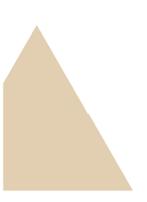
OPEN FOR PUBLIC INSPECTION

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.									
4b (Code:) (Expenses \$	including grants of \$) (Revenue \$)							
,		000 +		,							
4c (Code:) (Expenses \$	including grants of \$) (Revenue \$)							
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
 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 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. 8 Did the organization maintain collections of works of art, historical treasures, or clustodial account liability, serve as a custodian for amounts 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 V 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 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 land, buildings, and equipment 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. 11 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 VI. 11 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 VI. 11 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 Corbin tapartae, independent audited financial statements for the tax yea	
have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 "Yes," complete Schedule D, Part I, 6 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 maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 7 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, ior provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 9 11 If the organization report an amount for investments-other 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. 11a b Did the organization report an amount for investments-program related 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 VII. 11b c 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 11b 11c 11a	Х
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 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 	
"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 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	
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	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax								
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 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.								

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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 🕨		
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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.

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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.		-

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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.)

13-3444193

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.							
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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							
2							
3							
5							
4							
5							
6							
7							
8							
9							
10							
		1					
					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,							
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.
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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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