EXTENDED TO MAY 15, 2020

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

A For the 2018 calendar year, or tax year beginning JUL 1 2018 and ending JUN 30, 2019 C Name of organization В Check if applicable D Employer identification number Address change NEW YORK HARBOR FOUNDATION, INC. Name BILLION OYSTER PROJECT 27-2918478 change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 10 SOUTH STREET SLIP 7 (212) 458-0800 3,922,394. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended NEW YORK, NY 10004 H(a) Is this a group return return
Application
pending F Name and address of principal officer: PETER MALINOWSKI Yes 🗓 No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WWW.BILLIONOYSTERPROJECT.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2010 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: NEW YORK HARBOR FOUNDATION, Governance BILLION OYSTER PROJECT RESTORES OYSTER REEFS TO NEW YORK HARBOR 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 18 3 Number of voting members of the governing body (Part VI, line 1a) 3 18 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 39 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 883 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 38 0. 7h **Prior Year Current Year** 2,692,376. 3,182,168. Contributions and grants (Part VIII, line 1h) 8 Revenue 29,120 4,050. Program service revenue (Part VIII, line 2g) 2,888 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -65. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 355,896 334,304. 11 3 080 280 3 520 457. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 98,000 70,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,202,225. 2,526,967. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 65 000 25 000. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,115,080, 1,216,461. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,480,305. 3,838,428. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -400,025. -317,971. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 2,030,185. 2,378,826. Total assets (Part X, line 16) 289,211, 257,962. 21 Total liabilities (Part X, line 26) 三年 2,089,615. 1,772,223. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. /s/ Peter Malinowski March 14, 2020 Signature of officer Date Sign Peter Malinowski Executive Director Here Type or print name and title Date PTIN Preparer's signature Check Print/Type preparer's name 3/23/2020 JAMES J. REILLY P00183769 Paid self-employed Firm's name CONDON O'MEARA MCGINTY & DONNELLY LLE 13-3628255 Preparer Firm's EIN ▶ Firm's address ONE BATTERY PARK PLAZA Use Only Phone no.212-661-7777 NEW YORK, NY 10004 Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

ıu	Check if Schedule O contains a res				Х
1	Briefly describe the organization's mission				
	THE FOUNDATION'S MISSION IS TO	RESTORE OYS	TER REEFS TO NEW Y	YORK HARBOR	
	THROUGH PUBLIC EDUCATION INITIA	ATIVES.			
2	Did the organization undertake any signifi				
	prior Form 990 or 990-EZ? If "Yes," describe these new services on 9				Yes X No
3	Did the organization cease conducting, o		nt changes in how it con	ducts, any program services?	Yes X No
	If "Yes," describe these changes on Sche	edule O.	ne changes in new ic con	nadoto, any program convices.	
4	Describe the organization's program serv Section 501(c)(3) and 501(c)(4) organization	ice accomplishr			
	revenue, if any, for each program service	reported.			
4a	(Code:) (Expenses \$	2,047,410.	including grants of \$) (Revenue \$	4,050.
	SEE SCHEDULE O				
					_
4b	(Code:) (Expenses \$	70 000.	including grants of \$	70 000.) (Revenue \$	
+υ	(Code:) (Expenses \$,	including grants of \$		
	SEE SCHEDULE O				
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program services (Describe in Sche	edule O.)			
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses	2	,717,416.		Form 990 (2018)
					1 01111 555 (2016)

27-2918478

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
·	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,	Ť		
•	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? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9_		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a		14a		х
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		X
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		4.0		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	\vdash
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

Form 990 (2018)

NEW YORK HARBOR FOUNDATION

Part IV Checklist of Required Schedules (continued)

			Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	23	Х		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a	24a		X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	24c			
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				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	25b		X	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or				
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			17	
	complete Schedule L, Part II	26		X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			х	
00	of any of these persons? If "Yes," complete Schedule L, Part III	27			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV				
_	instructions for applicable filing thresholds, conditions, and exceptions):	28a		Х	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X	
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200			
C		28c		х	
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29			
00	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		Х	
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		Х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1	34		Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				
	If "Yes," complete Schedule R, Part V, line 2	36		X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1			
Pai	Note. All Form 990 filers are required to complete Schedule 0 † V Statements Regarding Other IRS Filings and Tax Compliance	38	Х		
rai	Check if Schedule O contains a response or note to any line in this Part V				
	Check if Confedule C Contains a response of flote to any line in this Fart V			<u> </u>	
.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No	
	The first the first teported in Box 6 of 1 of in 1666. Enter 6 in 166 applicable	_			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
U	(gambling) winnings to prize winners?	1c	Х		
832004	1 12-31-18	_		(2018)	

	990 (2018) NEW YORK HARBOR FOUNDATION, INC.	27-2	2918478		Pa	age 5				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			_		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a	39							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
			····	3a		Х				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C		L	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•								
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ccount)?		4a		X				
b	If "Yes," enter the name of the foreign country:		— I							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).				х				
5a	, , , , , , , , , , , , , , , , , , , ,									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		6a		х				
	any contributions that were not tax deductible as charitable contributions?									
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	J								
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).			7a	х					
а										
b	•		·····	7b	Х					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•		_		Х				
	to file Form 8282?			7c						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_	7e		Х				
_	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
9 h	 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		,0-0 !	7h	N/A					
Ü	sponsoring organization have excess business holdings at any time during the year?	NT /	'A	8						
9	Sponsoring organizations maintaining donor advised funds.	······································								
а	5111	N/	'A	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/	·····	9b						
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	•								
а	Gross income from members or shareholders N/A	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	L	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	N/	'A	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
14a				14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	O	L	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
	excess parachute payment(s) during the year?			15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.									

Form **990** (2018)

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

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

	Check if School to O contains a reconsecut to any line in this Bort VI			Х			
Sac	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management						
000	don 7. Governing body and Management		Va-	NI.			
10	Enter the number of voting members of the governing body at the end of the tax year 18		Yes	No			
Ia	Enter the number of voting members of the governing body at the end of the tax year 1a 18 If there are material differences in voting rights among members of the governing body, or if the governing	1					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
L	, ,						
b	Enter the number of veiling members included in line 12, above, who are independent	1					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			х			
•	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2					
3				x			
	of officers, directors, or trustees, or key employees to a management company or other person?	4		x			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			x			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6 7-	Did the organization have members or stockholders?	6		Λ			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			x			
	more members of the governing body?	7a		^			
р	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x			
•	persons other than the governing body?	7b		^			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		х				
	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	Λ				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x			
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Λ			
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V				
40-	Did the constant of the book o	40-	Yes	No X			
	Did the organization have local chapters, branches, or affiliates?	10a					
р	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.					
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40.	v				
	in Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14	Х				
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?		77				
	The organization's CEO, Executive Director, or top management official	15a	Х	v			
b	Other officers or key employees of the organization	15b		Х			
	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 with a			v			
_	taxable entity during the year?	16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ NY						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availab	ole			
	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)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial				
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	SEAN BERRY - 212-458-0800						
	80 BROAD STREET , NEW YORK, NY 10004						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable Reportable				
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		Jer ar	la a a	recio	r/trus	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	m pen		(** 27 1033 141100)		and related
	below	Individual trustee or director	Institutional trustee	 	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) MURRAY L. FISHER	1.00									
CHAIR		Х		Х				0.	0.	39,480.
(2) BRAD BURNHAM	1.00									
CHAIRMAN EMERITUS		х		х				0.	0.	0.
(3) SOPHIA C. KOVEN	1.00									
VICE CHAIR		х		х				0.	0.	0.
(4) L. MERCEDES TECH	1.00									
TREASURER		х		х				0.	0.	0.
(5) ELLIOT H. STEELMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) CHRIS MOLE	1.00									
FORMER BOARD MEMBER		Х						0.	0.	0.
(7) JAYNI CHASE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) JOHN DE CRUZ	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JAMES F. LIMA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) S. ELIZABETH ALTER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) DAVID CAMERON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) CARLEEN LYDEN-WALKER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) SHEA THORVALDSEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) ROBIN BRAMWELL- STEWART	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) ANDRIA CASTELLANOS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) NOAH HELLER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) AYANA ELIZABETH JOHNSON	1.00									
BOARD MEMBER		Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)			(0	C)			(D)	(E)	((F)	
Name and title	Average	(do		Pos) than o	nne	Reportable	Reportable		Es	stimate	ed
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensatio	n	ar	nount	of
	week		cer an	na a a	irecto	r/trus	tee)	from	from related			other	
	(list any	recto						the	organization			pensa	
	hours for related	or di	ee			ated		organization	(W-2/1099-MIS	SC)		om th	
	organizations	ustee	trust		96	ubeu		(W-2/1099-MISC)				anizat d relat	
	below	dual t	rtiona	L	nploy	st cor	-					anizati	
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former				o g	ai iizati	0110
(18) KATE ORFF	1.00												
BOARD MEMBER		х						0.		0.			0.
(19) PETER MALINOWSKI	40.00												
EXECUTIVE DIRECTOR				Х				143,623.		0.		38,	659.
							L	142 602					120
1b Sub-total								143,623.		0.		78,	139.
c Total from continuation sheets to Part VI								143,623.		0.		70	139.
d Total (add lines 1b and 1c)							<u> </u>	· · · · · · · · · · · · · · · · · · ·		•		78,	139.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove) wh	o re	eceived more than \$100,	000 of reportable)			1
compensation from the organization												Yes	No
O Diddle consideration that conforms of the	Post Association				1 -			http://www.alica				res	ИО
3 Did the organization list any former officer,											^		Х
line 1a? If "Yes," complete Schedule J for s											3		Λ
4 For any individual listed on line 1a, is the su	•							•	•		_	Х	
and related organizations greater than \$150											4	Λ	
5 Did any person listed on line 1a receive or a											-		Х
rendered to the organization? If "Yes," com	plete Schedule	e J to	or st	ıch <u>ı</u>	oers	on .					5		Λ
Complete this table for your five highest contactors	mnonsatod inc	lono	ndo	ot co	ntr	acto	rc th	nat received more than \$	100 000 of com	onco	tion fr		
the organization. Report compensation for										CIISa	LIOITII	וווכ	
	irie caleridar ye	ear e	HUII	ig w	ILIT	ועע וכ	<u> </u>		ear.			<u>,, </u>	
(A) Name and business	address							(B) Description of s	ervices	С)) ompe	رر nsatio	n
THE LOBSTER PLACE WHOLESALE SEAFOOD							\dashv				-,		
405 BARRETTO STREET, BRONX, NY 10474							ŀ	FOOD SERVICES				120,	583.
							\dashv					,	

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

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NEW YORK HA

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
			<u> </u>		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
						revenue	revenue	sections 512 - 514
S S	1 a	Federated campaigns	1a					UIE UII
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
Ģ G		Fundraising events		116,210.				
fts,		Related organizations						
igi.		Government grants (contributi		1,723,235.				
Sin		All other contributions, gifts, grant		2,720,200.				
utic Je	'	similar amounts not included abov	·	1,342,723.				
ri Ott	~	Noncash contributions included in lines	· · · · · · · · · · · · · · · · · · ·	190,722.				
no n	_	Total. Add lines 1a-1f			3,182,168.			
<u> </u>	-"	Total. Add lines 1a-11		Business Code	-,,			
	0.0	PROGRAM SERVICE FEES		900099	4,050.	4,050.		
/ice	_			300033	1,000.	1,000.		
er, ue	b							
m S	C							
gra Re	d							
Program Service Revenue	e							
_		All other program service rever			4,050.			
	3 3	Total. Add lines 2a-2f			1,050.			
	3				1,607.			1,607.
	4	other similar amounts)			1,007.			1,007.
	5							
	3	Royalties	(i) Real	(ii) Personal				
	6 -	Crass rents	(i) neai	(II) Personal				
		Gross rents		1				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	/ a	Gross amount from sales of	(i) Securities 175,128,	(ii) Other				
	L	assets other than inventory	173,120	<u>' </u>				
	ь	Less: cost or other basis	176,800.					
	_	and sales expenses						
		Gain or (loss)	<i>.</i>		-1,672.			-1,672.
		Net gain or (loss)			1,072.			1,0,2,
ne	o a	including \$ 116,						
Other Revenu		contributions reported on line						
Re		Part IV, line 18	,	550,600.				
her	h	Less: direct expenses		225,137.				
₽		Net income or (loss) from fund		, <u> </u>	325,463.			325,463.
		Gross income from gaming ac	-		223, 103.			225,100.
	Эа	Part IV, line 19		,				
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
	10 a	and allowances						
	h	Less: cost of goods sold		1				
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 a	OTHER	-	900099	8,841.	8,841.		
	b		-		,	,		
	c							
		All other revenue						
		Total. Add lines 11a-11d			8,841.			
	12	Total revenue. See instructions			3,520,457.	12,891.	0.	325,398.

27-2918478

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respons	se or note to any line in			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	70,000.	70,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	225,183.	87,166.	122,639.	15,378.
6	Compensation not included above, to disqualified		·	·	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,822,587.	1,322,167.	166,020.	334,400.
8	Pension plan accruals and contributions (include	, , ,	, ,	, 1	, -
J	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	479,197.	346,868.	40,471.	91,858.
10	Payroll taxes	- , - · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	= 1 - 1 - 1
11	Fees for services (non-employees):				
ıı a					
b		85,400.		85,400.	
C		05,100.		05,100.	
d	, , , , , , , , , , , , , , , , , , , ,	25,000.			25,000.
e	, F	765.		765.	25,000,
f	Investment management fees	705.		705.	
g	,	407 612	220 265	12 101	66 056
	column (A) amount, list line 11g expenses on Sch O.)	407,612.	328,365.	13,191.	66,056.
12	Advertising and promotion	E0 252	12 650	10 400	10 107
13	Office expenses	50,353.	12,658.	18,498.	19,197.
14	Information technology				
15	Royalties				
16	Occupancy	04 010	CO 511	14 406	0.005
17	Travel	84,912.	60,511.	14,496.	9,905.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	45 425	25 225	21 222	
22	Depreciation, depletion, and amortization	47,135.	25,235.	21,900.	
23	Insurance	56,338.	36,661.	19,677.	
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.)				
а	PROGRAM	295,307.	295,307.		
a b	OTHER	116,322.	62,611.	40,987.	12,724.
	FACILTIES & EQUIP. RENT	64,514.	62,064.	2,450.	12,721
c d	MARINE FUEL	7,803.	7,803.	2, 200.	
		7,005.	7,003.		
е 25		3,838,428.	2,717,416.	546,494.	574,518
25	Total functional expenses. Add lines 1 through 24e	5,050,420.	2,111,410.	340,434.	3/4,310.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2019

Form **990** (2018)

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year **(B)** End of year 12,816. 59,326. 1 Cash - non-interest-bearing 398,594. 560,468. 2 Savings and temporary cash investments 1,495,153. 1,011,108. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 instr). Complete Part II of Sch L 6 7 7 Notes and loans receivable, net Inventories for sale or use 8 58,661. 37,886. 9 Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other _____10a basis. Complete Part VI of Schedule D 173,273. 332,606. b Less: accumulated depreciation 10b 383,837. 10c 29,765. 28,791. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 2,378,826. 2,030,185. 16 16 223,318. 81,033. Accounts payable and accrued expenses 17 17 18 18 Grants payable 176,929. 65,893. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 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 25 289,211. 257,962. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 806,265. 856,604. 27 27 Unrestricted net assets 1,283,350. 915,619. Temporarily restricted net assets 28 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 1,772,223. Total net assets or fund balances 2,089,615. 33 33 2,378,826. 2,030,185. 34 Total liabilities and net assets/fund balances

Form 990 (2018)

Pai	T XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	,520,	457.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,838,	428.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-317,	971.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,089,615				
5	Net unrealized gains (losses) on investments	5			579.		
6	Donated services and use of facilities	6					
7	Investment expenses 7						
8	Prior period adjustments 8						
9							
10							
	column (B)) 10						
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	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						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle 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 required audit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	<u> </u>		
			Form	990	(2018)		

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **Employer identification number** NEW YORK HARBOR FOUNDATION INC. 27-2918478 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,955,167.	2,884,580.	3,860,134.	2,692,376.	3,182,168.	14,574,425.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,955,167.	2,884,580.	3,860,134.	2,692,376.	3,182,168.	14,574,425.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2,801,920.
6	Public support. Subtract line 5 from line 4.						11,772,505.
	ction B. Total Support			<u>'</u>			· · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1,955,167.	2,884,580.	3,860,134.	2,692,376.	3,182,168.	14,574,425.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,595.	3,946.	2,058.	1,315.	1,607.	11,521.
9	Net income from unrelated business					-	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	29,666.	26,878.	11,230.	24,025.	8,841.	100,640.
11	Total support. Add lines 7 through 10						14,686,586.
12	Gross receipts from related activities,	etc. (see instructio	ns)	•		12	
13		•	,			501(c)(3)	
	organization, check this box and stor				•		
Sec	ction C. Computation of Publi		centage				,
14	Public support percentage for 2018 (li	ine 6, column (f) div	/ided by line 11, co	lumn (f))		14	80.16 %
15	Public support percentage from 2017	Schedule A, Part I	I, line 14			15	81.04 %
16a	33 1/3% support test - 2018. If the o					ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on lir				
	and stop here. The organization qual	ifies as a publicly s	upported organizat	tion			>
17a	10% -facts-and-circumstances test	- 2018. If the orga	anization did not cl				
	and if the organization meets the "fac-	ts-and-circumstand	es" test, check this	s box and stop he	ere. Explain in Par	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	ublicly supported o	organization	_	
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	ū				•	
	organization meets the "facts-and-circ				-		>
<u>1</u> 8	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, <u>16b, 17a,</u> or 17b,	check this box ar	nd see instructions	>

Schedule A (Form 990 or 990-EZ) 2018

Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		,							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 per-									
	formed, or facilities furnished in any activity that is related to the									
	organization's tax-exempt purpose									
3	Gross receipts from activities that									
	are not an unrelated trade or bus-									
	iness under section 513									
4	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
5	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
6	Total. Add lines 1 through 5									
7	Amounts included on lines 1, 2, and									
	3 received from disqualified persons									
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that									
	exceed the greater of \$5,000 or 1% of the									
	amount on line 13 for the year									
•	Add lines 7a and 7b									
	Public support. (Subtract line 7c from line 6.)						<u> </u>			
	ction B. Total Support	T	1		T	T	1			
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	Amounts from line 6									
10	Gross income from interest, dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources									
ŀ	Unrelated business taxable income									
	(less section 511 taxes) from businesses									
	acquired after June 30, 1975									
	Add lines 10a and 10b									
"	Net income from unrelated business activities not included in line 10b,									
	whether or not the business is									
40	regularly carried on Other income. Do not include gain									
12	or loss from the sale of capital									
40	assets (Explain in Part VI.)						 			
	Total support. (Add lines 9, 10c, 11, and 12.)		Cont			- 504(-)(0)	-4:			
14	First five years. If the Form 990 is for	-			•					
Se	check this box and stop here ction C. Computation of Publi						P			
	Public support percentage for 2018 (I			column (f))		15	%			
16	Public support percentage from 2017					16	// // %			
	ction D. Computation of Inves					1 10 1	70			
	7 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17									
18	Investment income percentage from					18	/ 6			
	a 33 1/3% support tests - 2018. If the									
	more than 33 1/3%, check this box ar						`			
ŀ	33 1/3% support tests - 2017. If the									
•	line 18 is not more than 33 1/3%, che	•				•				
20	Private foundation. If the organization									

Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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.)

	Yes	No
_		
1		
2		
_		
За		
3b		
0-		
3c		
4a		
14		
4b		
4-		
4c		
5a		
5b		
5c		
6		
_		
7		
8		
9a		
-		
9b		
9c		
30		
10a		
10b		

Par	TIV Supporting Organizations _(continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	,	11c		
Sec	tion B. Type I Supporting Organizations			
	_		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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]
Sec	tion 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			
	supported organizations played in this regard.	3		
Sec	tion 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 instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions),		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	That those determines constituted careful than your or no determines.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	asimilas sucremental in organization of mornand	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	The second secon	3a		
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.	3b		

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Par	tV	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou	ints paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	ints paid to perform activity that directly furthers exemp	t purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	 S	
4	Amou	ints paid to acquire exempt-use assets			
5		fied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which th	ne organization is responsive		
		de details in Part VI). See instructions.			
9		outable amount for 2018 from Section C, line 6			
10		B amount divided by line 9 amount			
	Line	amount divided by line o amount	(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2018 (reason-			
	able c	cause required- explain in Part VI). See instructions.			
3	Exces	ss distributions carryover, if any, to 2018			
а	From	2013			
b	From	2014			
С	From	2015			
d	From	2016			
е	From	2017			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2018 distributable amount			
i	Carry	over from 2013 not applied (see instructions)			
i		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2018 from Section D,			
	line 7:				
а		ed to underdistributions of prior years			
		ed to 2018 distributable amount			
		uinder. Subtract lines 4a and 4b from 4.			
		uning underdistributions for years prior to 2018, if			
-		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions.			
6		uning underdistributions for 2018. Subtract lines 3h			
-		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2019. Add lines 3j			
•		-			
•	and 4				
8_		down of line 7:			
		ss from 2014			
		ss from 2015			
		ss from 2016			
		ss from 2017			
е	Exces	ss from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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 1, 2a, 2b, 3a, and 3b; Part V, Ilne 1; Part V, Section B, line 1e; Part V, Section B, line 1; Part V, Section B, line
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	
-	
-	
-	

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.αov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

2018

NEW YORK HARBOR FOUNDATION, INC. 27-2918478 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

NEW YORK HARBOR FOUNDATION, INC.

27-2918478

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NATIONAL SCIENCE FOUNDATION 4201 WILSON BLVD. ARLINGTON, VA 22230	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NYS GOVERNOR'S OFFICE OF STORM RECOVERY 25 BEAVER ST. NEW YORK, NY 10004	\$862,525.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NYC DEPT. OF ENVIRONMENTAL PROTECTION 59-17 JUNCTION BOULEVARD FLUSHING, NY 11373	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4 NYC DEPT OF YOUTH AND COMMUNITY DEVELOP 123 WILLIAM STREET, SUITE 17 NEW YORK, NY 10038	\$113,831.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION 47-40 21 STREET LONG ISLAND CITY, NY 11101	\$264,901.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	9-
Name of organization	Employer identification number
NEW YORK HARBOR FOUNDATION, INC.	27-2918478

Part I	Contributors (see instructions). Use duplicate copies of Part I if	fadditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4 SIMONS FOUNDATION 160 FIFTH AVE FLR 9 NEW YORK, NY 10010	### Total contributions \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	INAITIE, AUGI ESS, AIIG ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NEW YORK HARBOR FOUNDATION, INC.

27-2918478

Partii	(see instructions). Use duplicate copies of Part II	i if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of or	rganization		Employer identification number
NEW YORK	HARBOR FOUNDATION, INC.		27-2918478
Part III	•	through (e) and the following line echaritable, etc., contributions of \$1,000 contributions of	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	ift
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of g	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) Transfer of a	
-	Transferee's name, address, ar	(e) Transfer of g	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

rax) (see separate instructions), then				
 Section 501(c)(4), (5), or (6) organizat 	ions: Complete Part III.			
Name of organization			Empl	loyer identification number
	ARBOR FOUNDATION, INC.			27-2918478
Part I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
 Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai 	ures		> \$	s
Part I-B Complete if the org	anization is exempt und	er section 501(c)((3).	
 Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made? If "Yes," describe in Part IV. 	incurred by the organization uncincurred by organization managen 4955 tax, did it file Form 4720 anization is exempt und by the filing organization for section's funds contributed to ot	der section 4955 ers under section 4955 for this year? er section 501(c), ction 527 exempt func-	except section 501(c tion activities section 527	Yes No Yes No No (3).
 line 17b Did the filing organization file Form Enter the names, addresses and en made payments. For each organizar contributions received that were propolitical action committee (PAC). If a contribution or the committee organization committee organization committee organization. 	1120-POL for this year?	N) of all section 527 po d from the filing organia a separate political org	olitical organizations to which zation's funds. Also enter the anization, such as a separate	Yes No n the filing organization e amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

Schedule C (Form 990 or 990-EZ) 2018			504/ \/O\		918478 Page 2
Part II-A Complete if the org section 501(h)).	janization is exen	npt under section	1 501(c)(3) and file	d Form 5768 (ele	ction under
	ation belongs to an affil	liated aroun (and list in	Part IV each affiliated	aroun member's name	address FIN
· —	re of excess lobbying e	- · ·	Tartiv each anniated	group member s name	e, address, Liiv,
	ation checked box A ar	• •	visions apply		
Limi	its on Lobbying Exper ditures" means amou	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uoneo public oninion (c	arass roots lobbying)		0.	
b Total lobbying expenditures to infl				0.	
c Total lobbying expenditures (add li				0.	
				3,838,428.	
d Other exempt purpose expendituree Total exempt purpose expenditure		 \		3,838,428.	
f Lobbying nontaxable amount. Ent				341,921.	
		*		311,321.	
If the amount on line 1e, column (a) o		bying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,00		00 plus 15% of the exce	·		
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exce			
Over \$1,500,000 but not over \$17	<i></i>	00 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (er	oter 25% of line 1f)			85,480.	
,	,			0.	
h Subtract line 1g from line 1a. If zeri Subtract line 1f from line 1c. If zero	lt 0			0.	
j If there is an amount other than ze	,	ling 1; did the organize		•	
reporting section 4911 tax for this	•	,	4720	Г	Yes No
reporting economic to the tax for time		eraging Period Under			
(Some organizations t	hat made a section 50		nave to complete all o	f the five columns be	elow.
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	269,035.	319,031.	324,015.	341,921.	1,254,002.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,881,003.
c Total lobbying expenditures	30,000.	24,000.	21,900.		75,900.
d Grassroots nontaxable amount	67,259.	79,758.	81,004.	85,480.	313,501.
e Grassroots ceiling amount (150% of line 2d, column (e))					470,252.

Schedule C (Form 990 or 990-EZ) 2018

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)).

		1		(k	٠,
4 6	lobbying activity.	Yes	No	Amo	ount
I L	During the year, did the filing organization attempt to influence foreign, national, state, or				
lo	ocal legislation, including any attempt to influence public opinion on a legislative matter				
c	or referendum, through the use of:				
a ∨	/olunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c N	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f G	Grants to other organizations for lobbying purposes?				
_	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h F	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	f "Yes," enter the amount of any tax incurred under section 4912				
c If	f "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	f the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section	, FO1/a\/F\	0r 000	tion	
d II		1 50 1 (0)(5)	, or sec	LIOII	
d If					
d If	501(c)(6).			Yes	N
d II	501(c)(6).		1	Yes	N
d f Part	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?			Yes	No
d	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year? 1 501(c)(5)	2 3 , or sec	tion	
d if	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section	e prior year? n 501(c)(5) No," OR (, or sec b) Part	tion	
1 V 2 C 3 C Part	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."	e prior year? n 501(c)(5) No," OR (, or sec b) Part	tion	
d	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members	e prior year? n 501(c)(5) No," OR (, or sec b) Part	tion	
d	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	e prior year? n 501(c)(5) No," OR (g , or sec b) Part	tion	
d	Mere substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	e prior year? n 501(c)(5) No," OR (or sec b) Part	tion	
d III art 1 V 2 E 3 E art b C c T	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year	prior year? n 501(c)(5) No," OR (2 3, or sec b) Part	tion	
1 V 2 C 3 C 2 S e a C b C c T	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year? n 501(c)(5) No," OR (2 3 , or sec b) Part	tion	No e 3, is
1 V22 C33 C2art 1 C C T C C T C C T C C T C C T C C T C C T C C T C C T C C C T C C C T C	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues In notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year? n 501(c)(5) No," OR (2 3 , or sec b) Part	tion	
1 V 2 C 3 C 2 C T 3 A 4 H 6 C C T 3 A 4 H 6 C C T 3 A 4 H 6 C C T 3 A 4 H 6 C C C T 3 A 4 H 6 C C C C C C C C C C C C C C C C C C	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues for notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expensions.	e prior year? n 501(c)(5) No," OR (2 3 , or sec b) Part	tion	
1 V 22 E 33 E 22 S e a C b C T 33 A	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues for notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedages the organization agree to carryover to the reasonable estimate of nondeductible lobbying and potexpenditure next year?	e prior year? n 501(c)(5) No," OR (2 3, or sec b) Part	tion	
1 V 2 E 3 E 2 S e a C c T 3 A 4 H	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues f notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polescependiture next year? Taxable amount of lobbying and political expenditures (see instructions)	e prior year? n 501(c)(5) No," OR (2 3 , or sec b) Part	tion	
1 V 2 E 3 E 2 S 6 C T 3 A 4 H	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues for nondeductible lobbying and political expenditure of nondeductible lobbying and political expenditure next year? Expenses to report and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Expension and political expenditures (see instructions) IV Supplemental Information	e prior year? n 501(c)(5) No," OR (2 3, or sec b) Part 1 2a 2b 2c 3	tion III-A, line	
1 V 2 C 3 C 2 S 6 C C T 3 A 4 H C C 6 T 7 art 7 rovides	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues f notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polescependiture next year? Taxable amount of lobbying and political expenditures (see instructions)	e prior year? n 501(c)(5) No," OR (2 3, or sec b) Part 1 2a 2b 2c 3	tion III-A, line	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NEW YORK HARBOR FOUNDATION, INC.

Employer identification number 27 - 2918478

Par	rt I Organizations Maintaining Donor Advised Funds or Other Similar	Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		·
	(a) Donor advised funds	6	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in do	onor advised fund	ds
	are the organization's property, subject to the organization's exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant func	ds can be used o	nly
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	purpose conferr	ing
	impermissible private benefit?		
Par	rt II Conservation Easements. Complete if the organization answered "Yes" on Fo	orm 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (e.g., recreation or education)	n of a historically	important land area
	_	n of a certified hi	storic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a co	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C			2c
d	() (
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminat	ted by the organi	zation during the tax
4	Number of states where preparty subject to consequation accompant is located		
4 5	Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, har	ndling of	
3			Yes No
6	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enfor		
Ū	h	oning conservation	Troubornerite during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	conservation ea	sements during the year
-	>\$		somethic daming and year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	ction 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in its revenue and		
	include, if applicable, the text of the footnote to the organization's financial statements that d	lescribes the org	anization's accounting for
	conservation easements.		-
Par	rt III Organizations Maintaining Collections of Art, Historical Treasure	s, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reven	ue statement an	d balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in	n furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.		
b	, ,		
	treasures, or other similar assets held for public exhibition, education, or research in furtheral	nce of public ser	vice, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar assets for		orovide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these it		
а	, , , , , , , , , , , , , , , , , , , ,		
	,		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2018

Pai	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other	Similar	Assets	Conti	nued) ()
3	Using the organization's acquisition, accession								,		
	(check all that apply):	,	•	,	Ü	J					
а	Public exhibition	d		I oan or exc	hange progra	ms					
b	Scholarly research	e			nango progra						
c	Preservation for future generations	J									
4	Provide a description of the organization's co	allections and explain	how th	ev further th	ne organizatio	n's evem	nt nurnasi	a in Part	XIII		
5	During the year, did the organization solicit or							Jiiii ait	XIII.		
3	to be sold to raise funds rather than to be ma								Yes	Г	No
Pai	t IV Escrow and Custodial Arrang										140
	reported an amount on Form 990, Par		oto ii tiio	organizatio	ii answered	103 0111	01111 000,	i aitiv,	iii ic 5, 6i		
	Is the organization an agent, trustee, custodia		iary for o	contributions	s or other ass	ets not in	cluded				
	on Form 990, Part X?		•						Yes	Г	No
h	If "Yes," explain the arrangement in Part XIII								_ 100	_	
	ii 163, explain the arrangement iii art xiii a	and complete the for	lowing to	abic.					Amoun	+	
_	Reginning balance						1c		Amoun		
	Additions during the year						1d				
	Additions during the year										
_	Distributions during the year						1e				
t O-	Ending balance								7		<u> </u>
	Did the organization include an amount on Fo						y?		Yes	F	No
Pai	If "Yes," explain the arrangement in Part XIII. T V Endowment Funds. Complete in										
	Zindowii one i dinasi Complete i							oro book	(a) Four	r 1/00	ro book
4.	De sincia se of consultation of	(a) Current year	(0) P	rior year	(c) Two year	S DACK (d) Three ye	ais Dack	(e) F0u	i yeai	IS DACK
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	g, column (a))) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	tion that	t are held ar	nd administere	ed for the	organizat	ion			
	by:	-					-			Yes	s No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	see Form 990,	Part X, li	ne 10.				
	Description of property	(a) Cost or o			or other		cumulated	4	(d) Boo	k va	lue
	3. 6. 6. 6. 6. 6	basis (investr			(other)	. ,	reciation		(, 250		
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				505,879.		173,2	73.		332	2,606.
	Other				,		•				<u>·</u>
	. Add lines 1a through 1e. (Column (d) must e	*	X colum	n (R) line 1	Oc.)					332	2,606.
	i Column idi must e	gaari omi oou, i all.	coluit	<u>, , , , , , , , , , , , , , , , , ,</u>	·····			chedule	D (Forr		

	Complete if the organization answered "Vec" of	n Earm aan Dart IV lin	11h Soo Earm 000 Dart V I	
(a) Descrip	Complete if the organization answered "Yes" on the of security or category (including name of security)	(b) Book value	-	n: Cost or end-of-year market value
		(2) = 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(-,	······································
	al derivatives -held equity interests			
Other	Tiola against interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.			
	Complete if the organization answered "Yes" o	n Form 990. Part IV. lin	e 11c. See Form 990. Part X. I	ine 13.
	(a) Description of investment	(b) Book value		n: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			1	
(7) (8) (9)				
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
(8) (9)	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 11d. See Form 990, Part X, I	line 15.
(8) (9) tal. (Col. (Other Assets. Complete if the organization answered "Yes" or	n Form 990, Part IV, lin Description	e 11d. See Form 990, Part X, I	line 15. (b) Book value
(8) (9) tal. (Col. (Other Assets. Complete if the organization answered "Yes" or		e 11d. See Form 990, Part X, I	
(8) (9) tal. (Col. (Other Assets. Complete if the organization answered "Yes" or		e 11d. See Form 990, Part X, I	
(8) (9) tal. (Col.	Other Assets. Complete if the organization answered "Yes" or		e 11d. See Form 990, Part X, I	
(8) (9) tal. (Col. (Part IX)	Other Assets. Complete if the organization answered "Yes" or		e 11d. See Form 990, Part X, I	
(8) (9) tal. (Col.	Other Assets. Complete if the organization answered "Yes" or		e 11d. See Form 990, Part X, I	
(8) (9) tal. (Col. (Part IX) (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" or		e 11d. See Form 990, Part X, I	1
(8) (9) tal. (Col. (Part IX) (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" or		e 11d. See Form 990, Part X, I	
(8) (9) tal. (Col. (Part IX) (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" or		e 11d. See Form 990, Part X, I	
(8) (9) tal. (Col. (Part IX) (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" or		e 11d. See Form 990, Part X, I	1
(8) (9) tal. (Col. (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" of (a) E (a) E (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description 15.)		(b) Book value
(8) (9) tal. (Col. (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" of (a) E Imm (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of	Description 15.)	e 11e or 11f. See Form 990, P	(b) Book value
(8) (9) tal. (Col. (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu)	Other Assets. Complete if the organization answered "Yes" of (a) Example 1. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 3. (a) Description of liability	Description 15.)		(b) Book value
(8) (9) tal. (Col. (Co	Other Assets. Complete if the organization answered "Yes" of (a) E Imm (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of	Description 15.)	e 11e or 11f. See Form 990, P	(b) Book value
(8) (9) (al. (Col.	Other Assets. Complete if the organization answered "Yes" of (a) Example 1. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 3. (a) Description of liability	Description 15.)	e 11e or 11f. See Form 990, P	(b) Book value
(8) (9) tal. (Col. (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Columnation X) (1) Fed (2) (3)	Other Assets. Complete if the organization answered "Yes" of (a) Example 1. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 3. (a) Description of liability	Description 15.)	e 11e or 11f. See Form 990, P	(b) Book value
(8) (9) tal. (Col. (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Columnation X) (1) Feed (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" of (a) Example 1. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 3. (a) Description of liability	Description 15.)	e 11e or 11f. See Form 990, P	(b) Book value
(8) (9) tal. (Col. (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Columnation	Other Assets. Complete if the organization answered "Yes" of (a) Example 1. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 3. (a) Description of liability	Description 15.)	e 11e or 11f. See Form 990, P	(b) Book value
(8) (9) tal. (Col. (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Columnation X) (1) Feed (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" of (a) Example 1. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 3. (a) Description of liability	Description 15.)	e 11e or 11f. See Form 990, P	(b) Book value
(8) (9) tal. (Col. (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X (1) Fed (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" of (a) Example 1. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 3. (a) Description of liability	Description 15.)	e 11e or 11f. See Form 990, P	(b) Book value
(8) (9) tal. (Col. (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X (1) Fed (2) (3) (4) (5) (6) (7) (8) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" of (a) Example 1. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 3. (a) Description of liability	Description 15.)	e 11e or 11f. See Form 990, P	(b) Book value
(8) (9) tal. (Col.	Other Assets. Complete if the organization answered "Yes" of (a) Example 1. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 3. (a) Description of liability	Description 15.)	e 11e or 11f. See Form 990, P	(b) Book value

832053 10-29-18

Schedule D (Form 990) 2018

27-2918478

Par	t XI Reconciliation of Revenue per Audited Financial Sta		evenue per Re	turn.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, lin			1	3,495,271.
1 2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:				3,433,271.
	Net unrealized gains (losses) on investments	2a	579.		
a b	Donated services and use of facilities		3,73.		
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)			•	
e	Add lines 2a through 2d			2e	579.
3	Subtract line 2e from line 1			3	3,494,692.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				, , .
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	765.		
b	Other (Describe in Part XIII.)		25,000.		
	Add lines 4a and 4b		,	4c	25,765.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			5	3,520,457.
	t XII Reconciliation of Expenses per Audited Financial Sta	atements With E	xpenses per F		, ,
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1				1	3,812,663.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	3,812,663.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	765.		
b	Other (Describe in Part XIII.)	4b	25,000.		
С	Add lines 4a and 4b			4c	25,765.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 TXIII Supplemental Information.	8.)		5	3,838,428.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b.	· ·		; Part X, lir	ne 2; Part XI,
PART	XI, LINE 4B - OTHER ADJUSTMENTS:				
GROS	S-UP OF FUNDRAISING	25,000.			
PART	XII, LINE 4B - OTHER ADJUSTMENTS:				
FUND	RAISING EXPENSES	25,000.			

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

NEW YORK H	ARBOR FOUNDATION, INC.				27-291847	8
Part I Fundraising Activities. required to complete this par	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written or 	sed funds through any of the followin e X Solicitat f X Solicitat g X Special or oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-govern govern ising of ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(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
EMERSON EVENTS & MARKETING -		Yes	No			
3000 WEST FLORISSANT AVENUE,	FUNDRAISER		Х	203,298.	25,000.	178,298.
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit c	contrib	▶ utions	203,298. or has been notified	25,000. it is exempt from rea	178,298. gistration
NY						
NY						

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

Schedule G (Form 990 or 990-EZ) 2018

SEE PART IV FOR CONTINUATIONS

Pa	rt I					
		of fundraising event contributions and gr	oss income on Form 990 (a) Event #1	-EZ, lines 1 and 6b. List 6 (b) Event #2	(c) Other events	s greater than \$5,000.
			1 ' '	HARBOR SCHOOL	(C) Other events	(d) Total events
			BILLION OYSTER		a.	(add col. (a) through
			PARTY	DINNER	1	col. (c))
e			(event type)	(event type)	(total number)	, "
Revenue	1	Gross receipts	435,035.	203,298.	28,477.	666,810.
	2	Less: Contributions	60,850.	44,250.	11,110.	116,210.
	3	Gross income (line 1 minus line 2)	374,185.	159,048.	17,367.	550,600.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		139,299.	1,811.	225,137.
	10	Direct expense summary. Add lines 4 through			, , <u>, , , , , , , , , , , , , , , , , </u>	225,137.
		Net income summary. Subtract line 10 from I				325,463.
Pa	rt I	II Gaming. Complete if the organization				,
		\$15,000 on Form 990-EZ, line 6a.	anowered 165 official	1000, 1 41114, 1110 10, 011	oported more than	
		ψ.ο,οοο σ σ σοο <u>22,</u> σ σα.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
e e						
ĕ	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect Ex	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)		>	
		ter the state(s) in which the organization condu he organization licensed to conduct gaming a				Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re				Yes No
_		•				
	_					

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable garning?	nership or other entity formed Yes No 13a % 13b % /special events books and records: receives gaming revenue? Yes No and the amount
table organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes	nership or other entity formed Yes No 13a % 13b % /special events books and records: receives gaming revenue? Yes No and the amount
to administer charitable gaming?	Tyes No 13a % 13b % 13b % /special events books and records: In receives gaming revenue? Yes No and the amount
13 Indicate the percentage of gaming activity conducted in: a The organization's facility 15 An outside facility 15 An outside facility 15 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	13a % 13b % /special events books and records: In receives gaming revenue? Yes No and the amount
a The organization's facility	/special events books and records: n receives gaming revenue? Yes No and the amount
b An outside facility	/special events books and records: n receives gaming revenue? Yes No and the amount
Name Address Address	n receives gaming revenue? Yes No and the amount
Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	n receives gaming revenue? Yes No
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	n receives gaming revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party: C If "Yes," enter name and address of the third party: Name ▶	and the amount
of gaming revenue retained by the third party ▶ \$	
c if "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	
Address Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor	
Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	
Director/officer	
Director/officer	
Director/officer	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ontractor
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10i 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ue gaming proceeds to
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10i 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10l 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	overtible enganizations of opone in the
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
	art I. line 2b. columns (iii) and (v): and Part III. lines 9, 9b, 10b
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:	
	on. See instructions.
(I) NAME OF FUNDRAISER: EMERSON EVENTS & MARKETING	on. See instructions.
(I) ADDRESS OF FUNDRAISER:	on. See instructions.
	on. See instructions.
8000 WEST FLORISSANT AVENUE, PO BOX 4100, ST. LOUIS, MO 63136	on. See instructions.
	on. See instructions.
	on. See instructions.
	on. See instructions.

Schedule 6	G (Form 990 or 990-EZ)	NEW YORK HARBOR FOUNDATION,	INC.	27-2918478	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)			
		,			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, 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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Schedule I (Form 990) (2018)

Name of the organization							Employer identification number	
NEW YORK HARB	OR FOUNDATION,	INC.					27-2918478	
Part I General Information on Grants a	ınd Assistance							
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection		
criteria used to award the grants or assi	stance?						X Yes No	
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	States.				
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any								
recipient that received more than	\$5,000. Part II can		onal space is neede		(c) Mathemal of	T		
Name and address of organization or government	(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	
NYC DEPARTMENT OF EDU NY HARBOR								
SCHOOL - 52 CHAMBERS STREET - NEW								
YORK, NY 10007			70,000.	0.	FMV		PROGRAMS	
2 Enter total number of section 501(c)(3) a	I Ind government ord	L ganizations listed in the	e line 1 table	<u> </u>			1.	
3 Enter total number of other organization	-							

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

(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 noncash assistance
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, columr	i (b); and any other ac	l dditional information.	
ART I, LINE 2:					
OR DONATIONS TO NYCDOE FOR THE BENEFIT OF NEW Y	ORK HARBOR SCHO	OOL, OUR			
LOSE RELATIONSHIP WITH HARBOR SCHOOL, OUR OFFIC	ES ARE IN THEIR	BUILDING,			
OUR STAFF WORKS IN THEIR PROGRAMS, ALLOWS US TO					
PROGRAMS THAT WE SUPPORT. AS A RESULT, WE HAVE M					
·					
ROGRAMS THAN AN ORDINARY THIRD PARTY FUNDER THA	T RECEIVES WRIT	TEN REPORTS			
NCE A YEAR. IN ADDITION, THE HARBOR SCHOOL PRIN	ICIPAL MEETS WIT	H FOUNDATION			
EADERSHIP ON A REGULAR BASIS AND REPORTS INFORM	IALLY ON THE PRO	GRESS OF THE			
UPPORTED PROGRAMS.					

332291

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

ZU 18

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

NEW YORK HARBOR FOUNDATION, INC.

Employer identification number 27-2918478

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			l
	Travel for companions Payments for business use of personal residence			l
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			l
				l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			l
	establish compensation of the CEO/Executive Director, but explain in Part III.			l
	Compensation committee Written employment contract			l
	Independent compensation consultant Compensation survey or study			l
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) PETER MALINOWSKI	(i)	143,623.	0.	0.	0.	38,659.	182,282.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							1 1/5 200) 2010

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Types of Property

Part I

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization Employer identification number NEW YORK HARBOR FOUNDATION, INC. 27-2918478

		Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of de noncash contribu	etermin	•	S
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	Х	2	9,475.	FMV			
7	Boats and planes	Х	1	6,000.	FMV			
8	Intellectual property							
9	Securities - Publicly traded	Х	4	175,247.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	83, Part IV, D	Oonee Acknowledg	jement 29				
	5						Yes	No
30a	During the year, did the organization receive by			· · · · · · · · · · · · · · · · · · ·				
	must hold for at least three years from the date							v
	exempt purposes for the entire holding period?	<i>?</i>				30a		Х
	If "Yes," describe the arrangement in Part II.	aclicy that ::-	auiroo the review :	of any panatandard agately	iono?	0.4		х
31 22 -	Does the organization have a gift acceptance p				ions?	31		
32a	Does the organization hire or use third parties of contributions?	,	5	, ,		32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							
	E D				0	- /-	000	

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

Schedule M (Form 990) 2018

832142 10-18-18 Schedule M (Form 990) 2018

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2018 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** 27-2918478 NEW YORK HARBOR FOUNDATION, INC. PART III - LINE 4A THE FOUNDATION LED THE BILLION OYSTER PROJECT WHICH 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, 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. URBAN ASSEMBLY NEW YORK HARBOR SCHOOL, A PUBLIC HIGH SCHOOL ON GOVERNORS ISLAND IN NEW YORK CITY. BY MAKING CONTRIBUTIONS TO SUPPORT HARBOR 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 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.

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

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization NEW YORK HARBOR FOUNDATION, INC.		Employer identification number 27-2918478
THE FORM 990 WILL BE REVIEWED BY THE AUDIT COMMITTEE AND	O FULL BOARD PRIOR	
TO FILING WITH THE INTERNAL REVENUE SERVICE.		
FORM 990, PART VI, SECTION B, LINE 12C:		
$\begin{tabular}{llllllllllll} \hline \end{tabular} THE FOUNDATION ANNUALLY REVIEWS AND MONITORS COMPLIANCE \\ \hline \\ \hline \\ \end{tabular}$	WITH ITS CONFLICT	
OF INTEREST POLICY TO ENSURE COMPLIANCE.		
FORM 990, PART VI, SECTION B, LINE 15A:		
THE EXECUTIVE DIRECTOR'S ANNUAL SALARY IS REVIEWED AND	APPROVED BY THE	
BOARD OF DIRECTORS.		
FORM 990, PART VI, SECTION C, LINE 19:		
THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERIOR	EST POLICY, AND	
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON RE	EQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:		
CONTRACT SERVICES:		
PROGRAM SERVICE EXPENSES	305,061.	
MANAGEMENT AND GENERAL EXPENSES	6,161.	
FUNDRAISING EXPENSES	62,837.	
TOTAL EXPENSES	374,059.	
CONSULTING:		
PROGRAM SERVICE EXPENSES	23,304.	
MANAGEMENT AND GENERAL EXPENSES	7,030.	
FUNDRAISING EXPENSES	3,219.	
TOTAL EXPENSES	33,553.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	407,612.	shadula O /Farm 900 oz 900 E7) /0040)
832212 10-10-18	4.6	chedule O (Form 990 or 990-EZ) (2018)

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 27-2918478 NEW YORK HARBOR FOUNDATION, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filina vour 10 SOUTH STREET, SLIP 7 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10004 Enter the Return Code for the return that this application is for (file a separate application for each return) 1 Return **Application Application** Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 05 11 Form 990-T (trust other than above) 06 Form 8870 12 SEAN BERRY The books are in the care of > 80 BROAD STREET - NEW YORK, NY 10004 Telephone No. ▶ 212-458-0800 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and EINs of all members the extension is for. MAY 15, 2020 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or , and ending JUN 30, 2019 ► X tax year beginning __JUL 1, 2018

	Change in accounting period		
За	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less		
	any nonrefundable credits. See instructions.	3a	\$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0.
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by		
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3с	\$ 0.

Initial return

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

If the tax year entered in line 1 is for less than 12 months, check reason:

Form 8868 (Rev. 1-2019)

Final return

EXTENDED TO MAY 15, 2020

Form 990-T	Exempt Organization Business Income Tax Return							(OMB No. 1545-0687
		•	nd proxy tax unde		•				0040
	For ca	lendar year 2018 or other tax yea			, and endir			_ ·	ZU 18
Department of the Treasury Internal Revenue Service	•	► Go to www Do not enter SSN numbe	irs.gov/Form990T for in: rs on this form as it may				ion is a 501(c)(3).	501	n to Public Inspection for c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name ch	nanged	and see instructi	ons.)			identification number es' trust, see ns.)
B Exempt under section	Print NEW YORK HARBOR FOUNDATION, INC.								-2918478
X 501(c)(3)	Type I Number, Street, and room of suite no. If a P.O. box, see instructions.							E Unrelated (See instru	business activity code uctions.)
408(e) 220(e)	Type	10 SOUTH STREET,	SLIP 7						
408A 530(a) 529(a)		City or town, state or prov NEW YORK, NY 100		foreign	postal code				
C Book value of all assets at end of year		F Group exemption numb		<u> </u>					
2,030,		G Check organization type			501(0) trust	401(a)	trust	Other trust
H Enter the number of the o	-	tion's unrelated trades or b	usinesses.	1			ne only (or first) uni		
trade or business here						-	omplete Parts I-V. I		in one,
		ce at the end of the previou	us sentence, complete Pai	rts I and	l II, complete a S	Schedule N	A for each additiona	I trade or	
business, then complete			.ff:1:-1d	4	dia	0		V	X No
		ooration a subsidiary in an a tifying number of the paren		t-subsit	alary controlled (group?		Yes	X No
J The books are in care of			t corporation.			Telenhoi	ne number 🕨 21	2-458-	0800
Part I Unrelated			ome		(A) Incom		(B) Expenses		(C) Net
1a Gross receipts or sale	!S						` , .		· · ·
b Less returns and allow			c Balance	1c					
2 Cost of goods sold (S	chedule	A, line 7)		2					
3 Gross profit. Subtract				3					
4a Capital gain net incom	ne (attac	h Schedule D)		4a					
		art II, line 17) (attach Form		4b					
c Capital loss deduction	for trus	sts		4c		_			
		ship or an S corporation (at		5					
6 Rent income (Schedu	, .			6					
		ne (Schedule E)		7					
		nd rents from a controlled of		8					
		on 501(c)(7), (9), or (17) or		9					
		me (Schedule I)		10					
		; J)		11		_			
12 Other income (See ins	struction	ns; attach schedule)		12		0.			
13 Total. Combine lines Part II Deductio	3 throu	_{gh 12} ot Taken Elsewher	• (See instructions fo	13	tions on doduc	otions)			
		utions, deductions must					ncome.)		
14 Compensation of off	icers di	rectors, and trustees (Sche	dule K)				,	14	
								15	
								16	
								17	
		ee instructions)						18	
								19	
20 Charitable contribution	ons (Se	e instructions for limitation	rules)					20	
		562)							
		Schedule A and elsewhere						22b	
23 Depletion								23	
24 Contributions to defe	erred co	mpensation plans						24	
25 Employee benefit pro	ograms							25	
26 Excess exempt expend	nses (So	chedule I)						26	
		hedule J)						27	
		nedule)						28	
		14 through 28						29	0.
		ncome before net operating loss arising in tax years bed				2001		30	0.
31 Deduction for net on	eratino i	uss ausiun in tax Vears bed	nomina on or after Januar	v 1 20)	to usee instructio	11151		31	

Form **990-T** (2018

Part I	II 7	otal Unrelated Business Taxab	le Income							
33	Total	of unrelated business taxable income compute	d from all unrelated trades or b	usinesses (see instru	ctions)	- 1	33		0.
34								34		
35		ction for net operating loss arising in tax years	beginning before January 1, 20)18 (see inst	tructions)		_	35		
36		of unrelated business taxable income before sp								
		33 and 34						36		
37							_	37	1.	000.
38	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,									
00	enter the smaller of zero or line 36									0.
Part I		ax Computation						38		
39		nizations Taxable as Corporations. Multiply li	ne 38 hv 21% (0.21)				\	39		0.
40		s Taxable at Trust Rates. See instructions for								
10			m 1041)					40		
41		tax. See instructions						41		
42	Altern	ative minimum tax (trusts only)				······································	_	42		
43	Taxo	n Noncompliant Facility Income. See instruct	ions					43		
44	Total.	Add lines 41, 42, and 43 to line 39 or 40, which	chever applies				.	44		0.
Part \	/ 1	Tax and Payments								
	_	ın tax credit (corporations attach Form 1118; t	rusts attach Form 1116)		45a					
b		• •			•					
C										
d	Credit	for prior year minimum tax (attach Form 880			-					
_		credits. Add lines 45a through 45d					4	5e		
46	Subtra	act line 45e from line 44						46		0.
47	Other	taxes. Check if from: Form 4255	Form 8611 Form 8697	Form 8	8866	Other (attach schedule		47		
48		tax. Add lines 46 and 47 (see instructions)					_	48		0.
49		net 965 tax liability paid from Form 965-A or F						49		0.
		ents: A 2017 overpayment credited to 2018				67				
		estimated tax payments				6,45	5.			
		eposited with Form 8868				,				
d	Foreig	n organizations: Tax paid or withheld at sourc	e (see instructions)		50d					
		p withholding (see instructions)								
		for small employer health insurance premium								
			rm 2439		. 331					
9			her	Total •	► 50g					
51		payments. Add lines 50a through 50g			,		٠,	51	7.	134.
52		ated tax penalty (see instructions). Check if Fo					١,	52		
53		ue. If line 51 is less than the total of lines 48,						53		
54		payment. If line 51 is larger than the total of lin						54	7,	134.
55		the amount of line 54 you want: Credited to 2				Refunded		55		134.
Part \		Statements Regarding Certain A		nformati	on (se			<u>; </u>		
56	At anv	time during the 2018 calendar year, did the o	rganization have an interest in c	or a signatur	re or other	authority			Yes	No
	-	a financial account (bank, securities, or other) i	-	-						
		N Form 114, Report of Foreign Bank and Finan		-	-					
	here		,		3	,				х
57		g the tax year, did the organization receive a di	stribution from, or was it the gr	antor of, or	transferor	to, a foreign trust?				х
		s," see instructions for other forms the organize	· · · · · · · · · · · · · · · · · · ·			,				
58		the amount of tax-exempt interest received or	•	\$						
		der penalties of perjury, I declare that I have examined t					wledge	and belief, it is tru	ie,	
Sign	COI	rrect, and complete. Declaration of preparer (other than	taxpayer) is based on all information of	of which prepa	rer has any	knowledge.		100 11 111		
Here							-	he IRS discuss thi eparer shown belo		/ith
		Signature of officer	Date Tit	le				ctions)? X Y		No
		Print/Type preparer's name	Preparer's signature	Tr	Date	Check	if	PTIN		
Paid		. 31 1 1				self- employ				
Prepa	rer	JAMES J. REILLY	JAMES J. REN.	LY 1	3/23/20			P0018376	9	
Use C		Firm's name ► CONDON O'MEARA MCG	INTY & DONNELLY LLP	<i>y</i> 1		Firm's EIN	<u> </u>	13-3628	255	
USE C	riny	ONE BATTERY PAR								
Firm's address ► NEW YORK, NY 10004 Phone no. 212-661-7777										

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	r's identifying	number
Type or	Name of exempt organization or other filer, see ins	structions.		Employer	identification	number (EIN) or
print						
File by the	NEW YORK HARBOR FOUNDATION, INC.				27-29184	178
due date for filing your	Number, street, and room or suite no. If a P.O. box	x, see instruct	ions.	Social se	curity number	(SSN)
return. See	10 SOUTH STREET, SLIP 7	- f				
instructions.	City, town or post office, state, and ZIP code. For NEW YORK, NY 10004	a foreign addi	ress, see instructions.			
Enter the	Return Code for the return that this application is for	(file a separat	te application for each return)			0 7
Applicati	ion	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individua	ıl)		09
Form 990)-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	0-T (trust other than above)	06	Form 8870			12
	ooks are in the care of ▶ 80 BROAD STREET - none No. ▶ 212-458-0800	NEW YORK,	NY 10004 Fax No. ▶			
Teleph If the c If this box If this box I re the	pronone No. 212-458-0800 progranization does not have an office or place of busing is for a Group Return, enter the organization's four digneral strains. If it is for part of the group, check this box quest an automatic 6-month extension of time untiles organization named above. The extension is for the organization group or	ess in the Unigit Group Exe and atta MAY 1 organization's	Fax No. ited States, check this box mption Number (GEN) ch a list with the names and EINs 5, 2020 , to return for: d ending JUN 30, 2019	If this is for of all membe	the whole grooters the extension the extension of the ext	oup, check this on is for.
Teleph If the c If this box 1	properties a substitution of the group of the group of the group of the group, check this box capanization named above. The extension is for the group of the gro	may 1 proganization's , and ,	Fax No. ited States, check this box	If this is for	the whole grooters the extension the extension of the ext	oup, check this on is for.
Teleph If the c If this box I I re the If the c If this box I I re the I I re I I I re I I I re I I	propanization does not have an office or place of busing is for a Group Return, enter the organization's four digneral strains of the group, check this box. If it is for part of the g	may 1 proganization's , and, and, and, and, and, and, and, and	Fax No. ited States, check this box mption Number (GEN) ch a list with the names and EINs 5, 2020 , to return for: d ending JUN 30, 2019 on: Initial return enter the tentative tax, less refundable credits and	If this is for sof all member file the exem	the whole groes the extension pt organization .	oup, check this on is for. n return for 4,100.
Teleph If the control of the contro	propanization does not have an office or place of busing is for a Group Return, enter the organization's four diginal of the group, check this box. If it is for part of the group, che	may 1 proganization's , and s, check reaso (20, or 6069, e) (2069, enter any erpayment all	Fax No. ited States, check this box	If this is for sof all member file the exem	the whole groots the extension the extension of the exten	oup, check this on is for. n return for
Teleph If the control in the contro	propanization does not have an office or place of busing is for a Group Return, enter the organization's four digneral strains of the group, check this box. If it is for part of the g	may 1 organization's , an , an , check reaso , and etcal , and etcal , an	Fax No. ited States, check this box mption Number (GEN) ch a list with the names and EINs 5, 2020 , to return for: d ending JUN 30, 2019 on: Initial return enter the tentative tax, less refundable credits and owed as a credit. In this form, if required, by	If this is for sof all member file the exem	the whole groes the extension pt organization .	oup, check this on is for. n return for 4,100.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2019)

instructions.

Financial Statements and Supplementary Information For the Years Ended June 30, 2019 and June 30, 2018

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CONDON O'MEARA MCGINTY & DONNELLY LLP

Certified Public Accountants

One Battery Park Plaza New York, NY 10004-1405 Tel: (212) 661 - 7777 Fax: (212) 661 - 4010

Independent Auditor's Report

To the Board of Directors of New York Harbor Foundation, Inc. d/b/a Billion Oyster Project

Report on the Financial Statements

We have audited the accompanying financial statements of New York Harbor Foundation, Inc. d/b/a Billion Oyster Project ("BOP") which comprise the statements of financial position as of June 30, 2019 and June 30, 2018 and the related statements of activities, functional expenses and cash flows for the years then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of BOP as of June 30, 2019 and June 30, 2018 and the results of its activities and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Our audit for the year ended June 30, 2019 was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated December 9, 2019 on our consideration of BOP's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of BOP's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering BOP's internal control over financial reporting and compliance.

Condon O'Meura McGinty + Donnelly LLP

Statements of Financial Position

Assets

	June 30		
	2019	2018	
Current assets			
Cash	\$ 619,794	\$ 411,410	
Investments, at fair value	28,791	29,765	
Grants, contracts and contributions receivable, current	070 410	1.060.750	
portion	873,410	1,069,758	
Prepaid expenses and other assets	37,886	<u>58,661</u>	
Total current assets	1,559,881	1,569,594	
Grants, contracts and contributions receivable,			
net of current portion	137,698	425,395	
Property and equipment, net	332,606	383,837	
Total assets	<u>\$2,030,185</u>	<u>\$2,378,826</u>	
Liabilities and Net Assets			
Current liabilities			
Accounts payable and accrued expenses	\$ 81,033	\$ 223,318	
Unearned revenue	176,929	65,893	
Total current liabilities	257,962	289,211	
Net assets			
Without donor restrictions	856,604	806,265	
With donor restrictions	915,619	1,283,350	
Total net assets	1,772,223	2,089,615	
Total liabilities and net assets	\$2,030,185	\$2,378,826	

Statements of Activities For the Years Ended June 30, 2019 and June 30, 2018

	2019			2018		
	Without Donor Restrictions	With Donor <u>Restrictions</u>	Total	Without Donor Restrictions	With Donor Restrictions	Total
Public support and revenue						
Grants, contracts and contributions	\$ 2,670,283	\$ 355,200	\$3,025,483	\$2,275,449	\$ 301,156	\$2,576,605
Special events, net of direct expenses						
of \$224,806 in 2019 and \$190,311						
in 2018	441,673	-	441,673	351,342	-	351,342
Program service fees	4,050	-	4,050	17,920	-	17,920
In-kind contributions	15,475	-	15,475	42,500	-	42,500
Net investment return	(251)	-	(251)	3,691	-	3,691
Other	8,841	-	8,841	24,025	-	24,025
Net assets released from restrictions	722,931	<u>(722,931</u>)		<u>707,941</u>	(707,941)	
Total public support and revenue	3,863,002	(367,731)	3,495,271	3,422,868	<u>(406,785</u>)	3,016,083
Expenses						
Program services	2,717,416	-	2,717,416	2,619,324	-	2,619,324
Management and general	545,729	-	545,729	408,762	-	408,762
Development	549,518		549,518	386,080		386,080
Total expenses	3,812,663		3,812,663	3,414,166		3,414,166
Increase (decrease) in net assets	50,339	(367,731)	(317,392)	8,702	(406,785)	(398,083)
Net assets, beginning of year	806,265	1,283,350	2,089,615	797,563	1,690,135	2,487,698
Net assets, end of year	<u>\$ 856,604</u>	<u>\$ 915,619</u>	<u>\$1,772,223</u>	<u>\$ 806,265</u>	<u>\$1,283,350</u>	<u>\$2,089,615</u>

See notes to financial statements.

Statements of Functional Expenses For the Years Ended June 30, 2019 and June 30, 2018

		2019			2018				
		Supporting Activities			Supporting Activities				
		Management	t		Management				
	Program Services	and General	Development	<u>Total</u>	Program Services	and General	Development	Total	
Salaries	\$1,391,102	\$ 232,179	\$ 348,740	\$1,972,021	\$1,296,924	\$ 167,606	\$ 266,035	\$1,730,565	
Payroll taxes and employee benefits	365,098	82,612	107,236	554,946	351,712	48,451	71,497	471,660	
Contract services and professional fees	374,345	112,930	51,716	538,991	386,820	105,040	19,207	511,067	
Program supplies	186,229	-	-	186,229	259,337	-	-	259,337	
Program equipment	63,003	-	-	63,003	34,050	-	-	34,050	
Grantmaking	70,000	-	-	70,000	65,175	-	-	65,175	
Scholarships and internships	-	-	-		3,000	-	-	3,000	
Supplies	1,795	11,329	779	13,903	292	7,089	51	7,432	
Automobile	96	10,059	-	10,155	302	131	-	433	
Printing, copying and mailing	10,863	368	8,781	20,012	6,112	1,768	3,355	11,235	
Travel and meals	60,415	4,437	9,905	74,757	63,766	8,525	4,200	76,491	
Insurance	36,661	19,677	-	56,338	42,792	18,896	182	61,870	
Facilities and equipment rental	62,064	2,450	-	64,514	41,931	-	11,200	53,131	
Marine fuel	7,803	-	-	7,803	7,227	-	-	7,227	
Bank fees	-	6,801	9,637	16,438	-	4,641	4,336	8,977	
Depreciation	25,331	21,900	-	47,231	20,965	21,900	-	42,865	
Other	62,611	40,987	12,724	116,322	38,919	24,715	6,017	69,651	
Total	\$2,717,416	<u>\$ 545,729</u>	<u>\$ 549,518</u>	<u>\$3,812,663</u>	<u>\$2,619,324</u>	\$ 408,762	<u>\$ 386,080</u>	<u>\$3,414,166</u>	

See notes to financial statements.

Statements of Cash Flows

	For Year Ended June 30		
	2019	2018	
Cash flows from operating activities			
(Decrease) in net assets	\$ (317,392)	\$ (398,083)	
Adjustments to reconcile (decrease) in net assets to net			
increase (decrease) in cash			
Depreciation	47,231	42,865	
Donated boat	(6,000)	(42,500)	
Write-off of equipment	10,000	17,025	
Donated stock	(175,247)	(195,833)	
Proceeds from sale of donated stock	175,128	197,406	
Net realized and unrealized (gains) loss on			
investments	1,093	(3,515)	
Decrease in assets			
Grants, contracts and contributions receivable	484,045	380,812	
Prepaid expenses and other assets	20,775	19,331	
Increase (decrease) in liabilities			
Accounts payable and accrued expenses	(142,285)	(126,966)	
Unearned revenue	111,036	28,554	
Net increase (decrease) in cash	208,384	(80,904)	
Cash, beginning of year	411,410	492,314	
Cash, end of year	\$ 619,794	<u>\$ 411,410</u>	

Notes to Financial Statements June 30, 2019 and June 30, 2018

Note 1 – Nature of organization

The New York Harbor Foundation, Inc. d/b/a Billion Oyster Project ("BOP") is a non-profit organization. BOP conducts research, information outreach activities and designing and running services to improve the quality of the Harbor. BOP's mission is to restore oyster reefs to New York Harbor through public education initiatives.

Note 2 – Summary of significant accounting policies

Net assets

BOP reports information regarding its financial position and activities in two classes of net assets as follows:

- Net assets without donor restrictions, which consist of amounts that can be spent at the discretion of BOP; and
- Net assets with donor restrictions, which consist of grants, contracts and contributions that are either restricted by the donor for a specific purpose or relate to future periods.

Funding

BOP derives its revenue primarily from grants, cost reimbursement contracts and contributions from individuals, corporations and foundations.

Funding contracts and grants are often subject to audit by the applicable granting agencies. The possible disallowances by the granting agencies of any item charged to the program cannot be determined until such time when and if an audit occurs. Therefore, no provision for any potential disallowances that may result from such audits has been made in the accompanying financial statements. Management is of the opinion that any potential disallowances will not be material to the accompanying financial statements.

Grants and contributions

BOP records grants and contributions as revenue without donor restrictions unless the donor restricts the grants and contribution for a specific purpose or future periods. Grants and contributions received with donor stipulations that limit the use of the donated assets are reported as donor restricted support. When a donor stipulation regarding a restricted asset expires, i.e., when a stipulated time restriction ends or the purpose for the restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions.

Notes to Financial Statements (continued) June 30, 2019 and June 30, 2018

Note 2 – Summary of significant accounting policies (continued)

Cash equivalents

BOP considers all highly liquid investments with an original maturity of 90 days or less to be cash equivalents. As of June 30, 2019 and June 30, 2018, BOP did not have any cash equivalents.

Investments

BOP's investments are recorded at fair value. The value of BOP's investments has been determined by using publicly reported market quotes. Net realized gains or (losses) on the sale of investments are determined using the first-in, first-out method and along with the net unrealized gain or (loss) on investments, are recorded in the statements of activities as part of investment return.

Fair value measurements

Fair value refers to the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. The fair value hierarchy gives the highest priority to quoted prices in active markets and the lowest priority to unobservable data. Fair value measurements are required to be separately disclosed by level within the fair value hierarchy. At June 30, 2019 and June 30, 2018, BOP's investments are deemed to be Level 1 as their fair value is measured using quoted prices in active markets.

Grants, contracts and contributions receivable

Grants, contracts and contributions, including unconditional promises to give, are recognized as revenue in the period received and when any conditions on which they depend have been substantially met.

Bequests are recorded as revenue when a legally binding obligation is received and when a fair value can be determined.

Allowance for doubtful accounts

BOP deems all receivables to be collectible and, accordingly, an allowance for doubtful accounts is not necessary. Such estimate is based on management's experience, the aging of the receivables, subsequent receipts and current economic conditions.

Notes to Financial Statements (continued) June 30, 2019 and June 30, 2018

Note 2 – Summary of significant accounting policies (continued)

Property and equipment

Property and equipment are carried at cost and, if donated, at the approximate fair value at the date of donation. Such donations are reported as support without donor restrictions unless the donor has restricted the donated asset to a specific purpose. BOP capitalizes, as property and equipment, expenditures for such assets in excess of \$5,000 with an estimated useful life of three years or greater. Depreciation is computed using the straight-line method over the estimated useful lives of the assets, which range from three to seven years.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements. Actual results could differ from these estimates.

In-kind contributions

For the years ended June 30, 2019 and June 30, 2018, BOP received in-kind contributions of boats and other items valued at \$15,475 and \$42,500, respectively.

In addition, a number of volunteers, including members of the Board of Directors, have donated significant amounts of their time to BOP's program services and supporting activities. These donated services have not been recorded in the accompanying statements of activities because they do not meet the criteria for recording such services.

Functional allocation of expenses

The costs of providing the various programs and other activities have been summarized on a functional basis. Accordingly, certain costs have been allocated among the program services and supporting activities benefited. Expenses attributable to more than one functional category are allocated based on time and effort.

Notes to Financial Statements (continued) June 30, 2019 and June 30, 2018

Note 2 – Summary of significant accounting policies (continued)

Concentrations of credit risk

BOP's financial instruments that are potentially exposed to concentrations of credit risk consist primarily of cash, investments and receivables. BOP places its cash with what it believes to be quality financial institutions. At times during the year, BOP's bank account balances exceeded the FDIC insurance limit. BOP has not incurred any losses in these accounts to date. BOP's investments are exposed to various risks, such as interest rate, market volatility, liquidity and credit. Due to the level of uncertainty related to the aforementioned risks, it is at least reasonably possible that changes in these risks could have a material effect on the amounts reported in the statements of financial position at June 30, 2019. BOP's receivables are monitored and deemed collectible by management. As a result, BOP believes no significant concentrations of credit risk exist with respect to its cash, investments and receivables.

Subsequent events

BOP has evaluated events and transactions for potential recognition or disclosure through December 9, 2019, which is the date the financial statements were available to be issued.

Note 3 – Liquidity and availability of financial assets

BOP's working capital and cash flows vary due to the timing of payments received from grants, contracts, contributions and other revenue items.

The following is a summary of BOP's financial assets as of June 30, 2019 available to pay expenditures within one year of the statement of financial position date:

Cash	\$	619,794
Investments, at fair value		28,791
Grants, contracts and contributions receivable, current		
portion		873,410
Total	\$ 1	1,521,995

Note 4 – Investments

Investments consist of the following as of June 30, 2019 and June 30, 2018:

	20	2019)18
	Cost	Fair Value	<u>Cost</u>	Fair Value
Exchange-traded funds	\$ 21,920	\$ 28,791	\$ 21,920	\$ 28,068
Common stock			1,553	<u>1,697</u>
Total	\$ 21,920	\$ 28,791	\$ 23,473	\$ 29,765

Notes to Financial Statements (continued) June 30, 2019 and June 30, 2018

Note 4 – Investments (continued)

The components of net investment return consist of the following for the years ended June 30, 2019 and June 30, 2018:

	 2019	 2018
Interest and dividends	\$ 1,607	\$ 1,315
Realized gain (loss) on sales of		
investments	(1,672)	1,573
Unrealized gain on investments	579	1,942
Investment management fees	 <u>(765</u>)	 (1,139)
Net investment return	\$ (251)	\$ 3,691

<u>Note 5 – Grants, contracts and contributions receivable</u>

At June 30, 2019 and June 30, 2018, grants, contracts and contributions receivable are expected to be collected as follows:

	2019	2018
Receivable in less than one year	\$ 873,410	\$1,069,758
Receivable in one to five years	137,698	425,395
Total	\$1,011,108	\$1,495,153

Note 6 – Property and equipment

Property and equipment consist of the following at June 30, 2019 and June 30, 2018:

	2019	2018
Furniture and equipment	\$ 142,470	\$ 142,470
Vehicle	11,300	11,300
Boats	352,109	356,109
Total property and equipment	505,879	509,879
Less accumulated depreciation	173,273	126,042
Net property and equipment	\$ 332,606	\$ 383,837

During the 2019 and 2018 fiscal years, BOP wrote off property and equipment for a loss of \$10,000 and \$17,025, respectively.

Notes to Financial Statements (continued) June 30, 2019 and June 30, 2018

Note 7 – Net assets with donor restrictions

The amounts released from restrictions during the years ended June 30, 2019 and June 30, 2018 are for the following:

<u>Description</u>	2019	2018
New York Harbor School		
After school	\$ 240,142	\$ 285,646
Career and Technical Education	90	6,870
General	11,139	61,561
Lettie G. Howard	-	949
Billion Oyster Project		
General	5,000	60,132
Public engagement	315,480	254,238
Reef construction	28,489	38,545
After school	47,138	-
B.O.P. schools	6,000	-
Facilities & workforce development	50,000	-
Oyster recovery plan	9,348	-
Waterfront	10,105	
Total	<u>\$ 722,931</u>	<u>\$ 707,941</u>

At June 30, 2019 and June 30, 2018, net assets with donor restrictions are available for the following:

Description	_	2019	_	2018
New York Harbor School				
After school	\$	314,897	\$	519,709
Career and Technical Education		-		91
General		-		1,139
Partnership manager		35,400		-
Billion Oyster Project				
General		-		27,002
Public engagement		436,442		706,920
Reef construction		50,000		28,489
After school		2,833		-
Facilities & workforce development		12,500		-
Oyster recovery plan		23,652		-
Waterfront		39,895		_
Total	\$	915,619	\$ 1	,283,350

Notes to Financial Statements (continued) June 30, 2019 and June 30, 2018

Note 8 – Retirement plan

Effective June 2019, BOP provides a defined contribution plan for all eligible employees, as defined by the plan. BOP may elect to make matching or non-elective contributions to the plan. BOP did not contribute to the plan in 2019.

Note 9 – Tax status

BOP is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. BOP is classified as a publicly supported organization as described in Section 509(a)(1) and 170(b)(1)(A)(vi) and not as a private foundation; therefore, BOP qualifies for the maximum charitable contribution deductions for donors.

Schedule of Expenditures of Federal Awards For the Year Ended June 30, 2019

Ca Federal Grantor/Pass-Through Grant/Program Title	talog of Federal Domestic Assistance Number	Contract Number	Federal <u>Expenditures</u>
Research and Development – Cluster National Science Foundation Passed Through Pace University Curriculum and Community Enterprise for New York Harbor Restoration in New York City Public School STEM-C	47.076	CW2282165	\$ 33,248
Passed Through Pace University Curriculum and Community Enterprise for New York Harbor Restoration in New York City Public School STEM-C - Smart and Connected Communities Supplemental	47.076	CW2282165	13,923
Passed Through Pace University Integrating Computational Science with Environmental Sciences Associated with Habitat Restoration and Education in New York Harbor	47.076	CW2282165	57,670
Passed Through Pace University Curriculum and Community Enterprise of Restoration of a Keystone Species in New York Harbor	47.076	CW2282165	146,833 \$ 251,674
Other Programs The Governor's Office of Storm Recovery Passed Through the Housing Trust Fund Corporation Community Development Block Grant Disaster Recovery (CDBG-DR)	14.269	N/A	\$ 675,483
Passed Through The Housing Trust Fund Corporation Environmental Youth Education Program Total	14.269	N/A	185,042 860,525
Total federal expenditures			<u>\$ 1,112,199</u>

See accompanying notes to schedule of expenditures of federal awards.

Notes to Schedule of Expenditures of Federal Awards June 30, 2019

Note 1 – Summary of significant accounting policies

1. General information

The accompanying schedule of expenditures of federal awards includes the federal grant expenditures of BOP for the year ended June 30, 2019. The information in this schedule is presented in accordance with the requirements of Title 2 *U.S. Code of Federal Regulations* (*CFR*) *Part 200*, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

2. Basis of accounting

The accompanying schedule of expenditures of federal awards was prepared using the accrual basis of accounting. The amounts reported in this schedule as expenditures may differ from certain financial reports submitted to federal funding agencies due to those reports being submitted on either a cash or modified cash basis of accounting.

3. Relationship to financial statements

Federal program expenditures are reported in the statement of functional expenses as program expenses. In certain programs, the expenditures reported in the financial statements may differ from the expenditures reported in the schedule of expenditures of federal awards due to the capitalization of assets or in-kind contributions.

4. Indirect cost rate

BOP has elected to use the 10 percent de minimus indirect cost rate allowed under the Uniform Guidance.

Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With Government Auditing Standards

Condon O'Meara McGinty & Donnelly llp

Certified Public Accountants

One Battery Park Plaza New York, NY 10004-1405 Tel: (212) 661 - 7777 Fax: (212) 661 - 4010

To the Board of Directors of New York Harbor Foundation, Inc. d/b/a Billion Oyster Project

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of New York Harbor Foundation, Inc. d/b/a Billion Oyster Project ("BOP") which comprise that statement of financial position as of June 30, 2019 and the related statements of activities, functional expenses and cash flows for the year then ended and the related notes to the financial statements, and have issued our report thereon dated December 9, 2019.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered BOP's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of BOP's internal control. Accordingly, we do not express an opinion on the effectiveness of BOP's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of the internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether BOP's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of BOP's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering BOP's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Condon O'Meura McGinty + Donnelly LLP

December 9, 2019

Independent Auditor's Report on Compliance For Each Major Federal Program and Report on Internal Control Over Compliance Required by the Uniform Guidance

Condon O'Meara McGinty ど Donnelly llp

Certified Public Accountants

One Battery Park Plaza New York, NY 10004-1405 Tel: (212) 661 - 7777 Fax: (212) 661 - 4010

To the Board of Directors of New York Harbor Foundation, Inc. d/b/a Billion Oyster Project

Report on Compliance for Each Major Federal Program

We have audited New York Harbor Foundation, Inc. d/b/a Billion Oyster Project ("BOP") compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of BOP's major federal programs for the year ended June 30, 2019. BOP's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of BOP's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about BOP's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of BOP's compliance.

Opinion on Each Major Federal Program

In our opinion, BOP complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2019.

Report on Internal Control Over Compliance

Management of BOP is responsible for establishing and maintaining effective internal control over compliance with the types of requirements referred to on the previous page. In planning and performing our audit of compliance, we considered BOP's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of BOP's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that a material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of the internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Condon O'Meura McGinty + Donnelly LLP

Schedule of Findings and Questioned Costs June 30, 2019

Section I – Summary of Auditor's Results

Financial Statements

Type of auditor's report issued: Internal control over financial reporting: Material weakness(es) identified? Yes		UN	UNMODIFIED	
		Yes		No
Significant deficier	ncy(ies) identified			
Not considered to be material weaknesses?		Yes		None reported
Noncompliance material to financial statements noted?		Yes		No
	Federal Awards			
Internal control over m			,	
		Yes		No
Significant deficiency(ies) identified Not considered to be material weaknesses? Yes		37	-1	N
Not considered	to be material weaknesses?	Yes		None reported
Type of auditor's report issued on compliance for major programs		UN	UNMODIFIED	
	closed that are required to be e with 2 CFR Section 200.516 (a)	Yes		No
Identification of maj	or programs:			
CFDA Number	Name of Federal Program	<u>Expenditures</u>		
14.269	U.S. Department of Housing and Urba Development – Community Developm	nent Block		
	Grant Disaster Recovery and Environr Education Program		\$ 860,525	
Dollar threshold use				
between Type A and Type B programs:		<u> </u>	\$ 750,000	
Auditee qualified as low-risk auditee		√ Yes		No

Schedule of Findings and Questioned Costs (continued) June 30, 2019

Section II – Financial Statement Findings

There were no findings for the current year.

<u>Section III – Federal Awards Findings and Questioned Costs</u>

There were no findings or questioned costs for the current year.