| 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 | | Do not enter social security numbers Go to www.irs.gov/Form990 for | | | | | his, ection |
|-------------------------|---------------------------------|-------------------------|--|--------------------|-------------------|------------------|---|----------------------------|
| | I Revenue Serv | | |)7/01, 2017 | | | ~ 26/- | 30. 20, 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? | |
| . | | 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 |) | 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 990 (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. | |
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| : (Code: |) (Expenses \$including grants of \$) (Revenue | э Ф) |
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| <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 990 (201 PAGE |

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|------|--|------|-------------------------------|--------------|
| 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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| Page | - |

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| 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)

| 27-2918478 | 8 |
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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 | ^p age 5 |
|--|---------|--|--------|----------|---------------------------|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a | Par | | | | |
| 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 | | | | | |
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| 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 | | | |
| | | N X | Yes | No |
| 10 | Enter the number of voting members of the governing body at the end of the tax year | Y | 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 1b 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. | | -,,,,,,,, | - |
| | 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 | | | |
| JSA | | Form | 990 | (2017) |

Page 7

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) | (E) 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. |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | <u> </u> | | | | | | | | | | |
| | | | | | | | | | | | |
| | + | | | | | | | | | | |
| | <u> </u> | | | <u> </u> | | | | | | | |
| | <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 | | | | | | | ·· | | | | |
| Complete this table for your five highest corr compensation from the organization. Report of year. | 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. | 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

| Form | 990 | (2017) |
|------|-----|--------|
| | | |

| | | 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 990 (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 | . | | | · · · · · |
| 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 |
| 26 Fotal initiational expenses. Add mids 1 initiation 21 (2007) 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 | | | | |
| 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 | | J 1 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 ¹ .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. |
|-------------------------------|------|
|-------------------------------|------|

| 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. | | | . |
| 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

G

| 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 | | | | | ... | • |
| 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(| a)(2). (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). | H A D H | | (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 | | | | | · · · | · · | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 7E1210 1.000 0731HV M261

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 | | | | | | - |
|------|--|---|--|-----------------|-----------------|-----------------|--------------|
| | 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 stop here . 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 | | | | | т г | |
| 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 s | 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 |
| | 0731HV M261 | | | | | | PAGE 1 |

| 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 | _ | 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 Part VI 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 Part VI 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 Part VI 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 Part VI 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 Part VI 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 Part VI 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 Part VI , including (i) the names and EIN | | | |
| | numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; | | | |
| | (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action | | | |
| | was accomplished (such as by amendment to the organizing document). | 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 Part VI. | 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 Part VI.</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 Part VI. | 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 | | [.] . | |
| | 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 Part VI. | 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 Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | 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 Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Secti | on C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | · · · | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Secti | on D. All Type III Supporting Organizations | | | |
| | | | 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 Part VI identify</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 Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | i . |
| | 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 | | | . |
| | trustees of each of the supported organizations? Provide details in Part VI. | 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 Part VI the role played by the organization in this regard. | | | |

| Schedule A (| Eorm | 990 | or 990-EZ) | 2017 |
|--------------|------|-----|------------|------|
| acherine V i | | 330 | 01000-22) | 7011 |

 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 Part VI). 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 8 |
|--|------------------------|---------|---------|---------|---------|--------------|---------------|
| 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 17 |
|-------------|---|--|---|--|--|--|
| | | | 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? | | | | Yes No |
| | If "Yes," describe | in Part IV. | | | | <u>, </u> |
| Par | | | rganization is exempt under | | |). |
| 1 | activities | | xpended by the filing organization | | ▶ \$ | |
| 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 2 |
|-----|--|---|--------------------------|------------------------------------|--------------------------------|
| 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) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) Total | | |
| 2a Lobbying nontaxable amount | | 269,035. | 319,031. | 324,015. | 912,081. | | |
| 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 | OPY |
| 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.

Page 4

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 17 | | |
|--------|--|--|--|---|--------------------------------|
| | 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 | | | of Art, Historical Treasures, c "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): a b bit is obtained. b continued) 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 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. 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. Te be organization and part XIII. b If Yes," explain the arrangement in Part XIII and complete the following table: a b the organization anount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. b If Yes," explain the arrangement in Part XIII and complete the following table: | Sched | ule D (Form 990) 2017 | | | | | | | | | | | Page 2 |
|--|--------|---------------------------------------|------------|-------------------|---------------|-----------------|-------------|----------|-----------------|--------------------|---------------------|----------|---------------|
| 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): ■ Public exhibition B Device exhibition ■ Public exhibition ■ Publiti # Parnoxibiti # Public # Public # Public # Public | | 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 | | | | | | | | | | | | | |
| 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): | | | | | | | | | | |
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| 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 | | | | | | | | | | | |
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| | | | | 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) | | | | |
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| (7) | | | | |
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| (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. |
|-----------------------------|------|
|-----------------------------|------|

| Schedu | le D (Form 990) 2017 | | Page 4 |
|--------|--|--------------|----------------------|
| 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.) | . | |
| 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 X Internet and c 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 | | | |
| - | | | | | | | |
| (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 | | | | | | | |
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| 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> | | |
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| · | | | | | | | |
| 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. (c)) |
| 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 the Unite orm 990, Part IV, atest information | I States line 21 or 22. | 0 | 20 17 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) | | | | | | | | |
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| | (9) | | | | | | | | |
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| | 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 | (e) Method of valuation (book, FMV, appraisal, other) | (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 2 | | | 1 | | | | | | | | | | | | | | | | |
|--|--|---|---|---|---|---|---|---|---|--|--|--|--|-------------------------|--|--|--|----|---|
| 27-29 | | stance | | | | | | · | | | | | | | | | | OP | Y |
| | m 990, Part IV, line 22. | (f) Description of non-cash assistance | | | | | | | | ler additional | | | | | | | | | |
| | answered "Yes" on Fo | (e) Method of valuation (book, FMV, appraisal, other) | | | | | | | | 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 17 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. | | | | |
| | € | | | | | | | |
| 2 | (1) | | | | | | | |
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| 3 | (1) | | | | | | | |
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| 4 | (ii) | | | | | | | un sher bir |
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| | (i) | | | | | | | tion - |
| 10 | (II) | | | | | | | |
| | (i) | | | | | - | | |
| 11 | (ii) | | | | | | * | |
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| 15 | E | | | t the second sec | | | | Y |
| | Θ | | | | | | | ~ |
| 16 | (E) | | | | | | | |
| | | | | | | | Sch | Schedule J (Form 990) 2017 |

PAGE 45

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 | 1 ¹¹ | | • | |
|----------|--|--------------------------------------|---|--|----------------------------|----------|------|---------|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Method of noncash 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 |
| հ | 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 ^public

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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 2 |
|--|-----------------------|---|
| 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)(3). | 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 | |
| U1 | | | or line 32 | | | | | | 1 | | 9,014. |
| For | | | Notice, see instruct | | | | | | | Form | 990-T (2017) |

| Form | 990-T (| (2017) |
|------|---------|--------|
|------|---------|--------|

| 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 > See instructions 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 > \$ | | | |
| - | 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 ∣⊾ ^{tru} | 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 | _{ne no.} 21 | 2-661-7 | 777 |

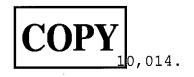
| NEW YORK HARBOR E | FOUNDATION, | INC |
|-------------------|-------------|-----|
|-------------------|-------------|-----|

| | 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 990-T (20 |

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|---------------------------------------|---|--|---|---|---|---------------------|---|------------------------------|---------|--|---|
| 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 | | D ^ⁱ | 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)) | | | | | | | | | | | |

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|---|---|---|--|--|---|--|
| 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 | Compensation attributable to unrelated business | |
| (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) | PY 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. |