Return of Organization Exempt From Income Tax

orm **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.

OMB No. 1545-0047

2020

Open to Public Inspection

A F	or th	e 202	0 calendar year, or tax year beginning 07/01, 2020, and	ending		06/30,	20 21	
B c	heck if ap	oplicable:	C Name of organization		D Employer ide	entification nu	ımber	
	Addre		NEW YORK FOUNDLING		12 1624	100		
	chang	ge	Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/	/:	13-1624			
	+	change		suite	E Telephone nu			
	Initial	return	590 AVENUE OF THE AMERICAS		(212) 88	5-4060		
	Term		City or town, state or province, country, and ZIP or foreign postal code			. 041	. 405 00	
	returr	n	NEW YORK, NY 10011		G Gross receipt		3,425,90	_
	pendi	cation ing	F Name and address of principal officer: WILLIAM BACCAGLINI	0010	H(a) Is this a grou subordinates		⊣ ⊢	No
_			590 AVENUE OF THE AMERICAS, NEW YORK, NY 10011-		H(b) Are all subordi	_	Yes	No
		empt st	(((((((((((((((((((527	-	h a list. (see inst		
_			WWW.NYFOUNDLING.ORG		H(c) Group exemp			
-				Year of forma	tion: 1869 M	State of legal	domicile: I	NY
P	art I		mmary					
_	1	Briefly	y describe the organization's mission or most significant activities: SEE SCHEDI	OPE O				· — —
nce								· — —
rna	١.							· – –
Governance	2		this box if the organization discontinued its operations or disposed of m			1	2	2
	l -		er of voting members of the governing body (Part VI, line 1a)			3		$\frac{3.}{3.}$
es	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)			4		
Activities &	5		number of individuals employed in calendar year 2020 (Part V, line 2a)			5	3,25	
₹cti	6		number of volunteers (estimate if necessary)			6		<u> </u>
`			unrelated business revenue from Part VIII, column (C), line 12			7a		0
	D	Net ur	nrelated business taxable income from Form 990-T, line 34		Prior Year	7b	urrent Year	
		Contri	ibutions and groups (Dort VIII line 4b)		70,841,30		2,128,5	<u></u>
ne	8	Drogr	ibutions and grants (Part VIII, line 1h) COPY FOR	.	90,739,93		3,728,5	
Revenue	_	Invocat	copy for revenue (Part VIII, line 2g) timent income (Part VIII, column (A), lines 3, 4, and 7d)	TION -	3,515,73		8,055,5	
Re	10 11	IIIVESI	revenue (Part VIII, column (A), lines 5, 4, and 70)	——↓——	3,881,04		4,511,7	
	12				168,978,01		8,424,3	
	13		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) s and similar amounts paid (Part IX, column (A), lines 1-3)		100,570,01	0.	0,121,5	
	14					0.		_ 0
	15		its paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		114,940,07		2,810,5	7 6
Expenses					111/010/0/	0.		 0
ben	h	Total	ssional fundraising fees (Part IX, column (A), line 11e) fundraising expenses (Part IX, column (D), line 25) 927,873.	• • • •				
Ĕ			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		61,358,17	5. 6	8,356,2	72
	18	Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	• • • •	176,298,25		1,166,8	
	19		nue less expenses. Subtract line 18 from line 12	•••	-7,320,23		7,257,49	
es		IXCVCI	tale 1633 expenses. Subtract file 10 from file 12.	Begi	nning of Current Y		nd of Year	_
ets	20	Total	assets (Part X, line 16)		313,522,45		0,385,5	36
Ass Bal	21		liabilities (Part X, line 26)	•••	75,410,03		6,829,20	
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 21 from line 20.	• • •	238,112,42		3,556,3	
	rt II		gnature Block					_
Un	der pei	nalties c	of perjury, I declare that I have examined this return, including accompanying schedules and			my knowledg	ge and belief,	it is
true	e, corre	ect, and	complete. Declaration of preparer (other than officer) is based on all information of which preparer	oarer has any k	nowledge.			
Sig			Signature of officer		Date			
He	re							
			Type or print name and title					
_	_	Print/	Type preparer's name Preserver's signature Da	te	Check	if PTIN		_
Paid		PAU:	L HAMMERSCHMIDT 5	5/13/202			84178	
	parer	Firm's	sname > BDO USA, LLP			13-5381		_
use	Only		saddress ► 100 PARK AVENUE NEW YORK, NY 10017-5001			212-885-		_
May	the I		cuss this return with the preparer shown above? (see instructions)			X	Yes	No
For	Pape	rwork	Reduction Act Notice, see the separate instructions.				orm 990 (20	

NEW YORK FOUNDLING

Foi	m 990 (2020) Page 2
P	art Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ATTACHMENT 1
_	Did the executation undertake any significant program comises during the year which were not listed on the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
Ŭ	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$81,730,235. including grants of \$0.) (Revenue \$88,526,026.)
	DEVELOPMENTAL DISABILITIES - THE FOUNDLING PROVIDES SUPPORT FOR
	PEOPLE WITH DEVELOPMENTAL DISABILITIES THROUGHOUT THE NEW YORK
	METROPOLITAN AREA, REACHING MORE THAN 1000 ADULTS AND CHILDREN
	EVERY YEAR. OUR PROGRAMS CREATE A SUPPORTIVE AND NURTURING
	ENVIRONMENT, HELPING THE PEOPLE WE SERVE STRIVE TOWARD
	INDEPENDENCE AND BECOME THRIVING MEMBERS OF THEIR COMMUNITIES.
4b	(Code:) (Expenses \$ 45,089,545. including grants of \$ 0.) (Revenue \$ 29,551,129.)
	CHILD WELFARE - THE FOUNDLING IS KNOWN LOCALLY, NATIONALLY, AND
	INTERNATIONALLY FOR OUR EVIDENCE-BASED PROGRAMS FOR CHILDREN,
	ADOLESCENTS, AND FAMILIES. EVIDENCE-BASED PROGRAMS ARE PROVEN TO
	BE THE MOST EFFECTIVE PROGRAMS TO STRENGTHEN FAMILIES AND PREVENT
	THE NEED FOR CHILD WELFARE SYSTEM INVOLVEMENT. THE SUCCESS OF
	THESE PROGRAMS RESULT IN MAJOR TAXPAYER SAVINGS, AND, MOST
	IMPORTANTLY, KEEPS FAMILIES SAFE, SUPPORTED, AND TOGETHER.
_	(O. d.) (Farance & 'calculing and the (A)
40	(Code:) (Expenses \$34,792,025. including grants of \$0.) (Revenue \$0.) EDUCATION - AT THE NEW YORK FOUNDLING, WE SEE EDUCATION AS THE
	PATHWAY TO INDEPENDENCE. ALL OF OUR PROGRAMS LAY THE GROUNDWORK
	FOR HEALTHY DEVELOPMENT, WELLBEING, AND SELF-DETERMINATION BY
	TEACHING CRITICAL LIFE AND LEARNING SKILLS. WE UNDERSTAND THAT
	EDUCATION IS MUCH MORE THAN WHAT HAPPENS IN A CLASSROOM, AND
	INCLUDES FAMILIES LEARNING TO COMMUNICATE, INDIVIDUALS WITH
	DEVELOPMENTAL DISABILITIES LEARNING JOB SKILLS, AND CHILDREN WHO
	HAVE EXPERIENCED TRAUMA LEARNING STUDY SKILLS.
_	
4 c	Other program services (Describe on Schedule O.)
	(Expenses \$ 22,266,006. including grants of \$ 0.) (Revenue \$ 10,163,115.)
4e	Total program service expenses ▶ 183,877,811.

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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	X	
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		X
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,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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,"		37	
_	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more		Х	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Λ	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	444		Х
لہ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	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	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's Separate of consolidated financial statements for the tax year morate a roothole 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	1-4		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		,.	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			7.7
00	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	24		Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

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Part	Checklist of Required Schedules (continued)		V	NI -
00	Did the agreeiestics assess the off 000 of agents of other assistance to be for degreetic individuals		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
2/2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
2 - a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	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		X
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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		X
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			v
	"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		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	20-		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	
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
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		X
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			ــــــــــــــــــــــــــــــــــــــ
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		37	
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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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 3,251			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
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).			
	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	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
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
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	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		
8	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
а	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			
_	and organization of the quantum forms of the control of the contro			
	Enter the amount of reserves on hand	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	5		
13	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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

Sect	ion A. Governing Body and Management					
					Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year	1a	23			
ıu	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					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	23			
2		lations	ship with			
_	If there are material differences in voting rights any output to 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. 1b 23 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?. Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employee to a management company or other person?. Did the organization make any significant changes to its governing documents since the prior form 990 was filed?. Did the organization make any significant changes to its governing documents since the prior form 990 was filed?. Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Bach committee with authority to act on behalf of the governing body? Bis there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If Y'es, Provide the names and addresses on Schedule O. 9 Join B. Policies (This Section B requests information about policies not required by the Internal Revenue Cock of the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensides? If Y'es, Provide the names and addresses on Schedule O. 10 Jud the organization have a written policies of the organization to review this Form 990. 11 Jud the organizatio		2		X	
3						
				3		Х
4				4		Х
5				5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect o	appoint			
	one or more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,			
	stockholders, or persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	n during			
	·				37	
а				8a	X	
b				8b	X	_
9						X
Secti				_)	Λ.
Jecu	on b. Folicies (This Section Direquests information about policies not required by the line	Jillai	Neveriue	Code	·/ Yes	No
100	Did the organization have lead chanters branches or affiliates?			10a		X
b			-	10b		
11a	, ,	•		11a	Х	
b		iiiig tii	C TOTTI:			
12a				12a	Х	
b						
_				12b	X	
С						
		-		12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review ar	nd app	proval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and o	decision?			
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	· · · · ·			15b	X	
	,					
16a		r arra	ngement	40-		X
	· · · · · · · · · · · · · · · · · · ·			16a		Δ
b						
				16h		
Secti				100		
17						
18		gan	and QQU-T	(Sec	tion 5	i01(c)
.0	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap	ply.		(000	1011 0	01(0)
19	Describe on Schedule O whether (and if so, how) the organization made its governing docur and financial statements available to the public during the tax year.	nents,	conflict of	finter	est p	oolicy,
20	State the name, address, and telephone number of the person who possesses the organization's MICHAEL KURTZ, 590 AVENUE OF THE AMERICAS, NEW YORK, NY 10011-2019 212-886-4060	oooks	and record	s ►		

Form **990** (2020)

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Control terms to a norm Control terms to the compensation Co					(0	C)					
CEO & PRESIDENT O. O. O. O. O. O. O. O	(A)	(B)			Pos	ition			(D)	(E)	(F)
Compensation Per week Per w	Name and title	Average	,						Reportable	Reportable	Estimated amount
(1) WILLIAM BACCAGLINI 35.00 CEO & PRESIDENT 0. (2) JOSEPH SACCOCCTO 35.00 SR. VP - MEDICAL PROGRAMS 0. (3) MICHAEL KURTZ 35.00 SR. VP - MEDICAL PROGRAMS 1.00 SR. VP									·		
Carried Control of the Control of Control		1 .				_					· ·
Comparizations			Indi or d	Insti	Offic	Rey	High	Fom	•	_	
(1) WILLIAM BACCAGLINI 35.00 CEO & PRESIDENT 0. X 594,446. 0. 120,789.		related	/idua	tutic	ěř	emp	lest	ner			related organizations
(1) WILLIAM BACCAGLINI 35.00 CEO & PRESIDENT 0. X 594,446. 0. 120,789.		"	or tr	nal		loye	е 80 В				
(1) WILLIAM BACCAGLINI 35.00 CEO & PRESIDENT 0. X 594,446. 0. 120,789.			ste	trus		ő	pen				
(1)WILLIAM BACCAGLINI 35.00 CEO & PRESIDENT 0. X 594,446. 0. 120,789. (2)JOSEPH SACCOCIO 35.00 SR. VP - MEDICAL PROGRAMS 0. X 287,284. 0. 56,727. (3)MICHAEL KURTZ 35.00 SR. VP & CFO 1.00 X 264,890. 0. 46,635. (4)JILL GENTILE 35.00 SR. VP DEVELOPMENTAL DISAB. 1.00 (5)VALERIE RUSSO (THRU 05/2021) 35.00 SR. VP & COO 0. X 260,755. 0. 42,647. (6)CARMEN JIRAU RIVERA 35.00 EXECUTIVE VP & CPO 1.00 X 280,106. 0. 17,045. (7)SYLVIA ROWLANDS THRU 8/1/20 35.00 SVP EVIDENCE-BASED PROGRAMS 0. X 225,473. 0. 53,912. (8)ROSLYN MUROV 35.00 SVP MENTAL HEALTH SERVICES 0. X 249,843. 0. 22,813. (9)DANIELLA VOLCY 35.00 VICE PRESIDENT 0. X 207,927. 0. 36,505. (10)VICTORIA IZRAYLEVSKY 35.00 VICE PRESIDENT 0. X 221,441. 0. 22,253. (11)ARIK HILL 35.00 CHIEF INFORMATION OFFICER 0. X 208,051. 0. 29,103. (12)PAUL D. O'KEEFE (THRU 09/2020) 35.00 MEDICAL DIRECTOR 0. X 219,713. 0. 15,257. (13)DEANA TIETUEN 35.00 FAMILY LAW COUNSEL 0. X 185,923. 0. 38,336. (14)JENNIFER CABRERA 35.00				.ee			sate				
CEO & PRESIDENT 0.							0.				
(2) JOSEPH SACCOCCIO 35.00 X 287,284. 0. 56,727. SR. VP - MEDICAL PROGRAMS 0. X 287,284. 0. 56,727. (3)MICHAEL KURTZ 35.00 X 264,890. 0. 46,635. (4) JILL GENTILE 35.00 X 262,300. 0. 46,495. (5) VALERIE RUSSO (THRU 05/2021) 35.00 SR. VP & COO 0. X 260,755. 0. 42,647. (6) CARMEN JIRAU RIVERA 35.00 EXECUTIVE VP & CPO 1.00 X 280,106. 0. 17,045. (7) SYLVIA ROWLANDS THRU 8/1/20 35.00 SVP EVIDENCE-BASED PROGRAMS 0. X 225,473. 0. 53,912. (8) ROSLYN MUROV 35.00 SVP MENTAL HEALTH SERVICES 0. X 249,843. 0. 22,813. (9) DANIELLA VOLCY 35.00 VICE PRESIDENT 0. X 207,927. 0. 36,505. (10) VICTORIA IZRAYLEVSKY 35.00 VICE PRESIDENT 0. X 221,441. 0. 22,253. (11) ARIK HILL 35.00 CHIEF INFORMATION OFFICER 0. X 208,051. 0. 29,103. (12) PAUL D. O'KEEFE (THRU 09/2020) 35.00 MEDICAL DIRECTOR 0. X 219,713. 0. 15,257. (13) DEANA TIETJEN 35.00 FAMILY LAW COUNSEL 0. X 185,923. 0. 38,336. (14) JENNIFER CABRERA 35.00 X 185,923. 0. 38,336. (15) JENNIFER CABRERA 35.00 X 185,923. 0. 38,336. (14) JENNIFER CABRERA 35.00 X 185,923. 0. 38,336. (15) JENNIFER CABRERA 35.00 X 185,923. 0. 38,336. (16) JENNIFER CABRERA 35.00 X 185,923. 0. 38,336. (16) JENNIFER CABRERA 35.00 X 185,923. 0. 38,336. (16) JENNIFER CABRERA 35.00 X 185,923. 0. 38,336. (17) JENNIFER CABRERA 35.00 X 185,923. 0. 38,336. (18) JENNIFER CABRERA 35.00 X 287,724. 0. 287,724. 0. 287,724	(1) WILLIAM BACCAGLINI	35.00									
SR. VP - MEDICAL PROGRAMS O. X 287,284. O. 56,727.	CEO & PRESIDENT	0.			Х				594,446.	0.	120,789.
Campain Camp	(2)JOSEPH SACCOCCIO	35.00									
SR. VP & CFO	SR. VP - MEDICAL PROGRAMS	0.				X			287,284.	0.	56,727.
(4)JILL GENTILE 35.00 X 262,300. 0. 46,495.	(3)MICHAEL KURTZ	35.00									
SR. VP DEVELOPMENTAL DISAB. 1.00	SR. VP & CFO	1.00			Х				264,890.	0.	46,635.
(5) VALERIE RUSSO (THRU 05/2021) 35.00 SR. VP & COO	(4)JILL GENTILE	35.00									
SR. VP & COO	SR. VP DEVELOPMENTAL DISAB.	1.00				Х			262,300.	0.	46,495.
(6) CARMEN JIRAU RIVERA 35.00 X 280,106. 0. 17,045. (7) SYLVIA ROWLANDS THRU 8/1/20 35.00 X 225,473. 0. 53,912. SVP EVIDENCE-BASED PROGRAMS 0. X 225,473. 0. 53,912. (8) ROSLYN MUROV 35.00 X 249,843. 0. 22,813. (9) DANIELLA VOLCY 35.00 X 207,927. 0. 36,505. (10) VICTORIA IZRAYLEVSKY 35.00 X 221,441. 0. 22,253. (11) ARIK HILL 35.00 X 208,051. 0. 29,103. (12) PAUL D. O'KEEFE (THRU 09/2020) 35.00 X 219,713. 0. 15,257. (13) DEANA TIETJEN 35.00 X 185,923. 0. 38,336. (14) JENNIFER CABRERA 35.00 X 185,923. 0. 38,336.		35.00									
EXECUTIVE VP & CPO	SR. VP & COO	0.			Х				260,755.	0.	42,647.
(7) SYLVIA ROWLANDS THRU 8/1/20 35.00 SVP EVIDENCE-BASED PROGRAMS 0. X 225,473. 0. 53,912.	(6) CARMEN JIRAU RIVERA	35.00									
SVP EVIDENCE-BASED PROGRAMS O. X 225,473. O. 53,912.					Х				280,106.	0.	17,045.
SVP MENTAL HEALTH SERVICES O. X 249,843. O. 22,813.	(7) SYLVIA ROWLANDS THRU 8/1/20	35.00									
SVP MENTAL HEALTH SERVICES O. X 249,843. O. 22,813.	SVP EVIDENCE-BASED PROGRAMS	0.				Х			225,473.	0.	53,912.
(9) DANIELLA VOLCY 35.00 VICE PRESIDENT 0. (10) VICTORIA IZRAYLEVSKY 35.00 VICE PRESIDENT 0. (11) ARIK HILL 35.00 CHIEF INFORMATION OFFICER 0. X 208,051. (12) PAUL D. O'KEEFE (THRU 09/2020) 35.00 MEDICAL DIRECTOR 0. X 219,713. 0. 15,257. (13) DEANA TIETJEN 35.00 FAMILY LAW COUNSEL 0. (14) JENNIFER CABRERA 35.00		35.00									
VICE PRESIDENT 0. X 207,927. 0. 36,505. (10) VICTORIA IZRAYLEVSKY 35.00 X 221,441. 0. 22,253. VICE PRESIDENT 0. X 221,441. 0. 22,253. (11) ARIK HILL 35.00 X 208,051. 0. 29,103. CHIEF INFORMATION OFFICER 0. X 208,051. 0. 29,103. (12) PAUL D. O'KEEFE (THRU 09/2020) 35.00 X 219,713. 0. 15,257. (13) DEANA TIETJEN 35.00 X 185,923. 0. 38,336. FAMILY LAW COUNSEL 0. X 185,923. 0. 38,336. (14) JENNIFER CABRERA 35.00 X 185,923. 0. 38,336.						Х			249,843.	0.	22,813.
(10) VICTORIA IZRAYLEVSKY 35.00 VICE PRESIDENT 0. (11) ARIK HILL 35.00 CHIEF INFORMATION OFFICER 0. (12) PAUL D. O'KEEFE (THRU 09/2020) 35.00 MEDICAL DIRECTOR 0. (13) DEANA TIETJEN 35.00 FAMILY LAW COUNSEL 0. (14) JENNIFER CABRERA 35.00 X 221,441. 0. 29,103. X 219,713. 0. 15,257. (13) DEANA TIETJEN 35.00 X 185,923. 0. 38,336.	(9) DANIELLA VOLCY	35.00									
VICE PRESIDENT 0. X 221,441. 0. 22,253. (11) ARIK HILL 35.00 X 208,051. 0. 29,103. CHIEF INFORMATION OFFICER 0. X 208,051. 0. 29,103. (12) PAUL D. O'KEEFE (THRU 09/2020) 35.00 X 219,713. 0. 15,257. (13) DEANA TIETJEN 35.00 X 185,923. 0. 38,336. (14) JENNIFER CABRERA 35.00 X 185,923. 0. 38,336.							Х		207,927.	0.	36,505.
(11) ARIK HILL 35.00 X 208,051. 0. 29,103. (12) PAUL D. O'KEEFE (THRU 09/2020) 35.00 X 219,713. 0. 15,257. (13) DEANA TIETJEN 35.00 X 185,923. 0. 38,336. (14) JENNIFER CABRERA 35.00 X 185,923. 0. 38,336.	(10) VICTORIA IZRAYLEVSKY	35.00									
CHIEF INFORMATION OFFICER 0. X 208,051. 0. 29,103. (12) PAUL D. O'KEEFE (THRU 09/2020) 35.00 MEDICAL DIRECTOR 0. X 219,713. 0. 15,257. (13) DEANA TIETJEN 35.00 FAMILY LAW COUNSEL 0. X 185,923. 0. 38,336. (14) JENNIFER CABRERA 35.00							X		221,441.	0.	22,253.
(12) PAUL D. O'KEEFE (THRU 09/2020) 35.00 MEDICAL DIRECTOR 0. X 219,713. 0. 15,257. (13) DEANA TIETJEN 35.00 X 185,923. 0. 38,336. FAMILY LAW COUNSEL 0. X 185,923. 0. 38,336. (14) JENNIFER CABRERA 35.00 35.00 0. 38,336.	(11) ARIK HILL	35.00									
MEDICAL DIRECTOR 0. X 219,713. 0. 15,257. (13) DEANA TIETJEN 35.00 X 185,923. 0. 38,336. FAMILY LAW COUNSEL 0. X 185,923. 0. 38,336. (14) JENNIFER CABRERA 35.00 35.00 0.		0.				X			208,051.	0.	29,103.
(13) DEANA TIETJEN 35.00 FAMILY LAW COUNSEL 0. X 185,923. 0. 38,336. (14) JENNIFER CABRERA 35.00 <td>(12) PAUL D. O'KEEFE (THRU 09/2020)</td> <td>35.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(12) PAUL D. O'KEEFE (THRU 09/2020)	35.00									
FAMILY LAW COUNSEL 0. X 185,923. 0. 38,336. (14) JENNIFER CABRERA 35.00 X 185,923. 0. 38,336.							X		219,713.	0.	15,257.
(14) JENNIFER CABRERA 35.00	(13) DEANA TIETJEN										
							Х		185,923.	0.	38,336.
PSYCHIATRIST 0. X 207,631. 0. 13,726.	3 /										
	PSYCHIATRIST	0.					Х		207,631.	0.	13,726.

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and F	lig	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	n both has both has or/trust employee	an	(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
15) RUTH GERSON (EFF. 03/2020)	35.00					<u> </u>				
SR. VP MENTAL HEALTH SERVICES	0.	1			Х			206,731	0.	7,019
16) ROBERT E. KING, JR.	2.00									
CHAIRPERSON	0.	Х		Х				0	0.	0
17) DONNA DODGE	2.00									
VICE PRESIDENT	0.	Х		Х				0	0.	0
18) DAVID MULLANE	2.00									
TREASURER	0.	Х		Х				0	. 0.	0
19) SR. CAROL BARNES, S.C.	10.00									
SECRETARY	0.	X		Х				0	. 0.	0
20) JOHN H. BANKS	1.00									
TRUSTEE	0.	Х						0	0.	0
21) ERIK BECK	1.00									
TRUSTEE	0.	X						0	0.	0
22) FRANK BRUNCKHORST	1.00									
TRUSTEE	0.	X						0	0.	0
23) JAMES BRUNE	1.00	37								0
TRUSTEE	0.	X						0	0.	0
24) JAMES HASSO TRUSTEE	1.00							0	0.	0
25) SR. VIVIENNE JOYCE, S.C.	1.00	X						0	. 0.	0
TRUSTEE	1.00	X						0	0.	0
		25					_	3,882,514.	0.	569,262.
1b Sub-total c Total from continuation sheets to Part VII, S	oction A		• •					0.	0.	0.
d Total (add lines 1b and 1c)	-		• •		• •			3,882,514.	0.	569,262.
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste		bove	e) who	o re			Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,0	00?) If	"Yes	5, "	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on i	fron	n any	un	related organizati	on or individual	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest com	noncated i	ndone	ndo	nt	con	tracto	re t	hat received more	than \$100 000 a	

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
ATTACHMENT 2		

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 ► 20

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TRUSTEE 0. X 0. 0. 27) PATRICIA A. MULVANEY 1.00 TRUSTEE 0. X 0. 0. 28) STEVEN J. MUSUMECI 1.00 TRUSTEE 0. X 0. 0. 29) PAUL NEALE 0. X 0. 0. TRUSTEE EFF. JULY 2020 0. X 0. 0. 30) DANIEL ONEGLIA 1.00 TRUSTEE 0. X 0. 0. 31) LINDA O'NEILL 1.00 TRUSTEE 0. X 0. 0. 32) NADIA OWENS 1.00 TRUSTEE 0. X 0. 0. 33) SR. CHARLOTTE RAFTERY, SC,LCSW 1.00 TRUSTEE 0. X 0. 0. 34) JESUS ROSARIO REYES 1.00 TRUSTEE 0. X 0. 0. 35) ANDREW S. ROFFE 1.00 TRUSTEE 0. X 0. 0. 36) DENNIS SHEEHAN 1.00 TRUSTEE 0. X 0. 0. 36) DENNIS SHEEHAN 1.00 TRUSTEE 0. X 0. 0.	Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	Higl	hest Compensat	ed Employees (c	ontinue	ed)	
Notice Part P	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title												
Compensation Comp			,								ar		f
Part		, ,	l .								com		on
26) SARAH KIM												•	
26) SARAH KIM		organizations	divid	l titu	fice	y er	ghe	me		(** 2/1000 141100)	org	anizatio	'n
26) SARAH KIM			lual	tion	~	nplc	st co	-	,				
26) SARAH KIM		line)	trus	a tr		уее	mp				org	anizatioi	าร
26) SARAH KIM			tee	uste		"	ens						
TRUSTEE				ě			ated						
27) PATRICIA A. MULVANEY	26) SARAH KIM	1.00											
TRUSTEE	TRUSTEE	0.	Х						0	0.			(
STEVEN J. MUSUMECI	27) PATRICIA A. MULVANEY	1.00											
TRUSTEE	TRUSTEE	0.	Х						0	0.			(
29 PAUL NEALE 1.00	28) STEVEN J. MUSUMECI	1.00											
TRUSTEE EFF. JULY 2020	TRUSTEE	0.	Х						0	0.			(
TRUSTEE 0. X 0. 0. 0. TRUSTEE 0. X 0. 0. TRUSTEE 0. X 0. 0. 0. TRUSTEE 0. X	29) PAUL NEALE	1.00											
TRUSTEE	TRUSTEE EFF. JULY 2020	0.	Х						0	0.			(
TRUSTEE	30) DANIEL ONEGLIA	1.00											
TRUSTEE 0. X 0. 0. 32) NADIA OWENS 1.00 TRUSTEE 0. X 0. 0. 33) SR. CHARLOTTE RAFTERY, SC, LCSW 1.00 TRUSTEE 0. X 0. 0. 34) JESUS ROSARIO REYES 1.00 TRUSTEE 0. X 0. 0. 35) ANDREW S. ROFFE 1.00 TRUSTEE 0. X 0. 0. 36) DENNIS SHEEHAN 1.00 TRUSTEE 0. X 0. 0. 36) DENNIS SHEEHAN 1.00 TRUSTEE 0. X 0. 0. 37 TOTAL from continuation sheets to Part VII, Section A 1 0. 0. 4 Total from continuation sheets to Part VII, Section A 1.00 Total from continuation sheets to Part VII, Section A 1.00 Trustee 0. X 0. 0. 0. 0. 4 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 x x x x x x x x x x x x x x x x x x	TRUSTEE	0.	Х						0	0.			(
TRUSTEE	31) LINDA O'NEILL	1.00											
TRUSTEE 0. X 0. 0. 33) SR. CHARLOTTE RAFTERY, SC,LCSW 1.00 TRUSTEE 0. X 0. 0. 0. 34) JESUS ROSARIO REYES 1.00 TRUSTEE 0. X 0. 0. 0. 35) ANDREW S. ROFFE 1.00 TRUSTEE 0. X 0. 0. 0. 36) DENNIS SHEEHAN 1.00 TRUSTEE 0. X 0. 0. 0. 36) DENNIS SHEEHAN 1.00 TRUSTEE 0. X 0. 0. 0. 37 Did any person listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X	TRUSTEE	0.	Х						0	0.			(
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TRUSTEE 0. X 0. 0. 34) JESUS ROSARIO REYES 1.00 TRUSTEE 0. X 0. 0. 0. 35) ANDREW S. ROFFE 1.00 TRUSTEE 0. X 0. 0. 0. 36) DENNIS SHEEHAN 1.00 TRUSTEE 0. X 0. 0. 0. 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 63 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X		0.	Х						0	0.			(
TRUSTEE 0. X 0. 0. 34) JESUS ROSARIO REYES 1.00 TRUSTEE 0. X 0. 0. 0. 35) ANDREW S. ROFFE 1.00 TRUSTEE 0. X 0. 0. 0. 36) DENNIS SHEEHAN 1.00 TRUSTEE 0. X 0. 0. 0. 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 63 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X	33) SR. CHARLOTTE RAFTERY, SC,LCSW	1.00											
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TRUSTEE 0. X 0. 0. 36) DENNIS SHEEHAN 1.00 TRUSTEE 0. X 0. 0. 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 63 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X	35) ANDREW S. ROFFE												
TRUSTEE		+	Х						0	0.			
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 63 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X	-												0
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 63 Yes No. Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		-				• •							
reportable compensation from the organization ▶ 63 Yes No.) ro	coived more than	\$100,000 of			
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual					u ai	JUVE	s) wiid	0 16	ceived inore triair	\$ 100,000 OI			
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Toportable componential title organization											Vos	No
employee on line 1a? If "Yes," complete Schedule J for such individual	2 Did the organization list any former office	or directo	.r. 0r		ıoto	•	kov. 6	. m n	lovos or highes	t componented		163	NO
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											2		x
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											3		
individual													
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person											4	x	
for services rendered to the organization? If "Yes," complete Schedule J for such person											4		
											-		v
		es, comple	ie SCI	ieal	iie J	ior	such	per	SUII) 5		

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 ▶

Form 990 (20	· · · · · · · · · · · · · · · · · · ·	uotooo Ka	v En	nla			ond L	lial	haat Campanaat	od Employ	1000 /0	antin		Page 8
Part VII	Section A. Officers, Directors, Tr		у ⊑п	тріо			and H	ııgı			yees (c			
	(A) Name and title	Average hours per week (list any hours for	box,	unles	Pos neck ss pe	rson	than or is both a or/truste	an	(D) Reportable compensation from the	Reporta compensation relate organiza	on from d	Es am	(F) timated ount of other pensation	
		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	I	fro orga and	om the anization I related nization	n d
TRUS	ELIQUE SINA STEE EFF. JULY 2020	1.00	Х						0		0.			
38) KATI TRUS	HLEEN L. WERNER	1.00	Х						0		0.			(
		+												
1h Sub-te	ntal							_	0.		0.			0
c Total	otal from continuation sheets to Part VII, S (add lines 1b and 1c)	ection A						>						
2 Total r	number of individuals (including but not able compensation from the organizatio	limited to t		liste				re	ceived more than	\$100,000	of			
	he organization list any former offic yee on line 1a? If "Yes," complete Sched											3	Yes	No X
4 For an organi	ny individual listed on line 1a, is the ization and related organizations gr	sum of repeater than	oortab \$15	ole o	om 00?	pen	sation <i>"Ye</i> s,	n ar	nd other compens	sation from	the	4	Х	
5 Did au for se	ny person listed on line 1a receive or rvices rendered to the organization? If "Y	accrue co	mpen	satio	on f	from	any	uni				5		Х
1 Comp	B. Independent Contractors lete this table for your five highest comensation from the organization. Report of													
	(A) Name and business add	dress							(B) Description of se	ervices	С	(C) ompens	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 ►

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Membership dues c Fundraising events 1c 588,904 Government grants (contributions) . . 75,558,199 All other contributions, gifts, grants, and similar amounts not included above ... 5,981,463 1f g Noncash contributions included in 1,035,472 lines 1a-1f. 1g \$ Total. Add lines 1a-1f 82,128,566 **Business Code** Program Service Revenue NYS OPWDD 623990 88,526,026. 88,526,026 623990 23,519,902 23,519,902 FOSTER CARE h FOSTER CARE MEDICAID 623990 6,031,227. 6,031,227 ARTICLE 31 623990 5,650,314. 5,650,314. NYS DOE FOOD PROGRAM 623990 1,041 1,041 All other program service revenue 123,728,510. Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,639,125 2,639,125 0. Income from investment of tax-exempt bond proceeds . 5 0. (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) . . _____ Gross amount from (i) Securities (ii) Other sales of assets 30,361,466. other than inventory 7a b Less: cost or other basis Other Revenue 7b 4,945,086. and sales expenses . . 25,416,380. c Gain or (loss) 7c 25,416,380. 25,416,380 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ _ of contributions reported on line 1c). See Part IV, line 18 8a 56,476 8b **b** Less: direct expenses Ω c Net income or (loss) from fundraising events. 9a Gross income from gaming 0. activities. See Part IV, line 19 0. **b** Less: direct expenses 0. c Net income or (loss) from gaming activities. \triangleright 10a Gross sales of inventory, less Ω returns and allowances 0. b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 0. **Business Code** Miscellaneous Revenue OTHER PROGRAM REVENUE 900099 3,391,063 3,391,063 11a SUB-LEASE RENT INC. FROM CHARTER SCHOOL 900099 1,120,697. 1,120,697 All other revenue 4,511,760 Total, Add lines 11a-11d Total revenue. See instructions 238,424,341. 128,240,270. 28,055,505.

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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 resp	onse or note to any line	e in this Part IX	<u> </u>	
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 0	Grants and other assistance to domestic organizations				
а	and domestic governments. See Part IV, line 21	0.			
2 (Grants and other assistance to domestic				
ir	ndividuals. See Part IV, line 22	0.			
3 (Grants and other assistance to foreign				
0	organizations, foreign governments, and				
	oreign individuals. See Part IV, lines 15 and 16	0.			
4 E	Benefits paid to or for members	0.			
	Compensation of current officers, directors,	0 005 564	1 006 140	1 501 400	
tı	rustees, and key employees	2,907,564.	1,206,142.	1,701,422.	
6 C	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.	100 400 000	0. 550. 026	650 525
7 (Other salaries and wages	110,832,639.	100,422,868.	9,759,036.	650,735.
	Pension plan accruals and contributions (include	2 005 500	0.000.450	155 400	15 510
s	section 401(k) and 403(b) employer contributions)	3,085,592.	2,892,450.	177,430.	15,712.
9 (Other employee benefits	14,710,176.	13,560,874.	1,076,705.	72,597.
10 F	Payroll taxes	11,274,605.	10,353,436.	865,878.	55,291.
11 F	ees for services (nonemployees):				
a N	Management	0.	450.065	405 120	
b L	egal	897,197.	472,065.	425,132.	
c A	Accounting	350,304.	184,314.	165,990.	
d L	obbying	70,670.	70,670.		
	Professional fundraising services. See Part IV, line 17.	0.		226 565	
f li	nvestment management fees	336,567.		336,567.	
g (Other. (If line 11g amount exceeds 10% of line 25, column	6 102 604	0.604.060	2 405 010	E2 E24
	A) amount, list line 11g expenses on Schedule O.)	6,183,604.	2,624,060.	3,485,810.	73,734.
12 A	Advertising and promotion	0.	6 665 040	406 504	18 482
	Office expenses	7,091,237.	6,667,240.	406,524.	17,473.
	nformation technology	0.			
15 F	Royalties	0.	0.010.100	100.055	
	Decupancy	8,313,164.	8,210,109.	103,055.	1 211
17 T	ravel	2,888,397.	2,087,720.	799,366.	1,311.
	Payments of travel or entertainment expenses	0			
f	or any federal, state, or local public officials	0.			
19 (Conferences, conventions, and meetings	0.	616 470	F46 702	7 074
	nterest	1,171,147.	616,470.	546,703.	7,974.
	Payments to affiliates	0.	2 051 207	1 (04 (45	1 017
	Depreciation, depletion, and amortization	5,476,869.	3,851,207.	1,624,645.	1,017.
	nsurance	2,196,219.	921,216.	1,275,003.	
	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	ne 24e amount exceeds 10% of line 25, column				
•	A) amount, list line 24e expenses on Schedule O.)	10 002 027	0 106 110	002 021	24 704
	QUIPMENT REPAIR/MAINTENANCE	10,093,937.	9,186,112.	883,031.	24,794.
~ _	OARD HOME/CLOTHING PASSTHRU	7,479,117.	7,479,117.	1 526 121	
	URCHASED SERVICES	7,088,621.	5,552,490.	1,536,131.	C 111
	DMINISTRATIVE EXPENSES	2,202,267.	1,544,004.	651,822.	6,441.
	All other expenses	6,516,955.	5,975,247.	540,914.	794.
	Total functional expenses. Add lines 1 through 24e	211,166,848.	183,877,811.	26,361,164.	927,873.
0	oint costs. Complete this line only if the organization reported in column (B) joint costs rom a combined educational campaign and				
	undraising solicitation. Check here if				
fo	ollowing SOP 98-2 (ASC 958-720)	0.			

Form **990** (2020)

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
_	1	Cash - non-interest-bearing	6,319,281.	1	9,414,248.
	2	Savings and temporary cash investments	9,233,298.	2	8,998,172.
	3	Pledges and grants receivable, net	1,054,424.	3	42,212.
	4	Accounts receivable, net	32,241,656.	4	37,116,380.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ţ	7	Notes and loans receivable, net	660,000.	7	600,000.
Assets	8	Inventories for sale or use	174,634.	8	192,568.
Ä	9	Prepaid expenses and deferred charges	1,008,803.	9	1,148,400.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 140,398,951.			
	b	Less: accumulated depreciation	80,667,653.	10c	79,866,004.
	11	Investments - publicly traded securities	133,489,567.	11	117,018,598.
	12	Investments - other securities. See Part IV, line 11	45,393,895.	12	61,059,811.
	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	3,279,246.	15	24,929,143.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	313,522,457.	16	340,385,536.
	17	Accounts payable and accrued expenses	22,411,417.	17	32,316,228.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	7,599,607.	20	7,002,547.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	323,412.	21	327,284.
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons	0.	22	0.
_	23	Secured mortgages and notes payable to unrelated third parties	15,183,470.	23	20,223,500.
	24	Unsecured notes and loans payable to unrelated third parties	15,856,666.	24	10,000,000.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	14,035,460.	.	36,959,650.
	20	of Schedule D	75,410,032.		106,829,209.
_	26	Total liabilities. Add lines 17 through 25	73,410,032.	26	100,020,200.
Fund Balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	224,121,881.	27	220,132,078.
Ва	28	Net assets with donor restrictions.	13,990,544.	28	13,424,249.
pu		Organizations that do not follow FASB ASC 958, check here ▶			-, , ,
Ę.		and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
;ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	238,112,425.	32	233,556,327.
	33	Total liabilities and net assets/fund balances	313,522,457.	33	340,385,536.
					Form 990 (2020)

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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					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			24,3	
2	Total expenses (must equal Part IX, column (A), line 25)					48.
3	Revenue less expenses. Subtract line 2 from line 1	3			57,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			12,4	
5	Net unrealized gains (losses) on investments	5	-2	28,7	06,2	15.
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	_	-3,1	07,3	76.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	23	33,5	56,3	27.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted or	na			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	kplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	the			
	Single Audit Act and OMB Circular A-133?			3a	X	
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 a	udits .		3b	Х	

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.

Attach to Form 990 of Form 990-EZ.

OMB No. 1545-0047

2020
Open to Public Inspection

Employer identification number

13-1624123

Department of the Treasury Internal Revenue Service

NEW YORK FOUNDLING

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

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) document? instructions) Yes No (A) (B) (C) (D) (E) Total

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 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.")	118,354,732.	121,932,867.	74,848,122.	70,841,301.	82,128,566.	468,105,588.
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	118,354,732.	121,932,867.	74,848,122.	70,841,301.	82,128,566.	468,105,588.
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).						0.
6	Public support. Subtract line 5 from line 4						468,105,588.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	118,354,732.	121,932,867.	74,848,122.	70,841,301.	82,128,566.	468,105,588.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,171,722.	1,087,522.	1,277,309.	4,161,740.	2,639,125.	10,337,418.
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.)						0.
11	Total support. Add lines 7 through 10						478,443,006.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	342,314,050.
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						07.04
14	Public support percentage for 2020 (li		•			14	97.84%
15	Public support percentage from 2019					15	98.10%
16a	331/3% support test - 2020. If the org	=					
	box and stop here. The organization q	•		_			
	331/3% support test - 2019. If the org this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		▶ 🔲
17a	7a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported						
b	organization. b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.						
18	Private foundation. If the organization instructions	n did not chec	k a box on line	13, 16a, 16b,	, 17a, or 17b,	check this box	and see
					e	chedule A (Form 9	00 or 000 E7\ 2020

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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.)

	tion A. Public Support		I	T	T		
Caler	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						
	furnished by a governmental unit to the						
•	organization without charge						
6	Total. Add lines 1 through 5						
ı a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year. Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
•	line 6.)						
Sec	tion B. Total Support		1				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
40							
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	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here.						▶ 🔲
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2020 (line 8,	column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2019 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2020 (lin	ie 10c, column ((f), divided by line	13, column (f))		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, a	nd line 15 is m	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 s	upported organiza	ation . 🕨 🔲
b	331/3% support tests - 2019. If the orga	anization did no	t check a box on	line 14 or line	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than $331/3\%$, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organi	ization 🕨 🔙
20	Private foundation. If the organization d	id not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	ctions >

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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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 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.)

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Part	V Supporting Organizations (continued)			
			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		
	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	44-		
Secti	detail in Part VI. on B. Type I Supporting Organizations	11c		
Occii	on B. Type roupporting organizations		Yes	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	on C. Type II Supporting Organizations		V	NI-
_			res	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	on D. All Type III Supporting Organizations			
1	Did the expeniention provide to each of its competed expenientions, by the local day of the fifth month of the		Yes	No
'	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	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
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		s). No
2	Activities Test. Answer lines 2a and 2b below.		163	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in 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	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No," provide details in Part VI.	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 "Yes," describe in Part VI the role played by the organization in this regard.</i>	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).							

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Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
Sect	ion 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	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide 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	Section E - Distribution Allocations (see instructions) (i) Excess Distributions (ii) Underdistribution Pre-2020				(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				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result				

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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
Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

NEW YORK FOUNDLING 13-1624123 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)

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

Name of organization NEW YORK FOUNDLING

Employer identification number 13-1624123

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

Name of organization NEW YORK FOUNDLING

Employer identification number 13-1624123

art II	Noncash Property	(see instructions).	Use duplicate	copies of Part II	if additional space is needed.
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(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
		\$	

Employer identification number Name of organization NEW YORK FOUNDLING 13-1624123 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

No	duplicate copies of Part III if additi	· · · · · · · · · · · · · · · · · · ·	
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ =			
		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
No. m	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ _			
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
lo. m	(b) Purpose of gift		
n l		(c) Use of aift	(d) Description of how gift is held
m t I — — —	(b) Furpose of gift	(c) Use of gift	(d) Description of how gift is held
m : I	(b) Furpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
m t l — — — — — — — — — — — — — — — — — —	Transferee's name, address, an	(e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee
		(e) Transfer of gift	
M t l	Transferee's name, address, an	(e) Transfer of gift d ZIP + 4	Relationship of transferor to transferee
	Transferee's name, address, an	(e) Transfer of gift d ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (electi	on under section 501(h))): Complete Part II-B. Do no	t complete Part II-A.
	e organization answered "Yes," (See separate instructions), the	on Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	nstructions) or Form 990-I	EZ, Part V, line 35c (Proxy
•	Section 501(c)(4), (5), or (6) org				
	e of organization	'		Employer ide	ntification number
NEW	YORK FOUNDLING			13-162	4123
Pa	rt I-A Complete if the	organization is exempt under	section 501(c) or i	is a section 527 orgai	nization.
1	Provide a description of the	organization's direct and indirect	political campaign ac	ctivities in Part IV. (See in	nstructions for
	definition of "political campa	aign activities")			
2	Political campaign activity e	expenditures (See instructions)		. ▶\$	
3	Volunteer hours for political	campaign activities (See instruction	ns)		
Par	<u>-</u>	organization is exempt under			
1		cise tax incurred by the organizatio			
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
					Yes No
	If "Yes," describe in Part IV.				
Par	•	organization is exempt under			5).
1		expended by the filing organization			
2		ng organization's funds contributed			
		ies			
3	·	enditures. Add lines 1 and 2. En			
4 5	Enter the names, addresses organization made payment the amount of political con	le Form 1120-POL for this year? s and employer identification numb ts. For each organization listed, er tributions received that were promed and or a political action committee (per (EIN) of all section liter the amount paid aptly and directly de	on 527 political organiza I from the filing organizalivered to a separate po	ations to which the filing cation's funds. Also enter plitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2020

edule C (Form 990 or 990-EZ) 2020 NEW YORK FOUNDLING 13-1624123 Page **2**

Sche	dule C (Form 990 or 990-EZ) 2020	NEW TORK FOUND	итис		13 1	024123 Page Z
Pa	rt II-A Complete if the org section 501(h)).	janization is exen	npt under section	n 501(c)(3) and	filed Form 5768 (elec	ction under
Α (cation belongs to an enses, and share of			ch affiliated group mem	ber's name,
В	Check ▶ if the filing organiz	ation checked box A	and "limited contro	ol" provisions appl	y.	
		on Lobbying Expend			(a) Filing	(b) Affiliated
	(The term "expendit	ures" means amour	nts paid or incurred	.)	organization's totals	group totals
1a	Total lobbying expenditures to in	nfluence public opini	on (grassroots lobb	ying)		
	Total lobbying expenditures to in					
	Total lobbying expenditures (ad	·				
	Other exempt purpose expendit					
	Total exempt purpose expenditu	·	·			
f	Lobbying nontaxable amount.	Enter the amount t	rom the following	table in both		
Г	columns.					
-	If the amount on line 1e, column (a		-	is:		
	Not over \$500,000		amount on line 1e.	# 500.000		
-	Over \$500,000 but not over \$1,000		us 15% of the excess			
-	Over \$1,000,000 but not over \$1,500,000 but not over \$17,500,000 but not over \$17,000 but not	· · · · · ·	us 10% of the excess			
-	Over \$17,000,000 but not over \$17,000,000	\$1,000,000 \$1,000,000	us 5% of the excess of	over \$1,500,000.		
	Grassroots nontaxable amount	1				
_	Subtract line 1g from line 1a. If	· ·				
	Subtract line 1f from line 1c. If z					
	If there is an amount other th				on file Form 4720	
•	reporting section 4911 tax for the			•		Yes No
			aging Period Unde			
	(Some organizations that	t made a section 50	1(h) election do no	t have to comple	te all of the five colum	ns below.
		See the separat	e instructions for	lines 2a through 2	2f.)	
		Lobbying Exper	nditures During 4-Y	ear Averaging Per	iod	T
	Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
				1		
C		(150% of line 2a, column (e)) Total lobbying expenditures	(150% of line 2a, column (e)) Total lobbying expenditures	(150% of line 2a, column (e)) Total lobbying expenditures	(150% of line 2a, column (e)) Total lobbying expenditures	(150% of line 2a, column (e)) Total lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2020

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

	(election under section 501(h)).	(6	a)		(b)		
des	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amou	nt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?		X				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		X				
С	Media advertisements?		X				
d	Mailings to members, legislators, or the public?		X				
е	Publications, or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?	X	21			70.	670
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х			, , ,	
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X				
i :	Other activities?					70,	670
J 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х				
2a b	If "Yes," enter the amount of any tax incurred under section 4912						
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Х				
Pai	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ectior	1		
	501(c)(6).	` /\ /	,				
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from	m the	prior	year?	3		
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members		o) Par	t III-A,	line 3	, is 	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount		of				
_	political expenses for which the section 527(f) tax was paid).	ants v					
а	Current year		[2a			
b	Carryover from last year						
IJ				2b			
C	Total			2c			
	Total						
С		es		2c			
с 3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es n of th	ne	2c			
с 3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible land political expenditure next year?	es n of th obbyir	ne	2c 3			
c 3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? Taxable amount of lobbying and political expenditures (See instructions)	es n of th obbyir	ne	2c 3			
c 3 4 5 Pai	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? Taxable amount of lobbying and political expenditures (See instructions)	es n of th obbyir	ne ng	2c 3 4 5			
c 3 4 5 Pai	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? Taxable amount of lobbying and political expenditures (See instructions)	es n of th obbyir	ne ng	2c 3 4 5	II-A, lin	es 1	and
5 Par Prov 2 (Se	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year?	es n of th obbyir	ne ng	2c 3 4 5	II-A, lin	es 1	and
5 Par Prov 2 (Se	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible is and political expenditure next year?	es n of th obbyir	ne ng	2c 3 4 5	II-A, lin	es 1	and
5 Par Prov 2 (Se	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible is and political expenditure next year?	es n of th obbyir	ne ng	2c 3 4 5	II-A, lin	es 1	and
5 Par Prov 2 (Se	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible is and political expenditure next year?	es n of th obbyir	ne ng	2c 3 4 5	II-A, lin	es 1	and

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

Part IV Supplemental Information (continued)

PART II-B, LINE 1G:

LEGISLATIVE AND REGULATORY ACTIVITIES AS IT IMPACTS NEW YORK FOUNDLING'S

OPERATIONS AND REIMBURSEMENT RATES:

HINMAN....\$34,670.

TLM ASSOCIATES, LLC.....\$36,000.

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 FOUNDLING		13-1624123
Pa	t I Organizations Maintaining Donor Adv	rised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and 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	r advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the	e organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or for a	ny other purpose
	conferring impermissible private benefit?		Yes No
Pa	rt Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example	e, recreation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution in	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easement		2b
С	Number of conservation easements on a certified	` ,	2c
d	Number of conservation easements included in (
	historic structure listed in the National Register.		2d
3	Number of conservation easements modified, tra	insferred, released, extinguished, or termi	nated by the organization during the
	tax year >		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re-		-
•	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, insp	becting, nandling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspec	sting handling of violations, and enforcing or	ancorration accoments during the year
′	> \$	and emorcing of violations, and emorcing of	onservation easements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of section	on 170(h)(4)(B)(i)
Ū			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports	conservation easements in its revenue and	expense statement and
•	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		
Pa	rt III Organizations Maintaining Collections	s of Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FA of art, historical treasures, or other similar asse	ASB ASC 958, not to report in its revenue	e statement and balance sheet works
	of art, historical treasures, or other similar asse service, provide in Part XIII the text of the footnote	ets held for public exhibition, education,	or research in furtherance of public
b	If the organization elected, as permitted under F.		
D	art, historical treasures, or other similar assets he		
	provide the following amounts relating to these ite		,
	(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 a		
	following amounts required to be reported under F	FASB 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

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

Pa	rt III Organizations Maintaini	na Collections of	Art. Historical	reasures. c	r Other Sim	ilar Assets (d	continue		age =
3	Using the organization's acquisition								f its
	collection items (check all that app		,	,	J	J			
а	Public exhibition	,,	d Loa	n or exchang	e program				
b	Scholarly research		e Oth	_					
С	Preservation for future gene	rations							
4	Provide a description of the organ		and explain ho	w they furthe	r the organiz	ation's exemp	t purpos	se in	Part
	XIII.		,	,	J	· ·			
5	During the year, did the organization	on solicit or receive o	donations of art, h	istorical treas	ures, or other	similar			
	assets to be sold to raise funds rath					_	Yes		No
Pa	rt IV Escrow and Custodial A		•						
	Complete if the organiza	ation answered "Ye	es" on Form 990	, Part IV, lin	e 9, or report	ted an amour	nt on Fo	orm	
	990, Part X, line 21.								
1a	Is the organization an agent, trus	tee, custodian or o	ther intermediary	for contribu	itions or othe	r assets not			
	included on Form 990, Part X?						Yes	X	No
b	If "Yes," explain the arrangement i	n Part XIII and comp	olete the following	table:					
						Amount			
С	Beginning balance			10	:				
d	Additions during the year			10	I				
е	Distributions during the year			1e	.				
f	Ending balance			1f					
2a	Did the organization include an am	ount on Form 990,	Part X, line 21, fo	r escrow or c	ustodial acco	unt liability?	X Yes		No
b	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the explanat	ion has been	provided on Pa	art XIII		_ X	
Pa	rt V Endowment Funds.								
	Complete if the organiza		es" on Form 990						
		(a) Current year	(b) Prior year	(c) Two ye	. ,	hree years back	(e) Four		
1a	Beginning of year balance	3,963,541.	3,962,543			,960,541.	4,	163,	
b	Contributions	1,001.	1,000	0.	1,000.	1,000.		1,	000.
С	Net investment earnings, gains,								
	and losses	2,121,148.	1,361,834	16	0,211.	266,544.		80,	343.
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs	2,121,148.	1,361,834	16	0,211.	266,544.			343.
f	Administrative expenses							204,	
g	End of year balance	3,964,542.	3,963,543	3,96	2,541. 3	,961,541.	3,	960,	541.
2	Provide the estimated percentage	of the current year	end balance (line	1g, column (a)) held as:				
а	Board designated or quasi-endown		_%						
b	Permanent endowment ▶ 100.0	0000 %							
С	Term endowment ▶	.%							
	The percentages on lines 2a, 2b, a	·							
3a	Are there endowment funds not in	the possession of the	ne organization th	at are held a	nd administere	ed for the	Г		
	organization by:						$\overline{}$	Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate	•	•				3b		
4	Describe in Part XIII the intended u		tion's endowment	funds.					
Pa	rt VI Land, Buildings, and Equ Complete if the organize	upment. ation answered "Yo	es" on Form 99) Part IV lin	e 11a See F	Form 990 Pa	rt X lin	e 10	
	Description of property	(a) Cost or		ost or other basis	(c) Accumula) Book va		
		(inves	tment)	(other)	depreciation		•		<u> </u>
1a	Land			,227,050.	20 540 5	700		27,0	
b	Buildings			,024,089.	32,542,5		50,4		
С	Leasehold improvements			,585,492.	14,867,0		18,7		
d	Equipment			,398,586.	13,123,0	156.		75,5	
	Other			,163,734.				63,7	
「ota	 Add lines 1a through 1e. (Column 	ı (d) must equal Forr	n 990. Part X. colı	ımn (B). line 1	Uc.)		79,8	66,O	υ4.

Schedule D (Form 990) 2020 Page 3

	Part VII	Investments - Other Securities
--	----------	--------------------------------

Complete if the organization a	vacuused "Vas" on Esri	~ 000 Dart IV Line 111	6 Caa Earm 000	Dort V line 10
Somblete ii the ordanization a	inswered tes on Foll	n 990. Pan IV. Iine i II	o, see ronn 990	. Pan A. 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 value
(1) Financial derivatives		
(A) PYRFORD INTERNATIONAL TRUST	9,114,879.	FMV
(B) EAGLE ROCK	5,717,981.	FMV
(C) WHITEBOX HEDGED HIGH YIELD LTD	3,068,214.	FMV
(D) GLAZER	7,356,073.	FMV
(E) QIM GLOBAL FUND, LTD.	2,730,961.	FMV
(F) HIGHVIEW FINANCING HOLDING CO	5,243,580.	FMV
(G) WH HARPER FUND VIII LP		FMV
(H) DISCIPLINED ALPHA OFFSHORE	3,716,607.	FMV
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	61,059,811.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT-OF-USE ASSETS	22,627,702.
(2) ASSETS LIMITED AS TO USE	1,415,883.
(3) SECURITY DEPOSITS	558,274.
(4) CONSUMER FUNDS	327,284.
(5)	
(6)	
<u>(7)</u>	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	24,929,143.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE LIABILITIES	24,476,435.
(3)	DUE TO GOVERNMENTAL AGENCIES	10,357,816.
(4)	DUE TO AFFILIATES	2,065,660.
(5)	BOND ISSUANCE COSTS	59,739.
(6)		
(7)		
(8)		
(9)		
Tota	I. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	36,959,650.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports 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 JSA 0E1270 1.000

NEW YORK FOUNDLING 13-1624123

Page 4 Schedule D (Form 990) 2020

Part 1	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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments 2a	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	_
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part		rn.
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	_
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	investment expenses not included on Form 550, Fart Vin, inte 75	
b c	Other (Describe in Part XIII.)	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5
	XIII Supplemental Information.	·
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation.
SEE	PAGE 5	

Schedule D (Form 990) 2020 NEW YORK FOUNDLING 13-1624123 Page 5

Part XIII Supplemental Information (continued)

PART IV, LINE 2B:

CONSUMER FUNDS CONSIST OF CASH DEPOSITS HELD ON BEHALF OF RESIDENTS OF
THE ORGANIZATION'S OPWDD PROGRAM FOR THE RESIDENTS' PERSONAL USE. FUNDS
ARE MANAGED IN ACCORDANCE WITH OPWDD REGULATIONS AND NEW YORK STATE
SOCIAL SERVICES LAW.

PART V, LINE 4:

INVESTMENT EARNINGS FROM PERMANENT FUNDS ARE USED FOR GENERAL OPERATING EXPENSES.

PART X, LINE 2:

NEW YORK FOUNDLING HAS NOT TAKEN ANY UNSUBSTANTIATED TAX POSITIONS THAT WOULD REQUIRE PROVISION OF A LIABILITY UNDER ASC 740, INCOME TAXES. UNDER ASC 740, AN ORGANIZATION MUST RECOGNIZE THE TAX LIABILITY ASSOCIATED WITH UNCERTAIN TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. THE ORGANIZATION DOES NOT BELIEVE THAT THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, HAS NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION HAS FILED INTERNAL REVENUE SERVICE (IRS) FORM 990, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHEN IT IS REQUIRED. FOR THE YEAR ENDED JUNE 30, 2021, THERE WAS NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS.

NEW YORK FOUNDLING 13-1624123 Schedule D (Form 990) 2020 Page 5

Part XIII Supplemental Information (continued)

	(ATTACHMENT 1	
SCHEDULE D, PART VII - INVES	TMENTS - OTHER SECURITIES		
DESCRIPTION		BOOK VALUE	COST OR FMV
BLUE DIAMOND		6,678,746.	FMV
WI HARPER FUND VII LP		2,971,019.	FMV
SRB OPCO II		1,252,250.	FMV
INNOVATION - III		1,483,298.	FMV
INNOVATION - IV		1,503,076.	FMV
WI HARPER FUND VIII LP		3,862,673.	FMV
ER PROPERTIES		1,019,295.	FMV
ROYALTY PHARMA - CAYMAN		299,174.	FMV
ALPHA QUEST		5,041,985.	FMV
	TOTALS	61,059,811.	

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 9M21

Department of the Treasury Internal Revenue Service

Open to Public
Inspection

	or the organization					Employer Identification	on number
	YORK FOUNDLING					13-1624123	
Part		_			Yes" on Form 99	90, Part IV, line 1	7.
	Form 990-EZ filers are not re	<u> </u>					
1	Indicate whether the organization rai	sed funds through	any of the	following	activities. Check a	all that apply.	
а	Mail solicitations	е	Solid	citation of	non-government g	_j rants	
b	Internet and email solicitations	f	Solid	citation of	government grant	S	
С	Phone solicitations	g	Spe	cial fundra	ising events		
d	In-person solicitations	J			J		
2a	Did the organization have a written of	or oral agreement w	vith any in	dividual (in	ocluding officers of	lirectors trustees	
	or key employees listed in Form 990						Yes No
	If "Yes," list the 10 highest paid ind						fundraiser is to be
	compensated at least \$5,000 by the		`	, ,	J		
			(III) Did to			(v) Amount paid to	(si) A manuat maid to
	(i) Name and address of individual	(ii) Activity		ndraiser have or control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
	or entity (fundraiser)			outions?	from activity	fundraiser listed in col. (i)	organization
			Yes	No			
1				110			
-							
2							
_							
3							
·							
4							
-							
3							
6							
7							
8							
9							
10							
Total				▶			
	List all states in which the organiza	ition is registered of	or licensed	d to solicit	contributions or	has been notified	it is exempt from
	registration or licensing.						

13-1624123

Page 2

NEW YORK FOUNDLING

Schedule G (Form 990 or 990-EZ) 2020

Pa	rt	Fundraising Events. Complet more than \$15,000 of fundra events with gross receipts great the second	aising event contribut			
		3	(a) Event #1 FALL FETE	(b) Event #2 BLUE PARTY	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	622,255.	23,125.		645,380.
œ	2	Less: Contributions	566,029.	22,875.		588,904.
	3	Gross income (line 1 minus line 2)	56,226.	250.		56,476.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Expe	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	56,226.	250.		56,476.
	11	Direct expense summary. Add lin Net income summary. Subtract lin	ne 10 from line 3, colu	ımn (d)	<u> </u>	56,476.
Pa	IT .	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		Yes" on Form 990, F	Part IV, line 19, or	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))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
Ц	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)	>	
9 8		Enter the state(s) in which the orgalis the organization licensed to con If "No," explain:		in each of these state		Yes No
10a		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, sus		• •	Yes No

NEW YORK FOUNDLING

Sched	dule G (Form 990 or 990-EZ) 2020	Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	No
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?	No
b		_
	amount of gaming revenue retained by the third party ▶ \$	
С		
	Name ▶	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а		
	retain the state gaming license?	No
b		-
	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

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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NEW YORK FOUNDLING

Part I Questions Regarding Compensation

Employer identification number

13-1624123

			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 explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	10		
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
_				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	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	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
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.	7	Х	
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		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

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.

		(B) Breakdown of	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
WILLIAM BACCAGLINI	(i)	510,347.	50,000.	34,099.	105,127.	15,662.	715,235.	0.
1 ^{CEO & PRESIDENT}	(ii)	0.	0.	0.	0.	0.	0.	0.
CARMEN JIRAU RIVERA	(i)	276,941.	0.	3,165.	16,563.	482.	297,151.	0.
2 EXECUTIVE VP & CPO	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL KURTZ	(i)	263,245.	0.	1,645.	36,386.	10,249.	311,525.	0.
3 ^{SR. VP & CFO}	(ii)	0.	0.	0.	0.	0.	0.	0.
JOSEPH SACCOCCIO	(i)	284,119.	0.	3,165.	46,530.	10,197.	344,011.	0.
4SR. VP - MEDICAL PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
SYLVIA ROWLANDS THRU 8/	(i)	167,777.	0.	57,696.	34,027.	19,885.	279,385.	0.
5 SVP EVIDENCE-BASED PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
JILL GENTILE	(i)	260,655.	0.	1,645.	36,246.	10,249.	308,795.	0.
6 SR. VP DEVELOPMENTAL DISAB.	(ii)	0.	0.	0.	0.	0.	0.	0.
VALERIE RUSSO (THRU 05/	(i)	260,182.	0.	573.	11,012.	31,635.	303,402.	0.
7 ^{SR. VP & COO}	(ii)	0.	0.	0.	0.	0.	0.	0.
RUTH GERSON (EFF. 03/20	(i)	206,731.	0.	0.	6,923.	96.	213,750.	0.
8 SR. VP MENTAL HEALTH SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
PAUL D. O'KEEFE (THRU 0	(i)	219,676.	0.	37.	8,149.	7,108.	234,970.	0.
9 ^{MEDICAL DIRECTOR}	(ii)	0.	0.	0.	0.	0.	0.	0.
ROSLYN MUROV	(i)	246,678.	0.	3,165.	12,564.	10,249.	272,656.	0.
10 SVP MENTAL HEALTH SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
ARIK HILL	(i)	207,478.	0.	573.	8,605.	20,498.	237,154.	0.
11 CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
VICTORIA IZRAYLEVSKY	(i)	221,067.	0.	374.	4,551.	17,702.	243,694.	0.
12 ^{VICE PRESIDENT}	(ii)	0.	0.	0.	0.	0.	0.	0.
DANIELLA VOLCY 13 VICE PRESIDENT	(i)	207,711.	0.	216.	7,893.	28,612.	244,432.	0.
13 TENNITED GIRDEN	(ii)	0.	0.	0.	0.	0.	0.	0.
JENNIFER CABRERA	(i)	207,631.	0.	0.	6,734.	6,992.	221,357.	0.
14 PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.	0.	0.
DEANA TIETJEN 15 FAMILY LAW COUNSEL	(i)	185,923.	0.	0.	9,739.	28,597.	224,259.	0.
15	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
_16	(ii)							

Schedule J (Form 990) 2020

NEW YORK FOUNDLING

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.

PART I, LINE 4A:

ON PART II, COLUMN BIII. SYLVIA ROWLANDS, SVP EVIDENCE-BASED PROGRAMS
THRU 8/1/2020, RECEIVED A SEVERANCE PAYMENT OF \$56,782 AS REPORTED ON
PART II, COLUMN BIII.

PART I, LINE 4B:

WILLIAM BACCAGLINI, CEO, IS A PARTICIPANT IN A SECTION 457(F) PLAN AND EARNED \$45,765 DURING THE REPORTING PERIOD WHICH IS INCLUDED IN SCHEDULE J, PART II, COLUMN (C).

PART I, LINE 7:

THE AMOUNT OF THE INCENTIVE COMPENSATION IS DETERMINED SOLELY BY THE EXECUTIVE COMMITTEE OF FOUNDLING'S BOARD OF TRUSTEES BASED, IN PART, ON EVIDENCE OF EXTRAORDINARY PERFORMANCE BY MR. BACCAGLINI TOWARD HIS PROGRESS IN DEVELOPING AND IMPLEMENTING ALL ASPECTS OF FOUNDLING'S BUSINESS PLANS AND STRATEGIC PLANS, AS WELL AS HIS EFFORTS IN GUIDING THE AGENCY TOWARD ATTAINMENT OF FOUNDLING'S OPERATIONAL GOALS. MR. BACCAGLINI IS ELIGIBLE TO RECEIVE, INCENTIVE COMPENSATION NOT TO EXCEED \$50,000 PER YEAR. THE INCENTIVE COMPENSATION HE RECEIVED IN 2020 IS REPORTED ON

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Part III Supplemental Information

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

SCHEDULE J, PART II, COLUMN B(II).

SCHEDULE K (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

OMB No. 1545-0047

2020
Open to Public Inspection

NEW YORK FOUNDLING

Employer identification number 13-1624123

Part I Bond Issues	I		T												
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issu	ued (e) Issue pri	ce	(f) De	(f) Description of purpose		(g) Det	eased	(h) beha issu	alf of	(i) Po finan	
										Yes	No	Yes	No	Yes	No
A DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649903E98	06/17/20	800	54,630,	821.	FACILITY CON	STRUCTION 8	RENOVATION		Х		Х	Х	
B ROCKLAND COUNTY ECONOMIC ASSISTANCE CORP (RCEAC)	27-4524167		06/27/20	212	E 000	000	REFINANCING				x		х	x	
ROCKHAND COUNTY ECONOMIC ASSISTANCE CORP (RCEAC)	27-4324107		00/2//20	712	3,000,	000.	REFINANCING				$\stackrel{\wedge}{\longrightarrow}$				_
С											.				
D															oxdot
Part II Proceeds				1											
					Α			В	С		\rightarrow		D		
1 Amount of bonds retired											\rightarrow				
2 Amount of bonds legally defeased				_							\perp				
3 Total proceeds of issue					1,630,			00,000.			_				
4 Gross proceeds in reserve funds				-	L,581,	673.	•				\perp				
5 Capitalized interest from proceeds											\perp				
6 Proceeds in refunding escrows															
7 Issuance costs from proceeds				-	L,052,	628.	. 1	00,000.							
8 Credit enhancement from proceeds															
9 Working capital expenditures from proceeds															
10 Capital expenditures from proceeds				5.3	L,996,	520.	. 4,5	72,540.							
11 Other spent proceeds															
12 Other unspent proceeds							3	27,460.							
13 Year of substantial completion															
				Yes		No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a refundi	ng issue of ta	x-exempt b	onds (or,												
if issued prior to 2018, a current refunding issue)	?					X		Х							
15 Were the bonds issued as part of a refund	ling issue of ta	axable bon	ds (or, if												
issued prior to 2018, an advance refunding issue)?					X		X							
16 Has the final allocation of proceeds been made?				Х			Х								
17 Does the organization maintain adequate b															
final allocation of proceeds?				Х			X								

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

Schedule K (Form 990) 2020

Schedule K (Form 990) 2020

Ра	TI Private Business Use					_							
			A		В		С	Į.	D				
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No				
	which owned property financed by tax-exempt bonds?		X		X								
2	Are there any lease arrangements that may result in private business use of												
	bond-financed property?		X		X								
3a	Are there any management or service contracts that may result in private												
	business use of bond-financed property?		X		X								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside												
	counsel to review any management or service contracts relating to the financed property?												
С	Are there any research agreements that may result in private business use of												
	bond-financed property?		X		Х								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other												
	outside counsel to review any research agreements relating to the financed property?												
4	Enter the percentage of financed property used in a private business use by entities												
	other than a section 501(c)(3) organization or a state or local government ▶	%		%		% %		% %		% %			%
5	Enter the percentage of financed property used in a private business use as a												
	result of unrelated trade or business activity carried on by your organization,												
	another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%				
6	Total of lines 4 and 5		%		%		%		%				
7	Does the bond issue meet the private security or payment test?		X		Х								
8a	Has there been a sale or disposition of any of the bond-financed property to a												
	nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		Х								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or												
	disposed of		%		%		%		%				
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations												
	sections 1.141-12 and 1.145-2?												
9	Has the organization established written procedures to ensure that all												
	nonqualified bonds of the issue are remediated in accordance with the												
_	requirements under Regulations sections 1.141-12 and 1.145-2?	X		X									
Pa	rt IV Arbitrage												
			A		В		С	!	D				
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No				
	Penalty in Lieu of Arbitrage Rebate?		X		Х								
2	If "No" to line 1, did the following apply?												
	Rebate not due yet?	X		X									
b	Exception to rebate?		X		Х								
	No rebate due?		X		X								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was												
	performed												
3	Is the bond issue a variable rate issue?		X		X								

Schedule K (Form 990) 2020

Page 2

Page 3 Schedule K (Form 990) 2020

Part IV Arbitrage (continued)								
		Α	E	3	(2)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х		Х				
b Name of provider		•		•		•		
c Term of hedge								
d Was the hedge superintegrated?							1	
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?							1	
6 Were any gross proceeds invested beyond an available temporary period?		X		Х				
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X		X					
Part V Procedures To Undertake Corrective Action								
1 1000daros 10 chaorano comostivo Action		Α	E	3				<u> </u>
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the	163	140	163	140	163	140	163	140
voluntary closing agreement program if self-remediation isn't available under								
	X		X					
applicable regulations? Part VI Supplemental Information. Provide additional information for responses	to guantin	on Cab		oo inatruud	iono			
Part VI Supplemental Information. Provide additional information for responses	to question	is on sche	edule N. Se	e instruct	lions.			

13-1624123 NEW YORK FOUNDLING

Schedule K (Form 990) 2020 Page 4

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

JSA 0E1511 1.000 0036ED 702V 5/12/2022 Schedule K (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NEW YORK FOUNDLING

► 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

13-1624123

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		5.	1,035,472.	MARKET QU	JOTAI	CION	
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 ►()							
	Other ►()							
29	Number of Forms 8283 received							
	which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement	29			
							Yes	No
30a	During the year, did the organizat				_			
	28, that it must hold for at least the	•			•			37
	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement i							
31	Does the organization have a						7.7	
	contributions?					31	Х	
32a	Does the organization hire or use	-	_					37
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a)	is checked,			
	describe in Part II.							

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

Schedule M (Form 990) 2020

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

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.

PART I, COLUMN (B):

THE NUMERICAL DATA IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

PART I, LINE 31:

NEW YORK FOUNDLING SHALL SEEK THE ADVICE OF LEGAL COUNSEL ON MATTERS

RELATING TO RECEIPT OF NON-STANDARD CONTRIBUTIONS.

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

NEW YORK FOUNDLING

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 13-1624123

FORM 990, PART I, LINE 1:

REGARDLESS OF CREED OR COLOR, THE FOUNDLING PROVIDES PREVENTIVE SERVICES

TO KEEP CHILDREN SAFE AT HOME AND AVOID THE FOSTER CARE SYSTEM; AND

SUPERVISION OF CHILDREN IN FOSTER AND ADOPTION HOMES; AFTER-CARE

SUPERVISION OF CHILDREN DISCHARGED FROM FOSTER CARE; TUTORING OF CHILDREN

IN THE FOSTER CARE SYSTEM; AND SHELTER, CARE AND CASEWORK SERVICES TO

UNMARRIED MOTHERS. THE FOUNDLING ALSO PROVIDES SERVICES TO INDIVIDUALS

WITH INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES.

FORM 990, PART III, LINE 4D:

1. HEALTH AND BEHAVIORAL HEALTH - OUR HEALTH AND BEHAVIORAL HEALTH
SERVICES SUPPORT CHILDREN AND ADOLESCENTS WHO HAVE EXPERIENCED POVERTY,
CRISES, ABUSE, AND FAMILY STRESS IN THEIR HOME AND COMMUNITY TO HELP THEM
MANAGE THEIR CHALLENGES IN THE CONTEXT OF THEIR EVERYDAY LIVES. USING
EVIDENCE BASED APPROACHES AND EMPLOYING HIGHLY-TRAINED MEDICAL AND MENTAL
HEALTH PROFESSIONALS, OUR PROGRAMS MEET PEOPLE WHERE THEY ARE, AND CREATE
STABILITY AS THEY ADDRESS THEIR HEALTH NEEDS.

TOTAL EXPENSES: \$13,566,467. TOTAL REVENUE: \$5,650,314

2. JUVENILE JUSTICE - OUR JUVENILE JUSTICE SYSTEM WORKS LIKE A MAZE WITH TOO MANY ENTRANCES IN, BUT FAR TOO FEW EXITS OUT. DIVERSION PROGRAMS FOR YOUNG PEOPLE CAUGHT IN THE SYSTEM USE THERAPY AND COUNSELING TO ADDRESS AND RESOLVE THE BEHAVIOR THAT LED THE INDIVIDUAL INTO THE MAZE, OFFERING A VIABLE ALTERNATIVE TO CONVICTION, JAIL TIME, AND A CRIMINAL RECORD.

TOTAL EXPENSES: \$4,425,999.

3. OTHER PROGRAMS - PROVIDE FAMILY-CENTERED AND COMMUNITY BASED SERVICES SUCH AS EDUCATION, SUPPLEMENTAL HOUSING, AND CAREER PLANNING.

TOTAL EXPENSES: \$5,103,492. TOTAL REVENUE: \$4,512,801

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERSHIP OF THE CORPORATION CONSISTS OF ONE (1) CLASS OF MEMBERS WHO ARE MEMBERS OF THE SISTERS OF CHARITY.

FORM 990, PART VI, SECTION A, LINES 7A AND 7B:

AT EACH ANNUAL MEETING THE MEMBERS OF THE CORPORATION ELECT FROM THEIR
OWN MEMBERSHIP BY A MAJORITY VOTE, A CHAIRPERSON AND A SECRETARY.

FORM 990, PART VI, SECTION B, LINE 11B:

SENIOR MANAGEMENT OF THE ORGANIZATION'S ACCOUNTING DEPARTMENT COMPLETE A TAX ORGANIZER AND FURNISH IT TO THE ORGANIZATION'S TAX PREPARERS AT THE INDEPENDENT CPA FIRM WHO PREPARE AND REVIEW FORM 990 BEFORE FURNISHING DRAFT FORM 990 TO THE ORGANIZATION. DRAFT FORM 990 IS REVIEWED BY THE ASSISTANT VICE PRESIDENT AND CFO PRIOR TO BEING SENT TO THE AUDIT COMMITTEE FOR REVIEW, DISCUSSION AND APPROVAL AND DISTRIBUTION TO THE FULL BOARD. FORM 990 IS DISTRIBUTED TO THE FULL BOARD IN ELECTRONIC FORM WHERE POSSIBLE OR PAPER WHEN REQUESTED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A WRITTEN POLICY THAT REQUIRES OFFICERS, DIRECTORS,
TRUSTEES AND KEY PERSONNEL TO EXECUTE AN ANNUAL (ALSO REQUIRED FOR NEW

Name of the organization

NEW YORK FOUNDLING

Employer identification number

13-1624123

KEY PERSONNEL AND BOARD MEMBERS PRIOR TO ASSUMING THEIR POSITION)

STATEMENT OF DISCLOSURE OF INTERESTS, RELATIONSHIPS AND HOLDINGS THAT

COULD POTENTIALLY RESULT IN A CONFLICT OF INTEREST OF THEMSELVES AND

THEIR FAMILY MEMBERS. IF A CONFLICT OF INTEREST SHOULD ARISE OR CAN BE

REASONABLY CONSTRUED, THE OFFICERS, DIRECTORS, TRUSTEES AND KEY PERSONNEL

WILL BE REFRAINED FROM PARTICIPATING IN THE DECISION-MAKING PROCESS. IN

THE EVENT THAT THERE MUST BE A DECISION REGARDING THE CONFLICT, THE

MATTER WILL BE REFERRED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF

TRUSTEES FOR A DECISION.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B:

THE GOVERNANCE COMMITTEE ("COMMITTEE") ANNUALLY REVIEWS INDEPENDENTLY OF

THE CHIEF EXECUTIVE OFFICER ("CEO") THE PERFORMANCE OF THE CEO. THE CEO'S

COMPENSATION AND BENEFITS ARE FIXED PURSUANT TO A MULTI-YEAR CONTRACT

WITH THE CEO.

NEW YORK FOUNDLING HAS COMPLIED WITH NEW YORK STATE LAW EXECUTIVE ORDER

38 ("EO 38"), AND PROVIDED THE FINANCE COMMITTEE WITH THE BENCHMARK

SALARY COMPARISONS FOR THE FOLLOWING EXECUTIVE POSITIONS:

- CHIEF EXECUTIVE OFFICER
- CHIEF OPERATIONS OFFICER
- CHIEF FINANCIAL OFFICER

THE MINUTES OF THE DECISIONS OF THE BOARD AND THE FINANCE COMMITTEE ARE PREPARED BEFORE THE LATER OF THE NEXT MEETING OR 60 DAYS AFTER THE FINAL ACTION OF THE BOARD AND THE COMMITTEE. THE MINUTES RECORD A) THE DATE OF

Name of the organization

NEW YORK FOUNDLING

Employer identification number

13-1624123

THE DECISION B) THE MEMBERS PRESENT DURING THE DECISION AND THOSE WHO VOTED ON IT AND C) THE FULL TERMS OF THE COMPENSATION ARRANGEMENTS THAT WERE REVIEWED.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS (BYLAWS AND ARTICLES OF INCORPORATION), CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

AVAILABLE AT ITS PRINCIPAL OFFICE DURING REGULAR BUSINESS HOURS AND BY

MAIL UPON PERSONAL OR WRITTEN REQUEST. ANNUAL INFORMATION RETURNS ARE

AVAILABLE TO THE PUBLIC VIA THE SAME METHOD FOR A PERIOD OF THREE YEARS.

FORM 990, PART XI, LINE 9:

OTHER ADJUSTMENTS TO NET ASSETS:

CHANGE IN UNFUNDED PENSION OBLIGATION......\$ 148,927.

LOSS ON DISPOSAL OF LEASEHOLD IMPROVEMENTS.....\$(2,695,706.)

LOSS ON EARLY TERMINATION OF LEASE.....\$ (560,596.)

TOTAL ADJUSTMENTS TO NET ASSETS.....\$(3,107,375.)

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE NEW YORK FOUNDLING, IN THE TRADITION OF OPENNESS AND COMPASSION
OF ITS SPONSORS, THE SISTERS OF CHARITY, HELPS CHILDREN, YOUTH,
ADULTS, AND FAMILIES IN NEED THROUGH SERVICES, SUPPORTS, AND ADVOCACY
THAT STRENGTHEN FAMILY AND COMMUNITY AND HELP EACH INDIVIDUAL REACH
THEIR FULL POTENTIAL.

Name of the organization	Employer identification number
NEW YORK FOUNDLING	13-1624123
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990. PART VI	I- COMPENSATION	() H,	.I.H E.	FTVE	HIGHEST	PATD	TND.	CONTRACTORS
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NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
UG2, LLP P.O. BOX 5972 SPRINGFIELD, MA 01101	FACILITY MAINTENANCE	2,454,497.
FFT PARTNERS, LLC 51 WEST DAYTON STREET, SUITE 101 EDMONDS, WA 98020	CONSULTING	935,618.
MG SECURITY SERVICES, LLC 7 WEST 36TH STREET, 12 FLOOR NEW YORK, NY 10018	SECURITY	898,864.
MST SERVICES, LLC P.O. BOX 603489 CHARLOTTE, NC 28260-3489	CONSULTING	589,189.
BDO USA, LLP 100 PARK AVENUE NEW YORK, NY 10017-5001	ACCOUNTING SERVICES	438,830.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

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Name of the organization Employer identification number NEW YORK FOUNDLING 13-1624123

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
1)					
2)					
3)					
4)					
5)					
(6)					

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	g) 512(b)(13) rolled tity?
						Yes	No
(1) EVELYN DOUGLIN CENTER FOR SERVING PEOPLE 11-3356044							
241 37TH STREET BROOKLYN, NY 11232	SVC. PROVIDER	NY	501(C)(3)	10	NYF	X	
(2)							
(3)							
(4)							
(5)							
(6)							
<u>(7)</u>							

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

Schedule R (Form 990) 2020

JSA

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

Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,										
I alt III	because it had one or more related organizations treated as a partnership during the tax year.										
											ſ

(a) Name, address, and El related organizatior	N of Primar	doi (st foi	c) Legal omicile tate or oreign ountry)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		Disproportionate allocations?		Disproportionate allocations?		Disproportionate allocations?		Disproportionate		Disproportionate		Disproportionate allocations?		Disproportionate allocations?		Disproportionate allocations?		Disproportionate allocations?		Disproportionate		Disproportionate		Disproportionate		Disproportionate		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		ral or aging ner?	(k) Percentage ownership																		
			,,,,		,			Yes	No		Yes	No																																													
(1)																																																									
(2)																																																									
(3)																																																									
(4)																																																									
(5)																																																									
(6)																																																									
(7)																																																									

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity?
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

Schedule R	(Form 990) 2020
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e	Х	
	Estatio of loan guarantood by folded organization(o)						
f	Dividends from related organization(s)				1f		Х
'	Sale of assets to related organization(s)				1g		X
9 h					1h		X
- ''	Purchase of assets from related organization(s)				1i		X
	Exchange of assets with related organization(s)				1j		X
J	Lease of facilities, equipment, of other assets to related organization(s)				٠,		
I.e	Logge of facilities, equipment, or other assets from related exemination(a)				1k		Х
K	Lease of facilities, equipment, or other assets from related organization(s)				11	-+	X
	Performance of services or membership or fundraising solicitations for related organization(s)				1m		X
m	Performance of services or membership or fundraising solicitations by related organization(s).				1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				10	X	—
0	Sharing of paid employees with related organization(s)				10	21	
					4		Х
р					1p		X
q	Reimbursement paid by related organization(s) for expenses				1q		
					4		Х
	Other transfer of cash or property to related organization(s)				1r 1s	Х	
2	Other transfer of cash or property from related organization(s)	this line including cov	ared relationships and trans-	action thro	1		—
	(a)	(b)	(c)		(d)	·.	—
	Name of related organization	Transaction	Amount involved	Method	of dete	rminin	g
		type (a-s)		amou	ınt invo	lved	
(1)	EVELYN DOUGLIN CENTER FOR SERVING PEOPLE	E	2,065,660.	COST			
(1)	BYBBIN BOOGBIN CHAIR TON BENYING THOUBE		2,003,000.				—
(2)							
(2)							
(3)							
(4)							
(5)							
(6)							
		1	Sci	⊥ hedule R (I	Form 9	990) 2	2020
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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Yes No

Schedule R (Form 990) 2020

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	(1 01111 1000)	Yes	No	
(1)													
(2)													
(3)													
(4)	_												
(5)	_												
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													
()	-												

Schedule R (Form 990) 2020

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Schedule R (Form 990) 2020 Page 5

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.