Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► 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.

2020
Open to Public Inspection

OMB No. 1545-0047

A F	or th	e 2020 calendar year, or tax year beginning 10/01, 2020,	and ending	3		09/3	0 ,20 21		
_		C Name of organization			D Employer ide	entificatio	on number		
B c	heck if ap	Policable: NEW YORK CARES, INC.							
	Addre				13-3444	193			
	⊣ '		Room/suite		E Telephone number				
	Initial	return 65 BROADWAY, 19TH FLOOR			(212) 228-5000				
	Termi	City or town, state or province, country, and ZIP or foreign postal code							
	Amen				G Gross receip	ts \$	11,081	.,001.	
	Applic	F Name and address of principal officer: GARY BAGLEY EXECUTE	VE DIR		H(a) Is this a grou		or Yes	X No	
		65 BROADWAY, 19TH FLOOR, NEW YORK, NY 10006			H(b) Are all subord		ed? Yes	No.	
ī	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) d	or 527		If "No," attac	h a list. (se	ee instructions)		
J	Websi	te: ▶ WWW.NEWYORKCARES.ORG			H(c) Group exemp	otion numb	er 🕨		
K	Form o	of organization: X Corporation Trust Association Other	L Year of	formati	on: 1987 M	State of le	egal domicile	: NY	
P	art I	Summary							
	1	Briefly describe the organization's mission or most significant activities: NEW YC	ORK CARES	S MEI	ETS PRESS	ING C	CINUMMO	'Y	
e		NEEDS BY MOBILIZING CARING NEW YORKERS IN VOLUNTE							
Jan									
Governance	2	Check this box ▶ ☐ if the organization discontinued its operations or dispose	d of more than	n 25%	of its net assets	S.			
တိ	3	Number of voting members of the governing body (Part VI, line 1a)				3		21.	
ა	4	Number of independent voting members of the governing body (Part VI, line 1b) .				4		21.	
Activities &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)				5		91.	
Ę		Total number of volunteers (estimate if necessary)				6	17	,897.	
ď		Total unrelated business revenue from Part VIII, column (C), line 12				7a		0	
	b	Net unrelated business taxable income from Form 990-T, line 34				7b		0	
					Prior Year		Current \		
ē	8	Contributions and grants (Part VIII, line 1h)	Y FOR		11,672,78		10,72		
Revenue	9	Program service revenue (Part VIII, line 2g) PUBLIC IN			23,25			0	
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			111,49		21	1,457	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			12,96		10.00	0	
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).			11,820,49		10,93	7,710	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0.		0	
		Benefits paid to or for members (Part IX, column (A), line 4)			6,137,98	0.	Г 00	0 566	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						0,566 6,703	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶1,065,172			65,63		0	6,703	
EX	_ b				4,731,90	0	2 00	3,771	
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			$\frac{4,731,90}{10,935,52}$			$\frac{3,771}{1,040}$	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			884,97			6,670	
- S		Revenue less expenses. Subtract line 18 from line 12		Reginn	ning of Current Y		End of Ye		
ance	20	Total coasts (Part V. line 40)	-		11,824,05		12,67		
Net Assets or Fund Balances	20 21	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)			1,945,99			$\frac{3,360}{4,264}$	
nd/	22	Net assets or fund balances. Subtract line 21 from line 20			9,878,05		11,77		
	art II	Signature Block			27070703			7,110	
		nalties of perjury, I declare that I have examined this return, including accompanying schedu	iles and statem	ents a	nd to the best of	my knov	wledge and h	 nelief it is	
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer has	any kn	owledge.				
		6111			Aug	ust 15, 2	2022		
Sig	jn	Ed Lada Signature of officer			Date				
He	re	Edward Lada - Chief Financial & Operating Officer							
		Type or print name and title							
_		Print/Type preparer's name Preparer's signature	Date		Check	if PTIN	1		
Paid		WILLIAM EPSTEIN	08/11/2	2022	self-employe	'	1307171	Ĺ	
	parer	Firm's name EISNER ADVISORY GROUP LLC			Firm's EIN		53108		
Use	Only	Firm's address > 733 THIRD AVENUE NEW YORK, NY 10017-27	03		· · · · · · · · · · · · · · · · · · ·		49-8700)	
May	the II	RS discuss this return with the preparer shown above? (see instructions)					X Yes	No	
For	Paper	rwork Reduction Act Notice, see the separate instructions.	-				Form 99		

Form **8868**

(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

iling of this f	form, visit www.irs.gov/e-file-providers/e-file-f	or-charities	-and-non-profits.				
Automatic	6-Month Extension of Time. Only submi	it original	(no copies needed).				
-	ons required to file an income tax return othe rm 7004 to request an extension of time to fi		·	0-C filers), partnerships, R	EMICs, a	ind trusts	
Гуре or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification numb	number (TIN)		
orint	NEW YORK CARES, INC.			13-3444193	1193		
File by the lue date for	Number, street, and room or suite no. If a P.O. box	x, see instruc	ctions.				
iling your	65 BROADWAY, 19TH FLOOR						
eturn. See nstructions.	City, town or post office, state, and ZIP code. For NEW YORK, NY 10006						
Enter the Re	turn Code for the return that this application	is for (file	a separate application fo	or each return)		0 1	
Application		Return	Application			Return	
s For	Farm 000 F7	Code	Is For	·		Code	
	Form 990-EZ	01 02	Form 990-T (corporat	ion)		07	
Form 990-BL Form 4720 (02	Form 1041-A	n individual)		08	
Form 990-PF	,	03	Form 4720 (other tha Form 5227		10		
	(sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	(trust other than above)	06	Form 8870			12	
Telephone If the orga If this is foor the whole	anization does not have an office or place of be a Group Return, enter the organization's for a group, check this box e names and TINs of all members the extensions are in the organization.	I ousiness in ur digit Gro	Fax No. ▶ 212 228 the United States, check oup Exemption Number (3-6414 Ck this box	If th	nis is	
	st an automatic 6-month extension of time ur		08/15 , 20 2	to file the exempt o	rganizati	on return	
for the	organization named above. The extension is calendar year 20 or tax year beginning 10/0	for the org	ganization's return for:	09/30_, 20			
c	ax year entered in line 1 is for less than 12 m hange in accounting period						
	application is for Forms 990-BL, 990-PF, 99	90-T, 4720), or 6069, enter the	=		0	
	andable credits. See instructions. application is for Forms 990-PF, 990-T,	4720, o	r 6069, enter any re		a \$	0.	
<u>e</u> stimat	ted tax payments made. Include any prior yea	r overpayn	nent allowed as a credit	3	b \$	0.	
	e due. Subtract line 3b from line 3a. Include onic Federal Tax Payment System). See instru		ent with this form, if re-	· · · · · ·	_	0.	
	are going to make an electronic funds withdrawal		it) with this Form 8869 co		c \$ 879-E⊖ f∂		
nstructions.	ane going to make an electronic funds withdrawar	(un ect deb	it, with this i offit 0000, Se	se i omi 0435-LO and Form o	07 9-20 10	n payment	
	ct and Paperwork Reduction Act Notice, see instr	uctions.		Fr	rm 8868	(Rev. 1-2020)	

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Pa	Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	1 Briefly describe the organization's mission: NEW YORK CARES MEETS PRESSING COMMUNITY NEEDS BY MOBILIZING NEW YORKERS IN VOLUNTEER SERVICE.	
2	2 Did the organization undertake any significant program services during the year which prior Form 990 or 990-EZ?	
3	If "Yes," describe these new services on Schedule O.3 Did the organization cease conducting, or make significant changes in how it services?	
4	If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the the total expenses, and revenue, if any, for each program service reported.	e largest program services, as measured by
4a	A2 (Code:) (Expenses \$	FOOD ION, NPROFIT THE PPORTS HILDREN
4b	4b (Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	4c (Code:) (Expenses \$including grants of \$) (Revenue \$)
	4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

Form **990** (2020)

Form 990 (2020)
Part IV Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
Ū	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ū	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	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-		v
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		Х
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		21
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''	21	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21		X

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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		res	NO
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			37
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
C	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?			
	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		X
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%	00		Х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		
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		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	202		Х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	21	
00	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	١		v
25.	or IV, and Part V, line 1	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
D	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		X
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	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7		. 63	.,,
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
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Par	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 91			
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)			
3 2	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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
		0.5		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		Х
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
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).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			i
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
		7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	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		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			i
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			i
	Section 501(c)(12) organizations. Enter:			i
	Gross income from members or shareholders			i
	Gross income from other sources (Do not net amounts due or paid to other sources			i
D	against amounts due or received from them.)			i
120	· ·	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	124		
				i
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	ısa		
	Note: See the instructions for additional information the organization must report on Schedule O.			i
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1.1-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	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	4-		v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 21 1a Enter the number of voting members of the governing body at the end of the tax year 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. Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8b Х Each committee with authority to act on behalf of the governing body?............... Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X X 13 13 X 14 14 Did the organization have a written document retention and destruction policy?............ 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 X Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \triangleright $\frac{NY}{}$, 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records DEDWARD LADA 65 BROADWAY, 19TH FLOOR NEW YORK, NY 10006 212-228-5000

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 (list any hours for related organizations below dotted line)	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer Officer Individual trustee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1)GARY BAGLEY	40.00								
EXECUTIVE DIRECTOR	0.			Х			298,382.	0.	2,548.
(2) EDWARD LADA	40.00						,		,
CHIEF FINANCE & OPS OFFICER	0.			Х			201,222.	0.	36,129.
(3) JENNIFER BEIRNE	40.00								
CHIEF DEVELOPMENT OFFICER	0.				Х		153,803.	0.	33,473.
(4) DAVID DELUCA	40.00								
CHIEF PROGRAM OFFICER	0.				Х		160,049.	0.	14,259.
(5) DOUGLAS AXENFELD	40.00								
DIRECTOR, FINANCE & OPERATIONS	0.				Х		125,423.	0.	34,901.
(6) SHARON KNIEPER	40.00								
DIR, INFORMATION TECHNOLOGY	0.				Х		129,947.	0.	14,259.
(7)NYISHA HOLLIDAY	40.00								
CHIEF TALENT OFFICER	0.				Х		137,101.	0.	4,002.
(8) PAUL J. TAUBMAN	1.00								
PRESIDENT	0.	Х		Х			0.	0.	0.
(9) JOHN B. EHRENKRANZ	1.00								
VICE PRESIDENT	0.	X		Х			0.	0.	0.
(10) MICHAEL GRAHAM	1.00								
VICE PRESIDENT	0.	X		Х			0.	0.	0.
(11) KEITH A. GROSSMAN	1.00								
SECRETARY	0.	X		Х			0.	0.	0.
(12) NEIL K. DHAR	1.00								
VICE PRESIDENT	0.	X		Х			0.	0.	0.
(13) JEANNE STRAUS	1.00								
TREASURER	0.	X		Х			0.	0.	0.
(14) JAMES L. AMINE	1.00								
BOARD MEMBER	0.	X					0.	0.	0.

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Part VII Section A. Officers, Directors,	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B)				C) ition			(D) Reportable	(E)	_	(F) stimated	
Name and title	Average hours per	(do ı	not ch			e than c	ne	compensation	Reportable compensation from		nount of	
	week (list any					is both		from	related		other	
	hours for related					or/trust		the	organizations		pensation om the	on
	organizations	ndivi dir)Stit	Officer	ey e	ighe mplo	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		anizatio	n
	below dotted	dua	tior	er e	mp	st c	e e	(***-2/1033-141100)			d related	
	line)	Individual trustee or director	Institutional trustee		Key employee	omp				orga	anization	ıs
		stee	uste			ens						
			Э е			Highest compensated employee						
15) RENE BRINKLEY	1.00											
BOARD MEMBER	0.	Х						0	0.			0
16) AUDREY CHOI	1.00											
BOARD MEMBER	0.	Х						0	0.			0
17) K. DON CORNWELL	1.00											
BOARD MEMBER	0.	Х						0	0.			0
18) JOYCE FROST	1.00											
BOARD MEMBER	0.	Х						0	0.			C
19) GUS GARCIA	1.00											
BOARD MEMBER	0.	Х						0	0.			C
20) GAIL B. HARRIS	1.00											
BOARD MEMBER	0.	Х						0	0.			C
21) CHIEH HUANG	1.00											
BOARD MEMBER	0.	Х						0	0.			C
22) KARL KELLNER	1.00											
BOARD MEMBER	0.	Х						0	0.			C
23) EDWARD PETROSKY	1.00											
BOARD MEMBER	0.	Х						0	0.			C
24) DENNISTON M. REID, JR.	1.00											
BOARD MEMBER	0.	Х						0	0.			C
25) JULIE TURAJ	1.00											
BOARD MEMBER	0.	Х						0	0.			C
1b Sub-total		•						1,205,927.	0.	-	139,5	571.
c Total from continuation sheets to Part V	II, Section A						>	0.	0.			0.
d Total (add lines 1b and 1c)							\blacktriangleright	1,205,927.	0.	-	139,5	571.
2 Total number of individuals (including but							o re	ceived more than	\$100,000 of			
reportable compensation from the organiz	ation ►	٥	9									
											Yes	No
3 Did the organization list any former	officer, directo	r, or	tru	ste	e, l	key e	emp	loyee, or highes	t compensated			
employee on line 1a? If "Yes," complete Sc										3		Х
4 For any individual listed on line 1a, is t	he sum of rer	ortah	ole c	om:	pen	satio	n ai	nd other compens	sation from the			
organization and related organizations												
individual	•							•		4	X	
5 Did any person listed on line 1a receive	or accrue co	mpen	satio	on f	from	n any	un	related organization	on or individual			
for services rendered to the organization?										5		X
Section B. Independent Contractors												
1 Complete this table for your five highest	compensated i	ndene	ende	nt o	conf	tracto	rs t	hat received more	than \$100 000 o	f		_

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(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.

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ted Employ	ees (c	ontinue	d)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe d a d	rson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reporta compensation related organizat	on from	Est amo	(F) imated ount of ther ensatio	on
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		orga and	m the nizatior related nization	
26) ROBERT WALSH	1.00												
BOARD MEMBER	0.	Х						0		0.			0
27) JANET ZAGORIN BOARD MEMBER	$\frac{1.00}{0.}$	х						0		0.			0
28) ADAM ZOTKOW BOARD MEMBER	1.00	Х						0		0.			0
1b Sub-total c Total from continuation sheets to Part VII, S	ection A						>	0.		0.			0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not reportable compensation from the organization 	limited to t	nose					o re	eceived more than	\$100,000 d	of			
Toportable compensation from the organization												Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3		Х
4 For any individual listed on line 1a, is the organization and related organizations graindividual.	sum of repeater than	ortab \$15	ole c 50,0	om 00?	pen If	satior <i>"Ye</i> s	n a	nd other compen	sation from	the	4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on f	from	n any	un				5		Х
Section B. Independent Contractors	,												
1 Complete this table for your five highest com- compensation from the organization. Report of year.													
(A) Name and business add	lress							(B) Description of se	ervices	С	(C) compens	ation	
							-						
							+						

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 ▶

Part VIII Statement of Revenue

		Check if Schedule O contains a response	nse or note to an	v line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
တ္ တ	1a	Federated campaigns 1a					000110110 012 011
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
يَ ق		Fundraising events 1c	1,401,602.				
ţs,	C C		1,401,002.				
ä≅	d	Related organizations 1d	1 124 021				
ï,	e	Government grants (contributions) . 1e	1,134,831.				
ΪŠ	f	All other contributions, gifts, grants,					
bri		and similar amounts not included above 1f	8,189,820.				
وَڃِ	g	Noncash contributions included in					
ŠE		lines 1a-1f					
	h	Total. Add lines 1a-1f		10,726,253.			
a)			Business Code				
Program Service Revenue	2a						
ie.	b						-
m (en	С						-
Ze/	d						-
5	е						
Δ.	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u> ▶</u>	0.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	•	77,488.			77,488.
	4	Income from investment of tax-exempt bone		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)	<u> ▶</u>	0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 237,260					
e	b	Less: cost or other basis					
evenue		and sales expenses 7b 103,291					
ě	С	Gain or (loss) 7c 133,969					
<u> </u>	d	Net gain or (loss)	<u> </u>	133,969.			133,969.
Other	8a	Gross income from fundraising					
0		events (not including \$1,401,602.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	40,000.				
	b	Less: direct expenses 8b	40,000.				
	С	Net income or (loss) from fundraising events	<u> </u>	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	0.				
	b	Less: cost of goods sold	1				
	c	Net income or (loss) from sales of inventory	<u></u> . ▶	0.			
<u>s</u>			Business Code				
Miscellaneous Revenue	11a						
and	b						
eve eve	C						
lisi R	d	All other revenue					
≥	е	Total. Add lines 11a-11d	. .	0.			
	12	Total revenue. See instructions		10,937,710.			211,457.

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Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX										
Do not include amounts reported on lines 6b, 7b, 8b, 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	0.									
3 Grants and other assistance to foreign										
organizations, foreign governments, and										
foreign individuals. See Part IV, lines 15 and 16	0.									
4 Benefits paid to or for members	0.									
5 Compensation of current officers, directors,		44.0.000		0.5 .0.						
trustees, and key employees	540,530.	410,802.	43,243.	86,485.						
6 Compensation not included above to disqualified										
persons (as defined under section 4958(f)(1)) and										
persons described in section 4958(c)(3)(B)	0.	2 441 265	000 155							
7 Other salaries and wages	4,204,333.	3,441,965.	232,157.	530,211.						
8 Pension plan accruals and contributions (include	F.C. F10	45 540	2 255	F 600						
section 401(k) and 403(b) employer contributions)	56,519.	45,540.	3,357.	7,622.						
9 Other employee benefits	728,340.	608,354.	31,277.	88,709.						
10 Payroll taxes	370,844.	297,865.	22,403.	50,576.						
11 Fees for services (nonemployees):	0									
a Management	0.	FO 4FO	5 455							
b Legal	77,925.	72,470.	5,455.							
c Accounting	41,750.		41,750.							
d Lobbying	0.			66 702						
e Professional fundraising services. See Part IV, line 17.	66,703.		15 004	66,703.						
f Investment management fees	15,224.		15,224.							
g Other. (If line 11g amount exceeds 10% of line 25, column	201 222	226 225		44 007						
(A) amount, list line 11g expenses on Schedule O.)	281,232. 67,385.	236,235.		44,997. 7,075.						
12 Advertising and promotion	121,385.	100,214.	8,154.	13,017.						
13 Office expenses	435,245.	386,758.	18,072.	30,415.						
14 Information technology	435,245.	300,730.	10,072.	30,415.						
15 Royalties	552,946.	487,145.	38,153.	27,648.						
16 Occupancy	332,940.	407,143.	30,133.	27,040.						
17 Travel	0.									
18 Payments of travel or entertainment expenses	0									
for any federal, state, or local public officials	0.									
19 Conferences, conventions, and meetings	0.									
20 Interest	0.									
21 Payments to affiliates	33,579.	27,944.	1,492.	4,143.						
22 Depreciation, depletion, and amortization	76,250.	63,455.	3,387.	9,408.						
23 Insurance	70,230.	03,433.	3,307.	7,400.						
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	1,027,944.	1,027,944.								
bPOSTAGE AND SHIPPING	15,690.	13,057.	697.	1,936.						
cPRINTING AND REPRODUCTION	44,553.	40,098.	891.	3,564.						
dTELEMARKETING	92,663.	10,000.	0,71.	92,663.						
<u> </u>	22,003.			22,003.						
e All other expenses Add lines 1 through 24a	8,851,040.	7,320,156.	465,712.	1,065,172.						
Total functional expenses. Add lines 1 through 24eJoint costs. Complete this line only if the	3,331,010.	,,520,150.	100,712.	1,000,11,2.						
organization reported in column (B) joint costs from a combined educational campaign and										
fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.									

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Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	951,337.	1	1,138,834.
2	Savings and temporary cash investments	3,486,784.	2	4,341,525.
3	Pledges and grants receivable, net	1,989,404.	3	1,666,789.
4	Accounts receivable, net	0.	4	0
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%	0		0
	controlled entity or family member of any of these persons	0.	5	0
6	Loans and other receivables from other disqualified persons (as defined	0		0
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0
ts ets	Notes and loans receivable, net	0.	7	0
Assets 8 8	Inventories for sale or use	0.	8	0
9	Prepaid expenses and deferred charges	458,688.	9	451,763.
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 898, 202.	05 214		E1 E2E
	Less: accumulated depreciation	85,314.		51,735.
11	Investments - publicly traded securities	4,740,617.	11	5,022,734.
12	Investments - other securities. See Part IV, line 11	0.	12	0
13	Investments - program-related. See Part IV, line 11.	0.	13	0
14	Intangible assets	0.	14	0
15	Other assets. See Part IV, line 11	111,906.	15	0
16	Total assets. Add lines 1 through 15 (must equal line 33)	11,824,050.	16	12,673,380.
17	Accounts payable and accrued expenses	707,518.	17	554,126.
18	Grants payable	0.	18	0
19	Deferred revenue	0.	19	0
20	Tax-exempt bond liabilities	0.	20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0
<u>နှု</u> 22	Loans and other payables to any current or former officer, director,			
≣∣	trustee, key employee, creator or founder, substantial contributor, or 35%	_		_
Liabilities	controlled entity or family member of any of these persons	0.	22	0
⊿ 23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
24	Unsecured notes and loans payable to unrelated third parties	957,876.	24	0
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	280,604.		340,138.
26	Total liabilities. Add lines 17 through 25	1,945,998.	26	894,264.
Ennd Balances 27 28 28	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
<u>ह</u> 27	Net assets without donor restrictions	7,979,093.	27	9,498,900.
28	Net assets with donor restrictions	1,898,959.	28	2,280,216.
Fund	Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ဝ 29	Capital stock or trust principal, or current funds		29	
Assets or 30 31	Paid-in or capital surplus, or land, building, or equipment fund.		30	
31	Retained earnings, endowment, accumulated income, or other funds.		31	
32 32	Total net assets or fund balances	9,878,052.	32	11,779,116.
ž 33	Total liabilities and net assets/fund balances	11,824,050.	33	12,673,380.
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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10,9		
2	Total expenses (must equal Part IX, column (A), line 25)	2			51,0	
3	Revenue less expenses. Subtract line 2 from line 1	3			86,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			78,C	
5	Net unrealized gains (losses) on investments	5			86,6	
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		-2	72,2	285.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		11,7	79,1	16.
Part	· · ·					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					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	xplair	ı 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 com-	piled	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_			37	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			Х
	Single Audit Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	ıdits		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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization

NEV	V YC	ORK CARES, INC.					13-34441	93
Pa	rt I	Reason for Public Cha	rity Status. (All o	organizations must	complet	te this pa	art.) See instructions	S.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .							
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative		•			: :	
4		A medical research organiz	•	=				(iii). Enter the
		hospital's name, city, and st	-				(.,,(,(,	()
5		An organization operated		a college or universit	v owne	d or ope	erated by a governme	ntal unit described in
-	ш	section 170(b)(1)(A)(iv). (C		g	,			
6		A federal, state, or local go	• •	rnmental unit describe	d in sect	tion 170(b)(1)(A)(v).	
7	X	An organization that norma	_			-		om the general public
•		described in section 170(b)	•	•	ippoit iii	om a go	vorminomar and or me	om the general public
8		A community trust describe			Part II)			
9		An agricultural research org					Lin conjunction with a	land-grant college
J		or university or a non-land-	=			-		
		university:	gram conogo or ag	grioditaro (oco motrao			name, only, and otato of	Tario conogo or
10		An organization that normal receipts from activities rela support from gross investmacquired by the organization	ted to its exempt f ent income and u n after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	xceptions ome (les: Complete	s; and (2) no more thar s section 511 tax) from e Part III.)	n 331/3 % of its
11	\vdash	An organization organized	•	,	•		` '` '	
12		An organization organized	•	•				• • •
		of one or more publicly su					, , , ,	
		Check the box in lines 12a t	=				·	=
а			•	•	•		• , , ,	
		the supported organization				ajority of	the directors or truste	es of the
		$_{\lnot}$ supporting organization. ullet						
b		ot Type II. A supporting org	-					
		control or management of			the sam	e persor	ns that control or man	age the supported
		$_{\lnot}$ organization(s). You must						
С								ly integrated with,
		$_{\lnot}$ its supported organizatior	n(s) (see instruction	s). You must comple	te Part I	V, Section	ons A, D, and E.	
d			integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally into	egrated. The orgar	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness
		$_{\lnot}$ requirement (see instruct	•	-				
е		ot Check this box if the orga						I, Type III
		functionally integrated, or			porting o	organizat	ion.	
f		er the number of supported						
g		ovide the following information		orted organization(s).			Г	
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	· ,	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	ıl							

Schedule A (Form 990 or 990-EZ) 2020 Page 2

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	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,798,806.	13,071,121.	10,781,957.	11,672,788.	10,726,253.	57,050,925.		
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	10,798,806.	13,071,121.	10,781,957.	11,672,788.	10,726,253.	57,050,925.		
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)						1,496,733.		
6	Public support. Subtract line 5 from line 4						55,554,192.		
	tion B. Total Support	4 > 0040	# \ 004=	() 00/0	(1) 00 (0				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,798,806. 79,943.	13,071,121.	10,781,957.	11,672,788.	10,726,253. 77,488.	57,050,925. 504,164.		
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.)	17,112.		3,350.	12,963.		33,425.		
11	Total support. Add lines 7 through 10						57,588,514.		
12	Gross receipts from related activities, etc. (s	see instructions) .				12	63,100.		
13	First 5 years. If the Form 990 is for organization, check this box and stop here			, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶		
Sec	tion C. Computation of Public Sup						06.45		
14	Public support percentage for 2020 (li		-			14	96.47%		
15	Public support percentage from 2019					15	96.09 %		
16a	331/3% support test - 2020. If the or	=							
	box and stop here. The organization q	•		•					
b	331/3% support test - 2019. If the org	=							
47-	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					-	-		
	organization			•	•		• •		
h	10%-facts-and-circumstances test - 2								
b	15 is 10% or more, and if the organization	•							
	in Part VI how the organization meets					-	-		
	organization			_	· ·	· · · · · ·			
18	Private foundation. If the organization								
. •	instructions								

Schedule A (Form 990 or 990-EZ) 2020 Page 3

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

(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			· 1	'	,	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
3	furnished by a governmental unit to the						
	, ,						
e	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
<u></u>	line 6.)						
	tion B. Total Support	(2) 2040	(b) 2047	(a) 2049	(4) 2010	(a) 2020	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
D	`						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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 5 years. If the Form 990 is for	-			•		
	organization, check this box and stop here.						▶ 🔼
	tion C. Computation of Public Supp					T	
15	Public support percentage for 2020 (line 8,					15	%
16	Public support percentage from 2019 Sche					16	<u> %</u>
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2020 (lin					17	%
18	Investment income percentage from 2019 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2020. If the org	ganization did r	not check the bo	ox on line 14, ar	nd line 15 is mo	ore than 331/3%,	and line
	17 is not more than 331/3 %, check this	box and stop	here. The organ	nization qualifies	as a publicly su	upported organiza	tion . ►
b	331/3% support tests - 2019. If the orga	anization did not	t check a box on	line 14 or line 1	9a, and line 16	is more than 331	1/3 %, and
	line 18 is not more than 331/3%, check	this box and s	top here. The or	ganization qualifie	es as a publicly	supported organi	zation 🕨 🔃
20	Private foundation. If the organization d	lid not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	tions ►

Schedule A (Form 990 or 990-EZ) 2020 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

organization was described in section 509(a)(1) or (2).

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					

- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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 line 10b below.
 - 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.)

		Yes	No
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Part	IV Supporting Organizations (continued)			i age o
			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
01	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations		Vaa	Na
			res	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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	ion 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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		<i>-</i>	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uction	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
2 a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2 a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

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Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See						
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Se	ection 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					
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
_ е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e					
_2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Se	ection C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional		ited Type III supporting	organization			
-	(see instructions).						

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page **7**

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

Schedule A (Form 990 or 990-EZ) 2020

6

any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI*. See instructions.

Excess distributions carryover to 2021. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:

Excess from 2016 . . .

Excess from 2017 . . .

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

and 4c.

Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in*

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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

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

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

2020

Employer identification number Name of the organization NEW YORK CARES, INC. 13-3444193 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 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** [X] 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 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) (2020)

NEW YORK CARES, INC. Name of organization

Employer identification number 13-3444193

		1	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 507,614.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$ 392,740.	Person X Payroll Noncash

4	N/A	\$334,904.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$\$	Person X Payroll Noncash (Complete Part II for

noncash contributions.)

(Complete Part II for noncash contributions.)

> (d) Type of contribution

(a)

No.

(b)

Name, address, and ZIP + 4

(c)

Total contributions

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization NEW YORK CARES, INC.

Employer identification number 13-3444193

Part 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			
7	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization NEW YORK CARES, INC.

Employer identification number 13-3444193

-					
art II	Noncash Property	(see instructions).	. Use duplicate c	opies 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
		\$	

Name of organization NEW YORK CARES, INC.

Employer identification number 13-3444193

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (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 exclusively 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	
	Transferee's name, address, ar	(e) Transf nd ZIP + 4	sfer of gift Relationship of transferor to transferee		
(a) No.	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
Part I	(b) I dipose of gift		or grit	(u) Description of now gire is new	
	Transferee's name, address, ar	(e) Transf nd ZIP + 4	-	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	Transferee's name, address, ar		nsfer of gift Relationship of transferor to transferee		
(a) No.	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
Part I					
	Transferee's name, address, ar	(e) Transf nd ZIP + 4		nship of transferor to transferee	

SCHEDULE 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.

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NEW	YORK CARES, INC.			13-344419	3
Pa		d Funds or Other S	imilar Funds or	Accounts.	
	Complete if the organization answered "Y	<u>es" on Form 990,</u> P	art IV, line 6.		
		(a) Donor advise	ed funds	(b) Funds and o	other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor ac	lvisors in writing that	t the assets held	in donor advised	
	funds are the organization's property, subject to the or	ganization's exclusive	e legal control?		Yes No
6	Did the organization inform all grantees, donors, and	donor advisors in wr	iting that grant fu	unds can be used	
	only for charitable purposes and not for the benefit of	of the donor or dono	r advisor, or for a	ny other purpose	
	conferring impermissible private benefit?				Yes No
Pa	t II Conservation Easements.				
	Complete if the organization answered "Y				
1	Purpose(s) of conservation easements held by the or	-			
	Preservation of land for public use (for example, red	creation or education)		of a historically imp	
	Protection of natural habitat		Preservation	of a certified histori	c structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held	a qualified conservat	ion contribution in		
	easement on the last day of the tax year.				nd of the Tax Yea
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements .			2b	
С	Number of conservation easements on a certified his			2c	
d	Number of conservation easements included in (c) a	•			
_	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transf	errea, releasea, extin	guisnea, or termi	inated by the organ	nization during t
,	tax year ► Number of states where property subject to conserva	tion accoment is least	ad b		
4 5	Does the organization have a written policy regard			ion handling of	
5	violations, and enforcement of the conservation easer	- :		-	Yes
6	Staff and volunteer hours devoted to monitoring, inspecti				
•	b	ing, manufing of violation	ons, and emoreing	conscivation cascine	ins during the ye
7	Amount of expenses incurred in monitoring, inspecting	handling of violation	s and enforcing co	onservation easeme	ents during the ve
-	►\$,,	o, aa oo. og o.	01.001.1401.04.0010	
8	Does each conservation easement reported on line 2(d) above satisfy the req	uirements of secti	on 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			. , . , . , . ,	☐ Yes ☐ N
9	In Part XIII, describe how the organization reports cor	nservation easements	s in its revenue and	d expense statement	and
	balance sheet, and include, if applicable, the text of the				
	organization's accounting for conservation easements				
Pa	t III Organizations Maintaining Collections of			r Similar Assets.	
	Complete if the organization answered "Y	es" on Form 990, P	art IV, line 8.		
1a	If the organization elected, as permitted under FASB of art, historical treasures, or other similar assets	ASC 958, not to re	port in its revenu	e statement and ba	alance sheet wor
	of art, historical treasures, or other similar assets a service, provide in Part XIII the text of the footnote to i	neid for public exnit ts financial statement	oition, education, is that describes th	or research in turi nese items.	tnerance of pub
b	If the organization elected, as permitted under FASE				nce sheet works
~	art, historical treasures, or other similar assets held f	or public exhibition,	education, or res	earch in furtherance	e of public servi
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art,			assets for financial	gain, provide t
	following amounts required to be reported under FASI	B ASC 958 relating to	these items:		
а	Revenue included on Form 990, Part VIII, line 1				
b	Assets included in Form 990, Part X			▶ \$	

Schedule D (Form 990) 2020 Page **2**

Pa	rt III Organizations Maintaini	ng Collections of	Art, Historical Tre	easures, or	Other Similar	Assets (co	ontinue		.gc <u>-</u>
3	Using the organization's acquisition	n, accession, and c	ther records, chec	k any of the	e following that	make signif	ficant u	se of	its
	collection items (check all that app	ly):							
а	Public exhibition		d Loan	or exchange	program				
b	Scholarly research		e Other						_
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collections	and explain how	they further	the organization	n's exempt	purpose	in F	Part
	XIII.								
5	During the year, did the organization						_	_	
	assets to be sold to raise funds rath		ained as part of the	organization	's collection?		Yes		No
Pa	rt IV Escrow and Custodial A						_		
	Complete if the organiza	ition answered "Ye	s" on Form 990, I	Part IV, line	9, or reported	an amount	on For	m	
	990, Part X, line 21.								
1 a	Is the organization an agent, trus						٦		
	included on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and comp	lete the following ta	ble:	T				
						Amount			
C	Beginning balance								
d	Additions during the year								
e	Distributions during the year								
f	Ending balance					'- L 'I''. O			<u> </u>
2a	Did the organization include an am	•				,	Yes	\vdash	No
	If "Yes," explain the arrangement i	n Part XIII. Check ne	ere it the explanation	nas been p	rovided on Part X	III			
Pa	rt V Endowment Funds. Complete if the organiza	ition answered "Ve	s" on Form 990	Part IV/ line	10				
	Complete ii the organiza	(a) Current year	(b) Prior year	(c) Two year		years back	(e) Four y	oare h	
		4,410,132.	4,100,484.	3,846	` '	35,476.			471.
1 a	Beginning of year balance	4,410,132.	4,100,404.	3,040	, 990. 3, 7.	33,470.			$\frac{471}{032}$.
b	Contributions							02,	
С	Net investment earnings, gains,	282,066.	309,648.	253	,488.	30,159.	1	72	973.
	and losses	202,000.	307,040.	255	,100.	30,137.		, , ,	
	Grants or scholarships								
е	Other expenditures for facilities					18,639.			
	and programs					10,037.			—
f	Administrative expenses	4,692,198.	4,410,132.	4,100	484 3 84	46,996.	3 7	35 4	476 .
g	End of year balance					10,000.	3,7	55,	
2 a	Provide the estimated percentage Board designated or quasi-endown	of the current year of the current year.	end balance (line 1g	, column (a))	held as:				
	Permanent endowment	%	_ /0						
C									
·	The percentages on lines 2a, 2b, a	. * *	00%						
3a	Are there endowment funds not in	•		are held an	d administered fo	or the			
- u	organization by:	and poddoddion of a	o organization that	are note an	a aarriiniotoroa re	71 1110	Y	es	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the relate						3b		
4	Describe in Part XIII the intended u	•	•						
	TVI Land, Buildings, and Equ	ipment.							
	Complete if the organize	ation answered "Ye							
	Description of property	(a) Cost or (invest		or other basis other)	(c) Accumulated depreciation	(d)	Book valu	ıe	
1a	Land	,	,	,					
b	Buildings			347,786.	305,474		4	2,3	12.
С	Leasehold improvements								
d	Equipment			280,185.	270,762			9,4	23.
е	Other			270,231.	270,231				
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forn	n 990, Part X, colum	n (B), line 10	Oc.) • • • •	<u> </u>	5	1,7	35.

Page 3 Schedule D (Form 990) 2020

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	Part IV line 11b See Form 990 Pa	rt X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market va	
(1) Financi	al derivatives			
(2) Closely	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII		"\/aa" an Farm 000	Dort IV line 44 c Con Form 000 Do	mt V. lim n. 40
	Complete if the organization answered			rt X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market va	ılue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990, Pa	rt X, line 15.
	(a) Des	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)	<u></u> ▶	
Part X	Other Liabilities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 9	90, Part X,
	line 25.		·	
1.	` ' '	tion of liability		(b) Book value
. ,	ral income taxes			
	RRED RENT OBLIGATION			191,201.
	NDABLE ADVANCES			148,937.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				240 125
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			340,138.
2. Liability for	or uncertain tax positions. In Part XIII, provide the	text of the footnote to t	the organization's financial statements that r	eports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . X

Schedule D (Form 990) 2020 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	11,136,290.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
– a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	213,804.
	Subtract line 2e from line 1	3	10,922,486.
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a 15,224.		
a b	Other (Describe in Part XIII.)	1	
	Add lines 4a and 4b	4c	15,224.
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	10,937,710.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	9,235,226.
1	Total expenses and losses per audited financial statements		7,233,220.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 127, 125.		
а	Donated Services and use of lacinities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	-	
b	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe III Fait Alli.)	-	399,410.
е	Add lines 2a through 2d	2e	8,835,816.
3	Subtract line 2e from line 1	3	0,033,010.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 15, 224.		
а	investment expenses not included on Form 930, Fait Vin, line Fb. 1.1.1.1.	-	
b	Other (Describe in Part XIII.)		15,224.
	Add lines 4a and 4b	4c	8,851,040.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0,031,040.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	nation	

Page 5

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 \$272,285 INCLUDED IN EXPENSES WITHIN THE FINANCIAL STATEMENTS BUT NOT ON FORM 990, PART IX.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection Name of the organization Employer identification number NEW YORK CARES, 13-3444193 INC. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Χ Internet and email solicitations Solicitation of government grants X Χ Phone solicitations Special fundraising events C In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, X | Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 ATTACHMENT 1 2 3 6 8 9 10 1,281,026. 65,000 1,216,026. Total

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

Schedule G (Form 990 or 990-EZ) 2020 Page

Pa	rt l	Fundraising Events. Completed more than \$15,000 of fundrate events with gross receipts greaters.	aising event contribut			
		<u> </u>	(a) Event #1 WINTER BENEFIT	(b) Event #2 SOIREE	(c) Other events	(d) Total events (add col. (a) through col. (c))
<u>e</u>			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	1,281,026.	129,017.	31,559.	1,441,602.
Ä	2	Less: Contributions	1,241,026.	129,017.	31,559.	1,401,602.
	3	Gross income (line 1 minus line 2)	40,000.		0.	40,000
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	40,000.			40,000.
t Exp	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses				
Pa	11	Direct expense summary. Add lin Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	ne 10 from line 3, colu anization answered "	ımn (d)	<u> </u>	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct F	4	Rent/facility costs				
_	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	<u> </u>	
9 a b		Enter the state(s) in which the org Is the organization licensed to con If "No," explain:	anization conducts ga duct gaming activities	in each of these state		Yes No
10a k		Were any of the organization's gaminous [1] "Yes," explain:	g licenses revoked, susp		• •	Yes No

Sched	ule G (Form 990 or 990-EZ) 2020
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
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?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
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
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2020

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	FUND-RAISER	٧	1,281,026.	65,000.	1,216,026.
411 FACE 02DD CEDDEE	FUND-RAISER	A	1,201,020.	03,000.	1,210,020.

SUITE 3F NEW YORK NY 10028

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NEW YORK CARES, INC.

Part I Questions Regarding Compensation

Employer identification number

13-3444193

			Yes	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.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	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						
2	explain	1b					
	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						
3	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.						
	X Compensation committee Written employment contract						
	Independent compensation consultant X Compensation survey or study						
	X Form 990 of other organizations X 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 filing organization or a related organization:						
а							
b	Participate in or receive payment from a supplemental nonqualified retirement plan?						
C	Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
_							
	in res to any or lines 4a-c, list the persons and provide the applicable amounts for each item in rait in.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	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:						
а	The organization?	5a		Х			
b	Any related organization?						
	If "Yes" on line 5a or 5b, describe in Part III.	5b		X			
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:						
а	The organization?	6a		Х			
b	Any related organization?	6b		Х			
	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.						
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	8		X			
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 Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

NEW YORK CARES, INC. 13-3444193

Schedule J (Form 990) 2020

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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)		
GARY BAGLEY	(i)	298,382.	0.	0.	2,500.	48.	300,930.	0.	
1 EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
EDWARD LADA	(i)	201,222.	0.	0.	2,500.	33,629.	237,351.	0.	
2CHIEF FINANCE & OPS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
JENNIFER BEIRNE	(i)	153,803.	0.	0.	2,500.	30,973.	187,276.	0.	
3 ^{CHIEF} DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
DAVID DELUCA	(i)	160,049.	0.	0.	2,500.	11,759.	174,308.	0.	
4 ^{CHIEF PROGRAM OFFICER}	(ii)	0.	0.	0.	0.	0.	0.	0.	
DOUGLAS AXENFELD	(i)	125,423.	0.	0.	2,500.	32,401.	160,324.	0.	
5DIRECTOR, FINANCE & OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(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)								

NEW YORK CARES, INC. 13-3444193

Schedule J (Form 990) 2020

Part | 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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ 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.

Employer identification number 13-3444193

Part I Types of Property

NEW YORK CARES, INC.

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash conf			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
•	goods	X		255,374.	RESALE VA	LUE		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	10.	87,633.	PUBLISHED	MKT	QUC	OTES
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	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►(
29	Number of Forms 8283 received	by the ora	anization during the tax ve	ear for contributions for				
	which the organization completed F		• •		29			
		0200,	, _				Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least the				_			
	to be used for exempt purposes for	•			•	30a		X
b	If "Yes," describe the arrangement i		<u>.</u>					
31	Does the organization have a		tance policy that require	es the review of any i	nonstandard			
	contributions?	- '	, ,	,		31	Х	

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

b If "Yes," describe in Part II.

describe in Part II.

Schedule M (Form 990) 2020

32a

Χ

contributions?......

Schedule M (Form 990) (2020) Page **2**

Part II Supplemental Inform

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.

FORM 990, SCHEDULE M, PART I, COLUMN B, LINE 9

THE NUMBER DISCLOSED IS BASED ON THE NUMBER OF STOCK DONATIONS RECEIVED.

NEW YORK CARES, INC.

Schedule M (Form 990) (2020)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

NEW YORK CARES, INC. 13-3444193

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

Name of the organization

NEW YORK CARES, INC.

Employer identification number

13-3444193

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 \$(272,285) REPRESENTS LOSSES ON
UNCOLLECTIBLE PLEDGES.