# Form 990 Form 990 Department of the Treasury

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation) Do not enter social security numbers on this form as it may be made public.

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

2021

Open to Public Inspection

Departı Treasuı		of the					Inspection	
	_	2021vic	elendar year, or tax year beginning 07-01-2021 , and ending 06-30-202	22				
		pplicable:	C Name of organization AHRC NEW YORK CITY FOUNDATION INC		D Employer	identif	ication number	
		change nange	ALIKE NEW TORK CITT TOURDATION INC		13-3779	611		
	tial re	-	Doing business as					
Fina returr	al n/termi	inated			E Telephone n	umber		
— Am	ende	d return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite	·			
Ap	plicati	on pending			(212) 78	0-250	00	
			City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10038		<b>5</b> Conserve and a significant to the conserve and the co	+ 6 /	207.104	
			F Name and address of principal officer:	117.3	<b>G</b> Gross receip		907,104	
			JENNIFER GOODWIN		this a group retu ubordinates?	rn for	☐ Yes 🔽 No	
			83 MAIDEN LANE		re all subordinate	S	Yes No	
Tav	/-0V0I	mnt etatue	NEW YORK, NY 10038		cluded?			
			: ▼ 501(c)(3)		"No," attach a lis			
J W	ebsit	te:▶ W\	NW.AHRCNYCFOUNDATION.ORG	( )	roup exemption in	annoci		
<b>K</b> Forn	n of o	rganization	n: V Corporation Trust Association Other	<b>L</b> Year of	formation: 1994 M	State o	of legal domicile: NY	
	01 0	rgamzador	Tast / Association   Other				J	
Pa	ırt I	Sun	nmary					
			escribe the organization's mission or most significant activities:					
æ		TO RAIS	E FUNDS FOR THE EXCLUSIVE BENEFIT OF PEOPLE WITH DEVELO	OPMENT I	DISABILITIES IN	NYC	•	
ĕ								
Ē	-							
õ	_		his box $\blacksquare$ if the organization discontinued its operations or disposed			tasse		
×			of voting members of the governing body (Part VI, line 1a)			3	1 4	
es.			of independent voting members of the governing body (Part VI, line 1b)			4	1 4	
Activities & Governance			ımber of individuals employed in calendar year 2021 (Part V, line 2a)			5	0	
5			imber of volunteers (estimate if necessary)			6	0	
-			related business revenue from Part VIII, column (C), line 12 · · ·			7a	0	
	b	Net unre	elated business taxable income from Form 990-T, Part I, line 11 · ·	<u> </u>		7b	0	
		Ctib-	tions and arrate (Port VIII time the)		Prior Year	,	Current Year	
9			utions and grants (Part VIII, line 1h)		2,184,197	1	1,679,279	
Revenue		Investm	1,332,390	1	706,83			
ď			1	-39,382				
			evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12	,	25,862 3,668,368		2,981,945	
			and similar amounts paid (Part IX, column (A), lines 1–3)	,	1,852,906	1	1,849,310	
			paid to or for members (Part IX, column (A), line 4)		0		1,0.5,01	
60			, other compensation, employee benefits (Part IX, column (A), lines 5–1	.0)	430,854		450,37	
Se			ional fundraising fees (Part IX, column (A), line 11e) · · · · ·		75,000		75,000	
Expenses			draising expenses (Part IX, column (D), line 25) 534,991					
面			xpenses (Part IX, column (A), lines 11a-11d, 11f-24e)		422,327	,	490,663	
			expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2,781,087	+	2,865,344	
			e less expenses. Subtract line 18 from line 12		887,281		116,60	
Ses.				Beg	inning of Current		End of Year	
Net Assets or Fund Balances		_	<b>7</b> . W	<u> </u>	Year			
Ass Ba			ssets (Part X, line 16)		37,872,404	+	32,699,479	
E E			bilities (Part X, line 26)		759,264	1	1,215,190	
			ets or fund balances. Subtract line 21 from line 20		37,113,140		31,484,289	
	rt II		nature Block perjury, I declare that I have examined this return, including accompan	vina scho	dulos and statom	onto s	and to the best of	
			belief, it is true, correct, and complete. Declaration of preparer (other th					
prepa	rer h	nas any k	nowledge.		2023-05-05			
		Signa	ture of officer		Date			
Sign Here		JENNI	IFER GOODWIN EXECUTIVE DIRECTOR					
	=		or print name and title					
			Print/Type preparer's name Preparer's signature D	ate	<u> </u>	N		
Paic	1	] '	7 // Francis a significant			1007 11130		
		or	Firm's name GRANT THORNTON LLP		Firm's EIN 36-605	55558		
Pre <sub>l</sub>	•		Firm's address > 757 THIRD AVENUE 3RD FLOOR		Dh (242) F00	0100		
Use	Οn	ııy			Phone no. (212) 599	2-U1UU		
			NEW YORK, NY 100172013					

May the IRS discuss this return with the preparer shown above? (see instructions)  $\ \ .$ 

Cat. No. 11282Y

Form	990 (2021)				Page <b>2</b>
Pa	rt III Statement of Pro	gram Service A	ccomplishments		
	Check if Schedule O co	ntains a response o	r note to any line in this Part III $ . $		🔽
1	Briefly describe the organizat	ion's mission:			
SEE	SCHEDULE O				
2	Did the organization undertak the prior Form 990 or 990-E2		ogram services during the year wh	nich were not listed on	☐Yes 🔽 No
	If "Yes," describe these new	services on Schedul	e O.		
3	Did the organization cease co services?	nducting, or make s	ignificant changes in how it condu	ucts, any program	Yes V No
	If "Yes," describe these chan	ges on Schedule O.			
4		and 501(c)(4) organ	mplishments for each of its three izations are required to report the program service reported.		•
4a	(Code: ) (	Expenses \$	1,987,892 including grants of \$	1,849,310 ) (Revenue \$	635,217 )
	PEOPLE WITH INTELLECTUAL AND	OTHER DEVELOPMENTAI COMPLEX NEEDS SUPPO	G IS STRATEGIC AND TARGETED. GRANT L DISABILITIES. THE FOUNDATION MADE RT PROFESSIONAL CREDENTIALING PILO PPORT PROFESSIONALS	GRANTS FOR:1) COMPREHENSIVE, IN	ITEGRATED NURSING
4b	(Code: ) (	Expenses \$	including grants of \$	) (Revenue \$	)
	-				
4c	(Code: ) (	Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program services (De		,		
	(Expenses \$		grants of \$	) (Revenue \$	)
<u>4e</u>	Total program service exper	ises 1,	987,892		Form <b>990</b> (2021)
					FOITH <b>990</b> (2021)

Form	990 (2021)			Page 3
Pa	rt IV 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🗐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 20	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	114		No

reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🐒 . . . . . . . . . . . . . . . e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a ប៊ីលើវិទាទ ទល្បានខែង និក្សានាមែន និក្សានាខែង និក្សានាខែង និក្សានាខេង និក្សានេះ និក្សានិក្សាននិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្ស 

. If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

**b** Was the organization included in consolidated, independent audited financial statements for the tax year?

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .

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11d

11e

11f

12a

12b

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14a

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20a

20b

Yes

Yes

Form 990 (2021)

Yes

Yes

Yes

Yes

Nο

Νo

Nο

Nο

Nο

Nο

Nο

Form	Form 990 (2021) Pa							
Pa	rt IV Checklist of Required Schedules (continued)							
			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No				

24b

24c

24d

25a

25b

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28a

28b

28c

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33

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35a

35b

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Yes

Yes

Form 990 (2021)

Νo

Νo

Nο

Nο

Νo

Νo

Nο

Nο

Νo

Nο

Nο

Νo

Nο

Nο

Nο

No

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

Did the organization maintain an escrow account other than a refunding escrow at any time during the year

25a 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

**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

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

អ៊ីត៉េ<sup>ក</sup>អ៊ីមិន Gyangsis នៃក្រុំក្រុំ អ៊ីម៉ូន និង្ហាំ និង 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,

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Hid the Granketation field to the schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

พื้นใช้เหลื เกาส์ เกาส

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

**Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V .

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

**b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

**b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

sections 301.7701-2 and 301.7701-3?

30

Part V

entity or family member of any of these persons?

	990 (2021)			Page <b>5</b>
	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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	0		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	/ 4a		No
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial BCCTOes;t)enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			N.
	Washe organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		N o N o
		5b		NO
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	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		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or quere not tax deductible?	6b		
	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 ar services provided to the payor?		Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	-	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require file Form 8282?	od to 7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889	9 as		
	required?	7g		
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file 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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  Section Sol(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other			
-	sources 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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule $O$ . Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration			
16	excess parachute payment(s) during the year?  16 **Macchian the instruction the investment income the continuous transfer of the	<b>15</b>		No
	IS "thesor gameithtionstructionstions files Fiturio 4720 pi Schedullee Nacction 4968 excise tax on net investment incon  If "Yes." complete Form 4720. Schedule O.	10		No
	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any active that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	rities 17		

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14

18

apply.

Section C. Disclosure

10b

11a

12a

12b

13

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15a

15b

16a

16b

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Νo

Νo

Form 990 (2021)

Form 990 (2021) Page 6 Part VI

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

	Check if Schedule O contains a response or note to any line in this Part VI		• • • •	uctions.		 	
Se	ection A. Governing Body and Management						
						Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax	1a			14		
	Yearere are material differences in voting rights among members of the governing						

body, or if the governing body delegated broad authority to an executive committee

or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 14

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

2 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 or trustees, or key employees to a management company or other person? .

Νo 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was

Blathe organization become aware during the year of a significant diversion of the organization's assets? . 5

Did the organization have members or stockholders? . . . 6 Yes

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Yes 

**b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the

Nο year by the following: **a** The governing body? 8a Yes **b** Each committee with authority to act on behalf of the governing body? Yes

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O  $\,\cdot\,\,$  .  $\,\cdot\,\,\,$  . Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No

**10a** Did the organization have local chapters, branches, or affiliates? 10a Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

**b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . .

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T

(section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that

State the name, address, and telephone number of the person who possesses the organization's books and records:

▶JENNIFER GOODWIN 83 MAIDEN LANE NEW YORK, NY 10038 (212) 780-2500

**b** Describe on Schedule O the process, if any, used by the organization to review this Form 990.

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 .

Did the organization have a written document retention and destruction policy? .

a The organization's CEO, Executive Director, or top management official . . .

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

**b** Other officers or key employees of the organization . . . . .

List the states with which a copy of this Form 990 is required to be filed

Did the organization have a written whistleblower policy? .

CT,FL,NJ,NY

Part VII

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part  $\mbox{VII}\,$  .

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from organization and any related organizations.

- List all of the organization's former officers, key employees, or 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 the instructions for the order in which to list the persons above.

See the instructions for the order in which to list the persons above.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not bo: h ar or/ti	check, unland office rustee Highest compensated	ess er	(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JOEL S ISAACSON	5.00							_		
CHAIRMAN OF BOARD	0.00	Х		Х				0	0	0
(2) JEANNE SDROULAS	1.00							_		
VICE CHAIRMAN OF BOARD	1.40	Х		Х				0	0	0
(3) STEPHEN RIGGIO SECRETARY & TREASURER	1.00	х		х				0	0	0
(4) MICHAEL N ROSEN BOARD MEMBER/CHAIR EMERITUS	1.00	х						0	0	0
(5) KENNETH ARBEENY	0.50									
BOARD MEMBER	0.00	Х						0	0	0
(6) MITCHELL BLOOMBERG	0.50									
BOARD MEMBER	0.00	Х						0	0	0
(7) ANDREAS CHRYSOSTOMOU	0.50									
BOARD MEMBER	1.40	Х						0	0	0
(8) KENNETH FISHER	0.50									
BOARD MEMBER	0.00	Х						0	0	0
(9) GARY M GREEN	0.50	х						0	0	0
BOARD MEMBER	0.00 0.50									
(10) MICHAEL A HAPPEL BOARD MEMBER		Х						0	0	0
(11) CAROLINE HIRSCH BOARD MEMBER	0.50	Х						0	0	0
(12) ELIZABETH ANN KAHANE BOARD MEMBER	0.50	Х						0	0	0
(13) PETER D NORIS	0.00									
BOARD MEMBER (THRU 12/2021)		Х						0	0	0
(14) ANGELO APONTE	0.00									
BOARD MEMBER		Х						0	0	0
(15) JERRY GOTTLIEB	0.50	Х						0	0	0
BOARD MEMBER	0.00									
(16) JENNIFER GOODWIN				Х				0	213,178	21,922
EXECUTIVE DIRECTOR	0.00						H			

Form **990** (2021)

	n 990 (2021) rt VII Section A. Officers, Di	rectors, Trustee	s, Key	Emp	oloy	ees	, and	Hig	ghest Compensa	ted Employees	(con	tinued)	Page <b>8</b>
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one both ecto	not box h ar or/tr	check x, unle n office ustee) ustee)	ss er	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	0	(F) Estima mount of compen from rganizat relat organiza	ated of other sation the tion and
c	Sub-Total		٩				<b>*</b>		0	213,178	3		21,92
2	Total number of individuals (incl \$100,000 of reportable compens	luding but not limit	ted to tl	-		d al	oove) v	who	received more tha	ın	1		
3	Did the organization list any <b>for</b>	<b>mer</b> officer, direct	or or tri	ıstee	. kev	/ en	nnlove	e. 0	r highest compens	ated employee		Yes	No
4	on line 1a? If "Yes," complete Sc For any individual listed on line	hedule J for such ir	ndividua	/ <b>.</b>	•	•		•			3		No
	organization and related organization										4	Yes	
5	Did any person listed on line 1a services rendered to the organiz						•		-		5		No
S	ection B. Independent Cor	ntractors								_	_		110
1	Complete this table for your five compensation from the organiza	e highest compens										ax year	
	(A) (B) Name and business address Description of services							Comper					
											1		
	Total number of independent cont \$100,000 of compensation from t			limite	ed to	th.	ose lis	ted	above) who receiv	ed more than			

	990 (2021)							Page 9
Part	Statement of Revenue Check if Schedule O contains a	response or not	te to	any line in this Par	rt VIII			
				(A) Total revenue	(B) Related exem functi rever	d or pt on	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contr	ibutions, Gifts, Grants, and OtherAmt S	Similar Amounts	<b>1</b> a F	ederated campaig	ns	1a		
				1embership dues		1b		
				undraising events		1c	1,022,025	
				Related organizatio Government grants (cor		1d 1e		
			f A	ll other contributions, o	gifts, grants,		<u> </u>	
			а	nd similar amounts no bove		1f	657,254	
			g i	loncash contributions in nes 1a - 1f:\$	nciuaea in	1g		
			h T	<b>otal.</b> Add lines 1a-	-1f			1,679,279
		Business C	Code	625.247		625.247		
o)	2a SPECIAL NEEDS ADMIN REVENUE	52	23991	635,217		635,217		
enne								
Sev.	b							
Program Service Revenue	С							
Serv								
am	d							
1BO	е							
Δ.	<b>f</b> All other program service revenue.							
	<b>9 Total.</b> Add lines 2a-2f		5,217					
	3 Investment income (including divide		-	452.53	76			4F2 F76
	other 49inclareafrounts)estment of tax-exe			452,57	76			452,576
	<b>5</b> Royalties		as .	[				
	(i) Real	(ii) Perso	onal					
	<b>6a</b> Gross rents <b>6a</b>							
	b Less: rental			+				
	expenses 6b							
	c Rental income or 6c							
	d (Ness) ental income or (loss)							
	(i) Securit	ies (ii) Oth	er					
		0,360						
	assets other than inventory							
	<b>b</b> Less: cost or other basis and <b>7b</b> 3,75	6,105						
	sales expenses			_				
	c Gain or (loss) 7c 25	4,255						
	<b>d</b> Net gain or (loss)		•	254,25	55			254,255
	<b>8a</b> Gross income from fundraising events (not including \$ 1,022,025 of							
ne	contributions reported on line 1c). See Part IV, line 18							
Other Revenue			09,752 49,134					
æ	<b>b</b> Less: direct expenses <b>c</b> Net income or (loss) from fundrais	00	,	-39,38	32			-39,382
her	,	· <b>r</b>	٠					
ō	<b>9a</b> Gross income from gaming							
	activities.	9a						
	See Part IV, line 19 b Less: direct expenses	9b						
	c Net income or (loss) from gaming	activities	•					
	<b>10a</b> Gross sales of inventory, less							
		10a						
	<b>b</b> Less: cost of goods sold	10b						
	c Net income or (loss) from sales of	miventory	•					
	Miscellaneous Revenue	Business	Code					
	11a		_					
	b							
				1				
	С							
	A All other recent			1				-
	d All other revenue e Total. Add lines 11a-11d	<u> </u>	•					
	12 Total revenue. See instructions .							
	Iotal levellue. See Ilistructions .		•	2,981,94	15	635,217	1	0 667,449

Page **10** 

Section 501(c)(3) and 501(c)(4) organizations must	complete all colun	nns. All other organ	izations must comple	ete column (A).
Check if Schedule O contains a response or note to	any line in this Part	:IX		🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,849,310	1,849,310		·
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	223,972	55,993	55,993	111,986
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	141,096	35,274	35,273	70,549
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,140	1,535	1,535	3,070
9 Other employee benefits	53,892	13,473	13,473	26,946
10 Payroll taxes	25,271	6,318	6,317	12,636
11 Fees for services (non-employees):				
a Management	100,247		100,247	
<b>b</b> Legal				
c Accounting	28,230		28,230	
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 17	75,000			75,000
<b>f</b> Investment management fees	71,768		71,768	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	85,000			85,000
12 Advertising and promotion				
13 Office expenses	64,320	1,787	3,576	58,957
14 Information technology	18,944	4,736	4,736	9,472
15 Royalties				
<b>16</b> Occupancy	17,623	4,406	4,405	8,812
<b>17</b> Travel	10,165	101	100	9,964
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	49,745	12,436	12,436	24,873
<b>20</b> Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,644	1,911	1,911	3,822
23 Insurance	9,141	457	914	7,770
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BANK, LICENSING & FEES	24,270	155	1,547	22,568
b MISCELLANEOUS	3,566			3,566
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,865,344	1,987,892	342,461	534,991
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here  if following SOP 98-2 (ASC 958-720).	2,000,544	1,507,1052	3 (2,701	334,331

•	
	_

Part X		Balance Sheet					
		Check if Schedule O contains a response or	note to	any line in this Part IX .			🗆
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			142,152	1	176,752
	2	Savings and temporary cash investments			710,847	2	1,258,493
	3	Pledges and grants receivable, net			280,598	3	59,796
	4	Accounts receivable, net		[	0	4	0
	6	Loans and other receivables from any current trustee, key employee, creator or founder, su controlled entity or family member of any of t Loans and other receivables from other disqu under section 4958(f)(1)), and persons described.	bstantia hese pe alified p	al contributor, or 35% ersons persons (as defined	0	5	0
S	7	Notes and loans receivable, net			0	7	0
Assets	8	Inventories for sale or use			0	8	0
SS	9	Prepaid expenses and deferred charges .			32,205	9	102,850
4	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	46,740			
	ь	Less: accumulated depreciation	10b	26,884	27,500	10c	19,856
	11	Investments—publicly traded securities .	<u> </u>		36,679,102	11	31,081,732
	12	Investments—other securities. See Part IV, li	ne 11		0	12	0
	13	Investments—program-related. See Part IV, I		<u> </u>	0	13	0
	14	Intangible assets		🕇	0	14	0
	15	Other assets. See Part IV, line 11		0	15	0	
	16	Total assets: Add lines 1 through 15 (must e	aual lin	e 33)	37,872,404	16	32,699,479
	17	Accounts payable and accrued expenses .		-	15,344	17	154,694
	18	Grants payable		0	18	0	
	19	Deferred revenue	100,000	19	100,000		
	20	Tax-exempt bond liabilities			0	20	0
"	21	Escrow or custodial account liability. Complet		V of Schedule D	0	21	0
Liabilities	22	Loans and other payables to any current or fo key employee, creator or founder, substantial controlled entity or family member of any of t	rmer of contrib	ficer, director, trustee, outor, or 35%	0	22	0
	23	Secured mortgages and notes payable to unre	elated t	hird parties	0	23	0
	24	Unsecured notes and loans payable to unrela	ted thir	d parties	0	24	0
	25	Other liabilities (including federal income tax parties, and other liabilities not included on li Complete Part X of Schedule D			643,920	25	960,496
	26	<b>Total liabilities.</b> Add lines 17 through 25 .			759,264	26	1,215,190
<b>Fund Balances</b>	27	Organizations that follow FASB ASC 958, che lines 27, 28, 32, and 33. Net assets without donor restrictions	ck here	▶ ✓ and complete	35,478,791	27	30,057,499
Bal	2,	· · · · · · · · · · · · · · · · · · ·		L	00,170,701		30,007,100
pt	28	Net assets with donor restrictions			1,634,349	28	1,426,790
Fur		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 🗌 and			
o	29	<b>complete lines 29 through 33.</b> Capital stock or trust principal, or current fun	ds .			29	
set	30	Paid-in or capital surplus, or land, building or	ent fund		30		
As	31	Retained earnings, endowment, accumulated i	ncome,	or other funds		31	
Net Assets	32	Total net assets or fund balances			37,113,140	32	31,484,289
Z	33	Total liabilities and het assets/fund balances			37,872,404	33	32,699,479
_							Form <b>990</b> (2021)

**b** Were the organization's financial statements audited by an independent accountant? 2b Yes If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

basis, consolidated basis, or both:

Separate basis Consolidated basis ■ Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Yes If the organization changed either its oversight process or selection process during the tax year, explain in

Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

За

Single Audit Act and OMB Circular A-133? Νo

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b

Form 990 (2021)

Form 990 (2021)		
Additional Data		Return to Form
	Coftware ID:	
	Software ID:	
	Software Version:	
Form 990, Special Condition D	escription:	
	Special Condition Description	

## (Form 990) Department of the Treasury

Internal Revenue Service

SCHEDULE A

## **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.

Inspection

OMB No. 1545-0047

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

**Employer identification number** Name of the organization AHRC NEW YORK CITY FOUNDATION INC 13-3779611 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

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:

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)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public

described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 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

receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% 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).

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 on 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.

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, functionally

integrated, or Type III non-functionally integrated supporting organization.

Provide the following information about the supported organization(s).

(i) Name of supported (ii) EIN (iv) Is the organization (iii) Type of (v) Amount of organization organization listed in your governing monetary support other support (see (described on lines document? (see instructions) 1- 10 above (see instructions)) Yes No

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

Cat. No. 11285F

(vi) Amount of

instructions)

Schedule A (Form 990) 2021

8,456,698

8,456,698

468,677

7,988,021

8,456,698

3,268,837

1,215,346

12,940,881

996,253

61.730 %

61.830 %

Schedule A (Form 990) 2021

(f) Total

(f) Total

(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 failed to qualify under the tests listed below, please complete Part III.)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Schedule A (Form 990) 2021

. . . .

line 4.

Calendar year

Section A. Public Support Calendar year

2 Tax revenues levied for the

paid to or expended on its behalf

The value of services or facilities furnished by a governmental unit to the organization without charge...

supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from

Section B. Total Support

securities loans, rents, royalties and income from similar sources

business activities, whether or not the business is regularly carried 10 Other income. Do not include gain

> or loss from the sale of capital assets (Explain in Part VI.). . Total support. Add lines 7 through

(or fiscal year beginning in)

Amounts from line 4. . Gross income from interest, dividends, payments received on

Net income from unrelated

Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly

(or fiscal year beginning in) Gifts, grants, contributions, and

1,602,813 membership fees received. (Do not include any "unusual grant.") . . organization's benefit and either

(a) 2017

(a) 2017

1.602.813

1,602,813

803,096

325,589

Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . .

Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . .

Section C. Computation of Public Support Percentage

**(b)** 2018

**(b)** 2018

1.501.693

1,501,693

1.488.717

(c) 2019

(c) 2019

1,488,717

810,960

175,543

1,488,717

(d) 2020

(d) 2020

2,184,197

455,500

183,372

2.184.197

2,184,197

(e) 2021

12

14

15

1,679,278

452,576

209,752

1.679.278

(e) 2021

1,679,278

1,501,693

746,705

321,090

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

17a 10%-facts-and-circumstances test—2021. 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 

h 10%-facts-and-circumstances test—2020. 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 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 

16a 33 1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 

Sche	dule A (Form 990) 2021						Page 3
P	Support Schedule f	or Organiza	tions Descr	ibed in Section	on 509(a)(2)		
	(Complete only if you						alify under Part
Se	II. If the organization ection A. Public Support	i ialis to quali	ry under the i	lests listed bei	ow, piease com	ipiete Part II.)	
	ndar year	( ) 0047	422242	( ) 2 2 4 2	(1) 2022	( ) 2021	(6) =
	iscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.") . Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities		+		+		
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
h	persons Amounts included on lines 2 and 3						
b	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 <b>Public support.</b> (Subtract line 7c						
٥	from line 6.)						
Se	ection B. Total Support		•	<u>'</u>		<b>-</b>	
	ndar year	(-) 2017	(h) 2010	(-) 2010	(4) 2020	(-) 2021	(6) Takal
	iscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975. Add lines 10a and 10b.						
с 11	Net income from unrelated						
	business activities not included on						
	line 10b, whether or not the						
	business is regularly carried on.						
12	-						
	or loss from the sale of capital assets (Explain in Part VI.)	1					
13	Total support. (Add lines 9, 10c,						
	11, and 12.)						
14	First 5 years. If the Form 990 is for						
	check this box and <b>stop here</b>			· · · · · · · ·	· · · · · · · · ·		▶□
Se	ection C. Computation of Pub						
15	Public support percentage for 2021 (	(line 8, column	(f) divided by li	ne 13, column (f	))	· · 15	

Public support percentage from 2020 Schedule A, Part III, line 15 . . . . . . . . . . . . . . . . 16

Section D. Computation of Investment Income Percentage

Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f)) . . . . . . Investment income percentage from **2020** Schedule A, Part III, line 17 . . . . . . . . . . . . .

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . .

19a 331/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

17

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2021

Page 4

#### Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

Section A. All Supporting Organizations

implete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you mplete Sections A and D, and complete Part V.)

checked	box 12b, of Part I, co
checked box	12d, of Part I, cor

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		
	describe the designation. If historic and continuing relationship, explain.	1	
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 <b>Part VI</b> how the organization determined that the supported organization		
	was described in section 509(a)(1) or (2).	2	

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

3b and 3c below.

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

made the determination.

**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

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.

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

**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

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

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

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)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

10a 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

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

Supporting Organizations (continued)

Page **5** 

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 on lines 11b and below, the governing body of a supported organization?	11c		
	A family many have for a super described as 14a above 2			
b		detail in 116		
С	Part VI	detail iii 110		
S	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled organization's activities. If the organization had more than one supported organization, describe how the powers to and/or remove directors or trustees were allocated among the supported organizations and what conditions or restricted in any, applied to such powers during the tax year.	tax ed the appoint		
2	Did the organization operate for the benefit of any supported organization other than the supported organization	ion(s)		
	that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providin benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supportant organization.			
S	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	or		
	trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the suppor	rted 1		
_	Section 5.0 And Type III Supporting Organizations	rteu		
	Section D. Air Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the price year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the date of notification.	the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided	_		
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 <b>Part VI</b> h			
	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 incom			
	assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organ			
S	Section 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 instructi	ons):	
	<b>a</b> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
	<b>b</b> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
	<b>c</b> ☐ The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity.	ent entity (see		
2	Activities Test. Answer lines 2a and 2b below.		Ves	No

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities

b Did the activities described on 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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

**b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.

constituted substantially all of its activities.

Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

organization's involvement.

2a

2b

За

3b Schedule A (Form 990) 2021

instructions)

Page **6** 

1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	-		•
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current 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):	1		
a	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
	: Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1d		
•	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> 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-functiona	lly-int	egrated Type III suppor	ting organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount

See instructions.

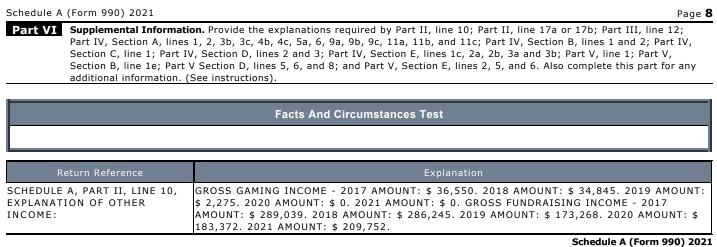
a Excess from 2017. . . . . **b** Excess from 2018. . . . . c Excess from 2019. . . **d** Excess from 2020. . . . . e Excess from 2021. . . . .

3j and 4c. 8 Breakdown of line 7:

c Remainder, Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2.

- If the amount is greater than zero, explain in  ${\it Part~VI}$
- 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
- 7 Excess distributions carryover to 2022. Add lines

Schedule A (Form 990) (2021)



#### **SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990,

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

	me of the organization RC NEW YORK CITY FOUNDATION INC			Employer	identification number
AL II	TOTAL TOTAL CELL LOCADATION INC			13-3779	611
Pa	Organizations Maintaining Donor A Complete if the organization answered				
			advised funds	<b>(b)</b> Fu	inds 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 ad the organization's property, subject to the organiza	-			unds are Yes No
6	Did the organization inform all grantees, donors, an charitable purposes and not for the benefit of the do impermissible private benefit?	nor or donor advisor	or for any other purpo	se conferrin	•
Pa	rt II Conservation Easements.  Complete if the organization answered				
1	Purpose(s) of conservation easements held by the				
	Preservation of land for public use (e.g., recreat	ion or education)	Preservation of an	historically	important land area
	Protection of natural habitat		Preservation of a c	ertified hist	oric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization he	old a qualified conser	vation contribution in th	ne form of a	conservation
_	easement on the last day of the tax year.	a quaca consc.	acion concinculation in c		ld at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easement	S		2b	
_	Number of conservation easements on a certified hi	storic structuro inclu	dod in (a)	2-	
C			` ′	2c	
d	Number of conservation easements included in (c) a historic structure listed in the National Register	•	o, and not on a	2d	
3	Number of conservation easements modified, transf	erred, released, exti	nguished, or terminated	by the org	anization during the
4	Number of states where property subject to conser	vation easement is b	ocated <b>b</b>		
5	Does the organization have a written policy regarding violations, and enforcement of the conservation ea	ng the periodic monit	oring, inspection, handl	ing of	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, in year	specting, handling of	violations, and enforci	ng conserva	tion easements during the
7	Amount of expenses incurred in monitoring, inspect  \$	ing, handling of viol	ations, and enforcing co	nservation	easements during the year
8	Does each conservation easement reported on line (B)(i) and section $170(h)(4)(B)(ii)$ ?				4) Yes No
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text o the organization's accounting for conservation ease	f the footnote to the ements.	organization's financial	statements	that describes
Par	Complete if the organization answered			or Other S	Similar Assets.
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets h service, provide, in Part XIII, the text of the footnot	neld for public exhibit	ion, education, or resea	arch in furth	erance of public
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets help provide the following amounts relating to these item	d for public exhibitio			
(	(i) Revenue included on Form 990, Part VIII, line 1 .				\$
	ii)Assets included in Form 990, Part X · · · · · · ·				·
2	If the organization received or held works of art, his following amounts required to be reported under FA	storical treasures, or	other similar assets for		
а	Revenue included on Form 990, Part VIII, line ${\bf 1}$ .				\$
b	Assets included in Form 990, Part X			▶	\$
For I	Paperwork Reduction Act Notice, see the Instructions				Schedule D (Form 990) 202

52283D

Page 2

3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other reco	rds, check	any of t	the following tha	t are a signi	ficant use o	f its	
а	Public exhibition		d ┌	Loan	or exchange pro	grams			
b	Scholarly research		e [	Other	r				
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and expl	ain how th	ey furthe	er the organizati	on's exempt	purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than						Yes	□ No	
Pa	<b>TEXT IV</b> Escrow and Custodial Arrange Complete if the organization and Part X, line 21.		Form 990	), Part I	IV, line 9, or re	eported an	amount o	n Form	n 990,
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?						Yes	☐ No	
b	If "Yes," explain the arrangement in Part XI	II and complete th	e following	table:		,	Amount		_
c	Beginning balance				1c				
d	Additions during the year				1d				
e	Distributions during the year				1 - 1				
f	Ending balance				. 1f				
2a	Did the organization include an amount on	Form 990 Part X I	ine 21 foi	escrow	or custodial acco	nunt liahility	₂ Yes	□ No	
20	· · ·	101111 330, Fait X, 1	1116 21, 101	esciow	or custodial acci	Julic Hability			
b	If "Yes," explain the arrangement in Part X	III. Check here if th	ne explana	tion has	been provided i	n Part XIII	🗆		
Pa	rt V Endowment Funds.								
	Complete if the organization ans					(d) Thursu	(-)	F	
	Designing of year halance	(a) Current year 1,182,156	<b>(b)</b> Prio	987,207	(c) Two years bac 1,008,20	<del></del>	ears back <b>(e)</b> ,007,435		958,502
	Beginning of year balance	1,102,130		307,207	1,000,20		,007,133		
	Contributions Net investment earnings, gains, and losses	-174,221		244,949	29,00	6	50,766		48,933
						_			
	Grants or scholarships	50,000		50,000	50,00	0	50,000		
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance	957,935	1	,182,156	987,20	7 1	,008,201	1,	007,435
2	Provide the estimated percentage of the cur	rent year end balar	nce (line 1	g, colum	ın (a)) held as:				
а									
b	Permanent endowment 52.250 %								
c	Term endowment ► 47.750 %								
	The percentages on lines 2a, 2b, and 2c sh	· ·							
3a	Are there endowment funds not in the posse organization by:	ession of the organi	zation tha	t are hel	d and administer	ed for the		Yes	No
	(i) Unrelated organizations						3a(i)	165	No No
	(ii) Related organizations						3a(ii)		No
b	If "Yes" on 3a(ii), are the related organizati						3b		-
_									
4	Describe in Part XIII the intended uses of the		ndowment	funds.					
Pa	rt VI Land, Buildings, and Equipm Complete if the organization ans		Form 000	) Dart T	V ling 11a C	a Form OC	ı∩ Dər+ V	line 1	n
	Description of property  (a) Cost or othe (investme	er basis (b) Cost	or other ba					Book valu	
_									
	Land								
	Buildings			20		86.7-			
	Leasehold improvements			28,652		20,056			8,596
d	Equipment			18,088	3	6,828			11,260

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

(1) Financial (2) Closely-h (3)Other  (A) (B) (C) (D) (E) (F)	Complete if the organization answered "Yes" on Form 99  (a) Description of security or category (including name of security)  I derivatives	(b) Bool value	< (	c) Method	90, Part X, line 12. of valuation: year market value
(2) Closely-h (3)Other (A) (B) (C) (D) (E) (F)	derivatives				,
(A) (B) (C) (D) (E) (F)					
(B) (C) (D) (E) (F)					
(C) (D) (E) (F)					
(D) (E) (F)					
(E) (F)					
(F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	<b>Investments - Program Related.</b> Complete if the organization answered 'Yes' on Form 99	0, Part I	V, line 11c. Se	e Form 99	90, Part X, line 13.
	(a) Description of investment		(b) Book value		Method of valuation: end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col.(B) line 13.)				
Part IX	Other Assets.	<u> </u>			
	Complete if the organization answered 'Yes' on Form 990  (a) Description	), Part I\	/, line 11d. See	Form 990	, Part X, line 15. <b>(b)</b> Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Fotal. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 15.)				<b>b</b>
Part X	<b>Other Liabilities.</b> Complete if the organization answered 'Yes' on Form 990	) Part I\	/ line 11e or 1	1f	
	See Form 990, Part X, line 25.  (a) Description of liability			-··· 	(b) Book value
<b>1.</b> ( <b>1)</b> Federal ii	ncome taxes				(B) Book value
(2)					
(3)					
(4)		_	<del>-</del>		
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column	(b) must equal Form 990, Part X, col.(B) line 25.)			•	960,49

3

1

2

-2,835,275

-5,745,452 2,910,177

71,768

2,981,945

2,793,576

2,793,576

71,768

2,865,344

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per
	Return.

	Return.	-	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	Ī
_	Annual Color Indian Provide Landon Francisco Color De LAVITA Provide		ſ

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities . . .

Recoveries of prior year grants .

Other (Describe in Part XIII.) . . . . . . . .

Add lines 2a through 2d . Subtract line 2e from line 1 . . . . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII.) . . . . . .

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . .

Total expenses and losses per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities . . . . . .

Investment expenses not included on Form 990, Part VIII, line 7b

Prior year adjustments . . . . . . . . .

Other losses . . . . . . . . .

Add lines 2a through 2d . . . . .

Add lines **4a** and **4b** . . . . . .

Other (Describe in Part XIII.)

Subtract line 2e from line 1 .

Other (Describe in Part XIII.) . . . . . . . .

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

4b

4a

2b

**2**c

2d

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

-5,745,452

71,768

2e

4c

5

1

26

2a

2b

2c 2d

4b

Amounts included on Form 990, Part IX, line 25, but not on line 1:

4a

71,768

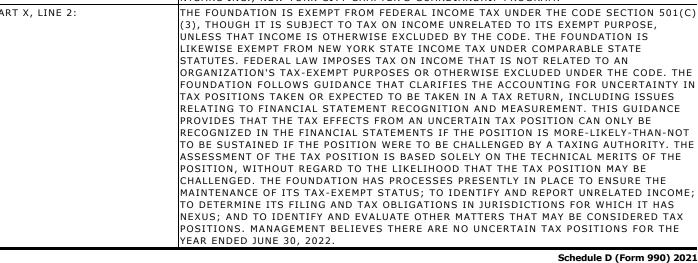
4c

Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.) Part XIII

Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Return Reference

Return Reference	Explanation
,	THE AHRC NEW YORK CITY FOUNDATION INC'S ENDOWMENT IS INTENDED TO SUPPORT NYSARC INC., NEW YORK CITY CHAPTER'S GUARDIANSHIP PROGRAM.
	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER THE CODE SECTION 501(C) (3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE FOUNDATION IS LIKEWISE EXEMPT FROM NEW YORK STATE INCOME TAX UNDER COMPARABLE STATE STATUTES. FEDERAL LAW IMPOSES TAX ON INCOME THAT IS NOT RELATED TO AN ORGANIZATION'S TAX-EXEMPT PURPOSES OR OTHERWISE EXCLUDED UNDER THE CODE. THE FOUNDATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS MORE-LIKELY-THAN-NOT



**SCHEDULE G** (Form 990)

Department of the Treasury

Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

2021

Inspection

Open to Public

OMB No. 1545-0047

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

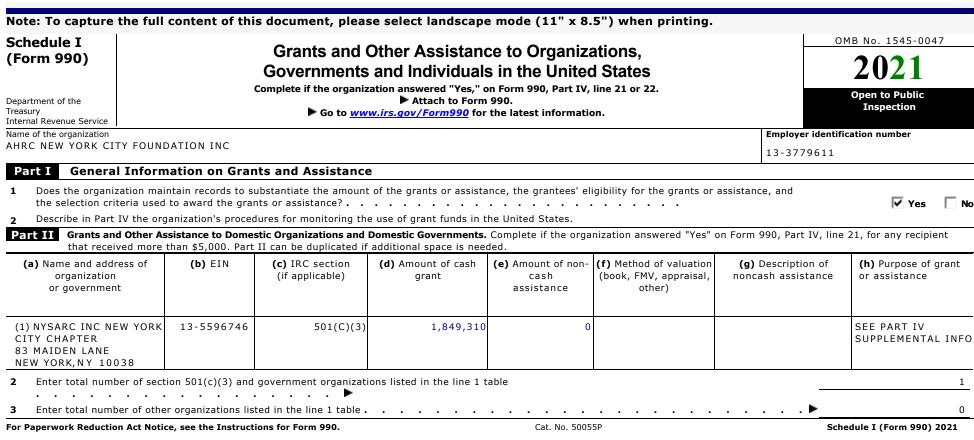
Name of the organization **Employer identification number** AHRC NEW YORK CITY FOUNDATION INC Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants ✓ Mail solicitations f Solicitation of government grants ■ Internet and email solicitations

<b>b</b> Internet and email s	olicitations			<b>f</b> Solicitation of go	overnment grants	
c Phone solicitations				g 🔽 Special fundrais	ing events	
<b>d</b> In-person solicitation	ons					
or key employees listed	in Form 990, Part ' nest paid individuals	VII) or en or entitie	tity in co es (fundra	y individual (including off nnection with profession aisers) pursuant to agree		s No Indraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
EVENT MGMT GROUP 411 E 83RD ST NEW YORK, NY 10028	SEE PART IV	Yes		572,156	75,000	497,156
2						
3						
4						
5						
6						
7						
8						
9						
10						
			. ▶	572,156	75,000	497,156

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

	rt II Fundraising Events. Com more than \$15,000 of fundr events with gross receipts g	aising event contribut			
•		(a)Event #1  MUNSON DINNER  (event type)	(b) Event #2  GOLF OUTING  (event type)	(c)Other events  2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue					
	1 Gross receipts	590,406	397,320	244,051	1,231,777
	2 Less: Contributions	536,981	269,975	215,069	1,022,025
	3 Gross income (line 1 minus line 2)	53,425	127,345	28,982	209,752
	<b>4</b> Cash prizes				
S	5 Noncash prizes	1,351	33,312		34,663
Direct Expenses	<b>6</b> Rent/facility costs	61,310	126,160	25,937	213,407
MY De	<b>7</b> Food and beverages				
ect	8 Entertainment				
ă	9 Other direct expenses	1,008	5 6		1,064
	10 Direct expense summary. Add lines	1 through 9 in column (d	)		249,134
Dar	<b>11</b> Net income summary. Subtract line in the state of the summary. Subtract line in the or				-39,382
rai	\$15,000 on Form 990-EZ, li		res on rollingso, i	art IV, line 19, or rep	Torted more than
Revenue		(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
R	1 Gross revenue				
Expenses	2 Cash prizes				
xpe	3 Noncash prizes				
t m	4 Rent/facility costs				
Direct					
	5 Other direct expenses	Yes%	☐ Yes%	☐ Yes %	
	<b>6</b> Volunteer labor	□ No	□ No	No	
	7 Direct expense summary. Add lines 2	2 through 5 in column (d	)		
	8 Net gaming income summary. Subtra				
0	-				
9 a b	•	t gaming activities in eac	ch of these states? .		
10a	, , ,	licenses revoked, susper	nded or terminated during	g the tax year?	
b					

Sche	dule G (Form 990) 2021				Page <b>3</b>
11	Does the organization conduct gamin	ng activities with nonmembers?		Yes No	
12		ciary or trustee of a trust or a member of a partnership or other entity ing?		Yes No	
13	Indicate the percentage of gaming a	ctivity conducted in:			
а	The organization's facility		13a		%
b	An outside facility		13b		%
14	Enter the name and address of the p	person who prepares the organization's gaming/special events books a	nd rec	cords:	
	Name 💌				
	Address				
15a	revenue?	ct with a third party from whom the organization receives gaming		Yes No	
b		revenue received by the organization > \$ and by the third party > \$	the		
С	If "Yes," enter name and address of	the third party:			
	Name				
	Address				
16	Gaming manager information:				
	Name -				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
a	Is the organization required under st	rate law to make charitable distributions from the gaming proceeds to		□Yes □No	
b	Enter the amount of distributions red	quired under state law distributed to other exempt organizations or spe			
	in the organization's own exempt act	3 , ,			
Par		<b>tion.</b> Provide the explanations required by Part I, line 2b, col 15b, 15c, 16, and 17b, as applicable. Also provide any addition			
	instructions.		oriar i	mormation see	
FO.D.1	Return Reference	Explanation  LINE 2B, COLUMN (II) EVENT MANAGEMENT GROUP MANAGES	AHRC	NEW YORK CITY	/
FORT	M 990, SCHEDULE G, PART I	FOUNDATION INC'S ANNUAL "THURMAN MUNSON AWARD DIND INCLUDE SOLICITATION, OBTAINING, RESEARCHING AND CONLISTS, MAILINGS, THE GALA VIDEO JOURNAL AND ET CETERA. FUNDRAISERS' CUSTODY OR CONTROL OF CONTRIBUTIONS E GROUP RECEIVES CHECKS FROM EVENT PARTICIPANTS. THE CRECORDS OF DONORS, PLEDGES AND PAYMENTS. CHECKS AND AHRC NEW YORK CITY FOUNDATION INC ON A WEEKLY BASIS. INTO AHRC NEW YORK CITY FOUNDATION INC'S FUNDRAISING CHECKS ARE DEPOSITED INTO ITS BANK ACCOUNT.	NER." MPILA LINE VENT CONSU D REP THE D G SYS	RESPONSIBILITI ATION OF MAILIN 2B, COLUMN (III MANAGEMENT ULTANTS KEEP ORTS ARE SENT DATA IS ENTERED TEMS AND THE	IES IG I) TO
Δα	Iditional Data	Schedu	ile G (F	Form 990) 2021	. 1
~0				Return to Form	
		Software ID:			
		Software Version:			



Page 2

Part III can be duplicated if ac	dditional space is needed.
(a) Type of grant or assistance	(b) Number of

(1)

(2)

(3)

(4)

(5)

(6)

(7)

Part IV

Return Reference

PART I, LINE 2:

PART II, LINE 1:

Explanation

**Supplemental Information.** Provide the information required in Part I, line 2: Part III, column (b); and any other additional information.

AND DEVELOPMENTAL DISABILITIES.

recipients

BOOKS. THE BOOKS ARE AUDITED BY AN INDEPENDENT AUDITOR.

(c) Amount of

cash grant

IN NEW YORK CITY THAT SERVE PEOPLE WITH DEVELOPMENTAL DISABILITIES. THE FOUNDATION DOCUMENTS THE PROCEDURES IT UNDERGOES TO DETERMINE WHICH NYSARC PROGRAMS ARE ELIGIBLE FOR FUNDING. THE BOARD'S SELECTION CRITERIA INCLUDE: HOW CLOSELY THE PROPOSED PROGRAM ALIGNS WITH THE FOUNDATION'S MISSION: THE LIKELY IMPACT OF THE GRANT: THE URGENCY OF THE NEED: AND THE BENEFITS THE GRANT WILL ACHIEVE RELATIVE TO ITS COST. THE BOARD'S DISCUSSION, DECISION AND AMOUNT OF THE GRANT ARE RECORDED IN THE MINUTES. THE GRANTEE IS THEN NOTIFIED IN WRITING OF THE AMOUNT OF THE GRANT AND ITS PURPOSE. NOTICE OF THE GRANT IS SENT TO THE FINANCE DEPARTMENT, WHICH RECORDS EACH GRANT AWARD AS AN EXPENSE IN THE FOUNDATION'S

(d) Amount of

noncash assistance

THE AHRC NEW YORK CITY FOUNDATION PRIMARILY MAKES GRANTS TO NYSARC INC., NEW YORK CITY CHAPTER, TO SUPPORT ITS PROGRAMS

MULTIPLE GRANTS WERE MADE TO NYSARC INC., NEW YORK CITY CHAPTER FOR THE PURPOSE OF BENEFITING PEOPLE WITH INTELLECTUAL

(e) Method of valuation

(book, FMV, appraisal, other)

Schedule I (Form 990) 2021

(Form 990) For 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. Department of the Treasury ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Internal Revenue Service

Schedule J

8

Name of the organization

AHRC NEW YORK CITY FOUNDATION INC.

**Compensation Information** 

2021 Open to Public Inspection

OMB No. 1545-0047

**Employer identification number** 

Νo Νo

Νo

Νo

Νo

Νo

Νo

Νo

4c

5a

6a

7

	13-3779611			
Pa	rt I Questions Regarding Compensation			
			Yes	No
la	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 idemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			

	an estate, tradecas, enteres, melauning the electric process, regularing the items entered on line lar	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	
	Compensation committee  ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ 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?	4

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. compensation contingent on the revenues of: The organization? . . . . . . . . . . . . . . . . .

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

Any related organization? . . . . . If "Yes," on line 5a or 5b, describe in Part III.

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:

subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2021 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 are not listed on Form 990. Part VII.

instructions, on row (ii). Do not list any individuals that are not listed <b>Note.</b> The sum of columns (B)(i)-(iii) for each listed individual must e	l on F qual t	orm 990, Part VII the total amount o	of Form 990, Part	VII, Section A, line	e 1a, applicable co	olumn (D) and (E	amounts for	that individual.
(A) Name and Title		(B) Breakdown o	of W-2, 1099-MIS and/or 1099-NEC	(E) Total of columns	<b>(F)</b> Compensation in			
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1JENNIFER GOODWIN EXECUTIVE DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	204,692	0	8,486	8,108	13,814	235,100	0
			<u> </u>	<u> </u>		1	Schedule J (	Form 990) 2021

Page 3

Schedule J (Form 990) 2021

FORM 990, SCHEDULE J. PART I: THE FOUNDATION DOES NOT DIRECTLY COMPENSATE ANY OF THE INDIVIDUALS LISTED IN FORM 990, PART VII AND SCHEDULE J.

Schedule J (Form 990) 2021

EXECUTIVE DIRECTOR, JENNIFER GOODWIN, RECEIVES HER WAGES FROM NYSARC, INC. NYC CHAPTER FOR THE SERVICES SHE RENDERS AS EXECUTIVE DIRECTOR OF THE FOUNDATION. MS. GOODWIN'S COMPENSATION IS DETERMINED BY THE FOUNDATION'S BOARD OF

DIRECTORS (AS OUTLINED IN THE FOUNDATION'S SCHEDULE O, PART V, LINE 15 NARRATIVE).



### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

2021

Open to Public
Inspection
Employer identification number

OMB No. 1545-0047

► Go to <u>www.irs.gov/Form990</u> for the latest information.

Name of the organization AHRC NEW YORK CITY FOUNDATION INC

13-3779611 Return **Explanation** Reference FORM 990. THE AHRC NEW YORK CITY FOUNDATION IS A FUND-RAISING AND GRANT-MAKING ENTITY THAT SUPPORTS PROGRAMS PART III, LINE FOR CHILDREN AND ADULTS WHO HAVE INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND WHO LIVE IN NEW YORK CITY. THE FOUNDATION IS THE PRIMARY SOURCE OF PHILANTHROPIC SUPPORT FOR NYSARC INC., NEW YORK CITY CHAPTER, WHICH PROVIDES A WIDE ARRAY OF SOCIAL SERVICES FOR APPROXIMATELY 15,000 PEOPLE WITH DISABILITIES. THROUGH ITS GRANTS. THE FOUNDATION AIMS TO EMPOWER PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES TO: 1, MAKE CHOICES AND DECISIONS BASED ON THEIR OWN ASPIRATIONS, 2, LIVE AS INDEPENDENTLY AND BE AS PRODUCTIVE AS POSSIBLE. 3. PARTICIPATE FULLY IN THEIR COMMUNITIES. THE FOUNDATION ENVISIONS A WORLD IN WHICH PEOPLE WITH DISABILITIES WILL: -SHARE ORDINARY PLACES IN THEIR LOCAL COMMUNITIES (SUCH AS STORES, GYMS, LIBRARIES AND MUSEUMS) AT THE SAME TIME AND IN THE SAME WAYS AS THEIR NEIGHBORS. -DEVELOP A SUPPORT NETWORK THAT INCLUDES A WIDE RANGE OF PERSONAL AND SOCIAL RELATIONSHIPS. -FILL VALUED ROLES IN AND MAKE CONTRIBUTIONS TO THEIR COMMNITIES. FORM 990. NYSARC INC., NEW YORK CITY CHAPTER PERFORMS DUTIES WHICH COULD BE CONSIDERED MANAGEMENT RELATED DUTIES. SUCH MANAGEMENT DUTIES INCLUDE HUMAN RESOURCES AND PAYROLL, INFORMATION TECHNOLOGY AND PART VI. SECTION A. ACCOUNTING RELATED FUNCTIONS. LINE 3 FORM 990. AHRC NEW YORK CITY FOUNDATION. INC IS A MEMBERSHIP CORPORATION FORMED IN 1994. THE FOUNDATION'S MEMBERS PART VI. ARE AS FOLLOWS: THE CHAIRMAN OF THE GOVERNANCE. FINANCE AND FUNDRAISING COMMITTEES OF NYSARC. INC. NEW SECTION A, YORK CITY CHAPTER ("AHRC NYC") AND THREE OTHER INDIVIDUALS WHOM THEY MAY SELECT AND REMOVE WITH OR LINE 6 WITHOUT CAUSE. FORM 990, THE FOUNDATION'S BYLAWS RESERVE THE POWER TO APPOINT AND REMOVE THE ORGANIZATION'S BOARD OF PART VI, DIRECTORS. IN ADDITION, THE MEMBERS HAVE THE POWER TO APPOINT AND REMOVE ANY OFFICER OF THE SECTION A. ORGANIZATION. LINE 7A FORM 990. THE FOUNDATION'S BYLAWS RESERVE THE POWER TO ALTER, AMEND, REVISE, OR REPEAL THE BYLAWS AND ARTICLES PART VI, OF INCORPORATION. SECTION A. LINE 7B FORM 990. ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. WHICH SERVED AS PAID PREPARER. WITH ASSISTANCE FROM THE STAFF OF NYSARC INC., NEW YORK CITY PART VI. CHAPTER. A COPY OF THE DRAFT FORM 990 WAS CIRCULATED TO THE FULL BOARD OF THE ORGANIZATION IN EITHER SECTION B, LINE 11B PAPER OR ELECTRONIC FORM FOR DISCUSSION AND COMMENT, EACH BOARD MEMBER IS PROVIDED AMPLE OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 990 PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE. FORM 990, DIRECTORS ARE REQUIRED TO GIVE NOTICE IF THEY HAVE ANY DIRECT OR INDIRECT FINANCIAL INTEREST IN AN INDIVIDUAL PART VI. OR ORGANIZATION THAT PROPOSES TO ENTER INTO A TRANSACTION WITH THE FOUNDATION. UPON RECEIVING NOTICE, SECTION B. THE BOARD OF DIRECTORS DETERMINES WHETHER A CONFLICT OF INTERESTS EXISTS. IF A CONFLICT EXISTS, THE LINE 12C DIRECTOR MUST REFRAIN FROM DISCUSSING OR VOTING UPON THE PROPOSED TRANSACTION OR EXERTING ANY INFLUENCE ON THE FOUNDATION TO AFFECT A DECISION, FORM 990, PART VI, SECTION B, LINE 13 AND 14: THE ORGANIZATION OPERATES UNDER THE WHISTLEBLOWER AND DOCUMENT RETENTION POLICY OF NYSARC INC., NEW YORK CITY CHAPTER. FORM 990. THE ORGANIZATION'S BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION OF ALL EMPLOYEES PART VI, SPECIFIED AS HAVING SUBSTANTIAL INFLUENCE OVER THE ORGANIZATION AND WHO RECEIVE REMUNERATION FROM THE SECTION B. ORGANIZATION, INCLUDING THE FOUNDATION DIRECTOR. THE BOARD'S REVIEW INCLUDES COMPARISON TO DATA OF LINE 15A COMPENSATION PROVIDED AT SIMILAR ORGANIZATIONS TO ENSURE THAT THE ORGANIZATION DOES NOT COMPENSATE IN EXCESS OF MARKET NORMS. FORM 990. THE ORGANIZATION MAKES ITS 990 AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AT ITS LOCAL PLACE OF PART VI. BUSINESS AND ON ITS WEBSITE; ITS 990 IS LIKEWISE AVAILABLE AT WWW.GUIDESTAR.ORG. THE ORGANIZATION MAKES ITS SECTION C. GOVERNING DOCUMENTS. CONFLICT OF INTEREST POLICY AND FORM 1023 AVAILABLE TO THE PUBLIC UPON REQUEST. AND AT MANAGEMENT'S DISCRETION. LINE 19

# SCHEDULE R (Form 990)

Department of the Treasury

Name of the organization
AHRC NEW YORK CITY FOUNDATION INC

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

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.

2021

Open to Public Inspection

Schedule R (Form 990) 2021

**Employer identification number** 

13-3779611 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity Section or foreign country) (if section 501(c)(3)) entity 512(b) (13)controlled entity? Yes No (1) NYSARC INC NYC CHAPTER (AHRC NYC) SEE PART VII LINE 10 NY 501(C)(3) No 83 MAIDEN LANE N/A NEW YORK, NY 10038 13-5596746 (2)AHRC NYC PROPERTIES INC NY No HOUSING 501(C)(2) N/A AHRC NYC 83 MAIDEN LANE NEW YORK, NY 10038 13-3287732 (3)AHRC HOME CARE SERVICES INC LINE 10 HOME CARE NY 501(C)(3) AHRC NYC No 83 MAIDEN LANE NEW YORK, NY 10038 13-3891886 (4) SUPERIOR DIRECT CARE INC STAFFING 501(C)(3) LINE 10 AHRC NYC NY No 83 MAIDEN LANE NEW YORK, NY 10038 (5)AHRC DEVELOPMENT COMPANY HOUSING NY 501(C)(3) AHRC NYC No 83 MAIDEN LANE NEW YORK, NY 10038 13-3131470 (6) AHRC NYC NEW PROJECTS INC 501(C)(3) HOUSING NY LINE 12 (A) AHRC NYC No 83 MAIDEN LANE NEW YORK, NY 10038 13-3587176 (7)AHRC NYC GUARDIANSHIP FUND INC GUARDIANSHIP NY 501(C)(3) LINE 12 (A) AHRC NYC No 83 MAIDEN LANE NEW YORK, NY 10038 27-3621220

Cat. No. 50135Y

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(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	Disprop alloca	h) ortionate otions?	(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	part	eral or naging tner?	<b>(k)</b> Percentage ownership
		<u> </u>	<u> </u>				Yes	No	<u> </u>	Yes	No	<u> </u>
Part IV Identification of Related Organizations 34 because it had one or more related organizations								answered	l "Yes" on	Form 99	90, Part	: IV, line

(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile	(d) Direct controlling entity	(e) Type of entity (C corp, S	(f) Share of total income	(g) Share of end- of-year	<b>(h)</b> Percentage ownership	Section 5 controlled	i) 12(b)(13) d entity?
		(state or foreign country)		corp, or trust)		assets		Yes	No
	<u> </u>		_	<u> </u>	<u> </u>	_	Schedule	R (Form 99	0) 2021

che	edule R (Form 990) 2021		Pa	ge <b>3</b>
Pa	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
<b>1</b> D	During the tax year, did the orgranization 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		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
rh	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	<b>1</b> s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) (b) (c) (d)  Name of related organization Transaction type (a-s)	nount i	nvolved	i
	Lease of facilities, equipment, or other assets from related organization(s)			

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.

	revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.												
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from	Are al se 501 orgar	(e) I partners ection (c)(3) hizations?	(f) Share of total income	(g) Share of end-of-year assets	( <b>f</b> Disprop alloca	rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1	(j) Gener mana partr	aging	(k) Percentage ownership
			tax under sections 512- 514)	Yes	No			Yes	No	(Form 1065)	Yes	No	
										Sc	hedule R	(Form 9	990) 2021