Form 990	
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## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) this form as it may be made public. . .

•	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.

OMB No. 1545-0047 2017 Open to Public

	ment of the Tre		<ul> <li>Do not enter social security numbers</li> <li>Go to www.irs.gov/Form990 for</li> </ul>					his, ection
	I Revenue Serv			)7/01, <b>2017</b>			~ 26/-	30. <b>20,</b> 18
A Fo	or the 2017		r year, or lax year beginning	///01,2017	, and enanig	D Emplo	e iden fica i	num der
B ch	eck if applicable:		of organization			27		
			YORK HARBOR FOUNDATION, INC.					
	Address change	Doing	business as BILLION OYSTER PROJECT	E Teleph	one number			
	Name change		er and street (or P.O. box if mail is not delivered to street add	liess)	Room/suite		458-08	00
	Initial return	10	SOUTH STREET, SLIP 7	(212)	100 00			
	Final return/ terminated		r town, state or province, country, and ZIP or foreign postal of		receipts \$	3,401,424.		
	Amended return		YORK, NY 10004	- AN ALT			is a group return	
	Application pending		and address of principal officer. PETER MALIN			i subc	rdinates?	
<b>.</b>		10	SOUTH STREET, SLIP 7 NEW YORK,	NY 1000		— ``	all subordinates inclu	
īτ	ax-exempt st	tatus:	X 501(c)(3) 501(c) ( ) ◀ (insert no.)	4947(a)(1	) or 527			t. (see instructions)
Jν	Vebsite: 🕨	WWW.	ILLIONOYSTERPROJECT.ORG				p exemption num	
K F	form of organ	nization:	X Corporation Trust Association Othe	r 🕨	L Year of	formation: 201	U M State of	f legal domicile; IN I
Pa							DIAN DI	
	4 Duiofi	v descri	e the organization's mission or most significant activ	ities: NEW	YORK HARB	OR FOUNDA	TION, D.	BA BILLION
	OYS	TER 1	ROJECT RESTORES OYSTER REEFS T	O NEW YO	RK HARBOR	THROUGH	FORTIC	
anc	EDU	CATI	N INITIATIVES.					
Activities & Governance	2 Chec	k this bo	★ ► if the organization discontinued its operation	tions or dispo	sed of more tha	n 25% of its ne	t assets.	10
Š	3 Numl	ber of v	ting members of the governing body (Part VI, line 1a	)			3	18.
8	4 Numl	her of in	dependent voting members of the governing body (F	art VI, line 1b)			4	17.
ies	5 Total	numbe	of individuals employed in calendar year 2017 (Part	V, line 2a)	* * * * * * * *		5	42.
ivit	6 Total	numbe	of volunteers (estimate if necessary)				6	723.
Act	7a Total	luprelat	d business revenue from Part VIII, column (C), line 12	2			7a	0.
	h Not	intelate	business taxable income from Form 990-T, line 34			<u></u>	7b	9,014.
	DINELC	aniciaco				Pflor	lear	Current Year
		ribution	and grants (Part VIII, line 1h)				50,134.	2,692,376.
an	8 Cont	rom con	ice revenue (Part VIII, line 2g)				6,482.	29,120.
Revenue	9 Prog		come (Part VIII, column (A), lines 3, 4, and 7d).		1,552.	2,888.		
Re	10 Inves		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and	11e)			64,864.	355,896.
	11 Othe		e - add lines 8 through 11 (must equal Part VIII, colur		0,200.	3,080,280.		
	12 Tota	te opd (	imilar amounts paid (Part IX, column (A), lines 1-3).			15	53,852.	98,000.
	13 Gran		to or for members (Part IX, column (A), line 4)				0.	0.
	AE Dala	ents pan	er compensation, employee benefits (Part IX, column	(A), lines 5-10	)	1,00	56,666.	2,202,225.
Expenses	15 Sala	nes, ou	fundraising fees (Part IX, column (A), line 11e).	~ //			35,000.	65,000.
Sens	16a Prof		sing expenses (Part IX, column (D), line 25)		30.		1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	
EX	b lota	u tunora	ses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,60	07,094.	1,115,080.
	17 Othe	er expen	es. Add lines 13-17 (must equal Part IX, column (A),	line 25)			12,612.	3,480,305.
			s expenses. Subtract line 18 from line 12			5	77,588.	-400,025.
1.0	19 Rev	enue les	s expenses. Subtract the to from the 12			Beginning of (	Current Year	End of Year
ts o nce						2,8	75,321.	2,378,826.
sse	20 Tota 21 Tota 22 Net	al assets	(Part X, line 16)			3	87,623.	289,211.
at A	21 Tota	al liabiliti	es (Part X, line 26)			2,4	87,698.	2,089,615.
Ž	22 Net							
			e Block y, I declare that I have examined this return, including ac	companying sch	edules and state	ments, and to th	e best of my l	nowledge and belief, it is
Un tru	der penalties e, correct, ar	s of perju nd comple	y, I declare that I have examined this return, including ac a Declaration of preparer (other than officer) is based on al	l information of	which preparer ha	as any knowledge		
		1	H-T-				March 25,	2019
Sig	<b>)</b>	Figna	are of officer				Date	
He								
116			Malinowski, Executive Director					
	/		r print name and title reparer's name Preparer's signature	<u> </u>	Date	0	neck if	PIN
Pai			opulorentance			1	If-employed	100483769
	parer JA	MES (	REILLY CONDON O'MEARA MCGINTY & DON	NELTY T			EIN 13-3	628255
	- Only Fin	m's name				Phone	010	-661-7777
		m's addre	S DONE BATTERY PARK PLAZA, NEW YORK, NY 1000	)4-1405	ne)			·
			s this return with the preparer shown above? (	see mistructio				Form <b>990</b> (2017)
Fo	r Paperwo	rk Redu	tion Act Notice, see the separate instructions.					

orm 990 (201	7)	Page 2
Part III	Statement of Program Service Accomplishments	X
Briefly d	Check if Schedule O contains a response or note to any line in this Part III	· · · · · · · · · · · · · · · · · · ·
	CHEDULE O.	
	the user which were not li	atad an tha
prior Fo	organization undertake any significant program services during the year which were not list m 990 or 990-EZ?	
	describe these new services on Schedule O. organization cease conducting, or make significant changes in how it conducts, ar	program
services	describe these changes on Schedule O.	
Describ	e the organization's program service accomplishments for each of its three largest prog	gram services, as measured by
	s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of g expenses, and revenue, if any, for each program service reported.	rants and allocations to others
a (Code:	) (Expenses \$ 2,521,324. including grants of \$ ) (Revenue	\$ 133,531.)
NEW Y	ORK HARBOR FOUNDATION, DBA BILLION OYSTER PROJECT IS A MARINE	
	RATION AND ENVIORNMENTAL EDUCATION PROJECT OPERATED IN	
COLLA	BORATION WITH NEW YORK HARBOR SCHOOL, THAT SEEKS TO RESTORE	
ONE B	ILLION LIVE OYSTERS TO NEW YORK HARBOR BY 2035, BY PROVIDING	
	AND STAFF TO SUPPORT (1) OYSTER REEF CONSTRUCTION AND	
	DRING, (2) OYSTER SHELL COLLECTION, (3) MIDDLE SCHOOL ACH (INCLUDING HARBOR LITERACY CURRICULUMN DEVELOPMENT,	
OUTRE.	TOR TRAINING AND OYSTER GARDENING) AND (4) PUBLIC PROGRAMS ON	1.1Aug
	JORS ISLAND AND ELSEWHERE.	-1
<u> </u>		
b (Code:	) (Expenses \$ 98,000. including grants of \$ 98,000. ) (Revenue	)
	CHEDULE O.	
<u>.</u>		· · · · · · · · · · · · · · · · · · ·
		· •
: (Code:	) (Expenses \$including grants of \$) (Revenue	э Ф)
		· · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·
<u> </u>		
d Other p	rogram services (Describe in Schedule O.)	
(Expen:	es \$ including grants of \$ ) (Revenue \$	)
	ogram service expenses ► 2, 619, 324.	· · · · · · · · · · · · · · · · · · ·
A 51020 1.000 07 3	1HV M261	Form <b>990</b> (201 PAGE

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_	90 (2017)		F	Page 3
Part	IV Checklist of Required Schedules			_ <u></u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation? If Yes,		- X	
~	complete Schedule A	ł	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			<u> </u>
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
+	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
Ŭ	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			x
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	10		x
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		6 860	
11	VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		<u>, 1997 - 1998 - 1997 -</u>	APROPRIATES?
u	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
	The organization of the order of the providence of the order of the or	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	x	
	Schedule D, Parts XI and XII	124		<u> </u>
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u> X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	-	x	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		+
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		x
	If "Yes," complete Schedule G, Part III	1 10	1	

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Form 99	0 (2017)		F	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
20a	Bia (ile organization operate one of more neepkartabilikeor in 1963) comprete concerne in 1971	20a	]	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retuin	通知		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic orpanizator g			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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		v	
	employees? If "Yes," complete Schedule J	23	X	
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			х
	anough 244 and complete conclute it. I they go to mic 204 to the to the to the to the to the	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
	to defaase any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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?	25b		х
	If "Yes," complete Schedule L, Part I	230		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		х
	disqualified persons? If "Yes," complete Schedule L, Part II			
27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			14
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a k	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
b	Schedule L, Part IV.	28b		х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
ι.	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	L í	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
••	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			- v
	Part VI			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		x	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	<u>A</u>	

Form 990 (2017)

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Check if Schedule C contains a response or note to any line in this Part V       Image: Schedule C contains a response or note to any line in this Part V         1a Enter the number coportable Box3 of Form 108. Enter -0-If not applicable.       Image: Schedule C contains any schedule in the Letter-0-If not applicable.       Image: Schedule C contains any schedule in the Letter-0-If not applicable.       Image: Schedule C contains any schedule in the Letter-0-If not applicable.       Image: Schedule C contains and schedule in the Letter-0-If not applicable.       Image: Schedule C contains and schedule in the Letter-0-If not applicable.       Image: Schedule C contains and schedule in the schedule C contains and containsche C contains and schedule C contains and sc		990 (2017)		f	<sup>p</sup> age <b>5</b>
1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.       1a	Par				<b></b>
1a       Enter the number reported in Box 3 of Form 1086. Enter-0-if not applicable.       1a       1a <t< th=""><th></th><th>Check if Schedule O contains a response or note to any line in this Part V</th><th></th><th>Yes</th><th>- I No</th></t<>		Check if Schedule O contains a response or note to any line in this Part V		Yes	- I No
b Enter the number of Forms W-26 included in line 1a. Enter 0- if not applicable	1.0	Enter the number reported in Box 3 of Form 1096 Enter A- if not applicable	×7		
c) bit the organization comply with backup withholding rules for reportable psymmets to vincings and the reportable graining (ambling) winnings to price wither with a set of the calendary sear ending with or within the veric overed by this return.       Late East one is reported on line 2a, did the organization file all required federal employment tax returns?       Zb         2a Enter the number of employees reported on line 2a, did the organization file all required federal employment tax returns?       Zb       X         3b bit the organization have unrelated business grass income of \$1,000 or mere unright the year?	ia h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable.	ſ Y		
reportable gaming (gambing) winnings to prize winners?       16       X         2a Enter the number of employees reported on Firm V-3. Transmittal of Wage and Tax       12       42         b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?       20       X         Note. If the sum of lines it and 2a is greder than 26.0, you may be required to <i>effic</i> gen instructions).       3a       X         3b Did the organization have unrelated business gress income of \$1,000 or more during the year?.       3a       X         4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country: (such as a bark account, securities account, or other financial account in a foreign country: (be NT PCE).       3a       X         See instructions for filing requirements for PnCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         6a Does the organization have annuel gress receipts that are romally greater than \$100,000, and did the organization induce with every soliciation an express statement that such contributions or gifts were not tax deductible accharitable contributions or gifts were not tax deductible accharitable personal property for which it was required to file comparization and partly for goods and services provided to the payor?       7a       X         7a       X       10       Wast the organization that were related with every soliciation an express statement that such contributions or gifts were not tax deductible?					
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax La       42         5 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2b         3a Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a         3a At any time during the caleard year, did the organization have an interest in Schödule 0.       3a         3a At any time during the caleard year, did the organization have an interest in or a signature or other authority over, a financial account?       3a         3a Wast and the organization have an interest in or a signature or other authority over, a financial account?       3a         3b Wast and organization have under the organization have an interest in or a signature or other authority over, a financial account?       3a         3a Wast he organization have annet of the foreign country. >       5a       5a         3b Wast he organization have annet gross and the organization have an interest in the during the tax year?       5a         3b Wast he organization have annet gross receipts that are normally greater than \$100,000, and did the organization have any solicitation an express statement that such contributions of gifts were not tax deductible contributions under section 170(c).       6a         3b Wast he organization neewer as growing the account for the speed account have any solicitation and partly for goods and services provided 1 the payor?       7a         7 Organization solicit any contributions that were ord tax deductible as rel	-		1c	X	
Statements, field for the calendary year ending with or within the year covered by this return.       12       42         Note. If the sum of lines 1 and 2 as igneter than 250, you may be required federal employment tax returns?       38       Xi         3a Did the organization have unrelated business gross income of \$1,000 or more during the yea??       38       Xi         3b If Yes, " has if field a Form 990-T for this year? If Yeo'r to line 30, provide an explanation in Schedule 0	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b Ta least Otle 5 is ploted of the sum of lines 124, obtaine 124, obtaine 124, obtaine 124, obtaine 124, obtaine 124, obtaine 125, or other and the ploted to e-fife (see instructions),,,,,,,, .				т. 	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?.       3a X         b if "Yes," has it field a Form 900-T for this year? if "No" for for \$1,000 or more during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?       3b X         b if "Yes," enter the name of the foreign country: ►	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u>X</u>	
3a DDI ne organization have dimensional provide an explanation in Schedule 0.       3b X         4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bark account, securities account, or other financial account) in a foreign country (such as a bark account, securities account, or other financial account) in a foreign country (such as a bark account, securities account, or other financial account in a foreign country (such as a bark account, securities account, or other financial accounts (FBAR).         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a X         5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization netwer not tax deductible as charitable contributions?       5b X         6a Does the organization netwer not tax deductible as charitable contributions?       6b X         6a If "Yes," did the organization netwer not tax deductible as charitable contributions or gifts were not tax deductible?       6b X         7a Variantion start any contributions that were not tax deductible as charitable contributions and partly for goods and services provided to the payor?       7b X         7b If "Yes," indicate the number of Forms 8282 field during the year       7c X         7b If the organization nethy the donor of the value of the goods or services provided for the payor?       7c X         7c If the organization secure any taxing directly or indirectly, on a personal benefit contract?       7c X		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?         b If "Yes," enter the name of the foreign country: ►         See instructions for filling requirements for FhCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?.         5a Was the organization average and the average average and the average averag					
over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       4a         b if Yes, "enter the name of the foreign country:>       See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a         5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?       5a         5a Was the organization aparty to a prohibited tax shelter transaction?       5b         cif Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?       5c         6a Dees the organization include with ever not tax deductibles achibited tax shelter transaction?       6c         7 Organizations that may receive deductible contributions under section 170(c).       a lot the organization notive?       7a         7 Dragnization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?       7d       7a         7 b lif Yes," idid the organization notify the donor of the value of the goods or services provided?       7d       7a         7 b lif Yes," idid the organization setting, directly or indirectly, to pay premiums on a personal benefit contract?       7d       7a         7 b lif Yes," idid the organization setting, directly or indirectly, to a prostnal benefit contract?       7d			3b	<u>×</u>	
account)?       4a       X         b if "Yes," enter the name of the foreign county: >	4a				
b If "Yes," enter the name of the foreign country: b       Image: Section Sectin Sectin Section Sectin Sectin Section Sectin Sectin Se			40		x
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(FBAR).       5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         6b       Types' to line 5a or 5b, did the organization file Form 8286-17.       5c       5c       5c         6a       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization nalude with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       6c       6a       X         7       Organization receive a payment in excess of \$76 made party as a contribution and partly for goods and services provided to the payor?       7b       X       7b       X         0       Did the organization notify the donor of the value of the goods or services provided?       7c       Xa         10       the organization receive any punds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       Xa         10       the organization receive any punds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       Xa         11       the organization receive any numbus, directly or indirectly, to pay premiums on a personal benefit contract?       7f       Xa         12       17d       Td       Xa	b				
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12a       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.       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c       13a         14a       X       X       X	a	Gross income from other sources (Do not net amounts due of paid to other sources 11b			
b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X	41.0		12a		
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a					1
a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a			1.	•	
Note. See the instructions for additional information the organization must report on Schedule O.         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			13a	· ·	1
<ul> <li>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</li></ul>	a				
the organization is licensed to issue qualified health plans	h		ľ.		
c Enter the amount of reserves on hand	5		]. · ·		
14a Did the organization receive any payments for indoor tanning services during the tax year?	c		· .	•	·
b If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule Q			14a		X
ISA	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

Form 9	90 (2017) NEW YORK HARBOR FOUNDATION, INC. 27-291	3478	F	age 6
Part		and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
		<b>N</b> X	Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	<b>Y</b>	1	
14	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
h	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 17			
_	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee have a ranny relationship of a business relationship with	2	·	Х
	Did the organization delegate control over management duties customarily performed by or under the direct			
3		3		х
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		Х
6	Did the organization have members or stockholders?			<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		Х
	one or more members of the governing body?			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		Х
_	stockholders, or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		1	14
	the year by the following:	8a	Х	
a	The governing body?	8b	Х	
b	Each committee with authority to act on behalf of the governing body?			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		)	
0000			Yes	No
40-	Did the organization have local chapters, branches, or affiliates?	10a		X
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
	rise to conflicts?			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	х	
4.5	describe in Schedule O how this was done	13	Х	
13	Did the organization have a written whistleblower policy?	14	Х	
14	Did the organization have a written document retention and destruction policy?			
15	Did the process for determining compensation of the following persons include a review and approval by		. :	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	X	
a	The organization's CEO, Executive Director, or top management official	15b	X	
b	Other officers or key employees of the organization		·	-
44.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		x
ь	with a taxable entity during the year?		· .	
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	1.	1	
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>NEW YORK</u>			
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	1 501/	c)(3)s	i onlv)
10	available for public inspection. Indicate how you made these available. Check all that apply.		-,,,,,,,,	<b>-</b>
	Own website Another's website X Upon request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interview.	erest	polic	v. and
19	financial statements available to the public during the tax year.		0,00	,,
20	State the name, address, and telephone number of the person who nossesses the organization's books and record	ls: ►		
20	State the name, address, and telephone number of the person who possesses the organization's books and record JOE BELAN, 80 BROAD STREET NEW YORK, NY 10004			
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within the

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								_

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations) regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	not ch unless er and	s per	ition more rson	e than c is both or/trust employee ensated	ап	(D) Reportable compensation from the organization (W-2/1099-MISC)	<b>(E)</b> Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)MURRAY L. FISHER	40.00									
CHAIR	0.	Х		x				64,149.	Ο.	30,462.
(2)BRAD BURNHAM	1.00									
CHAIRMAN EMERITUS	0.	Х		x				0.	0.	0.
(3)SOPHIA C. KOVEN	1.00									
VICE CHAIR	0.	Х		хļ				0.	0.	0.
(4)L. MERCEDES TECH	1.00									
TREASURER	0.	Х		X				0.	0.	0.
(5)MATTHEW HAIKEN	1.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(6)ELLIOT H. STEELMAN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(7)CHRIS MOLE	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(8) JAYNI CHASE	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(9)JOHN DE CRUZ	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(10)JAMES F. LIMA	1.00									
BOARD MEMBER	0.	Х					]	0.	0.	0.
(11)S. ELIZABETH ALTER	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(12)DAVID CAMERON	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(13)CARLEEN LYDEN-WALKER	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(14)SHEA THORVALDSEN	1.00									
BOARD MEMBER	0.	X					1	0.	0.	0.

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Form 990 (2017) Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	bye	es,	and H	lig	hest Compensat	ed Employees	s (cont	inued)
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average				sition	4		Reportable	Reportable		Estimated
	hours per week (list any					e than o is both		compensation from	compensation tr	٣D٦	amount of other
	hours for	office	er an	dad	lirect	or/trust	ee)	the	organizations	I I	compensation
	related	or d	Inst	Officer	Æ	emp	Forn	organization	(W 2/1099-MIS	<u> </u>	from the organization
	organizations below dotted	irect	Ittic	Per	emp	lest .	ner	(W-2/1099-MISC)			and related
	line)	or fr	Institutional trust	1	Key employee	е со п					organizations
		Individual trustee or director	trust		ö	pens					
			6			Highest compensated employee					
15) ROBIN BRAMWELL- STEWART	1.00										
BOARD MEMBER	0.	X						0.		0.	Ο.
16) ANDRIA CASTELLANOS	1.00										
BOARD MEMBER	0.	X						0.		0.	0.
17) NOAH HELLER	1.00				l						
BOARD MEMBER	0.	X						0.		0.	0.
18) AYANA ELIZABETH JOHNSON	1.00										
BOARD MEMBER	0.	X						0.		0.	0.
19) KATE ORFF	1.00										
BOARD MEMBER	0.	Х						0.		0.	0.
20) PETER MALINOWSKI	40.00										
EXECUTIVE DIRECTOR	0.			X				128,331.		0.	31,847.
					<b> </b>						
	<u> </u>										
	<b>+</b>										
	<u> </u>			<u> </u>							<del></del>
	<u> </u>	-									
											********
	+										
1h Sub total		1	-	)	1	1		64,149.		0.	30,462.
1b Sub-total							5	128,331.		0.	31,847.
d Total (add lines 1b and 1c)							5	192,480.		0.	62,309.
2 Total number of individuals (including but not							o re	eceived more than	\$100.000 of		
reportable compensation from the organizatio	n 🕨		1								
											Yes No
3 Did the organization list any former offic	er. directo	or, or	r tr	uste	e.	kev e	emp	olovee, or highes	t compensated	1	
employee on line 1a? If "Yes," complete Sched	ule J for su	ch inc	livid	lual			'				3 X
4 For any individual listed on line 1a, is the	sum of rei	oortat	ole -	com	nper	nsatio	na	nd other compen	sation from the	,	the Brail Program
organization and related organizations gr	eater than	\$1	50,0	000	? II	"Yes	s,"	complete Schedu	ile J for such	)	
individual ,			• •	• •	• •					·	4 X
5 Did any person listed on line 1a receive or											
for services rendered to the organization? If "Y	'es," comple	te Sc.	hed	ule .	J for	such	per	rson	<u></u>		5 X
Section B. Independent Contractors							··				
<ol> <li>Complete this table for your five highest corr compensation from the organization. Report of year.</li> </ol>	pensated i compensati	ndep ion fo	end r the	ent e ca	con alen	tracto dar ye	ar e	that received more ending with or with	e than \$100,00 hin the organiza	0 of ation's	tax
(A) Name and business ad	dress							(B) Description of se	ervices	Corr	(C) pensation
ATTACHMENT 1	•						+				
				~~~~			1				
									1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	SAME HERE	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

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		Check if Schedule O contains a respon	ee or note to an	v line in this Part \	/111		
				(A) Total revenue	(B) Related or exempt function revenue	(C) <u>Uaroisted</u> business CCOP	(D) Revenue excluded from tax Utder sections 5 2-514
Contributions, Gifts, Grants and Other Similar Amounts	ʻb c d f g	Federated campaigns       1a         Membership dues       1b         Fundraising events       1c         Related organizations       1d         Government grants (contributions)       1e         All other contributions, gifts, grants, and similar amounts not included above       1f         Noncash contributions included in lines 1a-1f: \$       Total. Add lines 1a-1f	84,471. 1,341,462. 1,266,443. 238,333.	2,692,376.			
Program Service Revenue	2a b c d e f	GOVERNOR'S OFFICE OF STORM RECOVERY PROGRAM SERVICE FEES All other program service revenue	Business Code 900099 900099	11,200. 17,920. 29,120.	<u>11,200.</u> 17,920.		
	3	Investment income (including divider and other similar amounts)	nds, interest, ► proceeds .►	1,315. 0. 0.			1,315
	c d	Gross rents	(ii) Other	0.			
anue	С	Less: cost or other basis and sales expenses		1,573.			1,573
Other Revenue	b c 9a	of contributions reported on line 1c). See Part IV, line 18	<u>125,311.</u> ▶	331,871.			331,871
	b c 10a	Less: direct expenses	)►	0.			
_	b c 11a	Less: cost of goods sold b Net income or (loss) from sales of inventory. Miscellaneous Revenue OTHER INCOME		0.		· · · · · · · · · · · · · · · · · · ·	
	b c d e 12	All other revenue		24,025			334,755 Form <b>990</b> (2017

Part IX Statement of Functional Expense	HARBOR FOUNDAT.			
Section 501(c)(3) and 501(c)(4) organizations mu	ist complete all column	s. All other organizatio	ons must complete colur	тп (А).
Check if Schedule O contains a res	ponse or note to any lin	e in this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraiting Formes
1 Grants and other assistance to domestic organizations		05 000		∕⊥ ⊥
and domestic governments. See Part IV, line 21	95,000.	95,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,000.	3,000.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	<b>.</b>			· · · · ·
5 Compensation of current officers, directors, trustees, and key employees	224,916.	168,324.	22,150.	34,442
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and	ο.			
persons described in section 4958(c)(3)(B)	1,568,065.	1,175,143.	151,868.	241,054.
7 Other salaries and wages	1,000,000.	1,110,140.		
8 Pension plan accruals and contributions (include	0.			
section 401(k) and 403(b) employer contributions)	409 244	305,169.	42,039.	62,036.
9 Other employee benefits	0			
10 Payroll taxes				
11 Fees for services (non-employees):	ο.	1		
	1 (1)			
b Legal	91,500.	69,255.	18,806.	3,439.
d Lobbying	21,900.	16,576.	4,501.	823.
e Professional fundraising services. See Part IV, line 17.	65,000.			65,000.
f Investment management fees	1 1 2 0		1,139.	
g Other, (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.).	1 302-667	205,989.	81,733.	14,945.
12 Advertising and promotion	0.			
13 Office expenses	27 6//	6,404.	13,498.	7,742
14 Information technology	0.			
15 Royalties	0.			····
16 Occupancy	0.		0.65.6	
17 Travel	76,924.	64,068.	8,656.	4,200
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
21 Payments to affiliates	0.	00.005	01 000	
22 Depreciation, depletion, and amortization	42,865.	20,965.		182
23 Insurance	61,870.	42,792.	10,090.	102
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.)	361,069.	361,069.	· · · · · · · · · · · · · · · · · · ·	i
a PROGRAM bFACILITIES & EQUIP. RENTAL	53,131.	41,931		11,200
COTHER	67,144	36,412		6,017
dMARINE FUEL	7,227	7,227		
	·,,			· · · · · · · · · · · · · · · · · · ·
e All other expenses 25 Total functional expenses. Add lines 1 through 24e	3,480,305.	2,619,324	. 409,901.	451,080
<ul> <li>26 Fotal initiational expenses. Add mids 1 initiation 21 (2007)</li> <li>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</li></ul>				
JSA				Form 990 (201

Page	1	1
Page	L	L

irt X				
	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year	$\sim$	(B) The fyear
1	Cash - non-interest-bearing	24,350		<b>J 1</b> 2,816
2	Savings and temporary cash investments	467,964.		398,594
3	Pledges and grants receivable, net	1,875,965.	3	1,495,153
4	Accounts receivable, net	0.	4	(
5	Loans and other receivables from current and former officers, directors,	n dan sa	:	
	trustees, key employees, and highest compensated employees.	· · · · · · · · · · · · · · · · · · ·		
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	(
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	(
7	Notes and loans receivable, net	0.	7	(
8	Inventories for sale or use	0.	8	(
9	Prepaid expenses and deferred charges	77,992.	9	58,66
	a Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 509, 879.	n forma de la composición de la compos En la composición de l	1.1 <sup>1</sup> .1	
	b Less: accumulated depreciation 10b 126,042.	401,227.	10c	383,83
11	Investments - publicly traded securities	27,823.	11	29,76
12	Investments - other securities. See Part IV, line 11	0.	12	(
13	Investments - program-related. See Part IV, line 11	0.	13	(
14	Intangible assets	0.	14	(
15	Other assets. See Part IV, line 11		15	(
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,875,321.	16	2,378,82
17	Accounts payable and accrued expenses	350,284.	17	223,31
18	Grants payable		18	(
19	Deferred revenue	37,339.	19	65,893
20	Tax-exempt bond liabilities	0.	20	<u>.</u>
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	
22	Loans and other payables to current and former officers, directors,		. *	
22	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	0.	23	
24	Unsecured notes and loans payable to unrelated third parties	0.	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	_		
	of Schedule D	0,	20	
26	Total liabilities. Add lines 17 through 25.	387,623.	26	289,21
	Organizations that follow SFAS 117 (ASC 958), check here $\blacktriangleright$ X and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	797,563		806,26
28	Temporarily restricted net assets	1,690,135		1,283,35
29		0.	29	
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 📃 and complete lines 30 through 34.	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund	" <u>.</u>	31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,487,698		2,089,61
34		2,875,321	- 34	2,378,82

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NEW YORK HARBOR FOUNDATION, I	INC.
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Form 99	0 (2017)		Pa	ge 12
Part				
	Check if Schedule O contains a response or note to any line in this Part XI.		80	280.
1	Total revenue (must equal Part VIII, column (A), line 12)			305.
2	Total expenses (must equal Part IX, column (A), line 25)			025.
3				698.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2,4		942.
5	Net unrealized gains (losses) on investments		±,:	0.
6	Donated services and use of facilities			0.
7	Investment expenses			0.
8	Prior period adjustments			<u> </u>
9	Other changes in net assets or fund balances (explain in Schedule O),			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	2 0	00 0	615.
	33, column (B))	2,0	09,0	510.
Part				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	 Yes	
	Accounting method used to prepare the Form 990: Cash X Accrual Other		Tes	No
1				·
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	1.14	5 - E	1
	Schedule O.	<u> </u>		x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis	0.	X	
Ь	Were the organization's financial statements audited by an independent accountant?	2b	<u></u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	. N.		
	separate basis, consolidated basis, or both:	100 - 110 100 - 110	- 1	
	X 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		х	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	•	
	If the organization changed either its oversight process or selection process during the tax year, explain in	ан сайна. С		1
	Schedule O.			<b>.</b>
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		v	
	the Single Audit Act and OMB Circular A-133?	3a	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		х	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	л	

Form 990 (2017)

SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

Open to Public

OMB No. 1545-0047

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ntemal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									on	
Name	e of ti	he organization						Employertient	C the D to byt	
	_	ORK HARBOR						27 2918		
Pa					rganizations must c				S	
	orga				is: (For lines 1 throug					
1					ion of churches descr					
2					. (Attach Schedule E i					
3					ganization described i				(III) Entor the	
4					conjunction with a hos	pital des	scribed ir	section 170(b)(1)(A	(m). Enter the	
-		hospital's nam					l or ope	rated by a governme	ntal unit descr	ibed in
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6					nmental unit describe	d in sect	ion 170(	b)(1)(A)(v).		
7	x				stantial part of its su				om the general	l public
•	<u> </u>	•		(1)(A)(vi). (Comple					<b>...</b>	•
8					)(1)(A)(vi). (Complete	Part II.)				
9	$\square$				ed in section 170(b)(1		perated	in conjunction with a	land-grant colle	ege
-	<u> </u>				riculture (see instruct					-
		university:			•	•				
10		An organizatio	on that norma	lly receives: (1) mo	ore than 331/3% of its	support	from_co	ntributions, members	hip fees, and gro	SS
		receipts from	activities rela	ted to its exempt f	unctions - subject to on nrelated business tax	ertain e: able inco	xception	s, and (2) no more that s section 511 tax) from	n 331/3 %01 its i businesses	
		acquired by th	ne organizatio	n after June 30, 19	975. See section 509(	<b>a)(2).</b> (C	Complete	Part III.)		
11					isively to test for publi					
12					sively for the benefit					
					ons described in sect					
	_			-	escribes the type of si					
a					supervised, or control					ing
					regularly appoint or e		ajority of	the directors of truste	es or the	
	Г				e Part IV, Sections A ed or controlled in co		with ite	supported organizat	op(e) by boying	-
b					rganization vested in					
					Sections A and C.	uie sain	e persor		lage the suppor	lou
c	Г				ng organization opera	fed in co	nnectio	n with, and functiona	llv integrated w	ith.
Ŭ					s). You must comple				.,	,
d	Γ				porting organization o				ted organization	n(s)
					nization generally mus					
	_				mplete Part IV, Sect					
e					a written determinatio				II, Type III	
					ionally integrated sup	porting c	organizat	ion.		
f				organizations		* * * *	• • • • •		•••••	
g				1	orted organization(s).	<b>H A D H</b>		(v) Amount of monetary	(vi) Amount	
	(I) N	ame of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the listed in yo	organization ur governing	(v) Amount of monetary support (see	other support	
				-	above (see instructions))		ment?	instructions)	instructions	3)
						Yes	No			
(A)										
				· · · · · · · · · · · · · · · · · · ·						
(B)										
(m)										
(C)										
(D)										
(-)		,ç								
(E)										
. /										
Tota	al					· · ·	· ·			

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Page **2** 

Schedule A	(Form	990	or 99	0-EZ)	2017

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

 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Soci	tion A. Public Support						<del>-</del>
	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 01	(f) Total
vale	nuar year (or riscaryear beginning iii) 🕨	(1) 2010	(8) 2011	(0/ 2010	(4) 2010		
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	1,252,508.	1,955,167.	2,884,580.	3,860,134.	2,692,376.	12,644,765.
		1,200,0000					·····
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						0.
	to of expended on its behall						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						0,
	Total. Add lines 1 through 3	1,252,508.	1,955,167.	2,884,580.	3,860,134.	2,692,376.	12,644,765.
4	-						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly		n an				
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f)		ta an an tao an Arab				2,294,736.
6	Public support. Subtract line 5 from line 4						10,350,029.
Sec	tion B. Total Support		· ,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1,252,508.	1,955,167.	2,884,580.	3,860,134.	2,692,376.	12,644,765.
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from						
	similar sources	4,240.	2,595.	3,946.	2,058.	1,315.	14,154.
0	Not income from unrelated business						
9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on						0,
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.) ATCH. 1	20,128.	29,656.	26,878.	11,230.	24,025.	111,927.
11	Total support. Add lines 7 through 10		· .	· · · · ·		· · · · ·	12,770,846.
12	Gross receipts from related activities, etc. (a					12	942,329.
13	First five years. If the Form 990 is f						
	organization, check this box and stop here			<u></u>	,	<u></u>	· · · ▶
Sec	tion C. Computation of Public Sup	and the second					81.04%
14	Public support percentage for 2017 (li					14	77.43%
15						15	
16a	33 1/3 % support test - 2017. If the or						
	box and stop here. The organization q						
Ь	331/3% support test - 2016. If the on						
	this box and <b>stop here</b> . The organizati						
17a	10%-facts-and-circumstances test -						
	10% or more, and if the organization	n meets the "ta	cts-and-circums	tances test, cr	ieck this dox a	nu stop nere. t	-xpiain in
	Part VI how the organization meets						
	organization						
b	10%-facts-and-circumstances test -						
	15 is 10% or more, and if the org	anization meets	s the "tacts-an	a-circumstances	The excention t	nis pox and st	op nere.
	Explain in Part VI how the organizat						
• -	supported organization					,	🖛 🗀
18	Private foundation. If the organization						
	instructions	• • • • • • <u>• • •</u>				<u></u>	<u> /  </u>

Schee	lule A (Form 990 or 990-EZ) 2017						Page 3
Par	t III Support Schedule for Orga	inizations Des	cribed in Sec	tion 509(a)(2)			
	(Complete only if you check	(ed the box on	line 10 of Pa	rt I or if the orga	anization faile	d to qualify une	der Part II.
	If the organization fails to qu	alify under the	tests listed be	elow, please co	omplete Part I	· P	
Sec	tion A. Public Support					COD	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016		(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the	ſ					
	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	ľ					
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3		]				
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		***			1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,	1					
	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						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	+					
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is						
	organization, check this box and stop here	,					
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2017 (line 8						%
16	Public support percentage from 2016 Sch	edule A, Part III, lin	ne 15		<u></u>	16	%
Sec	tion D. Computation of Investme					<del>т г</del>	
17	Investment income percentage for 2017 (i	line 10c, column (	(f) divided by line	13, column (f))		17	%
18	Investment income percentage from 2016	Schedule A, Part	: III, line 17 🔒 🔒			18	%
19 a	331/3% support tests - 2017. If the o						
	17 is not more than 331/3%, check the						
b	331/3% support tests - 2016. If the org						
	line 18 is not more than 331/3%, check	k this box and <b>s</b>	top here. The o	rganization qualifi	es as a publicly	supported organ	nization 🕨 🔄
20	Private foundation. If the organization				o, check this b	ox and see inst	ructions 🕨
JSA 7E12	21 1.000					Schedule A (Form	990 or 990-EZ) 2017
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Partl	V Supporting Organizations		_	
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete S			
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c pt Part I, com			
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part	ЪУZ		
ectio	on A. All Supporting Organizations	<b>_</b>	Yes	M
_		14	63	1.44
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		
•	Did the organization have any supported organization that does not have an IRS determination of status	1		
2	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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Ja	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
b	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the	1	111	
	organization made the determination.	3b		
~	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
C	purposes? If "Yes," explain in <b>Part VI</b> what controls the organizations was used exclusively lot section <i>i</i> , <i>v</i> ( <i>v</i> ( <i>z</i> ), <i>b</i> ) purposes?	3c		L
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
70	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		L
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
D	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion	 		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination			: .
C	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			ŀ
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		<u> </u>
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
Ja	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		<u>.</u>	.
5	designated in the organization's organizing document?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		<u> </u>
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
6				
	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			ļ ·
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			1
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			·
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8		:. 
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	9a		
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	34		$\vdash$
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	9b		
~	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		Ĺ
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
īva	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		<sup>.</sup> .	
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		- · · · ·	
-	determine whether the organization had excess business holdings.)	10b	Ì	

Page **5** 

Schedule A (Form 990 or 990-EZ) 2017
Part IV Supporting Organizations (continued)

r urt	Cupporting Organizatione (continued)		Yes	No
44	Has the organization accepted a gift or contribution from any of the following persons?		<u></u>	
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		·	
а	below, the governing body of a supported organization?	ήY		
ь	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations	110		L
Jecu	on B. Type Toupporting Organizations		Yes	No
			<u></u>	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		la c	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			а. 
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	- laa k. Ikia	
~	Did the organization operate for the benefit of any supported organization other than the supported	1		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		· · ·	
	or trustees of each of the organization's supported organization(s)? 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 supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1	_	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		ана на 11 г. – 1	
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru		
_			Yes	No
2	Activities Test. Answer (a) and (b) below.		11.	
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? <i>If "Yes," then in <b>Part VI identify</b></i>			
	these 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	n i San di s		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
U	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			<b>i</b> .
	activities but for the organization's involvement.	2b	ļ	ļ
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			<b>.</b>
	trustees of each of the supported organizations? Provide details in <b>Part VI.</b>	3a		
				1
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 <b>Part VI</b> the role played by the organization in this regard.			

Schedule A (	Eorm	990	or 990-EZ)	2017
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 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year O	(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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1 <u>c</u>		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	1.1		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
		eveted Ture III supporting	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Section E	D - Distributions			Current Year
1 Am	ounts paid to supported organizations to accomplish e	xempt purposes		
	ounts paid to perform activity that directly furthers exer		ed 🗖	
	anizations, in excess of income from activity			UPY
	ministrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
	ounts paid to acquire exempt-use assets	· · · · · ·		
	alified set-aside amounts (prior IRS approval required)			
	ner distributions (describe in Part VI). See instructions.			
	tal annual distributions. Add lines 1 through 6.			
8 Dis	tributions to attentive supported organizations to which ovide details in <b>Part VI</b> ). See instructions.	the organization is resp	oonsive	
	tributable amount for 2017 from Section C, line 6			
	e 8 amount divided by Line 9 amount			
			(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 201
1 Dis	stributable amount for 2017 from Section C, line 6			
teleteretere management of the second s	derdistributions, if any, for years prior to 2017			
	asonable cause required-explain in Part VI). See			
	tructions.			
3 Exe	cess distributions carryover, if any, to 2017			
a				
	om 2013			
	om 2014			
	om 2015			
	om 2016			
	tal of lines 3a through e	· · · · · · · · · · · · · · · · · · ·	····	
	plied to underdistributions of prior years			Martin and Health and H
	plied to 2017 distributable amount			
	rryover from 2012 not applied (see instructions)			
~ · · ·	mainder. Subtract lines 3g, 3h, and 3i from 3f.			
	stributions for 2017 from			and the second
	ction D, line 7: \$			
	plied to underdistributions of prior years			
	plied to 2017 distributable amount			
	mainder. Subtract lines 4a and 4b from 4.		· · · · · · · · · · · · · · · · · · ·	
5 Re	maining underdistributions for years prior to 2017, if			
	y. Subtract lines 3g and 4a from line 2. For result			
	eater than zero, explain in Part VI. See instructions.			
	maining underdistributions for 2017. Subtract lines 3h			
	d 4b from line 1. For result greater than zero, explain in			
	rt VI. See instructions.			
	cess distributions carryover to 2018. Add lines 3j			· ·
	d 4c.			
	eakdown of line 7:			
	cess from 2013,			
	cess from 2014,			
	cess from 2015		h	
	cess from 2016			
	cess from 2017			
e Ex		L	l · ·	A (Form 990 or 990

Schedule A (Fo	rm 990 or 990-EZ) 2017						Page <b>8</b>
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part Y, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)							
	A, PART II -					ATTACHMENT 1	
DESCRIPTION		2013	2014	2015	2016	2017	TOTAL
OTHER INCOME		20,128.	29,666.	26,878.	11,230.	24,025.	111,927.
TOTALS		20,128.	29,666.	26,878.	11,230.	24,025.	111,927,

_	HEDULE C m 990 or 990-EZ)	For O	Political Campaign a			омв №. 1545-0047 20 <b>17</b>
			lete if the organization is described be		o Form 990 or Form 990-E	
	tment of the Treasury al Revenue Service	Comp	► Go to www.irs.gov/Form990 for it			I spection
If the	organization answ	ered "Yes," ganizations:	on Form 990, Part IV, line 3, or Form Complete Parts I-A and B. Do not compl	990-EZ, Part V, line 46 ete Part I-C.	(Political Campaign Artivit	
			on 501(c)(3)) organizations: Complete F		o not complete Part I-B.	
	Section 527 organiz				_	
lf the	organization answ	ered "Yes,"	on Form 990, Part IV, line 4, or Form	990-EZ, Part VI, line 47	(Lobbying Activities), then	nieto Bort II B
			that have filed Form 5768 (election un that have NOT filed Form 5768 (electio			
● If the	Section 501(C)(3) of	ganizations	on Form 990, Part IV, line 5 (Proxy	Tax) (see separate in	structions) or Form 990-E	Z, Part V, line 35c (Proxy
Tax)	(see separate instru	ctions), then	1			
		5), or (6) orga	nizations: Complete Part III.			
	e of organization					ntification number
	YORK HARBOR				27-2918	
Par			rganization is exempt under			
1			organization's direct and indirect p	olitical campaign ac	tivities in Part IV. (see in	structions for
	definition of "polit	ical campa	ign activities")			
2			penditures (see instructions)			
3			campaign activities (see instruction			
Par			rganization is exempt under s		-	
1			ise tax incurred by the organization			
2			ise tax incurred by organization ma			
3			a section 4955 tax, did it file Form			
4a	Was a correction	made?		<b></b>		Yes No
	If "Yes," describe	in Part IV.				<u>,                                     </u>
Par			rganization is exempt under			).
1	activities		xpended by the filing organization		<b>▶</b> \$	
2	527 exempt func	tion activiti	ng organization's funds contributed			
3			enditures. Add lines 1 and 2. En			
4 5	Did the filing orga Enter the names, organization mad the amount of po	anization file addresses le payment plitical cont	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, en ributions received that were prom nd or a political action committee (I	er (EIN) of all section ter the amount paid ptly and directly de	on 527 political organiza I from the filing organiz livered to a separate po	ation's funds. Also enter ilitical organization, such
	(a) Name	,	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Nathe				filing organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)						
(2)						-
(3)						
(4)						
(5)	·					
(6)						
			L.,,	l	l	1

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

Sch		RK HARBOR FOUNDATION,			2918478 Page <b>2</b>
Pa	rt II-A Complete if the organization section 501(h)).	on is exempt under section t	501(c)(3) and	filed Form 5768 (ele	ction under
A		ongs to an affiliated group (and I nd share of excess lobbying expen		ach affiliated group mem	nber's name,
в	Check I if the filing organization che	ecked box A and "limited control"	provisions app	iy. ICC	
	Limits on Lobb (The term "expenditures" me	ying Expenditures eans amounts paid or incurred.)		(a) Filing organizations totals	(b) Affil ated group totals
b	Total lobbying expenditures to influence Total lobbying expenditures to influence Total lobbying expenditures (add lines 1	a legislative body (direct lobbying	₽>	21,900. 21,900.	
d	Other exempt purpose expenditures Total exempt purpose expenditures (add		3,458,405. 3,480,305.		
f	Lobbying nontaxable amount. Enter th columns.			324,015.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess or	ver \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess or	·		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over	er \$1,500,000.		
	Over \$17,000,000	\$1,000,000.			
g	Grassroots nontaxable amount (enter 25	5% of line 1f)		81,004.	
h	Subtract line 1g from line 1a. If zero or k	ess, enter -0 , . ,		0.	0.
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-		0.	0.
j	If there is an amount other than zero reporting section 4911 tax for this year?				Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) Total		
2a Lobbying nontaxable amount		269,035.	319,031.	324,015.	912,081.		
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					1,368,122.		
c Total lobbying expenditures		30,000.	24,000.	21,900.	75,900.		
d Grassroots nontaxable amount		67,259.	79,758.	81,004.	228,021.		
e Grassroots ceiling amount (150% of line 2d, column (e))					342,032.		
f Grassroots lobbying expenditures							

Page **3** 

Schedule	с	(Form	990	or	990-EZ)	2017
Concario	•	(i enui	000	υ,	000 62	2011

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

E	and Was " managers on lines to through the below provide in Port W a detailed		aj	(d)
	each "Yes," response on lines 1a through 1í below, provide in Part IV a detailed cription of the lobbying activity.	Yes	P	<b>OPY</b>
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
-	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:		·	
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.			
С	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?	ļ		
j	Total. Add lines 1c through 1i			
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912		•	
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Ра	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5	), or s	section
	501(c)(6).			

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			

Pa	art III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."		
1	Dues, assessments and similar amounts from members	1	
2		1	
	political expenses for which the section 527(f) tax was paid).		
а	Current year.	<u>2a</u>	
b	Carryover from last year	<u>2b</u>	*

r	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

## Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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Schedule C (Form 990 or 990-EZ) 2017

Part IV Supplemental Information (continued)



	EDULE D m 990)	Supplem ► Complete if Part IV, line 6, 7	омв №. 1545-0047 20 <b>17</b>		
	tment of the Treasury al Revenue Service	► Go to www.irs.gov	► Attach to Form 990. Form990 for instructions and the late	Open to Public	
	of the organization			Emplore ide	n fice let number
NEW		FOUNDATION, INC.			18478
Pa			sed Funds or Other Similar Fu		
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line		
			(a) Donor advised funds		and other accounts
1		nd of year			· · · ·
2		of contributions to (during year)	· · · · · · · · · · · · · · · · · · ·		
3		of grants from (during year)			nit
4		at end of year	advisors in writing that the asse	ts held in donor adv	ised
5			organization's exclusive legal con		
6	Did the organizat	ion inform all grantees, donors, a	nd donor advisors in writing that	grant funds can be u	sed
•	only for charitable	e purposes and not for the bene	fit of the donor or donor advisor,	or for any other purp	ose
Pa		ation Easements.			
			"Yes" on Form 990, Part IV, line	e 7	
1		-	organization (check all that apply).		
		on of land for public use (e.g., rec	·	ervation of a historical ervation of a certified l	• •
		of natural habitat		rvation of a certineu	
2		on of open space a through 2d if the organization b	eld a qualified conservation contrib	oution in the form of a	conservation
2		last day of the tax year.		Held a	t the End of the Tax Year
а		-		2a	
a b			· · · · · · · · · · · · · · · · · · ·		
c			historic structure included in (a).		
d			) acquired after 7/25/06, and not		
	historic structure	listed in the National Register		2d	
3	Number of conse	rvation easements modified, tra	nsferred, released, extinguished, o	r terminated by the o	organization during the
	tax year 🕨				
4		where property subject to conse			t
5	Does the organia	zation have a written policy re	garding the periodic monitoring,	inspection, nandling	
	violations, and en	forcement of the conservation ea	sements it holds?		nepts during the year
6		Rours devoted to monitoring, inspec	ang, nanunng of woladons, and emot	tong conservation case	nents during the year
7	Amount of expense	ses incurred in monitoring, inspec	ting, handling of violations, and enfo	orcing conservation ea	asements during the year
•					,
8			2(d) above satisfy the requirements	of section 170(h)(4)(E	3)(i)
	and section 170(h	n)(4)(B)(ii)?			. Yes No
9	In Part XIII, descr	ibe how the organization reports	conservation easements in its reve	enue and expense stat	ement, and
			of the footnote to the organization	s financial statements	that describes the
_		counting for conservation easeme		Oth Ciusilan Aa	
Pa			<b>of Art, Historical Treasures, c</b> "Yes" on Form 990, Part IV, lin		Sets.
1a	If the organizatio works of art, his public service, pro	n elected, as permitted under S torical treasures, or other simil ovide, in Part XIII, the text of the f	FAS 116 (ASC 958), not to repor ar assets held for public exhibiti potnote to its financial statements	on, education, or re- that describes these i	search in furtherance of tems.
Ь	works of art, his public service, pro	torical treasures, or other simil ovide the following amounts rela	SFAS 116 (ASC 958), to report ar assets held for public exhibiti ing to these items:	on, education, or re	search in furtherance of
	(i) Revenue inclu	uded on Form 990, Part VIII, line			► \$
	(ii) Assets include	ed in Form 990, Part X			► \$
2			rt, historical treasures, or other		iancial gain, provide the
	tollowing amount	is required to be reported under a	SFAS 116 (ASC 958) relating to the	ese items:	•
a b	Assets included	n Form 990. Part X.	· · · · · · · · · · · · · · · · · · ·		► \$
	Paperwork Reductio	on Act Notice, see the Instructions for	r Form 990.	· · · · · · · · · · · · · · · · · · ·	Schedule D (Form 990) 2017
JSA	88 2.000				

1268	2,000	
	0731HV	M261

Eart III       Organization scalable countinoned.       Other Similar Assets (continued)         Using the organization's accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): <ul> <li>a</li> <li>b bit is obtained.</li> <li>b continued)</li> <li>c control the organization's accession, and other records, check any of the following that are a significant use of its collection if for future generations</li> <li>b control the organization solid or receive donations of art, historical treasures, or other similar assets to be solid to raise funds raiter than to be maintained as part of the organization's exempt purpose in Part XIII.</li> </ul> <li>During the year, did the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.</li> <li>Te be organization and part XIII.</li> <li>b If Yes," explain the arrangement in Part XIII and complete the following table:         <ul> <li>a</li> <li>b the organization anount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.</li> <li>b If Yes," explain the arrangement in Part XIII and complete the following table:             <ul></ul></li></ul></li>	Sched	ule D (Form 990) 2017											Page <b>2</b>
3 Using the organization's accusation, accession, and other records, check any of the following that are a significant use of its collection toms (check alt that apply): <ul> <li>■ Public exhibition</li> <li>B Device exhibition</li> <li>■ Public exhibition</li> <li>■ Publiti # Parnoxibiti # Public # Public # Public # Public</li></ul>		III Organizations Maintainir	ng Colle	ctions of	Art, Hist	orical T	reasure	es, c	or Other	· Similar A	ssets (cc	ntinu	ed)
a       Public exhibition       a       c       Other       COPPY         b       Collerty research       a       COPY       COPY       COPY         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.       Souring the year, did the organization solid or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintance as part of the organization's collector?       Yes       No         Partify Escrow and Custodial Arrangements.       Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Yes       No         1a       Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Yes       No         b       If "Yes," explain the arrangement in Part XII and complete the following table:       Amount       Yes       No         c       Heighting the year.       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14													
b       Scholarly research       c       Other       Other         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xill.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid or raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part VI       Excove and Custolal Arrangements.       Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization include an amount on Form 990, Part X, line 21.         1       Is the organization include an amount on Form 990, Part X, line 21.       Amount       Is anount         c       Beginning balance.       Is       Is       Is         c       Distributions during the year.       Is       Is       Is       Is         c       Distributions during the year.       Is       Is       Is       Is       Is         Part V       Endowment Funds.       Is		collection items (check all that appl	y):										
c       Preventation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solit or rais funds rather than to be maintained as part of the organization's collection''.       Yes       No         Part W       Escrow and Custodial Arrangements.       Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Include on Form 990, Part X, line 21.         1a       Is the organization include an amount on Form 990, Part X, line 21.       Yes       No         b the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account lability?       Yes       No         b the organization include an amount on Form 990, Part X, line 20.       If the organization answered "Yes" on Form 990, Part IV, line 10.       Part XE         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image and coses.       Image and coses.       Image and coses.         1a       Beginning of year balance       Image and programs back (e) Tone years back (e) Tone years back (e) Tone years back.       Image and programs back (e) Tone years back.       Image and programs back (	а	Public exhibition			d	Loan d	or excha	ange p	programs		<b>DU</b>	r	
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical trassures, or other similar assets to be acid to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research			е	Other					<u>JF I</u>		
XII.       5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization accelection?       Yes       No         PartW       Encrow and Custodial Arrangements.       Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is a be organization answered "Yes" on Form 990, Part X, line 21.       Is a be organization answered "Yes" on Form 990, Part X, line 21.         Is a brown of the arrangement in Part XIII and complete the following table:	с												
5 During the year, did the organization solid or receive donations of at, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organ	nization's	collections	and expla	uin how t	they furi	ther 1	the organ	nization's ex	empt purpo	ose in	Part
esseits to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part W       Escrew and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Is the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 21.         If is the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability?       Yes       No         If 'Yes,' explain the arrangement in Part XIII, Check here if the explanation has been provided on Part XIII.       Pert V       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         If W       Endowment Funds.       Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         If a daministrative expenses       (a) Ournent year       (b) Proryear       (c) Two years back       (a) Two years back       (b) Proryears back         If a daministrative expenses       (b) Ournent year       (c) Two years back       (d) Two years back       <		XIII.											
Part W       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?.       Yes       No         b if "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Amount       Yes       No         c Beginning balance       1d       Amount       It       Amount       No       It       No         b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes       No         b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes       No         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Contributions       (e) Procyser back (e) Procysers back (e) Procyse	5											_	_
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ives       No         b if "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Contributions or other assets not include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       No         b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII.       No         b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       No         b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       No         b order the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Part XIII.         contributions       (a) Current year       (b) Price year       (c) True years back.       (d) Three years back.       (d) Three years back.         1a Beginning of year balance       (b) Price year       (c) True years back.       (d) Three years bac		assets to be sold to raise funds rath	er than to	o be mainta	ained as pa	rt of the o	organiza	ation's	s collectio	on?	<u>,</u> Ye	3	No
990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?,       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b ff "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         d       Additions of year balance       (a) Current year       (b) Prior year       (c) Two yean back       (d) Three years back       (e) Fouryears back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two yean back       (d) Three years back       (e) Fouryears back         1a       Beginning of year balance       (e) Current year       (d) Prior year       (d) Three years back       (e) Fouryears back       (e) Fouryears back       (e) Fouryears back       (f) Three years back       (f) Fouryears back       (f) Three years back       (f) Three years back       (f) Current year       (f) Currenty	Par	t IV Escrow and Custodial Ar	rangeme	ents.				_			. –		
1a       Is the organization an agent, trustee, oustodian or other intermediary for contributions or other assets not included on Form 990, Part X?.       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Amount         c       Amount       C       Amount       Amount         c       Amount       C       Amount       C         d       Additions during the year       10       Id       Id       Id         e       Ending balance       16       Id       Id       Id       Id         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "we replain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Part V       Endowment Funds.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Contributions       (d) Three years back       (d) Three years back       (e) Pouryears back         1a       Beginning of year balance.       (d) Current year       (d) Pouryears back       (d) Three years back       (d) Three years back       (e) Pouryears back         1a       Beginning of year balance.       (d) Current year       (d) Pouryears back       (d) Three years back       (d			ion answ	/ered "Yes	s" on Forn	1 990, P	art IV, li	ine 9	, or repo	orted an am	ount on F	orm	
included on Form 990, Part X?													
b       If "Yes," explain the arrangement in Part XIII and complete the following table: <ul> <li>Image: Image: Ima</li></ul>	1a	Is the organization an agent, truste	e, custoc	lian or othe	er intermed	iary for c	ontributi	ions c	or other a	ssets not			_
c       Beginning balance       1g         d       Additions during the year       1d         e       Distributions during the year       1d         e       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         PartV       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Four years back         is Contributions       (a) Current year       (b) Prior year         is Contributions       (a) Current year       (b) Prior years         is Contributions       (a) Current year       (b) Prior years back       (c) Four years back         is Contributions       (a) Current year       (b) Prior years       (c) Two years back       (e) Four years back         is Contributions       (a) Current year       (b) Prior years       (c) Two years back       (e) Four years back         is Contributions       (a) Current year       (b) Prior years       (c) Two years back       (e) Four years back         is Contributions       (a) Current yea		included on Form 990, Part X?,									, 🔄 Ye	s 🗌	No
c       Beginning balance       1c         d       Additions during the year       1d         Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b ff "Yes" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes       No         Part V       Endowment Funds.       (a) Current year       (b) Pior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Pior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Pior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Pior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Pior year       (c) Two years back       (d) Three years back       (e) Four years back         1b       Contributions       Grants or scholarships       (a)	b	If "Yes," explain the arrangement in	n Part XII	I and comp	plete the fol	lowing tal	ole:						
d Additions during the year       1d         e Distributions during the year       1t         12       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b fr Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       No       No         PartV       Endowment Funds.       (a) Current year       (b) Prior year       (c) Two years back.       (d) Three years back.       (e) Four years back.         b Contributions       (a) Current year       (b) Prior year       (c) Two years back.       (d) Three years back.       (e) Four years back.         c Not investment earnings, gains, and losses       (a) Current year end balance (line 1g, column (a)) held as:       and losses       (a) Current year end balance (line 1g, column (a)) held as:         a Board designated or quasi-endowment >%       %       Permanent endowment >%       %       The percentages on lines 2a, 2b, and 2c should equal 100%.       3a Are there endowment 1 funds not in the possession of the organization that are held and administered for the organizations (i) related organizations       3a(ii) 3a							Ļ			Amou	int		
e       Distributions during the year       [16]         f       Ending balance       [17]         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       No         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year         b       Control to scholarships.       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Grants or scholarships.       (b) Prior year       (c) Two years back       (e) Four years back       (e) Four years back         a       Grants or scholarships.       (b) Prior year       (c) Two years back       (e) Four years back         a       Grants or scholarships.       (c) Two years back       (e) Two years back       (e) Two years back         a       Grants or scholarships.       (c) Two years back       (e) Four years       (e) Four years         a       Grants or scholarships.       (c) Two years back       (e) Two years       (e) Two years         g	C						<i>r</i>			• 4 <del>1</del> -			
f       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII.       No       No         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Four years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c       No       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a       Contributions       (b) Prior year       (c) Two years back       (e) Four years back         a       Contributions       (c) Current year       (c) Two years back       (e) Four years back         a       Contributions       (c) Current year       (c) Two years back       (e) Four years         a       Contributions       (c) Current year       (c) Two years back       (e) Two years	d	Additions during the year					••••	1d					
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       No         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year back       (d) Three years back       (e) Four years back         1a       Beginning of year balance	е	Distributions during the year						1e					
b       if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part VI       Endowment Funds.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance         b       Contributions         c       Net Investment earnings, gains, and losses         and losses		Ending balance					· · · · [						<u> </u>
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Chronestein       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and programs       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c) Two years back       (d) Three years back       (e) Four years back         f       Administrative expendence       (c) Two years back       (d) Three years back       (e) Four years back         f       Administrative expendence       (f) Four year       (f) Pour years back       (f) Four years back         g       End of year balance       (f) Four year       (f) Po	2a	Did the organization include an am	ount on F	Form 990,	Part X, line	21, for e	escrow c	or cus	stodial ac	count liability	? [Ye		No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (b) Contributions       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (c) Two years back       (d) Three years back       (e) Four years back         c Net investment examings, gains, and losses       (c) Temporative expenditures for facilities       (c) Temporative expendence       (c) Temporative expendence         c Other expenditures for facilities       (c) Temporative expenses       (c) Temporative expenses       (c) Temporative expenses       (c) Temporative expenses         c Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       (c) Temporative restricted endowment (c) Temporative expenses       (c) Temporative expenses       (c) Temporative expenses       (c) Temporative expenses         c Temporative restricted endowment (c) (c) (f) temporative expenses       (c) Temporative expenses       (c) Temporative expenses       (c) Temporative expenses			n Part XII	I. Check h	ere if the ex	planatior	i has bee	en pro	ovided on	Part XIII		• •	
1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance	Par						. n		•				
1a       Beginning of year balance       Image: Contribution of the second sec		Complete if the organizat			******					n			<u> </u>
b       Contributions			(a) Cur	rent year	(b) Pric	r year	(C) Two	o years	sback (	d) Three years I	back (e) Fo	ur years	s back
c       Net investment earnings, gains, and losses	1a	Beginning of year balance											
and losses	b	Contributions											
d Grants or scholarships	C	Net investment earnings, gains,											
e       Other expenditures for facilities and programs		and losses								<u> </u>			
and programs	ď	Grants or scholarships											
f       Administrative expenses	е	Other expenditures for facilities											
g End of year balance		and programs											
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Temporarily restricted endowment ▶%         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       unrelated organizations	f	Administrative expenses											
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Temporarily restricted endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations .</li> <li>(ii) related organizations .</li> <li>(ii) related organizations .</li> <li>(ii) related organizations .</li> <li>(iii) related organizations .</li> <li>(i) unrelated organizations .</li> <li>(ii) related organizations .</li> <li>(ii) related organizations .</li> <li>(iii) related organizations .</li> <li>(i) actinity and the related organization listed as required on Schedule R? .</li> <li>(i) ad(ii) 3b</li> </ul> 3a(ii) 3a(ii) 3a(ii) 3a(ii) 3b           4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI           Part VI         Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (b) Cost or other basis (c) Accumulated deprecision           b Buildings	g						<u> </u>						
a bound consistent endowment ▶%         c Temporarily restricted endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i) unrelated organizations	2			rrent year		e (line 1g	, column	i (a)) ł	held as:				
c       Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а				_%								
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li><b>3a</b>(ii)</li> <li><b>3a</b>(ii)</li> <li><b>3a</b>(ii)</li> <li><b>3a</b>(ii)</li> <li><b>3a</b>(ii)</li> <li><b>3a</b>(ii)</li> <li><b>3a</b>(ii)</li> <li><b>3a</b>(ii)</li> <li><b>3b</b></li> </ul> 4         Describe in Part XIII the intended uses of the organization's endowment funds.           Part VI         Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation               b Buildings <li>(investment)</li> <li>(c) Accumulated depreciation</li> <li>(d) Bock value</li> t Land	b												
3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i)       unrelated organizations       3a(i)       3b       3b       3b       3b       3b       3b       3b       3a(i)       3	C				4000(								
organization by:       Yes       No         (i) unrelated organizations       3a(i)       3a(i)         (ii) related organizations       3a(ii)       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b       3b         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         1a       Land.	_					tion that		م م م		orad for the			
(i) unrelated organizations       3a(i)         (ii) related organizations       3a(ii)         (ii) related organizations       3b         (ii) related organizations       3b         (iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         (complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         (d) Book value       (d) Book value       (d) Book value         (investment)       (other)       26,042       383,837.         (other       509,879.       126,042       383	3a		the posse	ession or u	ne organiza	ation that	are neu	u anu	auminisi			Yes	No
(i) related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land											39(i		
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land													+
4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land		(II) related organizations		 Totiona liata			odulo P	· · ·				1	
Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	-								• • • • •				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	-			e organiza	nion's endu	wineattiu	nus.						
Description of property     (a) Cost or other basis (investment)     (b) Cost or other basis (other)     (c) Accumulated depreciation     (d) Book value       1a Land	Pai	Complete if the organiza	tion ans	wered "Ye	es" on For	<u>m 990,</u> F	Part IV,	line '	<u>11a. See</u>	Form 990	<u>, Part X, li</u>	ne 10	
1a Land				(a) Cost or	r other basis	(b) Cost	or other ba		(c) Accun	nulated	<b>(d)</b> Book	value	
b Buildings	10	Land		(inves	sineny				dehieci				
c       Leasehold improvements         d       Equipment         e       Other						<u> </u>							
d Equipment	~							-+					
e Other	Ч С						509,87	79.	12	5,042	······	383.	837.
						+	,0			<u> </u>		- /	
				t equal For	m 990. Parl	X. colum	n (B), lin	ле 10a	c.)			383,	837.

Schedule D (Form 990) 2017

Schedule D (F				Page 3
Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990.	Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of year mark	
				)PY
	al derivatives			
	held equity interests			
	NE 100-100			
(A)				
<u>(B)</u>			and an although the second	
(C)				
(D)				
(E)				
(F)				
(G)				
(H)		•=====================================	·····	
	(b) must equal Form 990, Part X, col. (B) line 12.)			<u></u>
Part VIII	Investments - Program Related. Complete if the organization answered	L"Yes" on Form 990.	Part IV. line 11c. See Form 990.	Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua	
	(a) Description of investment	(b) Book value	Cost or end-of-year mark	et value
(1)				
(2)	the statement of the st			
_(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🕨		and and a second se	
Part IX	Other Assets. Complete if the organization answered	l "Ves" on Form 990	Part IV line 11d See Form 990	Part X line 15
		scription		(b) Book value
(1)	(4)			
(2)				
(3)				
(4)				
(5)	<u></u>			
(6)			· · · · · · · · · · · · · · · · · · ·	
(7)				
(8)				
(9)	10			
	ımn (b) must equal Form 990, Part X, col. (B) i	line 15.)	•	
Part X	Other Liabilities. Complete if the organization answered line 25.			m 990, Part X,
1.	(a) Description of liability	(b) Book valu	e	
	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)			· · · · · · · · · · · · · · · ·	
(7)				
(8)				
(9)		·····		
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	•		
		·	t	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

NEW YORK HARBOR FOUNDATION,	INC.
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Schedu	le D (Form 990) 2017		Page <b>4</b>
Part		n.	
1	Total revenue, gains, and other support per audited financial statements	1	3,016,083.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	n	PY
а		₽U	
b	Donated services and use of facilities		
c	Recoveries of prior year grants,		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	1,942.
3	Subtract line 2e from line 1	3	3,014,141.
4	Amounts included on Form 990 Part VIII, line 12, but not on line 1;	1.14	
a	Investment expenses not included on Form 990 Part VIII line 7b		
b	Other (Describe in Part XIII.)	•	
c	Add lines 4a and 4b	4c	66,139.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,080,280.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	
1	Total expenses and losses per audited financial statements	1	3,414,166.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
а	Donated services and use of facilities	1	
b	Prior year adjustments	- <u>-</u>	
c	Other losses		
d	Other (Describe in Part XIII.)	and a second	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,414,166.
4	Amounts included on Form 990. Part IX, line 25, but not on line 1;		
'a	Investment eveneses not included on Form 990 Part VIII line 7h 4a 1,139		
b	Other (Describe in Part XIII.)	<b>.</b>	
c c	Add lines 4a and 4b	4c	66,139.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,480,305.
Part	XIII Supplemental Information.		
Provid	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	'art V,	line 4; Part X, line
2; Pai	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor	mation	1.

SEE PAGE 5

Schedule D (Form 990) 2017

JSA

PART XI - LINE 4B

FUNDRAISING EXPENSES: 65,000.

PART XII - LINE 4B

FUNDRAISING EXPENSES: 65,000.



SCHEDULE G	Supplement	al Information R	egarding	Fundrais	sing or Gaming A	Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if th	9, or if the	2017				
Department of the Treasury			Open to Public				
Internal Revenue Service		Go to www.irs.g	ov/Form990	for the lates	st instructions.		Inspection
Name of the organization NEW YORK HARBOR		NC				Employer for the the 27+291.8478	PY
Part I Fundrais	ing Activities. Com	plete if the orga	nization a	nswered	"Yes" on Form §		17.
Form 99	0-EZ filers are not r	equired to comp	lete this p	art.		La-,	
	the organization rais		any of the	following	activities. Check a	ll that apply.	
a X Mail solicita		e f	X Solic	itation of r	non-government g government grants	rants	
<b>b</b> X Internet and <b>c</b> X Phone solic	l email solicitations itations	g			ising events	,	
d X In-person so		5	!		-		
2a Did the organiza	ition have a written or	oral agreement w	ith any inc	lividual (in	cluding officers, d	irectors, trustees,	X Yes No
or key employee	es listed in Form 990, 10 highest paid indiv	Part VII) or entity	in connec (fundraise	tion with p rs) pursua	notessional tunoral nt to agreements		
	least \$5,000 by the c		(101010100	io) paroau			
- <del></del>							
(i) Name and add or entity (fu		(ii) Activity	custody o	draiser have r control of utions?	(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			
1							
ATTACHMENT 1	L						
2							
3							
4							
·			_				
6							
7							
8							
9							
3							
10							
			1				
Total	<u></u>				194,772	65,000	. 129,772.
3 List all states in	which the organizat	tion is registered (	or license	d to solici	t contributions or	has been notified	it is exempt from
registration or li	censing.						
NY,					<u></u>		
						<u></u>	
·							
For Paperwork Reduction	Act Notice, see the Instruc	tions for Form 990 or !	990-EZ.			Schedule G (Fo	orm 990 or 990-EZ) 2017

Page **2** 

Cohodulo C	(Corm	000	~ 000		2017
Schedule G	(Form	990	or aan	-EZ)	2017

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

			00.			
			(a) Event #1 REGATTA	(b) Event #2 BILLION OYSTER	(c) Other even S	and co (a) through
			(event type)	(event type)	(total number)	col. ( <b>c)</b> )
Revenue	1	Gross receipts	194,772.	346,881.		541,653.
Ř		Less: Contributions	40,446.	44,025.		84,471.
	3	Gross income (line 1 minus	154,326.	302,856.		457,182.
		line 2)	104,020.	50270301	· · · · · · · · · · · · · · · · · · ·	10, , 10,
	4	Cash prizes				
	5	Noncash prizes		- /# MA #***		
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direa	8	Entertainment				
	9	Other direct expenses	70,044.	70,978.		141,022.
	10	Direct expense summary. Add lines	4 through 9 in column (d	)	►	141,022.
		Net income summary. Subtract line				316,160.
		Gaming. Complete if the org	anization answered "Y			orted more
	,	than \$15,000 on Form 990-	EZ, line 6a.		····	r
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	ĺ					
	1	Gross revenue				
		Gross revenue				
	2					
Direct Expenses	2	Cash prizes				
irect Expenses	2 3 4	Cash prizes			Vac %	
irect Expenses	2 3 4 5	Cash prizes		Yes% No	Yes%	
irect Expenses	2 3 4 5 6	Cash prizes	Yes%	No	No	
irect Expenses	2 3 4 5 6 7	Cash prizes	Yes% No 2 through 5 in column (d	)	No ►	
Direct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines  Net gaming income summary. Subtr	Yes% No 2 through 5 in column (d act line 7 from line 1, co	No	No ►	
μ c Direct Expenses	2 3 4 5 6 7 8 8 8	Cash prizes	2 through 5 in column (d act line 7 from line 1, co gaming activities in each	No         )         lumn (d)         stivities:	No ►	
μ c Direct Expenses	2 3 4 5 6 7 8 8 8	Cash prizes Noncash prizes Rent/facility costs Cother direct expenses Volunteer labor Direct expense summary. Add lines Net gaming income summary. Subtrenter the state(s) in which the organization licensed to conduct	Yes% No 2 through 5 in column (d act line 7 from line 1, co	No         )         lumn (d)         stivities:	No ►	

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . Yes No b If "Yes," explain:

ΝЭЙ	YORK	HARBOR	FOUNDATION,	INC.
-----	------	--------	-------------	------

	NEW YORK HARBOR FOUNDATION, INC. 27-291	8478	
Sched	lule G (Form 990 or 990-EZ) 2017		Page 3
11 12	Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes .	No
13 a b 14	Indicate the percentage of gaming activity conducted in: The organization's facility	PY	<u>%</u> %
	Name ►		
	Address		
b	Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization $\triangleright$ \$ and the amount of gaming revenue retained by the third party $\triangleright$ \$		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	Director/officer Employee Independent contractor		
17 a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$	`Yes [	No
Par	rt IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor (see instructions).	(v), and mation	

27-2918478

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	GROSS RECEIPTS AMOUNT PAID TO FROM ACTIVITY (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
INWARD POINT LLC	FUNDRAISER	X	194,772.	65,000.	129,772.

14 VERONA STRET, #101 BROOKLYN NY 11231



A consistence of the grants of the conditional distribution of the grants of the grants of the grants of the conditional distribution distribution of the conditional distribution of the conditation o	(FORTH 330) Department of the Treasury	Comple	ernmen te if the or	Its, and In ganization ansv Atti Atti	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.	1 <b>the Unite</b> orm 990, Part IV, atest information	I States line 21 or 22.	0	20 <b>17</b> Open to Public Inspection
and Assistance       substantiate the arnount of the grants or assistance, the grants or assistance, and additional seasistance, the grants or assistance, and additional seasistance, the grants or assistance, and additional seasistance, and additional space is needed.         Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (pient that received more than \$5,000. Part II can be duplicated if additional space is needed.         Image: States       Image: States         Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (pient that received more than \$5,000. Part II can be duplicated if additional space is needed.         Image: States       Image: States         Image: St	arrial revenue service ne of the organization лы vobk ндрвор	FOUNDATION INC						Employer identifica 27-291847	tion number 8
Description and records to substantiate the amount of the grants or assistance, the grants or assistance, and several and records to substantiate the amount of the grants or assistance, and several and resolution in the organization maintain the organization and Denestic Grants and Other Assistance to Domestic Organizations and Domestic Grants and Other Assistance to Domestic Organizations and Domestic Grants and Other Assistance to Domestic Organizations and Domestic Grants and Other Assistance to Domestic Organizations and Domestic Grants and Other Assistance to Domestic Organizations and Domestic Grants and Other Assistance to Domestic Organizations and Domestic Grants and Other Assistance to Domestic Organizations and Domestic Grants and Other Assistance to Domestic Organizations and Other Assistance to Domestic Organizations and Domestic Organization and Other Assistance of an intervent of the organization and Other Assistance of an intervent of the organization and Other Assistance of an intervent of the organization and Other Assistance of an intervent of the organization and Other Assistance of an intervent of the organization and Other Assistance of an intervent of the organization and Other Assistance of the organization organization of the organizatio organizatio organis organization of the organizatio organization	art General In	formation on Grants and /	Assistance						
To be a contract of the organizations and construction and the organization answered "Yes"     To any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that receiver a statement to an address of ongarization at the receiver and the organization at the receiver and the receiver and the organization at the receiver and the receive	Does the organiz the selection crite	ation maintain records to sub-	stantiate the	amount of the	grants or assistan	ice, the grantees	eligibility for the grants	or assistance, and	X Yes No
1         0         EN         0         EN         0         EN         0         Mendation         0         Description of grant         0         Mendation         0         Description of grant         Descripti		d Other Assistance to Dor V. line 21. for any recipier	nestic Org	anizations an	d Domestic Gov n \$5,000. Part II	ernments. Com can be duplicat	plete if the organiza ed if additional space	tion answered "Ye e is needed.	s" on Form
NC INFLATEMENT OF EUT NY INDOX         DC         DS         DOV         DV           22 CHAMBERT OF WY YORK, NY 10007         95,000.         95,000.         PV         PV           22 CHAMBERT STRAFT NEW YORK, NY 10007         95,000.         95,000.         PV         PV           23 CHAMBERT STRAFT NEW YORK, NY 10007         95,000.         95,000.         PV         PV           23 CHAMBERT STRAFT NEW YORK, NY 10007         95,000.         95,000.         PV         PV           24 CHAMBERT STRAFT NEW YORK, NY 10007         95,000.         PV         PV         PV           25 CHAMBERT STRAFT NEW YORK, NY 10007         PV         PV         PV         PV           25 CHAMBERT STRAFT NEW YORK, NY 10007         PV         PV         PV         PV           26 CHAMBERT STRAFT	1 (a) Name and or p	address of organization lovernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	1) NYC DEPARTMENT OF								SMEADUcq
		NEW TORK, NY 1000/		- A A AND	.000.00		A 111		
	3)								
	4)								
	5)								
	(9)								
	7)								
	8)								
	6)								
	(0								C
	1)								0
	2)								P

PAGE 41

NEW YORK HARBOR FOUNDATION, INC. Schedule I (Form 990) (2017) Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	stic Individuals. ace is needed.		ie organization	answered "Yes" on F	27-29 Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	2/-29184/8
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	<ul> <li>(e) Method of valuation (book, FMV, appraisal, other)</li> </ul>	(f) Description of non-cash assistance	
2						
3						
4						
ũ						
6						
Part IV Supplemental Information. Provide the information information.	information rec	quired in Part I,	line 2, Part III, c	ion required in Part I, line 2, Part III, column (b); and any other additional	her additional	
PART I - LINE 2						
FOR DONATIONS TO NYCDOE FOR THE BENEFIT	OF N	EW YORK HARBOR SCHOOL,	SCHOOL, OUR			
CLOSE RELATIONSHIP WITH HARBOR SCHOOL,	, OUR OFFICES	ARE IN	THEIR BUILDING,	NG,		
OUR STAFF WORKS IN THEIR PROGRAMS, ALI	ALLOWS US TO	OBSERVE DIR	DIRECTLY THE			
PROGRAMS THAT WE SUPPORT. AS A RESULT,	ΜE	HAVE MUCH MORE IN	INSIGHT INTO			
THESE PROGRAMS THAN AN ORDINARY THIRD	) PARTY FUNDER	ER THAT RECEIVES	EIVES WRITTEN	EN		
REPORTS ONCE A YEAR. IN ADDITION, THE	HARBOR	SCHOOL PRINCIPAL MEETS WITH	AL MEETS WI	TH		
FOUNDATION LEADERSHIP ON A REGULAR BAS	BASIS AND REP	REPORTS INFORMALLY	ALLY ON THE		C	
PROGRESS OF THE SUPPORTED PROGRAMS.						
TEACHERS WHO HAVE RECEIVED PEX CARDS T	TO USE FOR	FOR PROGRAM-RELATED EXPENSES	ATED EXPENS	E	PY	
						_

Schedule 1 (Form 990) (2017)

27-2918478 Page <b>2</b>			1																
27-29		stance						·										OP	Y
	m 990, Part IV, line 22.	(f) Description of non-cash assistance								ler additional									
	answered "Yes" on Fo	<ul> <li>(e) Method of valuation (book, FMV, appraisal, other)</li> </ul>								ion required in Part I, line 2, Part III, column (b); and any other additional		JR	OF						
	ne organization	(d) Amount of non-cash assistance								line 2, Part III, o		STUDENTS, HARBOR	OF OUR STAFF SUPERVISE ALL OF		THE COLLEGES,				
	. Complete if t	(c) Amount of cash grant								quired in Part I,		SCHOOL STUD	IR STAFF SUF		PAID DIRECTLY TO T	TUITION.			
	tic Individuals. Ice is needed.	(b) Number of recipients								information rec		LED HARBOR SCHOOL			ARE PAID DI	USED TO FUND			
NEW YORK HARBOR FOUNDATION, INC. Schedule 1 (Form 990) (2017)	Part II Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance		2	ę	4	Q	9	٦	Part IV Supplemental Information. Provide the informat information.	ARE ASKED TO COMPLETE EXPENSE REPORTS.	FOR INTERNSHIP STIPENDS PAID TO ENROLLED	SCHOOL GRADUATES OR OTHER INTERNS, MEMBERS	THESE INTERNS DIRECTLY.	FOR COLLEGE SCHOLARSHIPS, THE AWARDS 1	SO WE KNOW THAT THE FUNDS ARE BEING UN			

Schedule I (Form 990) (2017)

(Forn Departm Internal I Name of NEW		Compensation Info For certain Officers, Directors, Trustees, Ke Compensated Employ ► Complete if the organization answered "Yes" ► Attach to Form 99 ► Go to www.irs.gov/Form990 for instructions	y Employees, and Highest ees ' on Form 990, Part IV, line 23. 0.	20 Open to 'n :p	1545-0047 <b>17</b> o Public ection
Part	Question	ns Regarding Compensation		·····	Yes No
	990, Part VII, First-cla Travel fo Tax inde Discretio	or companions Payments Payments Health or s onary spending account Personal s	ant information regarding these items. owance or residence for personal use for business use of personal residence ocial club dues or initiation fees ervices (such as, maid, chauffeur, chef)		
b	or reimburse explain	boxes on line 1a are checked, did the organization f ement or provision of all of the expenses describe	ed above? If "No," complete Part III	to . 1b	
2	directors, tru	anization require substantiation prior to reimbursing stees, and officers, including the CEO/Executive Direc	or allowing expenses incurred by stor, regarding the items checked on l	all line <u>2</u>	
3	organization's related organ Competent Indeper Form 99	adent compensation consultant Compensa 90 of other organizations X Approval b	check any boxes for methods used by a Director, but explain in Part III. ployment contract tion survey or study y the board or compensation committee	9	
4	organization	ear, did any person listed on Form 990, Part VII, Section or a related organization:			
а	Receive a se	verance payment or change-of-control payment?		<u>4a</u>	
b	Participate in	, or receive payment from, a supplemental nonqualified	retirement plan?	<u>4b</u>	
c	Participate in	, or receive payment from, an equity-based compensation	n arrangement?	<u>4c</u>	
	Only section	ny of lines 4a-c, list the persons and provide the applic 501(c)(3), 501(c)(4), and 501(c)(29) organizations mu	st complete lines 5-9.		
5	compensatio	listed on Form 990, Part VII, Section A, line 1a, did the on contingent on the revenues of:			
a L	i ne organiza	tion? ,			X
b					
6	For persons	ne 5a or 5b, describe in Part III. listed on Form 990, Part VII, Section A, line 1a, did the n contingent on the net earnings of:	organization pay or accrue any		
a b	The organiza Any related o If "Yes" on lir	tion?		<u>6b</u>	X X
7	payments no	listed on Form 990, Part VII, Section A, line 1a, d t described on lines 5 and 6? If "Yes," describe in Part III.		7	x
8	Were any an to the initia in Part III	nounts reported on Form 990, Part VII, paid or accrued al contract exception described in Regulations sec	pursuant to a contract that was subject tion 53.4958-4(a)(3)? If "Yes," desc	t pribe 	x
9	lf "Yes" on	line 8, did the organization also follow the rebutta section 53.4958-6(c)?	ble presumption procedure described	d in 📷	

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

Schedule J (Form 990) 2017

INC.
FOUNDATION,
HARBOR
YORK
NEW

Page 2

# Schedule J (Form 990) 2017

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

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

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

indivídual.								
		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)-(D)	ln column (B) reported as deferred on prior Form 990
PETER MALINOWSKI	8	128,331.	.0	0	0	31,847.	160,178.	0.
IEXECUTIVE DIRECTOR	: 8		0	0.				
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16	(E)							
							Sch	Schedule J (Form 990) 2017

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JSA

NEW YORK HARBOR FOUNDATION, INC.

27-2918478

Schedule J (Form 990) 2017 Part III Supplemental Information

Page **3** 

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



JSA

Schedule J (Form 990) 2017

## SCHEDULE M (Form 990)

# **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 3
 Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization

or 30.		201	7
		Upen to P	ublic
		in's reat	ion
Emplo	ve liden	fict is rhun per	
21	-291	.8478	

OMB No. 1545-0047

NEW YORK HARBOR FOUNDATION, INC.

Par	I Types of Property			I	<b>1</b> <sup>11</sup>		•	
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr			nts
1	Art - Works of art,							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles		· · · · ·					
7	Boats and planes.	Х	1.	42,500.	FMV			
8	Intellectual property				ļ			
9	Securities - Publicly traded	X	4.	195,833.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous	<u></u>		<u></u>		4		
13	Qualified conservation							
	contribution - Historic							
	structures		en					
14	Qualified conservation							
	contribution - Other							<u></u>
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles			<u> </u>				
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	<u> </u>						
25	Other ►()				· • • • •			
26	Other ▶()							
27	Other ►()	<u> </u>						
28	Other ▶()							
29	Number of Forms 8283 received				29			
	which the organization completed I	-orm 8283,	Part IV, Donee Acknowledg	jement	20	Y	es	No
20-	During the year, did the organizat		by contribution any proper	arty reported in Part I line	s 1 through	<u> </u>		
30a	28, that it must hold for at least t							
	to be used for exempt purposes for					30a		Х
								· .
	If "Yes," describe the arrangement i Does the organization have a		topoo policy that requir	as the review of any	nonstandard	· ·		. 1
31	contributions?					31		Х
27-	Does the organization hire or use						-	
J28	contributions?					32a		Х
<b>հ</b>	If "Yes," describe in Part II.							
ы 33	If the organization didn't report an	amount in	column (c) for a type of pro	perty for which column (a	) is checked.			•
55	describe in Part II.	anount in			,,			
Eor P	aperwork Reduction Act Notice, see the Inst	ructions for Fo	orm 990.		Schedule I	Mi (Form	990)	(2017)

JSA

Schedule M (Form 990) (2017)



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



### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/fo

Department of the Treasury Internal Revenue Service Infor Name of the organization

Name of the organization NEW YORK HARBOR FOUNDATION, INC.

PART III - LINE 1

THE NEW YORK HARBOR FOUNDATION, INC. (THE "FOUNDATION") WAS ORGANIZED TO PROMOTE THE PUBLIC GOOD BY IDENTIFYING AND CARRYING OUT ACTIVITIES THAT IMPROVE AWARENESS OF THE EXISTENCE AND CONDITION OF THE NEW YORK HARBOR AND ACCESS TO THE NEW YORK HARBOR. THE FOUNDATION WILL MEET THESE PURPOSES THROUGH CONDUCTING RESEARCH, INFORMATION OUTREACH ACTIVITIES AND DESIGNING AND RUNNING SERVICES TO IMPROVE THE QUALITY OF THE NEW YORK HARBOR. THE FOUNDATION'S MISSION IS TO RESTORE OYSTER REEFS TO NEW YORK HARBOR THROUGH PUBLIC EDUCATION INITIATIVES.

### PART III - LINE 4A

THE FOUNDATION LED THE BILLION OYSTER PROJECT IS A MARINE RESTORATION AND ENVIRONMENTAL EDUCATION PROJECT OPERATED IN COLLABORATION WITH NEW YORK HARBOR SCHOOL, THAT SEEKS TO RESTORE ONE BILLION LIVE OYSTERS TO NEW YORK HARBOR BY 2035, BY PROVIDING FUNDS AND STAFF TO SUPPORT: (1) OYSTER REEF CONSTRUCTION AND MONITORING, (2) OYSTER SHELL COLLECTION, (3) MIDDLE SCHOOL OUTREACH (INCLUDING HARBOR LITERACY CURRICULUM DEVELOPMENT, EDUCATOR TRAINING AND OYSTER RESTORATION) AND (4) PUBLIC PROGRAMS ON GOVERNORS ISLAND AND ELSEWHERE.

### PART III - LINE 4B

THE NEW YORK HARBOR FOUNDATION, DBA BILLION OYSTER PROJECT, SUPPORTED URBAN ASSEMBLY NEW YORK HARBOR SCHOOL, A PUBLIC HIGH SCHOOL ON GOVERNORS ISLAND IN NEW YORK CITY, BY MAKING CONTRIBUTIONS TO SUPPORT HARBOR OMB No. 1545-0047

Open to <sup>p</sup>ublic

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-2918478

Schedule O (Form 990 or 990-EZ) 2017

Name of the organization NEW YORK HARBOR FOUNDATION, INC.

SCHOOL'S

(1) SIX CAREER AND TECHNICAL EDUCATION (CTE) PROGRAMS IN MARINE SCIENCE
AND TECHNOLOGY (AQUACULTURE, MARINE BIOLOGY RESEARCH, MARINE SYSTEMS TECHNOLOGY, OCEAN ENGINEERING, PROFESSIONAL DIVING AND VESSEL
OPERATIONS),
(2) AFTER SCHOOL PROGRAMS (INCLUDING FISHING, ROWING, SAILING, SWIMMING

AND OTHERS),

(3) SUMMER PROGRAMS (INCLUDING INDOCK ORIENTATION FOR INCOMING FRESHMEN, BOAT BUILDING WORKSHOP AND STEM ACADEMY AT SUNY MARITIME COLLEGE),

(4) WATERFRONT (INCLUDING FACILITIES, VESSELS AND STAFF),

(5) GENERAL EXPENSES.

PART VI, SECTION B, LINE 11B THE FORM 990 WILL BE REVIEWED BY THE AUDIT COMMITTEE AND FULL BOARD PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

PART VI, SECTION B, LINE 12C THE FOUNDATION ANNUALY REVIEWS AND MONITORS CONFLICT OF INTEREST POLICY TO ENSURE COMPLIANCE.

PART VI, SECTION B, LINE 15 THE OFFICERS ANNUAL SALARIES ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

PART VI, SECTION C, LINE 19 THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

Schedule O (Form 990 or 990-EZ) 2017		Page <b>2</b>
Name of the organization NEW YORK HARBOR FOUNDATION, INC.	•	loyer identification number 27-2918478
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC		COPY CHMENT 1
990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVI	CES COMPENSATION
HUDSON RIVER FOUNDATION 17 BATTERY PLACE, SUITE 915	DESIGN & INSTALL.	136,538.

NEW YORK, NY 10004

		Ex	empt Orga	NOTICE 203			come 1	ax Retu	rn	OMB No.	1545-0687
Form	990-T		(and ndar year 2017 or oth	proxy tax	und	ier sectio	n 6033(e	e))		 ଜଲ	17
		For caler	odar year 2017 or oth ► Go to www.in						<u> </u>	<u></u> U	-44
	ment of the Treasury Revenue Service	► Do	not enter SSN numb						c)( <b>3</b> ).	St. (c. B. D.	c lospection for anzations Only
A	Check box if address changed		Name of organization			ne changed and s			D L nplo	er l'e dificat ees trust, see ins	on number
B Exe	mpt under section	1	NEW YORK H	ARBOR FOU	NDAT	ION, INC.	,				
Х	501(C <u>)(3</u> )	Print	Number, street, and	room or suite no. l	fa P.O.	box, see instruction	ons.			18478	
	408(e) 220(e)	or Type								ted business : tructions.)	activity codes
	408A 530(a)		10 SOUTH S								
	529(a)		City or town, state o		, and Z	IP or foreign posta	al code				
	k value of all assets nd of yaar		NEW YORK,								
41.0			up exemption numb								
	2,378,826.		ck organization type				501(c)	trust   RTATION F	401(a) t	rust	Other trust
<u>H</u> De	escribe the organiz	zation's p	rimary unrelated bu	siness activity.	<u> </u>						Yes X No
			corporation a subsi				-sudsidiary c	ontrolled group?		•••	
[f ]	"Yes," enter the n	ame and		of the parent col	poratio	on. ►	Tolophon	e number 🕨 21	2-458-	0800	
			THE FOUNDATI			(A) Inco		(B) Exper			) Net
			or Business Inc				JIIIe		1000		<u>,</u>
				c Balance 🕨	1c						
ь 2	Less returns and allowa		uie A, line 7)		2					1	
2	-		2 from line 1c		3						
3 4a			attach Schedule D)		4a						
b			Part II, line 17) (attac		4b						
ç			trusts		4c		-				
5	•		ps and S corporations		5						
6					6						
7			ncome (Schedule E)		7						
8	interest, annuities, roya	lities, and re	nts from controlled organ	izations (Schedule F)	8				~		
9	Investment income of	a section 50	1(c)(7), (9), or (17) organ	ization (Schedule G)	9						
10	• •	•	ncome (Schedule I)		10	1				<u> </u>	
11	Advertising incor	ne (Scheo	dule J)		11		0.014				10,014.
12	•		ctions; attach schedu		12		0,014.	ATCH 1	L .		10,014.
13	Total. Combine li	nes 3 thr	ough 12		13			oductions ) (	Execut fo	or contribu	
Par	Deductio	ns Not	Taken Elsewhe	ere (See inst nected with t	TUCIK the u	proloted busi	iness inco	me)	Схоерск		itions,
			directors, and truste						. 14		
14											
15 16											
17											
18											
19											
20			See instructions for								
21	Depreciation (att	ach Form	1 4562), ,				21	-			
22	Less depreciatio	n claimeo	d on Schedule A an	d elsewhere on r	eturn	• • • • • • • • l	22a		22b	· · ·	
23	Depletion								23	<u> </u>	
24			compensation plans								
25			NS								
26			(Schedule I)						1		
27			Schedule J)								
28			schedule)								
29			es 14 through 28, ble income before								10,014.
30 24			tion (limited to the a								
31 32			le income before s							1	10,014.
32 33			rally \$1,000, but se							1	1,000.
33 34			able income. Sub						· · ·	Ť	
<b>U1</b>			or line 32						1		9,014.
For			Notice, see instruct							Form	990-T (2017)

Form	990-T (	(2017)
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Par	t III 🔤	Tax Computation			
35	Organiz	zations Taxable as Corporations. See instructions for tax computation. Controlled group	ан на <u>т</u>		
	members	s (sections 1561 and 1563) check here <b>&gt; See instructions</b> and:			
а	Enter yo	our share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
	(1) \$	(2) \$ (3) \$	CO	DV	
b	Enter or	ganization's share of: (1) Additional 5% tax (not more than \$11,750)	$ u \psi$		
	(2) Addit	ional 3% tax (not more than \$100,000)			
С	Income t	tax on the amount on line 34	35c	1	L,621.
36	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on	·		
	the amou	unt on line 34 from: 📃 Tax rate schedule or 🛛 🛄 Schedule D (Form 1041) 🕨	36		
37	Proxy ta	x. See instructions	37		
38	Alternati	ve minimum tax	38		
39	Tax on M	Non-Compliant Facility Income. See instructions , , ,	39		
40	Total. Ac	dd lines 37, 38 and 39 to line 35c or 36, whichever applies	40		L,621.
Par	t IV	Tax and Payments			·····
		tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other cr	edits (see instructions)			
C	General	business credit. Attach Form 3800 (see instructions)			
d	Credit fo	or prior year minimum tax (attach Form 8801 or 8827)			
e	Total cre	edits. Add lines 41a through 41d	41e		
42		t line 41e from line 40	42		1,621.
43	Other tax	es. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	43		0.01
44		x. Add lines 42 and 43,	44		1,621.
		ts: A 2016 overpayment credited to 2017			
		timated tax payments	4		
C			4		
d	Foreign	organizations: Tax paid or withheld at source (see instructions)	-		
e		withholding (see instructions)	-		
f		or small employer health insurance premiums (Attach Form 8941) 45f	- [		
g		redits and payments: Form 2439			
		orm 4136 Other Total ▶ 45g	46		2,300.
46		ayments. Add lines 45a through 45g	40		
47		ed tax penalty (see instructions). Check if Form 2220 is attached			
48		. If line 46 is less than the total of lines 44 and 47, enter amount owed			679.
49		a amount of line 49 you want: Credited to 2018 estimated tax ► 679.			
50 Par		Statements Regarding Certain Activities and Other Information (see instruction			
51		time during the 2017 calendar year, did the organization have an interest in or a signature of		uthority Y	es No
0.		financial account (bank, securities, or other) in a foreign country? If YES, the organization m			
		Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the			
	here 🕨		-	-	X
52		he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	eign trust?.	· · · · [	X
02	•	ee instructions for other forms the organization may have to file.	v		
53		e amount of tax-exempt interest received or accrued during the tax year <b>&gt;</b> \$			
-	Un	der penalties of periury. I declare that I have examined this return, including accompanying schedules and statements, end to the	best of my I	knowledge and	belief, it is
Sig	n ∣⊾ <sup>tru</sup>	e, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	av the IRS	6 discuss th	is return
Her		w	ith the pr	eparer show	
		gnature of officer Date Title (s	ee instructions	)? X Yes	No
		Print/Type preparer's name Preparer's signature Date Cher	ck if	PTIN	
Paic			employed	P00183	
	Darer Oply			-362825	
USe	Only	Firm's address ► ONE BATTERY PARK PLAZA, NEW YORK, NY 10004-1405 Phor	<sub>ne no.</sub> 21	2-661-7	777

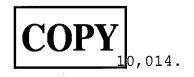
NEW YORK HARBOR E	FOUNDATION,	INC
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	NEW YO	RK HARB	OR FOUND	DATION, IN	NC.		27-2918478 Page
Form 990-T (2017)			J of inventor		<u> </u>		rayo
Schedule A - Cost of Go		nter method					6
1 Inventory at beginning of y							0
2 Purchases					-	ld. Subtract line	
3 Cost of labor						ter here and in	
4a Additional section 263A co							with respect to Ves N
(attach schedule)	4a					section 263A	
b Other costs (attach schedu		<u></u>				or acquired for	
5 Total. Add lines 1 through	4b. 5			to the orga	nization?		
Schedule C - Rent Income (see instructions)	e (From Real P	roperty a	na Person	al Property	Leased V	vitti Real Prope	rty)
1. Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent rece	ved or accru	ed				
(a) From personal property (if the	percentage of rent	(b) F	rom real and r	personal property	if the	3(a) Deductions d	irectly connected with the income
for personal property is more th more than 50%)	an 10% but not	percent	age of rent for	personal property based ол profit or	exceeds	in columns 2	(a) and 2(b) (attach schedule)
(1)							
(2)				a cole a r			
(3)							
(4)							
Total		Total					
(c) Total income. Add totals of c here and on page 1, Part I, line 6						(b) Total deduction Enter here and or Part I, line 6, colution	ו page 1,
Schedule E - Unrelated D			e instructio	ns)		1	
Schedule E - Offelated D	ept-i manceu	income (at	1		3. [	Deductions directly co	nnected with or allocable to
1. Description of del	ht-financed property			ncome from or o debt-financed			ced property
T. Description of de				operty		ht line depreciation ch schedule)	(b) Other deductions (attach schedule)
(1)							
(2)							
(3)							
(4)							<u></u>
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adju of or alloca debt-financed (attach sch	able to property	4 0	Column Iivided olumn 5		income reportable n 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	<u>`</u>			%			
(2)	· · · · · · · · · · · · · · · · · · ·			%			
(3)				%			
(4)				%			
<u>v.</u> ,	I					re and on page 1, ne 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals							Form <b>990-T</b> (20

Form 990-T (2017)	NEW YORK									18478	Page 4
Schedule F - Interest, Annu	uities, Royalties,						ations (see	instructio	ons)		
1. Name of controlled organization	2. Employer identification number	3. 1	let unrela	ntrolled Org	4. Total		ed included	column 4 ti in the contr	olling	6. Deductio	ith income
		(10)	ss) (see ii	isuucuons)			° organizati	on's gross in		<b>D</b> <sup><sup>i</sup></sup>	mn 5
(1)									4		
(2)											
(3)											
(4) Nonexempt Controlled Organia	zations			·····							
7. Taxable Income	8, Net unrelated incl (loss) (see instructio			Total of specific aymants made		incl	Part of column uded in the co nization's gross	ntrolling		Deductions nected with i column 1	ncome in
(1)											
(2)											
(3)				<u></u>							
(4)											
						Ent	ld columns 5 a er here and on rt I, line 8, colut	page 1,	Ente	d columns 6 er here and o t I, line 8, col	n page 1,
Totals	<u></u>	<u></u>	· · · ·	<u></u>							
Schedule G - Investment In	ncome of a Sect	ion 501	(C)(7),	(9), or (17 3. Deduc		nzatio				5. Total de	ductions
1. Description of income	2. Amount of i	ncome		directly cor (attach sci	nected			t-asides schedule)		and set-asic plus c	des (col. 3
(1)			_								
(2)			~								· · ·
(3)			_								
(4) Totals ►	Enter here and or Part I, line 9, col					· · ·				Enter here an Part I, line 9,	d on page 1, column (B).
Schedule I - Exploited Ex	empt Activity Inc	ome, Ot	her Th	an Advert	ising Ir	come	(see instru	ctions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expe direc connecte producti unrela business	nses tly id with ion of ted	4. Net incor from unrela or business 2 minus co If a gain, c cols, 5 thm	ne (loss) ted trade (column lumn 3). ompute	5.G from is n	ross income activity that ot unrelated ness income	6. Expe attribut colun	able to	exp (columi column mor	ss exempt enses n 6 minus 5, but not e than mn 4).
(1)											
(2)								-			
(3)											
(4)								<u> </u>			
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, l line 10, c	Part I,							on p	here and page 1, , line 26.
Totals		ctions)		Provide and the second						· 1	
Part I Income From Per			Consol	idated Ba	sis						
		<u>u u u u</u>						T			s readership
1. Name of periodical	2. Gross advertising income	3. Dir advertisin		4. Adver gain or (lo 2 minus o a gain, co cols, 5 thr	ss) (col. ol. 3). If ompute	5.	Circulation incoma	6. Reac cos		costs ( minus co not m	(column 6 olumn 5, but ore than Imn 4).
(1)											
(2)				_						·	
(3) (4)			·····	 							
Totals (carry to Part II, line (5))											

Form 990-T (2017) NEW YORK HARBOR FOUNDATION, INC.					27-2918478 Page <b>5</b>	
Part II Income From Pe 2 through 7 on a	riodicals Reportine basis	ted on a Sepa s.)	rate Basis (For e	each periodical	listed in Part II,	fill in columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6 Readership	7. Excess readership costs (qolumn 6 minus column 5, but pomore than olumn 4).
(1)						
(2)						
(3)						
(4)				]		
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)		iroctore and Tr	uetooe (see inst	ructions)	······································	
Schedule K - Compensation of Officers, D 1. Name		2. Title		3. Percent of time devoted to business	<ol> <li>Compensation attributable to unrelated business</li> </ol>	
(1)			40.70 	%		
(2)				%		
(3)				%		
(4)				%		
Total. Enter here and on page 1.	Part II, line 14					

ATTACHMENT 1



10,014.

PART I - LINE 12 - OTHER INCOME

QUALIFIED TRANSPORTATION FRINGE UNDER IRC SECTION 512(A)(7)

PART I - LINE 12 - OTHER INCOME

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FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLEND	ED TAX RATE
1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34)	<b>PY</b> 9,014.
2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP	1,352.
3 TAX ON LINE 1 FIGURED USING THE 21% RATE	1,893.
4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 184	248,768.
IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018 5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 181	240,700.
IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017	342,633.
6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365 IN THE CORPORATION'S TAX YEAR	682.
7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365 IN THE CORPORATION'S TAX YEAR	939.
8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR	1,621.