) winnings to prize winners? | 1c | X | |
| J U/1 | | Form | 990 | (2019) |

| Form | 990 (2019) | | F | age 5 | | | | | |
|------|--|-----|-----|--------------|--|--|--|--|--|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | | | |
| | | | Yes | No | | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return. 2a 114 | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х | | | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | | | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | | | | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | | | | | | |
| b | 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 | | Х | | | | | |
| | 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 | | | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | | | | |
| vu | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Х | | | | | |
| h | 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). | | | | | | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | | | | | | |
| u | and services provided to the payor? | 7a | Х | | | | | | |
| h | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Х | | | | | | |
| | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | | | | |
| U | required to file Form 8282? | | | | | | | | |
| Ь | d If "Yes," indicate the number of Forms 8282 filed during the year | | | | | | | | |
| | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | | | | | | |
| f | | | | | | | | | |
| | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | | | | | |
| • | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. | | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 7h | | | | | | | |
| U | sponsoring organization have excess business holdings at any time during the year? | | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 8 | | | | | | | |
| - | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | | |
| | 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 | | | | | | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources | | | | | | | | |
| N N | against amounts due or received from them.) | | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | | |
| u | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | |
| h | Enter the amount of reserves the organization is required to maintain by the states in which | | | | | | | | |
| N N | the organization is licensed to issue qualified health plans | | | | | | | | |
| ~ | c Enter the amount of reserves on hand | | | | | | | | |
| | | 14a | | X | | | | | |
| | 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 | | | | | | | | |
| 13 | excess parachute payment(s) during the year? | 15 | | Х | | | | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | |

| Form § | 90 (2019) NEW YORK CARES, INC. 13-344 | 193 | F | Page 6 |
|---------------|---|------------|--------|---------|
| Part | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | See in | struc | tions. |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
| Sect | ion A. Governing Body and Management | | Yes | Na |
| | Enter the number of vetting members of the governing body at the end of the tax year $\begin{vmatrix} 1a \end{vmatrix} = 17$ | | res | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year $1a$ $1a$ 17 . If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain on Schedule O. | | | |
| | | | | |
| 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 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| 3 | supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders, or persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | v | |
| а | The governing body? | 8a | X X | |
| | Each committee with authority to act on behalf of the governing body? | 8b | Λ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> . | 9 | | x |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Revenue | - |) | |
| 0000 | | 0000 | Yes | No |
| 102 | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | | |
| | rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Λ | |
| 15 | 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? | 15a | Х | |
| a L | The organization's CEO, Executive Director, or top management official | 15a 15b | X | |
| b | Other officers or key employees of the organization | | | |
| 162 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| ivu | with a taxable entity during the year? | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| Sect | on C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed \blacktriangleright ^{YY} , | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (<i>explain on Schedule O</i>) | (Sec | tion 5 | 501(c) |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year. | f inter | est p | oolicy, |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and record Edward Lada 65 BROADWAY, 19TH FLOOR NEW YORK, NY 10006 212-228-5000 | s 🕨 | | |
| JSA 9E1042 | 2.000 | Form | 990 | (2019) |

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

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 instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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) Name and title | (B) Average hours per week | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | is both | an | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
|--------------------------------|---|--|-----------------------|---------|--------------|------------------------------|--------|---|--|--|
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | from the organization and related organizations |
| (1)GARY BAGLEY | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | 0. | | | x | | | | 302,050. | 0. | 13,626. |
| (2) EDWARD LADA | 40.00 | | | | | | | | | |
| CHIEF FINANCE AND OP. OFFICER | 0. | | | X | | | | 186,403. | 0. | 34,322. |
| (3)DAVID DELUCA | 40.00 | | | | | | | | | |
| CHIEF PROGRAM OFFICER | 0. | | | | | X | | 149,044. | 0. | 11,574. |
| (4) JENNIFER BEIRNE | 40.00 | | | | | | | | | |
| CHIEF DEVELOPMENT OFFICER | 0. | | | | | X | | 152,969. | 0. | 7,558. |
| (5)DOUGLAS AXENFELD | 40.00 | | | | | | | | | |
| DIRECTOR, FINANCE & OPERATIONS | 0. | | | | | X | | 113,253. | 0. | 34,729. |
| (6) SHARON KNIEPER | 40.00 | | | | | | | | | |
| DIRECTOR, IT | 0. | | | | | X | | 121,592. | 0. | 14,004. |
| (7) ADAM LEBOWITZ | 40.00 | | | | | | | | | |
| DIRECTOR, CORPORATE RELATIONS | 0. | | | | | X | | 102,359. | 0. | 2,931. |
| (8) PAUL J. TAUBMAN | 1.00 | | | | | | | | | |
| PRESIDENT | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (9) KATHY BEHRENS | 1.00 | | | | | | | | | |
| VICE PRESIDENT | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (10) JOHN B. EHRENKRANZ | 1.00 | | | | | | | | | |
| VICE PRESIDENT | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (11) MICHAEL GRAHAM | 1.00 | | | | | | | | | |
| VICE PRESIDENT | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (12) KEITH A. GROSSMAN | 1.00 | | | | | | | | | |
| SECRETARY | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (13)NEIL K. DHAR | 1.00 | | | | | | | | | |
| VICE PRESIDENT | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (14) JEANNE STRAUS | 1.00 | | | | | | | | | |
| TREASURER | 0. | Х | | Х | | | | 0. | 0. | 0. |

JSA

| Form | ۵۵۸ | (2019) | |
|--------|-----|--------|--|
| FOIIII | 990 | (2019) | |

| Name and title Average Position Reportable Reportable | | | | | | | | · · | (F) Estimated |
|---|---|-----------|------------------|-----------------|-----------------|---|--|--|--|
| | hours per week (list any hours for related organizations below dotted line) | box, | unles | s pers a dir | son is ector | s both an r/trustee) | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| | ine) | | al trustee | | yee | Former Highest compensated emplovee | | | organizations |
|) JAMES L. AMINE BOARD MEMBER | 1.00 | x | | | | | 0 | . 0. | |
|) RENE BRINKLEY BOARD MEMBER | 1.00 | x | | | | | 0 | . 0. | |
|) AUDREY CHOI BOARD MEMBER | 1.00 | | | | | | 0 | | |
|) K. DON CORNWELL | 1.00 | X | | | + | | | . 0. | |
| BOARD MEMBER) JOYCE FROST | 0. | X | $\left \right $ | + | + | | 0 | . 0. | |
| BOARD MEMBER) GAIL B. HARRIS | 0. | X | | - | + | | 0 | . 0. | |
| BOARD MEMBER) JULIE TURAJ | 0. | x | | -+ | + | | 0 | . 0. | |
| BOARD MEMBER) ROBERT WALSH | 0. | X | | | | | 0 | . 0. | |
| BOARD MEMBER) JANET ZAGORIN | 0. | X | | | | | 0 | . 0. | |
| BOARD MEMBER | 0. | X | | | | | 0 | . 0. | |
|) ADAM ZOTKOW BOARD MEMBER | 1.00 | X | | | | | 0 | . 0. | |
| | | | | | | | | | |
| b Sub-total c Total from continuation sheets to Part \ | /II Section A | | | • • | •• | | 1,127,670. | 0. | 118,74 |
| d Total (add lines 1b and 1c) | • | · · · | · · · | ••• | ••• | | 1,127,670. | 0. | 118,74 |
| Total number of individuals (including but reportable compensation from the organi | | hose { | | d ab | ove) | who r | eceived more than | \$100,000 of | |
| Did the organization list any former | | | | | | | | | Yes |
| employee on line 1a? If "Yes," complete S For any individual listed on line 1a, is organization and related organizations | the sum of rep | ortab | le c | omp | ens | ation a | and other compension | sation from the | 3 |
| <i>individual</i> Did any person listed on line 1a receiv | | | | • • | • • | | | | 4 X |
| for services rendered to the organization? ection B. Independent Contractors | If "Yes," complet | te Scł | nedu | le J : | for s | such pe | rson | <u></u> | 5 |
| Complete this table for your five highest compensation from the organization. Rep year. | | | | | | | | | |
| (A) Name and busine | ss address | | | | | | (B) Description of se | ervices (| (C) Compensation |
| | | | | | | | | | |
| | | | | | | | | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0.

| | | Check if Schedule O contains a respons | | (A) Total revenue | (B) Related or exempt | (C) Unrelated | (D) Revenue exclude |
|-----------|----------|--|---------------|----------------------|--------------------------|-------------------------|------------------------------|
| | | | | | function revenue | business revenue | from tax unde sections 512-5 |
| 2 | 1a | Federated campaigns 1a | | | | | |
| | b | Membership dues | | | | | |
| | с | Fundraising events 1c | 1,669,303. | | | | |
| 8 | d | Related organizations | | | | | |
| | е | Government grants (contributions) 1e | 289,641. | | | | |
| 5 | f | All other contributions, gifts, grants, | | | | | |
| | | and similar amounts not included above . 1f | 9,713,844. | | | | |
| 5 | g | Noncash contributions included in | | | | | |
| | | lines 1a-1f | | 11 (72 700 | | | |
| + | h | Total. Add lines 1a-1f | Business Code | 11,672,788. | | | |
| | _ | EARNED REVENUE | 611600 | 23,250. | 23,250. | | |
| | 2a | | 011000 | 23,250. | 23,250. | | |
| | b | | | | | | |
| INCVEHICE | C | | | | | | |
| | d | | | | | | |
| | e f | | | | | | |
| | f g | All other program service revenue L Total. Add lines 2a-2f | | 23,250. | | | |
| | 3 | Investment income (including dividends, i | | | | | |
| | • | other similar amounts) | | 107,206. | | | 107,2 |
| | 4 | Income from investment of tax-exempt bond | | 0. | | | |
| | 5 | Royalties | | 0. | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents 6a | | | | | |
| | b | Less: rental expenses 6b | | | | | |
| | с | Rental income or (loss) 6c | | | | | |
| | d | Net rental income or (loss) | ► | 0. | | | |
| | 7a | Gross amount from (i) Securities | (ii) Other | | | | |
| | | sales of assets | | | | | |
| | | other than inventory 7a 171,422. | | | | | |
| | b | Less: cost or other basis | | | | | |
| | | and sales expenses 7b 167,136. | | | | | |
| | С | Gain or (loss) 7c 4,286. | | | | | |
| | d | Net gain or (loss) | <u> ▶</u> | 4,286. | | | 4,2 |
| | 8a | Gross income from fundraising | | | | | |
| | | events (not including \$1,669,303. | | | | | |
| | | of contributions reported on line | | | | | |
| | | 1c). See Part IV, line 18 | 174,765. | | | | |
| | | Less: direct expenses | 174,765. | 0. | | | |
| | С | Net income or (loss) from fundraising events. | | 0. | | | |
| | 9a | Gross income from gaming | 0. | | | | |
| | | activities. See Part IV, line 19 9a | 0. | | | | |
| | | Less: direct expenses | | 0. | | | |
| | с 10- | | | 5. | | | |
| 1 | 10a | Gross sales of inventory, less returns and allowances 10a | 0. | | | | |
| | F | | 0. | | | | |
| | b c | Less: cost of goods sold [10b] Net income or (loss) from sales of inventory | | 0. | | | |
| + | - | | Business Code | | | | |
| | 11- | MISCELLANEOUS REVENUE | 900099 | 12,963. | 12,963. | | |
| | 11a ה | | | -2,505. | -2,703. | | |
| | b | | | | | | |
| 2 | c d | All other revenue | | | | | |
| | | Total. Add lines 11a-11d | | 12,963. | | | |
| | ~ | | | _, | 36,213. | | - |

Form 990 (2019)

13-3444193

Page **9**

| | CARES, INC. | | 13-34 | 144193 Page 1 |
|--|------------------------------|------------------------------------|--|---------------------------------------|
| Part IX Statement of Functional Expense | | | | |
| Section 501(c)(3) and 501(c)(4) organizations m | | | | |
| Check if Schedule O contains a re | | | | |
| Do not include amounts reported on lines 6b, 7b Bb, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 0 | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, | | | | |
| trustees, and key employees | | 409,095. | 42,210. | 84,679 |
| 6 Compensation not included above to disqualified | | | | |
| persons (as defined under section 4958(f)(1)) and | | | | |
| persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | | 3,454,568. | 366,479. | 702,25 |
| 8 Pension plan accruals and contributions (include | | | | |
| section 401(k) and 403(b) employer contributions | C2 700 | 47,737. | 5,434. | 10,55 |
| 9 Other employee benefits | 602 624 | 550,873. | 39,541. | 92,21 |
| 0 Payroll taxes | 220 241 | 248,968. | 28,455. | 54,91 |
| 11 Fees for services (nonemployees): | • | | | · |
| | 0. | | | |
| a Management | 120 000 | 110,583. | 19,515. | |
| b Legal | | ., | 40,500. | |
| | • | | | |
| d Lobbying | | | | 65,63 |
| e Professional fundraising services. See Part IV, line 17 | • | | 14,415. | |
| f Investment management fees | • | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, colum | 18 850 | 15,768. | 927. | 2,15 |
| (A) amount, list line 11g expenses on Schedule O.) | | 77,793. | | 9,91 |
| 12 Advertising and promotion | 100 010 | 87,536. | 6,291. | 13,89 |
| 13 Office expenses | | 376,579. | 24,877. | 33,97 |
| 14 Information technology | • | 57675751 | 21/0//1 | |
| 15 Royalties | 575,325. | 506,861. | 39,698. | 28,76 |
| I6 Occupancy | • | 500,001. | 55,050. | 20,70 |
| 17 Travel | • | | | |
| 18 Payments of travel or entertainment expenses | 0. | | | |
| for any federal, state, or local public officials | | | | |
| I9 Conferences, conventions, and meetings | | | | |
| 20 Interest | • | | | |
| 21 Payments to affiliates | • | 27,762. | 1,939. | 4,56 |
| 22 Depreciation, depletion, and amortization | | 54,731. | 3,822. | 9,00 |
| 23 Insurance | • | J4,/J1. | 5,022. | 9,00 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column | | | | |
| (A) amount, list line 24e expenses on Schedule O.) | | | | |
| aPROJECT EXPENSES | 2,953,264. | 2,953,264. | | |
| bPOSTAGE AND SHIPPING | 19,437. | 15,748. | 1,100. | 2,58 |
| CPRINTING AND REPRODUCTION | 150,880. | 43,515. | 2,955. | 104,41 |
| dTELEMARKETING | 96,465. | 13,313. | 2,755. | 96,46 |
| | 50,103. | | | |
| e All other expenses | 10,935,521. | 8,981,381. | 638,158. | 1,315,98 |
| 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising check here. | | 0,201,301. | 020,120. | 1, 313, 38. |
| fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720) | 0. | | | |
| 1510 Wing CC1 30-2 (ACC 300-120) | . I U.I | I | | |

0.

following SOP 98-2 (ASC 958-720)

| art X | Balance Sheet | | | |
|----------------------------------|--|---------------------------------|-----|---------------------------|
| | Check if Schedule O contains a response or note to any line in this Pa | art X | | [|
| | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | 679,396. | 1 | 951,33 |
| 2 | Savings and temporary cash investments. | 1,562,540. | 2 | 3,486,784 |
| 3 | Pledges and grants receivable, net | 2,265,088. | 3 | 1,989,40 |
| 4 | Accounts receivable, net. | 0. | 4 | |
| 5 | Loans and other receivables from any current or former officer, director, | | | |
| | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons | 0. | 5 | |
| 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0. | 6 | |
| 7 | Notes and loans receivable, net | 0. | 7 | |
| 7 8 0 | Inventories for sale or use | 0. | 8 | |
| 9 | Prepaid expenses and deferred charges | 469,498. | 9 | 458,68 |
| 10 a | Land, buildings, and equipment: cost or other | | | |
| | basis. Complete Part VI of Schedule D 10a 898, 202. | | | |
| b | Less: accumulated depreciation | | 10c | 85,31 |
| 11 | Investments - publicly traded securities | 4,428,108. | 11 | 4,740,61 |
| 12 | Investments - other securities. See Part IV, line 11 | 0. | 12 | |
| 13 | Investments - program-related. See Part IV, line 11 | 0. | 13 | |
| 14 | Intangible assets | 0. | 14 | |
| 15 | Other assets. See Part IV, line 11 | 372,722. | 15 | 111,90 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 9,896,932. | 16 | 11,824,05 |
| 17 | Accounts payable and accrued expenses | 595,437. | 17 | 707,51 |
| 18 | Grants payable | 0. | 18 | |
| 19 | Deferred revenue. | 38,025. | 19 | |
| 20 | Tax-exempt bond liabilities. | 0. | 20 | |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 0. | 21 | |
| 22 | Loans and other payables to any current or former officer, director, | | | |
| 22 | trustee, key employee, creator or founder, substantial contributor, or 35% | - | | |
| | controlled entity or family member of any of these persons | 0. | 22 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | 0. | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 957,87 |
| 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | parties, and other liabilities not included on lines 17-24). Complete Part X | | | 000 60 |
| | of Schedule D | 355,414. | 25 | 280,60 |
| 26 | Total liabilities. Add lines 17 through 25 | 988,876. | 26 | 1,945,99 |
| | Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. | | | |
| 27 | Net assets without donor restrictions | 6,883,579. | 27 | 7,979,09 |
| 28 | Net assets with donor restrictions. | 2,024,477. | 28 | 1,898,95 |
| 27 28 29 30 31 32 | Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33. | | | |
| 29 | Capital stock or trust principal, or current funds | | 29 | |
| 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| 31 | Retained earnings, endowment, accumulated income, or other funds. | | 31 | |
| 32 | Total net assets or fund balances | 8,908,056. | 32 | 9,878,05 |
| 33 | Total liabilities and net assets/fund balances | 9,896,932. | 33 | 11,824,05 |

| Form 9 | 90 (2019) | | | | Pa | ge 12 |
|--------|--|----------|----|-----|------|--------------|
| Part | XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u>.</u> | | | | X |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | | 193. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 10 | | | 521. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | | 972. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 8 | | |)56. |
| 5 | Net unrealized gains (losses) on investments | 5 | | 2 | 29,7 | 710. |
| 6 | Donated services and use of facilities | 6 | | | | 0. |
| 7 | Investment expenses | 7 | | | | 0. |
| 8 | Prior period adjustments | 8 | | | | 0. |
| 9 | Other changes in net assets or fund balances (explain on Schedule O). | 9 | | -1 | 44,6 | 586. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | <u>32,</u> column (B)) | 10 | 0 | 9,8 | 78,0 |)52. |
| Part | XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | | | _ | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," e | xplain | in | | | |
| | Schedule O. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?. | | 🗋 | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were cor | npiled | or | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 🗋 | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were aud | ted on | a | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | ersight | of | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accounta | - | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, e | | | | | |
| | Schedule O. | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set fo | rth in t | he | | | |
| | Single Audit Act and OMB Circular A-133? | | | Ba | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not und | lergo t | he | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a | • | | 3b | | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 6 Q 4

| | | nt of the Treasury evenue Service | | Go to www.irs.go | /Form990 for instructio | ons and t | he latest i | nformation. | Inspection |
|----------|---------|---|--|---|--|--|------------------------------------|---|-------------------------------------|
| Nam | e of tl | ne organization | | | | | | Employer identif | ication number |
| NEV | N YO | ORK CARES, | INC. | | | | | 13-34441 | 93 |
| Ра | rt I | Reason for | r Public Cha | rity Status (All c | organizations must c | omplet | e this pa | art.) See instructions | 5. |
| The | orga | anization is not | a private fou | ndation because it | is: (For lines 1 throug | gh 12, ch | eck only | one box.) | |
| 1 | | A church, con | vention of chu | urches, or associa | tion of churches desci | ibed in s | ection 1 | 70(b)(1)(A)(i). | |
| 2 | | A school desc | ribed in secti | on 170(b)(1)(A)(ii) | . (Attach Schedule E | (Form 99 | 90 or 990 | -EZ).) | |
| 3 | | A hospital or a | a cooperative | hospital service o | rganization described i | n sectio | n 170(b) | (1)(A)(iii). | |
| 4 | | A medical res | earch organiz | ation operated in | conjunction with a hos | spital de | scribed ir | n section 170(b)(1)(A) | (iii). Enter the |
| | | hospital's nam | - | | | | | | |
| 5 | | An organizati | on operated f | for the benefit of | a college or universit | y owned | d or ope | rated by a governme | ental unit described in |
| | | | | Complete Part II.) | | | | | |
| 6 | | | | | rnmental unit describe | | | | |
| 7 | Х | - | | = | - | pport fro | om a go | vernmental unit or fro | om the general public |
| | | | | (1)(A)(vi). (Compl | | | | | |
| 8 | | - | | - | o)(1)(A)(vi). (Complete | | | | |
| 9 | | • | | | ed in section 170(b)(1 | | • | | • • |
| | | - | or a non-land- | grant college of ag | priculture (see instruct | ions). Ei | nter the i | name, city, and state o | f the college or |
| | | university: | | | d 00 00 00 00 | | , | | |
| 10 11 | | receipts from support from acquired by th | activities rela gross investme organizatio | ted to its exempt f nent income and u in after June 30, 1 | ore than 331/3 % of its unctions - subject to o nrelated business taxa 975. See section 509 usively to test for publi | certain e able inco (a)(2). (0 | exception ome (less Complete | s, and (2) no more tha s section 511 tax) from Part III.) | in 331/3% of its |
| 12 | | • | • | | • | | | | carry out the purposes |
| | | • | • | | | | | | See section 509(a)(3). |
| | | | | | | | | | nes 12e, 12f, and 12g. |
| а | | | | - | , supervised, or control | | | | - |
| u | | | | - | regularly appoint or e | - | | | |
| | | | - | | e Part IV, Sections A | | ajonty of | | |
| b | | | - | | ed or controlled in co | | with its | supported organizati | on(s) by having |
| N | | | | | rganization vested in | | | | |
| | | | - | | , Sections A and C. | the ball | o porcor | | age the supported |
| с | | - | | - | ng organization opera | ted in co | onnectio | n with and functiona | llv integrated with |
| Ŭ | L | | | - | is). You must comple | | | | ny mogratoù man, |
| d | | | - | | porting organization o | | | | ted organization(s) |
| | L | | - | | nization generally mus | - | | | |
| | | | - | | omplete Part IV, Sect | - | | - | |
| е | | | • | , | a written determinatio | | | | II. Type III |
| | | | • | | ionally integrated sup | | | ••• •• | |
| f | En | | | | | | | | |
| g | Pro | ovide the follow | ving information | on about the suppo | orted organization(s). | | | | |
| | (i) N | ame of supported of | organization | (ii) EIN | (iii) Type of organization | | organization | (v) Amount of monetary | (vi) Amount of |
| | | | | | (described on lines 1-10 above (see instructions)) | | ur governing ment? | support (see instructions) | other support (see instructions) |
| | | | | | | Yes | No | | |
| (A) | | | | | | | | | |
| (~) | | | | | | | | | |
| (B) | | | | | | | | | |
| . , | | | | | | | | | |
| (C) | | | | | | | | | |
| | | | | | | | | | |
| (D) | | | | | | | | | |
| (_) | | | | | | | | | |
| (E) | | | | | | | | | |
| Tota | al | | | | | | | | |
| | | | | | | | | | <u> </u> |
| For I | Paper | work Reduction A | ct Notice, see th | e Instructions for Form | 990 or 990-EZ. | | | Schedule A | (Form 990 or 990-EZ) 2019 |

Schedule A (Form 990 or 990-EZ) 2019

Page 2

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.)

| Sec | tion A. Public Support | | | | | | |
|------|---|--------------------|--------------------|-------------------|------------------|-----------------|----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 11,294,490. | 10,798,806. | 13,071,121. | 10,781,957. | 11,672,788. | 57,619,162. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 | Total. Add lines 1 through 3 | 11,294,490. | 10,798,806. | 13,071,121. | 10,781,957. | 11,672,788. | 57,619,162. |
| 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). | | | | | | 1,625,602. |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 55,993,560. |
| Sec | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4 | 11,294,490. | 10,798,806. | 13,071,121. | 10,781,957. | 11,672,788. | 57,619,162. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 170,228. | 79,943. | 103,108. | 136,419. | 107,206. | 596,904. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 24,491. | 17,112. | | 3,350. | 12,963. | 57,916. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 58,273,982. |
| 12 | Gross receipts from related activities, etc. (s | ee instructions) . | | | | 12 | 137,127. |
| 13 | First five years. If the Form 990 is for organization, check this box and stop here. | or the organizat | ion's first, secon | d, third, fourth, | or fifth tax yea | ar as a section | |
| Sec | tion C. Computation of Public Supp | port Percenta | ge | | | | |
| 14 | Public support percentage for 2019 (lin | ne 6, column (f) | divided by line | 11, column (f)). | | 14 | 96.09 % |
| 15 | Public support percentage from 2018 | Schedule A, Pa | rt II, line 14 | | | 15 | 95.43% |
| 16a | 331/3% support test - 2019. If the org | anization did n | ot check the bo | x on line 13, ar | nd line 14 is 33 | 1/3% or more, c | |
| | box and stop here. The organization qu | | | - | | | |
| b | 331/3% support test - 2018. If the org | | | | | | |
| | this box and stop here. The organization | - | | - | | | |
| 17a | 10%-facts-and-circumstances test - 2 | - | | | | | |
| | 10% or more, and if the organization | | | | | - | |
| | Part VI how the organization meets the | | | - | | | |
| | organization | | | | | | |
| b | 10%-facts-and-circumstances test - 2 | - | • | | | | |
| | 15 is 10% or more, and if the orga | | | | | | - |
| | Explain in Part VI how the organization | | | | • | • | · · · · |
| | supported organization | | | | | | |
| 18 | Private foundation. If the organization | | | | | | |
| | instructions | | | | | | <u> ► ∟</u> |

Schedule A (Form 990 or 990-EZ) 2019

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 | tion A. Public Support | | | | | | |
|-----------|--|-----------------|--------------------|-------------------|-------------------|--------------------|-----------|
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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 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 | | | | | | |
| 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 disgualified | | | | | | |
| | 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 | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | |
| | tion B. Total Support | () 0045 | (1) 0040 | () 0047 | (1) 00 (0 | ()0040 | (0 T () |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 Gross income from interest, dividends, | | | | | | |
| IVa | 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 | | | | | | |
| 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 VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is f | or the organiza | tion's first, seco | nd, third, fourth | , or fifth tax ye | ear as a section | 501(c)(3) |
| | organization, check this box and stop here | | | | | | <u></u> ▶ |
| Sec | tion C. Computation of Public Sup | • | | | | 1 1 | |
| 15 | Public support percentage for 2019 (line 8 | | | | | 15 | % |
| 16 | Public support percentage from 2018 Sche | | | | | 16 | % |
| Sec | tion D. Computation of Investmen | | | | | 1 | |
| 17 | Investment income percentage for 2019 (li | | | | | 17 | % |
| 18 | Investment income percentage from 2018 | | | | | 18 | % |
| 19 a | 331/3% support tests - 2019. If the o | | | | | | |
| | 17 is not more than 331/3%, check th | - | - | - | | ••••• | |
| b | 331/3% support tests - 2018. If the org | | | | | | |
| | line 18 is not more than 331/3%, check | | • | • | | | |
| 20 JSA | Private foundation. If the organization | ини пот спеск а | a bux on line 1 | 4, 19a, UL 19D, | | Schedule A (Form 9 | |
| | ^{1 1.000} 43687P L161 8/9/2021 1 | :18:59 PM | V 19-8.5F | 3 | 04178 | | |

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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10b Schedule A (Form 990 or 990-EZ) 2019

| Part | V Supporting Organizations (continued) | | | ugo 🗸 |
|----------------------|--|-----------|--------|-------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| С | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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 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 | | |
| 2 | 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. | 2 | | |
| Secti | on C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i> | | | |
| C = = 4 ¹ | | 1 | | |
| Section | on 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 | | 165 | NO |
| | 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization</i> (s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in Part VI</i> the role the organization's organization's and in the organization of the organization of the organization's and the organization of | | | |
| | supported organizations played in this regard. | 3 | | |
| | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 a ⊾ | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below. The organization is the percent of each of its supported organizations. Complete line 3 below. | tructi | ons). | |
| b c | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see</i> | instru: | ctions | |
| U | | | Yes | 1 |
| 2 | Activities Test. Answer (a) and (b) below. | | | |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 a | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| b | trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | <u>3a</u> | | |

of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard. 3b Schedule A (Form 990 or 990-EZ) 2019

Page 6

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ 1 Check here if the organization satisfied the Integral Part Test as a qualifying | | | in in Part \/I\ See |
|--|----|----------------|--------------------------------|
| instructions. All other Type III non-functionally integrated supporting organi | • | | · · |
| Section 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 | | | |
| 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 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Yea (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e 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 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| | | | 1 |

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 or 990-EZ) 2019

| Sect | V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions | | | Current Year |
|------|---|-----------------------------|--|---|
| 1 | Amounts paid to supported organizations to accomplish ex | xempt purposes | | •••••••• |
| 2 | Amounts paid to perform activity that directly furthers exer | | ed | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | ses of supported organiz | zations | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | |
| | (provide details in Part VI). See instructions. | . . | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 | | | |
| | (reasonable cause required - explain in Part VI). See | | | |
| | instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| а | From 2014 | | | |
| b | From 2015 | | | |
| С | From 2016 | | | |
| d | From 2017 | | | |
| е | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2019 distributable amount | | | |
| i | Carryover from 2014 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from | | | |
| | Section D, line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2019 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2015 | | | |
| b | Excess from 2016 | | | |
| c | Excess from 2017 | | | |
| d | Excess from 2018 | | | |
| e | Excess from 2019 | | | |

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

| (1 01111 330, 330 EE, | |
|----------------------------|--|
| or 990-PF) | |
| Department of the Treasury | |
| Internal Revenue Service | |

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

13-3444193

NEW YORK CARES, INC.

Organization type (check one):

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

| Schedule B (Form 990, 990-EZ, or 990-PF) (2019) | | | | | | | | |
|---|-----|------|--------|------|--|--|--|--|
| Name of organization | NEW | YORK | CARES, | INC. | | | | |

| 1 49 |
|--------------------------------|
| Employer identification number |
| 13-3444193 |

| Part I | t I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | | | | |
|------------|--|----------------------------|--|--|--|--|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | | |
| 1 | | \$360,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | | |
| 2 | | \$355,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | | |
| 3 | | \$ <u>370,780.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | | |
| 4 | | \$250,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | | |
| 5 | | \$237,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | | |
| 6 | | \$380,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

| Schedule B | (Form | 990, | 990-EZ, | or 990-PF) | (2019) |
|------------|-------|------|---------|------------|--------|
| | | | | | |

Name of organization NEW YORK CARES, INC.

Employer identification number 13-3444193

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | | | | | | | |
|---------------------------|--|---|----------------------|--|--|--|--|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | | | |
| | | \$ | | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | | | |
| | | \$ | | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | | | |
| | | \$ | | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | | | |
| | | \$ | | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | | | |
| | | \$ | | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | | | |
| | | \$ | | | | | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

| Schedule B (Form 990, 990-EZ, or 990-PF) (2019) | Page 4 |
|---|--------------------------------|
| Name of organization NEW YORK CARES, INC. | Employer identification number |
| | 13-3444193 |
| | |

| Part III | (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$Use duplicate copies of Part III if additional space is needed. | | | | | | | | | |
|---------------------------|---|------------|--|---|--|--|--|--|--|--|
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | | | | |
| | | | | | | | | | | |
| | | (e) Transf | er of gift | | | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | | | | |
| Part I | | | | | | | | | | |
| | | | | | | | | | | |
| | | (e) Transf | sfer of gift | | | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | | | | | |
| | | | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | | | | |
| | | | | | | | | | | |
| | | (e) Transf | sfer of gift | | | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | | | | | |
| | | | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | | | | |
| | | | | | | | | | | |
| | | (e) Transf | fer of gift | | | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Re | lationship of transferor to transferee | | | | | | |
| | | | | | | | | | | |
| JSA | | | | Schedule B (Form 990, 990-EZ, or 990-PF) (2019) | | | | | | |

| SCHEE | DULE | D |
|-------|------|---|
| (Form | 990) | |

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.

OMB No. 1545-0047

2019

304178

Schedule D (Form 990) 2019

| Department of the Treasury Internal Revenue Service | | ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | Open to Public Inspection | | |
|--|--|--|---|----------|-----------------------------------|------------------|-----------------------|------------------------------|--|--|
| | e of the organization | | | | | Em | ployer identifica | | | |
| NEV | W YORK CARES, | INC. | | | | | 13-34441 | 93 | | |
| _ | | tions Maintaining Donor Adv | ised Funds or Other S | Sim | ilar Funds or | | | | | |
| | | e if the organization answered | | | | | | | | |
| | 1 | 5 | (a) Donor advise | | | | (b) Funds and | other accounts | | |
| 1 | Total number at e | nd of year | | | | | . , | | | |
| 2 | | of contributions to (during year) | | | | | | | | |
| 3 | | of grants from (during year) | | | | | | | | |
| 4 | | at end of year | | | | | | | | |
| 5 | | ion inform all donors and donor | advisors in writing the | t th | he assets held | in do | nor advised | | | |
| 5 | • | anization's property, subject to the | • | | | | | Yes No | | |
| 6 | - | ion inform all grantees, donors, a | - | | - | | | | | |
| U | - | e purposes and not for the bene | | | | | | | | |
| | - | nissible private benefit? | | | | - | | Yes No | | |
| P: | | ition Easements. | | | | | | | | |
| 1 6 | | e if the organization answered | "Yes" on Form 990 F | Part | IV line 7 | | | | | |
| 1 | | servation easements held by the | | | | | | | | |
| • | | n of land for public use (for example | | | | ofah | istorically im | portant land area | | |
| | | of natural habitat | | | Preservation | | • | • | | |
| | | n of open space | L | | 1 10001 valion | | | | | |
| 2 | | a through 2d if the organization h | eld a qualified conservat | tion | contribution in | the fo | orm of a con | servation | | |
| 2 | - | last day of the tax year. | | lion | contribution in | | | End of the Tax Year | | |
| а | | onservation easements | | | | 2a | | | | |
| b | | tricted by conservation easements | | | | 2b | | | | |
| c | - | rvation easements on a certified | | | | 2c | | | | |
| d | | rvation easements included in (| | | | 20 | | | | |
| u | | isted in the National Register | | | | 2d | | | | |
| 3 | | rvation easements modified, tra | | | | | hy the ora | anization during th | | |
| 5 | tax year ► | | | igu | | nateu | by the org | anization during ti | | |
| 4 | • | where property subject to conse | rvation easement is locat | ted | | | | | | |
| 5 | | ation have a written policy reg | | | | ion h | andling of | | | |
| Ũ | - | forcement of the conservation ea | | | | | - | | | |
| 6 | | hours devoted to monitoring, insp | | | | | | | | |
| U | | nours devoted to monitoring, map | cetting, narioling of violati | 0113 | , and enforcing | 00130 | | inclus during the yea | | |
| 7 | Amount of expense | ses incurred in monitoring, inspec | ting handling of violation | 16 5 | and enforcing co | near | vation pason | pents during the yes | | |
| ' | | | ang, nanunny or violatior | 13, 6 | | 511301 | allon casell | ionio during the yea | | |
| 8 | | vation easement reported on line | 2(d) above eatisfy the rea | nuir | ements of sectiv | an 17(|)(h)(/)(P)/i) | | | |
| U | |)(4)(B)(ii)? | | - | | | | | | |
| 9 | In Part XIII descri | ibe how the organization reports | conservation easement | c in | its revenue and | | nse stateme | | | |
| 3 | | d include, if applicable, the text of | | | | | | | | |
| | | counting for conservation easeme | | gun | | ui olu | | | | |
| Pa | | tions Maintaining Collections | | as | ures. or Other | ^r Sim | ilar Assets | | | |
| | | e if the organization answered | | | | | | - | | |
| 1a | | | | | | | omont and I | balance sheet work | | |
| Ia | of art, historical service, provide in | n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote | ts held for public exhil to its financial statemen | bitio | n, education, hat describes th | or re nese it | search in fu sems. | urtherance of publ | | |
| b | art, historical trea | n elected, as permitted under F sures, or other similar assets he ring amounts relating to these ite | Id for public exhibition, | | | | | | | |
| | | ded on Form 990, Part VIII, line 1 | | | | | ▶\$ | | | |
| | | ed in Form 990, Part X | | | | | | | | |
| 2 | | n received or held works of a | | | | | | al gain, provide th | | |
| | - | s required to be reported under F | | | | | | 5 | | |
| а | Revenue included | on Form 990, Part VIII, line 1. | | | | | ►\$ | | | |
| b | Assets included ir | Form 990, Part X | | | | | Þ ś | | | |

| For Paperwork Re | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | | | | | | |
|---------------------|--|----------|------------|-------------|--|--|--|--|
| JSA 9E1268 1.000 | | | | | | | | |
| 43687P | L161 | 8/9/2021 | 1:18:59 PM | I V 19-8.5F | | | | |

| Schee | lule D (Form 990) 2019 | | | | | | | | Page 2 |
|-----------|---|------------------------|----------------|--------------|--------------|------------------|------------------------|--------------|---------------|
| Ра | rt III Organizations Maintaini | ng Collections of | Art, Histo | rical Tre | asures, | or Other | Similar Assets | (continue | |
| 3 | Using the organization's acquisitio | - | | | | | | | , |
| | collection items (check all that appl | y): | | | - | | - | - | |
| а | Public exhibition | | d | Loan c | or exchar | nge progra | m | | |
| b | Scholarly research | | e | Other | | | | | |
| с | Preservation for future gener | ations | | | | | | | |
| 4 | Provide a description of the organ | ization's collections | and expla | in how t | hey furth | ner the or | ganization's exer | npt purpos | e in Part |
| | XIII. | | | | | | | | |
| 5 | During the year, did the organizatio | n solicit or receive d | Ionations of | f art, histo | orical trea | asures, or | other similar | | |
| | assets to be sold to raise funds rath | er than to be mainta | ained as pa | rt of the c | organizat | ion's colle | ction? | Yes | No |
| Ра | rt IV Escrow and Custodial A | rrangements. | | | | | | | |
| | Complete if the organiza | tion answered "Ye | es" on Forr | n 990, P | Part IV, li | ne 9, or r | eported an amo | ount on Fo | rm |
| | 990, Part X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, truste | | | | | | | | |
| | included on Form 990, Part X? | | | | | | | Yes | No |
| b | If "Yes," explain the arrangement in | n Part XIII and comp | plete the foll | lowing tab | le: | | | | |
| | | | | | | | Αποι | unt | |
| С | Beginning balance | | | | <u> </u> | 1c | | | |
| d | Additions during the year | | | | | 1d | | | |
| е | Distributions during the year | | | | <u> </u> | 1e | | | |
| f | Ending balance | | | | | 1f | | | |
| 2a | | | | | | | • | Yes | No No |
| | If "Yes," explain the arrangement in | n Part XIII. Check he | ere if the ex | planation | has bee | n provided | on Part XIII | | <u> </u> |
| Pa | rt V Endowment Funds. | | | | | | | | |
| | Complete if the organiza | | | | | | 1 | | |
| | _ | (a) Current year | (b) Prior | - | | years back | (d) Three years bac | | years back |
| 1a | Beginning of year balance | 4,100,484. | 3,846 | 5,996. | 3,7 | 35,476. | 3,200,471 | | .64,584 |
| b | Contributions | | | | | | 362,032 | 2. | |
| С | Net investment earnings, gains, | | | | _ | | | | |
| | and losses | 309,648. | 253 | 3,488. | 1 | 30,159. | 172,973 | 3. | 35,887 |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | | | | | 10 600 | | | |
| | and programs | | | | | 18,639. | | | |
| f | Administrative expenses | 4 410 100 | 4 1 0 0 | | | 16 006 | | | |
| g | End of year balance | 4,410,132. | 4,100 |),484. | 3,8 | 46,996. | 3,735,476 | 5,2 | 200,471 |
| 2 | Provide the estimated percentage | of the current year e | end balance | e (line 1g, | column (| a)) held as | : | | |
| a | Board designated or quasi-endowm | | _% | | | | | | |
| b | Permanent endowment | | | | | | | | |
| С | | % | 1000/ | | | | | | |
| 0 | The percentages on lines 2a, 2b, a | | | 4 | | المعام مامير | interne di ferri dhe e | | |
| 3a | Are there endowment funds not in t | the possession of th | ie organiza | tion that a | are neid | and admi | histered for the | | Yes No |
| | organization by: | | | | | | | | X |
| | (i) Unrelated organizations | | | | | | | | X |
| h | (ii) Related organizations If "Yes" on line 3a(ii), are the related | | | | | | | | |
| _ | | • | | | | • • • • • • | | . 50 | |
| 4 | Describe in Part XIII the intended un rt VI Land, Buildings, and Equ | | | | | | | | |
| Гd | rt VI Land, Buildings, and Equ Complete if the organization | ation answered "Ye | es" on For | m 990, F | Part IV, I | ine 11a. | See Form 990, | Part X, line | e 10. |
| | Description of property | (a) Cost or | other basis | (b) Cost c | or other bas | is (c) Ac | cumulated | (d) Book val | |
| 10 | | (invest | ument) | (01 | ther) | dep | reciation | | |
| 1a հ | Land | | | | | | | | |
| b | Buildings | | | 2 | 47,786 | 5 7 | 81,295. | 6 | 56,491. |
| c d | Leasehold improvements | | | | 80,185 | | 61,362. | | 8,823. |
| | | | | | 70,231 | | 70,231. | ⊥ | |
| e Tota | Other Add lines 1a through 1e. (Column | (d) must equal Form | n 990 Part | | | | | g | 35,314. |
| 1010 | | (a) must equal 1º0m | n 990, Fall | Λ, τοιμιπι | (D), iiile | 100./ | 🚩 | U | 5,511. |

Schedule D (Form 990) 2019

| Schedule D (Form 990) 2019 Part VII Investments - Of | than Sacuritias | | | Page 3 |
|--|-----------------------------------|---------------------|--|------------------|
| | | d "Yes" on Form 990 |), Part IV, line 11b. See Form 990, | Part X, line 12. |
| (a) Description of secu (including name of | urity or category of security) | (b) Book value | (c) Method of valuat Cost or end-of-year mark | |
| (1) Financial derivatives | | | | |
| (2) Closely held equity interests | | | | |
| (3) Other | | | | |
| (A) (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Column (b) must equal Form 990, | | | | |
| Part VIII Investments - Pr | | 1 "Vos" on Form 99(|), Part IV, line 11c. See Form 990, | Part X line 13 |
| (a) Description of | - | (b) Book value | (c) Method of valuat | |
| (a) Description of | Investment | (b) BOOK value | Cost or end-of-year mark | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| <u>(4)</u> | | | | |
| (5) | | | | |
| <u>(6)</u> (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, | Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. Complete if the | organization answered | d "Yes" on Form 990 |), Part IV, line 11d. See Form 990, | Part X, line 15. |
| I | • | escription | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| <u>(3)</u> | | | | |
| (4) | | | | |
| <u>(5)</u> (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal F | | line 15.) | · · · · · · · · · · · · · · · · · · · | |
| | | d "Yes" on Form 990 |), Part IV, line 11e or 11f. See For | m 990, Part X, |
| line 25. | | otion of liability | | (b) Book value |
| (1) Federal income taxes | | | | (b) DOOK value |
| (2) DEFERRED RENT OBLI | GATION | | | 280,604. |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) (9) | | | | |
| | 990 Part X col (R) line 25 | | | 280,604. |
| | | | the organization's financial statements th | |
| organization's liability for uncertain | | | the text of the footnote has been provid | |
| 9E1270 1.000 43687P L161 8/9/ | 2021 1:18:59 P | M V 19-8.5F | 304178 | |

| Schedu | le D (Form 990) 2019 | | | | Page 4 |
|--------|--|---------|------------------|------|-------------|
| Part | | | | n. | |
| | Complete if the organization answered "Yes" on Form 990, Part I | | | | 10 000 155 |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 12,286,155. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | L | | |
| а | Net unrealized gains (losses) on investments | 2a | 229,710. | | |
| b | Donated services and use of facilities | 2b | 250,367. | | |
| с | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | | | | |
| е | Add lines 2a through 2d | | | 2e | 480,077. |
| 3 | Subtract line 2e from line 1 | | | 3 | 11,806,078. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 14,415. | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| | Add lines 4a and 4b | | | 4c | 14,415. |
| 5 | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) | | | 5 | 11,820,493. |
| Part | XII Reconciliation of Expenses per Audited Financial Statements V | Vith E | xpenses per Retu | irn. | |
| | Complete if the organization answered "Yes" on Form 990, Part I | V, line | e 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 11,316,159. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | 250,367. | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses. | 2c | | | |
| d | Other (Describe in Part XIII.) | | 144,686. | | |
| e | Add lines 2a through 2d | | | 2e | 395,053. |
| 3 | Subtract line 2e from line 1 | | | 3 | 10,921,106. |
| 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 | 4a | 14,415. | | |
| b | Other (Describe in Part XIII.) | | | | |
| | Add lines 4a and 4b | | | 4c | 14,415. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 10,935,521. |
| - | XIII Supplemental Information. | | | - | |
| | | | | | |

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.

SEE PAGE 5

Schedule D (Form 990) 2019 NEW YORK CARES, INC.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

BOARD-DESIGNATED FUNDS ARE USED FOR GROWTH AND SUSTAINABILITY OF THE ORGANIZATION.

SCHEDULE D, PART X , LINE $2\,$

THE ORGANIZATION IS SUBJECT TO THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (THE "FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, AS IT RELATES TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. BECAUSE OF THE ORGANIZATION'S GENERAL TAX-EXEMPT STATUS, MANAGEMENT BELIEVES ASC TOPIC 740 HAS NOT HAD, AND IS NOT ANTICIPATED TO HAVE, A MATERIAL IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.

SCHEDULE D, PART XII, LINE 2D LOSSES ON UNCOLLECTIBLE PLEDGES OF \$144,686 INCLUDED IN EXPENSES WITHIN THE FINANCIAL STATEMENTS BUT NOT ON FORM 990, PART IX.

| SCHEDULE G | | Information Re | | | | | OMB No. 1545-0047 |
|--|---|-------------------------|---------------|------------------------------|-------------------------|-------------------------------|---|
| (Form 990 or 990-EZ) | -EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. | | | | | | 2019 |
| | | | to Form 990 | | | | Open to Public |
| Department of the Treasury Internal Revenue Service | ► G | io to www.irs.gov/Form | 990 for instr | uctions and | the latest information. | | Inspection |
| Name of the organization | | | | | | Employer identificati | on number |
| NEW YORK CARES, | | | | | | 13-3444193 | |
| | g Activities. Comp | | | | 'Yes" on Form 99 | 90, Part IV, line 1 | 7. |
| | EZ filers are not re | • | | | activition Chack | | |
| | the organization rais | e runas inrough | | - | non-government g | | |
| | email solicitations | f | | | government grant | | |
| c X Phone solici | | g | | | ising events | 0 | |
| d In-person so | | 5 | | | J | | |
| 2a Did the organiza | tion have a written o | r oral agreement w | vith any ind | dividual (ir | ncluding officers, d | lirectors, trustees, | |
| or key employee | es listed in Form 990 | , Part VII) or entity | in connec | tion with p | professional fundra | ising services? | X Yes No |
| | 10 highest paid indi | | (fundraise | rs) pursua | ant to agreements | under which the | fundraiser is to be |
| compensated at | least \$5,000 by the | organization. | | | | | |
| | | | | | | (v) Amount paid to | |
| (i) Name and addr | | (ii) Activity | | draiser have r control of | (iv) Gross receipts | (or retained by) | (vi) Amount paid to (or retained by) |
| or entity (fu | indraiser) | | | utions? | from activity | fundraiser listed in col. (i) | organization |
| | | | Yes | No | | | |
| 1 | | | | | | | |
| ATTACHMENT 1 | | | | | | | |
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| | | | | | 1,745,141. | 65,630 | |
| | which the organiza | tion is registered of | or licensed | to solicit | t contributions or | has been notified | I it is exempt from |
| registration or lic | ensing. | | | | | | |
| NY, | | | | | | | |
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| For Paperwork Reduction A | ct Notice, see the Instruc | tions for Form 990 or 9 | 90-EZ. | | | Schedule G (Fo | orm 990 or 990-EZ) 2019 |

Schedule G (Form 990 or 990-EZ) 2019

Page **2**

| | | | eater than \$5,000. | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|----------------------------|---|--|---|------------------|---|
| | | | WINTER BENEFIT (event type) | SOIREE (event type) | (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 | Gross receipts | 1,745,141. | 23,506. | 75,421. | 1,844,068 |
| Kev | 2 | Less: Contributions | 1,578,966. | 18,506. | 71,831. | 1,669,303 |
| | 3 | Gross income (line 1 minus line 2) | 166,175. | 5,000. | 3,590. | 174,765 |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| JIRECT EXPENSES | 6 | Rent/facility costs | | | | |
| L LXP | 7 | Food and beverages | 166,175. | 5,000. | 3,590. | 174,765 |
| בותר | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | | | |
| | 10 11 | Direct expense summary. Add lin Net income summary. Subtract li | es 4 through 9 in colu ne 10 from line 3. colu | ımn (d) | | 174,765 |
| 29 | rt I | | anization answered " | | | reported more than |
| ואפעמווממ | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| 2 | 1 | Gross revenue | | | | |
| 0 | 2 | . | | | | |
| Ď | 2 | Cash prizes | | | | |
| -vhcilody | | Cash prizes | | | | |
| | 3 | | | | | |
| nieci zybeijaes | 3 4 | Noncash prizes | | | | |
| | 3 4 5 | Noncash prizes | Yes % | 6Yes% No | Yes% No | |
| | 3 4 5 6 | Noncash prizes | Yes % | No | | |
| | 3 4 5 6 7 | Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lin | Yes % | mn (d) | No ► | |
| | 3 4 5 6 7 8 | Noncash prizes | Yes % No es 2 through 5 in colu ubtract line 7 from line | Imn (d) | No ► | |
| | 3 4 5 6 7 8 | Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lin Net gaming income summary. Su Enter the state(s) in which the org Is the organization licensed to con | Yes % No S 2 through 5 in colu Ibtract line 7 from line anization conducts ga duct gaming activities | Mo mn (d) 1, column (d) | No ► | |

| NEW | YORK | CARES, | INC. |
|-----|------|--------|------|
|-----|------|--------|------|

| Sched | lule G (Form 990 or 990-EZ) 2019 | | Page 3 |
|-------|--|-----|--------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity | | |
| | formed to administer charitable gaming? | Yes | No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| а | The organization's facility 13a | | % |
| b | An outside facility 13b | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| | Name ► | | |
| | Address | | |
| 15 a | Does the organization have a contract with a third party from whom the organization receives gaming | | |
| | revenue? | Yes | No |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the | | |
| | amount of gaming revenue retained by the third party \blacktriangleright | | |
| С | If "Yes," enter name and address of the third party: | | |
| | Name | | |
| | Address ► | | |
| 16 | Gaming manager information: | | |
| | Name | | |
| | Gaming manager compensation ► \$ | | |
| | Description of services provided | | |
| | Director/officer Employee Independent contractor | | |
| 17 | Mandatory distributions: | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | o | |
| | retain the state gaming license? | Yes | No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations | 6 | |
| | or spent in the organization's own exempt activities during the tax year 🕨 \$ | | |
| Par | t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor (see instructions). | | |
| | | | |

Schedule G (Form 990 or 990-EZ) 2019

13-3444193

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

| NAME AND ADDRESS OF FUNDRAISER | ACTIVITY | DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO | GROSS RECEIPTS FROM ACTIVITY | AMOUNT PAID TO (OR RETAINED BY FUNDRAISER | AMOUNT PAID TO (OR RETAINED BY ORGANIZATION |
|--|-------------|--|---------------------------------|---|---|
| EVENT MANAGEMENT GROUP 411 EAST 83RD STREET SUITE 3F NEW YORK NY 10028 | FUND-RAISER | Х | 1,745,141. | 65,630. | 1,679,511. |

| Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Inspace Name of the organization ► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number 13-3444193 Part I Questions Regarding Compensation 13-3444193 I Account of the companions Payments for business use of personal use Payments for business use of personal use Payments for business use of personal use Payments for business use of personal use Payments for business use of personal use Discretionary spending account Personal services (such as maid, chauffeur, chef) 1b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursment or provision of all of the expenses described above? If "No," complete Part III to explain | |
|--|-------|
| Name of the organization Employer identification number 13-3444193 Part1 Questions Regarding Compensation 13-3444193 Part1 Questions Regarding Compensation 13-3444193 Part1 Questions Regarding Compensation 13-3444193 Part1 Questions Regarding Compensation provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Discretionary spending account Housing allowance or residence for personal residence Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 1b 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 X Compensation consultant X Compensation committee 4a | |
| NEW YORK CARES, INC. 13-3444193 Part1 Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization committee Independent compensation consultant Written employment contract Independent compensation consultant Written employment or a related organization: X Compensation consultant Written employment contract Muritien the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4 <td< th=""><th>es No</th></td<> | es No |
| Part1 Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Discretionary spending account Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 1 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organizations X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a receive payment from, a s | es No |
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | es No |
| 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | |
| Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Compensation consultant X Form 990 of other organization: X Form 990 of other organization: Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment from, a supplemental nonqualified retirement plan? 4a 4b 4c | |
| b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | |
| or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | |
| directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 X Compensation committee Independent compensation consultant X Written employment contract Compensation survey or study Approval by the board or compensation committee 4 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c | |
| Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant X Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? | |
| organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a 4b c Participate in, or receive payment from, an equity-based compensation arrangement? | _ |
| organization or a related organization:a Receive a severance payment or change-of-control payment?b Participate in, or receive payment from, a supplemental nonqualified retirement plan?4bc Participate in, or receive payment from, an equity-based compensation arrangement?4c | |
| bParticipate in, or receive payment from, a supplemental nonqualified retirement plan?4bcParticipate in, or receive payment from, an equity-based compensation arrangement?4c | |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | Х |
| | Х |
| If "Vee" to any of lines to a list the persons and provide the applicable amounts for each item in Dart III | Х |
| If fes to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | |
| Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | |
| a The organization? | X |
| b Any related organization? | X |
| If "Yes" on line 5a or 5b, describe in Part III. | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | |
| a The organization? | Х |
| b Any related organization? | X |
| If "Yes" on line 6a or 6b, describe in Part III. | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. | x |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe | |
| in Part III | Х |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | |
| Regulations section 53.4958-6(c)? 9 For Parameter Reduction Act Notice, and the Instructions for Form 900 Schedule L/Common | |

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown of W-2 and/or 1099-MIS | | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|---------------------------------|------|--------------------------------------|--|---|-----------------------------|----------------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | in column (B) reported as deferred on prior Form 990 |
| GARY BAGLEY | (i) | 302,050. | 0. | 0. | 2,500. | 11,126. | 315,676. | |
| 1 ^{EXECUTIVE DIRECTOR} | (ii) | 0. | 0. | 0. | | | | |
| EDWARD LADA | (i) | 186,403. | 0. | 0. | 2,500. | 31,822. | 220,725. | |
| CHIEF FINANCE AND OP. OFFICER | (ii) | 0. | 0. | 0. | | | | |
| JENNIFER BEIRNE | (i) | 152,969. | 0. | 0. | 2,500. | 5,058. | 160,527. | |
| CHIEF DEVELOPMENT OFFICER | (ii) | 0. | 0. | 0. | | | | |
| DAVID DELUCA | (i) | 149,044. | 0. | 0. | 2,500. | 9,074. | 160,618. | |
| CHIEF PROGRAM OFFICER | (ii) | 0. | 0. | 0. | | | | |
| | (i) | | | | | | | |
| 5 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 6 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 7 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 8 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 9 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 10 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 11 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 12 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 13 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 14 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 15 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| _16 | (ii) | | | | | | | |

Schedule J (Form 990) 2019

Page 3

Schedule J (Form 990) 2019

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

| 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.

20**19** Open to Public Inspection

| Name | of | the | organization | |
|------|----|-----|--------------|--|
| | ۰. | | organization | |

| Employer identification r | number |
|---------------------------|--------|
| 13-3444193 | |

| Part | | Ту | /pes | of | Pro | opert | y |
|------|---|-----|------|----|-----|-------|---|
| NEW | Y | ORK | CAR | ES | , . | INC. | |

| 13-34 |
|-------|
| |

| | | 1 | | | | |
|----------|---|--------------------------------------|---|--|---|--|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts | |
| 1 | Art - Works of art | | | | | |
| 2 | Art - Historical treasures | | | | | |
| 3 | Art - Fractional interests | | | | | |
| 4 | Books and publications | | | | | |
| 5 | Clothing and household | | | | | |
| | goods | Х | | 1,821,714. | FMV | |
| 6 | Cars and other vehicles | | | | | |
| 7 | Boats and planes | | | | | |
| 8 | Intellectual property | | | | | |
| 9 | Securities - Publicly traded | | 8. | 152,548. | FMV | |
| 10 | Securities - Closely held stock | | | | | |
| 11 | Securities - Partnership, LLC, | | | | | |
| | or trust interests | | | | | |
| 12 | Securities - Miscellaneous | | | | | |
| 13 | Qualified conservation | | | | | |
| | contribution - Historic | | | | | |
| | structures | | | | | |
| 14 | Qualified conservation | | | | | |
| | contribution - Other | | | | | |
| 15 | Real estate - Residential | | | | | |
| 16 | Real estate - Commercial | | | | | |
| 17 | Real estate - Other | | | | | |
| 18 | Collectibles | | | | | |
| 19 | Food inventory | | | | | |
| 20 | Drugs and medical supplies | | | | | |
| 21 | Taxidermy | | | | | |
| 22 23 | Historical artifacts | | | | | |
| 23 24 | Scientific specimens | | | | | |
| 24 25 | Archeological artifacts | | 19. | 11,433. | | |
| 25 26 | $Other \blacktriangleright ()$ | | | 11,100. | | |
| 20 27 | Other ►() | | | | | |
| 28 | Other () | | | | | |
| 29 | Number of Forms 8283 received | by the ora | anization during the tax v | ear for contributions for | | |
| 29 | which the organization completed I | , , | 0, | | 29 | |
| | which the organization completed i | 01111 0200, | r art iv, Donee Acknowledg | | Yes No | |
| 30a | During the year, did the organizat | ion receive | by contribution any prope | rty reported in Part I. line | | |
| | 28, that it must hold for at least the | | | | - | |
| | to be used for exempt purposes for | • | | | | |
| b | If "Yes," describe the arrangement i | | 51 51 51 51 51 51 51 51 51 51 51 51 51 5 | | | |
| | Does the organization have a | | tance policy that require | es the review of any i | nonstandard | |
| | | | | | | |
| 32a | contributions? | | | | | |
| | contributions? | • | 0 | | | |
| b | If "Yes," describe in Part II. | | | | | |
| 33 | If the organization didn't report an | amount in c | olumn (c) for a type of prop | perty for which column (a) | is checked, | |
| | describe in Part II. | | | | | |
| For Pa | aperwork Reduction Act Notice, see the Inst | ructions for Fo | rm 990. | | Schedule M (Form 990) 2019 | |

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

| DESCRIPTION | (A) CHECK | (B) NUMBER OF CONTRIBUTIONS | (C) REVENUES REPORTED | (D) METHOD OF DETERMINING |
|-----------------------|-----------|--------------------------------|--------------------------|------------------------------|
| SUPPLIES FOR PROJECTS | Х | 19. | 11,433. | FMV |
| TOTALS | - | 19. | 11,433. | |

304178

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Internal Revenue Service Name of the organization NEW YORK CARES, INC.

FORM 990, PART VI, SECTION B, LINE 11 THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE CHIEF FINANCE AND OPERATIONS OFFICER. IT IS ALSO REVIEWED BY THE FINANCE COMMITTEE AND AUDIT COMMITTEE CHAIRS PRIOR TO FILING. UPON APPROVAL, THE FORM 990 IS SHARED WITH THE BOARD OF DIRECTORS VIA E-MAIL PRIOR TO BEING SUBMITTED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12A - 12C

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT REQUIRES OFFICERS, DIRECTORS, AND SENIOR EMPLOYEES TO ANNUALLY DISCLOSE POTENTIAL CONFLICTS OF THEMSELVES AND THEIR FAMILY MEMBERS ON A QUESTIONNAIRE DISTRIBUTED BY THE CHIEF FINANCE AND OPERATIONS OFFICER. THE CHIEF FINANCE AND OPERATIONS OFFICER ENSURES THAT ALL QUESTIONNAIRES ARE COMPLETED, REVIEWS THEM FOR CONFLICTS AND SUBMITS TO THE BOARD FOR REVIEW ANY QUESTIONNAIRES THAT DISCLOSE ACTUAL OR POTENTIAL CONFLICTS. BOARD MEMBERS HAVE AN ONGOING REPORTING REQUIREMENT TO REPORT ANY CONFLICTS OF INTEREST AS THEY ARISE, AS STATED IN THE QUESTIONNAIRE.

FORM 990, PART VI, SECTION B, LINE 15

THE BOARD OF DIRECTORS, UPON THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE, ESTABLISHES REASONABLE COMPENSATION AND BENEFITS FOR THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR DOES NOT PARTICIPATE IN THE DISCUSSIONS AND DELIBERATIONS OF, AND VOTING ON, HIS COMPENSATION AND IS NOT COUNTED IN DETERMINING A QUORUM AT ANY MEETING IN WHICH HIS COMPENSATION IS DISCUSSED. THIS PROCEDURE FOLLOWS THE REBUTTABLE PRESUMPTION PROCEDURE LAID OUT BY THE IRS. DURING THIS PROCESS, THE BOARD OF DIRECTORS REVIEWS COMPARABLE COMPENSATION DATA AND THE DECISION IS RECORDED IN THE BOARD'S MINUTES. PAY INCREASES FOR THE EXECUTIVE DIRECTOR COME, IN WRITING, FROM THE PRESIDENT OF THE BOARD OF DIRECTORS. THE EXECUTIVE DIRECTOR REVIEWS INDUSTRY STANDARDS AND SALARY SURVEYS TO DETERMINE KEY EMPLOYEE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA A NUMBER OF CHANNELS, INCLUDING ITS WEBSITE, IN PERSON, AND UPON REQUEST.

FORM 990, PART IX STATEMENT OF FUNCTIONAL EXPENSES LINE 24 A PROJECT EXPENSES IN THE AMOUNT OF \$2,953,264 REPRESENT DIRECT PROGRAM COSTS SUCH AS TRAVEL, PROFESSIONAL FEES, DONATED GOODS AND SUPPLIES ETC.

FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OF \$(144,686) REPRESENTS LOSSES ON UNCOLLECTIBLE PLEDGES.

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