| PUBLIC DISCLOSURE COPY |
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** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

and ending JUN 30, 2022

| A F | or the | 2021 calendar year, or tax year beginning $UL 1$, 2021 and ending | JUN 30 |), 2022 | | | | | | | | | |
|-------------------------|---------------------------|--|------------------|---------------------------------|-------------------------------|--|--|--|--|--|--|--|--|
| B | Check if applicable | C Name of organization | D Empl | loyer identific | cation number | | | | | | | | |
| X | Addres | NEW YORK FOUNDATION FOR THE ARTS, INC. | | | | | | | | | | | |
| | Name change | Doing business as | 23 | 3-71295 | 64 | | | | | | | | |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) Room/s | | E Telephone number | | | | | | | | | |
| | Final return/ | 29 W. 38TH STREET, 9TH FLOOR | 21 | 212-366-6900 | | | | | | | | | |
| _ | termin- ated ☐Amend | .1 | | G Gross receipts \$ 30,804,279. | | | | | | | | | |
| L | return | NEW TORK, NI 10010 | | H(a) Is this a group return | | | | | | | | | |
| | tion pendin | Finame and address of principal officer: MICHAEL II. KOICE | I | for subordinates? Yes X No | | | | | | | | | |
| | | SAME AS C ABOVE | | | cluded? Yes No | | | | | | | | |
| | | | | • | list. See instructions | | | | | | | | |
| | | e: ► HTTPS: //WWW.NYFA.ORG | | oup exemption | | | | | | | | | |
| | | | Year of formatio | n: 1971 N | 1 State of legal domicile: NY | | | | | | | | |
| P | | Summary | תתג מקז | CMC 3M | CDIMICAL | | | | | | | | |
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: ${	t TO}$ ${	t EMPOW}$ | IER ARTI | STS AT | CRITICAL | | | | | | | | |
| nar | 2 | | | | | | | | | | | | |
| Ver | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 1 1 | 24 | | | | | | | | |
| ဇိ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 24 | | | | | | | | |
| ა ა | 5 | Fotal number of individuals employed in calendar year 2021 (Part V, line 2a) | | 36 | | | | | | | | | |
| iţie | 6 | Total number of volunteers (estimate if necessary) | | | 25 | | | | | | | | |
| ċ | 7a | Fotal unrelated business revenue from Part VIII, column (C), line 12 | | 0. | | | | | | | | | |
| ⋖ | b l | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. | | | | | | | | |
| | | | Prior | | Current Year | | | | | | | | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | | 55,492. | 28,128,929. | | | | | | | | |
| | 9 1 | Program service revenue (Part VIII, line 2g) | 1,00 | 0,202. | 2,372,011. | | | | | | | | |
| eve | 10 | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | 12 | 25,459. | 21,297. | | | | | | | | |
| Œ | 11 (| Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 4,114. | 86,103. | | | | | | | | |
| | 12 | Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 5,267. | 30,608,340. | | | | | | | | |
| | 13 (| Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 6,67 | 9,665. | 24,324,486. | | | | | | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | | | | | | |
| S | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,93 | 35,489. | 2,467,569. | | | | | | | | |
| Expenses | 16a I | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | | | | | | | |
| ğ | b | Fotal fundraising expenses (Part IX, column (D), line 25) 734,444. | | | | | | | | | | | |
| Ú | 17 (| Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 5,276. | | | | | | | | | |
| | 18 | Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 9,68 | 0,430. | 28,190,863. | | | | | | | | |
| | | Revenue less expenses. Subtract line 18 from line 12 | 1,31 | .4,837. | 2,417,477. | | | | | | | | |
| Net Assets or | | | Beginning of | | End of Year | | | | | | | | |
| set | 20 | Total assets (Part X, line 16) | | 9,392. | 12,251,951. | | | | | | | | |
| A A | 21 | Total liabilities (Part X, line 26) | | 32,007. | 4,126,291. | | | | | | | | |
| <u>گ</u> | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 5,99 | 7,385. | 8,125,660. | | | | | | | | |
| | art II | | | | | | | | | | | | |
| | | ties of perjury, I declare that I have examined this return, including accompanying schedules and sta | | - | knowledge and belief, it is | | | | | | | | |
| true | , correct | , and complete. Declaration of preparer (other than officer) is based on all information of which prep | Darer has any kn | owieage. | | | | | | | | | |
| C:~ | _ | Signature of officer | | Date | | | | | | | | | |
| Sig | - 1 | MICHAEL L. ROYCE, CHIEF EXECUTIVE OFFICER | | | | | | | | | | | |
| Her | | Type or print name and title | | | | | | | | | | | |
| | | Print/Type preparer's name Preparer's signature | Date | Check | PTIN | | | | | | | | |
| Paid | | GARRETT M. HIGGINS GARRETT M. HIGGINS | 05/10/ | '23 if self-employ | | | | | | | | | |
| | oarer | Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC | | | 87-3231666 | | | | | | | | |
| | Only | Firm's address 20 COMMERCE DRIVE, SUITE 301 | | I IIIII 3 EIIV | <u> </u> | | | | | | | | |
| _50 | , | CRANFORD, NJ 07016-3618 | | Phone no 90 | 8-272-6200 | | | | | | | | |
| — Mav | / the IP | S discuss this return with the preparer shown above? See instructions | | 110 | X Yes No | | | | | | | | |
| | | | | | | | | | | | | | |

| | Check if Schedule O contains a response or note to any line in this Part III |
|----|--|
| 1 | Briefly describe the organization's mission: THE NEW YORK FOUNDATION FOR THE ARTS' (NYFA) MISSION IS TO EMPOWER |
| | ARTISTS AT CRITICAL STAGES IN THEIR CREATIVE LIVES. NYFA ACCOMPLISHES |
| | THIS BY OFFERING FINANCIAL ASSISTANCE AND INFORMATION TO ARTISTS AND |
| | ORGANIZATIONS THAT DIRECTLY SERVE ARTISTS, BY SUPPORTING ARTS |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| _ | prior Form 990 or 990-EZ? Yes X No |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| • | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| • | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 14,944,212. including grants of \$ 14,944,212.) (Revenue \$ |
| | CITY ARTISTS CORP. GRANTS: THIS CITY ARTIST CORP. GRANT WAS A ONE TIME |
| | GRANT PROGRAM FUNDED BY THE CITY OF NEW YORK AND ADMINISTERED BY NYFA. |
| | THE PROGRAM PROVIDED GRANTS OF UP TO \$5,000 TO ARTISTS LIVING IN THE |
| | CITY OF NEW YORK. THESE GRANTS WERE PROVIDED AS AN EFFORT TO STIMULATE |
| | THE ECONOMY, IMPACTED BY COVID-19, SPECIFICALLY IN THE ARTS AND CULTURE |
| | SECTOR OF NEW YORK CITY. |
| | |
| | |
| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$ $5,131,901.$ including grants of \$ $5,131,901.$) (Revenue \$ $601,527.$) |
| | FISCAL SPONSORSHIPS: SINCE 1976, NYFA HAS PROVIDED FISCAL SPONSORHIPS |
| | TO INDIVIDUAL ARTISTS AND EMERGING ORGANIZATIONS, MAKING IT THE OLDEST |
| | PROGRAM OF ITS KIND IN THE COUNTRY. IT MAKES IT POSSIBLE FOR |
| | INDIVIDUALS AND ORGANIZATIONS WITHOUT NOT-FOR-PROFIT STATUS TO RAISE |
| | FUNDS FOR UPCOMINGS FILMS, THEATRICAL PERFORMANCES, ART INSTALLATIONS |
| | AND OTHER PROJECTS. |
| | |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$1,465,005. including grants of \$1,465,005.) (Revenue \$) |
| 40 | NYC MADE IN NY WOMEN'S FILM: THE NYC WOMEN'S FUND FOR MEDIA, MUSIC AND |
| | THEATRE ("WOMEN'S FUND"), ADMINISTERED BY THE NEW YORK FOUNDATION FOR |
| | THE ARTS (NYFA) IN PARTNERSHIP WITH THE CITY OF NEW YORK MAYOR'S OFFICE |
| | OF MEDIA AND ENTERTAINMENT (MOME), IS PART OF A GROUNDBREAKING SERIES |
| | OF INITIATIVES THAT ADDRESS THE UNDERREPRESENTATION OF WOMEN IN FILM, |
| | MUSIC, TELEVISION AND THEATRE. THE FUND PROVIDES GRANTS TO ENCOURAGE |
| | AND SUPPORT THE CREATION OF CONTENT THAT REFLECT THE VOICES AND |
| | PERSPECTIVES OF ALL WHO IDENTIFY AS WOMEN. |
| | |
| | |
| | |
| _ | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ 5,195,753. including grants of \$ 2,783,368.) (Revenue \$ 1,735,173.) |
| 4e | Total program service expenses ▶ 26,736,871. |
| | 000 |

Page 3

Form 990 (2021) NEW YORK FOUNDATION FOR THE ARTS, INC. 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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | ,, |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | ,, |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | _ | | ,, |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | ., |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | 37 | |
| | or in 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, | | 37 | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | x |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | <u> </u> |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | Х | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | Λ | |
| a | 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 | 444 | | x |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d 11e | Х | Α_ |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 1 ie | -21 | |
| 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 | |
| 120 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | 21 | |
| ıza | , , | 12a | х | |
| h | Schedule D, Parts XI and XII | 120 | | |
| D | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization asschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | <u></u> |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | x |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | L | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | Х |
| 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 | | |
| 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 | <u> </u> |

| | | | 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 | X | |
| 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 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | x |
| h | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 240 | | |
| · | , , , | 24c | | |
| | any tax-exempt bonds? | 24d | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 240 | | _ |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | x |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | ., |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| - | "Yes," complete Schedule L, Part IV | 28a | | х |
| h | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> | | | |
| · | • | 28c | | x |
| 20 | "Yes," complete Schedule L, Part IV | 29 | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | _V |
| ٠. | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | <u> </u> |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| 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 on Schedule O for Part VI, lines 11b and 19? | | | |
| - | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Par | | , | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | S. Son Carlo Contains a respense of flote to any line in the fact v | | Yes | N _C |
| 4. | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3329 | | 162 | No |
| | | | | |
| | Enter the Hamber of Forme W 24 included of time 14. Enter of inflort applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | |

NEW YORK FOUNDATION FOR THE ARTS, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

| | | | | Yes | No |
|------------|--|------------------------------|------------|-----|----------|
| 2 a | 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 36 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | | 2b | X | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions | i | | | |
| | | | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule of | | 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, or | ccount)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac | | r- | | Х |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction. | | _5a _5b | | X |
| b | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | 1 |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | 30 | | |
| ou | any contributions that were not tax deductible as charitable contributions? | | 6a | | x |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | | | | |
| - | were not tax deductible? | • | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv | vices provided to the payor? | 7a | Х | |
| b | | | 7b | Х | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa | | | | |
| | to file Form 8282? | | 7с | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | ntract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | ct? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file For | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | by the | | | |
| | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | 0- | | |
| a | | | 9a 9b | | |
| b 10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: | | อม | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | 100 | | | |
| | Gross income from members or shareholders | 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? | 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? | | 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 | 1 | | | |
| | organization is licensed to issue qualified health plans | 13b | | | |
| | Enter the amount of reserves on hand | 13c | 44 | | v |
| | | | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | 14b | | |
| 15 | excess parachute payment(s) during the year? | | 15 | | x |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | 13 | | <u> </u> |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | income? | 16 | | Х |
| | If "Yes," complete Form 4720, Schedule O. | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a | any | | | |
| | | | 17 | | |
| | If "Yes," complete Form 6069. | | | | |
| | | | | | |

Part VI Governance, Management, and Disclosure. For each "Yes" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

|) | Cneck it Schedule O contains a response or note to any line in this Part VI | | | Δ |
|------------------|---|---------|---------|---------|
| sec ⁻ | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 24 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | Х |
| h | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | - 1 | | |
| ~ | persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 1.5 | | |
| | | 8a | Х | |
| a | | 8b | X | |
| | | OD | 21 | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | 9 | | Х |
| 200 | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | 9 | | Λ |
| 300 | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | V | NIa |
| 40- | Did the every instinct have least charters hypershap as efficiency | 40- | Yes | No X |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | -25 |
| D | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 401 | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | v |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | X |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | 37 | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | on 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 | X | |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | X |
| 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) a | availal | ole |
| | for public inspection. Indicate how you made these available. Check all that apply | | | |
| | X Own website X Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | financ | cial | |
| | 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 | | | |
| | SEBI VITALE, DIRECTOR OF FINANCE & ADMINISTRATION - 212-366-6900 | | | |
| | 29 WEST 38TH STREET, 9TH FLOOR, NEW YORK, NY 10018 | | | |

INC. 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

| Check this box if neither the organization r | or any related | orga | niza | tion | con | npen | sate | ed any current officer, di | rector, or trustee. | |
|--|-------------------|--------------------------------|-----------------------|----------|--------------|---------------------------------|--------|---------------------------------|------------------------------|------------------------|
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and title | Average | (do | | Pos | | l than d | nne | Reportable | Reportable | Estimated |
| | hours per | box | , unles | ss per | rson i | s both | n an | compensation | compensation | amount of |
| | week | | cer an | la a a | Irecto | r/trus | tee) | 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/ 1099-NEC) | from the organization |
| | organizations | Individual trustee or director | Institutional trustee | | yee | Highest compensated employee | | 1099-NEC) | 1000 (100) | and related |
| | below | idual | ution | <u>~</u> | Key employee | st co oyee | er | | | organizations |
| | line) | Indiv | Instit | Officer | Key 6 | High empl | Former | | | |
| (1) MICHAEL L. ROYCE | 50.00 | | | | | | | | | |
| CHIEF EXECUTIVE OFFICER | | | | Х | | | | 364,017. | 0. | 16,138. |
| (2) SEBI VITALE DIRECTOR OF | 45.00 | 1 | | | | | | | _ | |
| FINANCE & ADMINISTRATION | | | | Х | | | | 141,854. | 0. | 34,300. |
| (3) KATHERINE RABINOVICH-DELANEY | 40.00 | | | | | | | | | |
| DIRECTOR OF DEVELOPMENT | | | | | | X | | 120,075. | 0. | 2,263. |
| (4) MARC J. JASON | 5.00 | 1 | | | | | | | | _ |
| CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (5) J. WESLEY MCDADE | 5.00 | ļ | | | | | | | | |
| VICE CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (6) J. WHITNEY STEVENS | 5.00 | ļ | | l | | | | | • | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (7) LORIN GU | 2.00 | ļ | | | | | | | • | |
| TREASURER | 0.00 | Х | | Х | | | | 0. | 0. | 0. |
| (8) JUDITH K. BRODSKY | 2.00 | ļ | | | | | | | • | |
| PAST IMMEDIATE CHAIR | | Х | | | | | | 0. | 0. | 0. |
| (9) JOE BAKER | 2.00 | ļ | | | | | | | • | |
| BOARD MEMBER | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (10) KERRIE BUITRAGO | 2.00 | ∤ | | | | | | | • | |
| BOARD MEMBER | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (11) MYRNA CHAO | 2.00 | ∤ | | | | | | | • | |
| BOARD MEMBER | 2 00 | Х | | | | | | 0. | 0. | 0. |
| (12) ALEXANDRA CHASIN | 2.00 | ٠,, | | | | | | | 0 | |
| BOARD MEMBER | 2 00 | Х | | | | | | 0. | 0. | 0. |
| (13) ANNA DEAVERE SMITH | 2.00 | ₹. | | | | | | | 0 | _ |
| BOARD MEMBER | 2 00 | Х | | | | | | 0. | 0. | 0. |
| (14) CHRISTOPHER DONINI | 2.00 | . | | | | | | _ | 0 | _ |
| BOARD MEMBER (15) KIM ESTES MCCARTY | 2.00 | Х | | | | | | 0. | 0. | 0. |
| BOARD MEMBER | 2.00 | х | | | | | | 0. | 0. | _ |
| (16) MICHAEL FINDLAY | 2.00 | Α | | | | | | 0. | 0. | 0. |
| BOARD MEMBER | 2.00 | х | | | | | | 0. | 0. | 0. |
| (17) LESLEY-ANNE GLIEDMAN | 2.00 | ┢ | \vdash | | \vdash | | | 0. | 0. | <u></u> |
| BOARD MEMBER | 2.00 | Х | | | | | | 0. | 0. | 0. |
| | 1 | 22 | L | l | L | | l | 0. | 0. | Farm 990 (2021) |

| Section A. Officers, Directors, Trus | tees, key Emp | DIOY | ees, | and | ı mış | gne | St C | ompensated Employee | s (continued) | | | | |
|--|-------------------------|---|-----------------------|-------------------|--------------|---|----------|---------------------------|------------------------------|-------|----------|-----------------------|----------|
| (A) | (B) | (C) Position | | | | | | (D) | (E) Reportable | | | (F) | |
| Name and title | Average hours per | (do not check more than one box, unless person is both an | | | | | | Reportable | _ | | timated | | |
| | week | | | ss per nd a di | | | | compensation from | compensation from related | | | nount of other | i |
| | (list any | ctor | | | | | | the | organizations | | | pensati | on |
| | hours for | or dire | | | | ted | | organization | (W-2/1099-MIS | C/ | fr | om the | |
| | related organizations | ıstee (| truste | | e e | beusa | | (W-2/1099-MISC/ | 1099-NEC) | | • | anizatio | |
| | below | lual tri | tional | | ploye | st com | _ | 1099-NEC) | | | | d relateo Inizatio | |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | orge | iriiZatioi | 10 |
| (18) CHARMAINE GREEN-FORDE | 2.00 | | | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | | 0. | | | 0. |
| (19) GRACE ANGELA HENRY | 2.00 | | | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | | 0. | | | 0. |
| (20) EUNBI KIM | 2.00 | | | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | | 0. | | | 0. |
| (21) MARY LANG | 2.00 | J | | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | | 0. | | | 0. |
| (22) RICARDO ALBERTO MALDONADO | 2.00 | | | | | | | | | _ | | | ^ |
| BOARD MEMBER | 2 00 | Х | | | | - | | 0. | | 0. | | | 0. |
| (23) SAID SAYREFIEZADEH | 2.00 | x | | | | | | 0. | | 0. | | | Λ |
| BOARD MEMBER (24) DREAD SCOTT | 2.00 | ^ | | | | ┢ | | 0. | | 0. | | | 0. |
| BOARD MEMBER THRU SEPTEMBER 2021 | 2.00 | x | | | | | | 0. | | 0. | | | 0. |
| (25) JUSTIN TOBIN | 2.00 | ^ | | | | \vdash | | 0. | | ٠. | | | <u> </u> |
| BOARD MEMBER | 2.00 | X | | | | | | 0. | | 0. | | | 0. |
| (26) CARMELITA TROPICANA | 2.00 | | | | | | | | | • | | | •• |
| BOARD MEMBER | | x | | | | | | 0. | | 0. | | | 0. |
| 1b Subtotal | 1 | | | | | | ▶ | 625,946. | | 0. | 5: | 2,70 | |
| c Total from continuation sheets to Part V | | | | | | | • | 0. | | 0. | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 625,946. | | 0. | 52 | 2,70 | 1. |
| 2 Total number of individuals (including but r | ot limited to th | ose | liste | d ab | ove | e) wh | o re | eceived more than \$100, | 000 of reportable | | | | |
| compensation from the organization | | | | | | | | | | | | | 3 |
| | | | | | | | | | | 1 | | Yes | No |
| 3 Did the organization list any former officer | • | | • | • | • | | • | • | • | | | | 77 |
| line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | | 3 | | X |
| 4 For any individual listed on line 1a, is the si | • | | | | | | | • | • | | | х | |
| and related organizations greater than \$15 | | | | | | | | | | | 4 | ^ | |
| 5 Did any person listed on line 1a receive or rendered to the organization? If "Yes." con | | | | | | | | | iuai ior services | | 5 | | Х |
| Section B. Independent Contractors | <u>ipiete Scrieduli</u> | e J T | or st | ich į | oers | on | | | | | <u> </u> | | |
| Complete this table for your five highest co | mpensated inc | depe | nde | nt cc | ontra | acto | rs th | nat received more than \$ | 100.000 of comp | ensat | ion fro | m | |
| the organization. Report compensation for | | | | | | | | | | | | | |
| (A) | | | | | | | | (B) | | | (C | ;) | |
| Name and business | address | N | INC | 3 | | | | Description of s | ervices | С | omper | nsation | |
| | | | | | | | | | | | | | |
| | | | | | | | _ | | | | | | |
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| | | | | | | | | | | | | | |
| 2 Total number of independent contractors (| • | ot lir | nited | d to t | | | ted | above) who received mo | ore than | | | | |
| \$100,000 of compensation from the organ | zation > | | | | (| <u>, </u> | | | | | | 200 | |

| Form 990 NEW YORK | FOUNDAT | <u>'IC</u> | N | FO | R | TH | E | ARTS, INC. | 23-712 | 9564 |
|--|------------------------|--------------------------------|-----------------------|---------------|--------------|------------------------------|--------|--------------------|----------------------------|--------------------|
| Part VII Section A. Officers, Directors, Tru | ıstees, Key En | nplo | yee | s, aı | nd F | ligh | est | Compensated Employ | rees (continued) | |
| (A) (B) (C) | | | | | | | | (D) | (E) | (F) |
| Name and title | Average | | Position | | | | | Reportable | Reportable | Estimated |
| | hours | (cl | heck | ck all that a | | | ly) | compensation | compensation | amount of |
| | per week | | | | | ω l | | from the | from related organizations | other compensation |
| | (list any | ctor | | | | y old r | | organization | (W-2/1099-MISC) | from the |
| | hours for | rdire | | | | ted en | | (W-2/1099-MISC) | | organization |
| | related | stee c | truste | | a) | pensa | | | | and related |
| | organizations below | ual tru | ional | | ploye | tcom | | | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) LUIS H. VALDERAS | 2.00 | _ | - | | _ | Ė | | | | |
| BOARD MEMBER | | х | | | | | | 0. | 0. | 0. |
| (28) SARAH YOUNG O'DONNELL | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
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| Total to Part VII, Section A, line 1c | | <u></u> | | | | | | I | | l |

| Form Pa i | 990 rt V |) (2 | NEW YORK FOUN Statement of Revenue | DATION FO | OR THE ARTS | S, INC. | 23-7129 | 564 Page 9 |
|--|-------------|-----------------------|--|--------------------------------------|-----------------------------------|--|--------------------------------------|---|
| | | | Check if Schedule O contains a response | or note to any line | e in this Part VIII | | | |
| | | | Chick in Considere C Contains a 1 copones | or rises to drift in the | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 | b c d e f | Federated campaigns 1a Membership dues 1b Ic Related organizations 1d Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1f Included in lines 1a-1f Ig \$ | 55,614. 19,042,113. 9,031,202. | 28,128,929. | | | |
| Program Service Revenue | 2 | a b c d e | PROGRAM SERVICE FEES ADMINISTRATIVE FEES MIRLF INTEREST All other program service revenue | 561499 561000 561499 | 1,735,173. 601,527. 35,311. | | | |
| | 3 4 5 | a b | Total. Add lines 2a-2f Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond p Royalties (i) Real Gross rents 6a 33,895. Less: rental expenses Rental income or (loss) 6c 33,895. | st, and roceeds | 2,372,011. | | | |
| venue | 7 | d a b | Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Gross amount from sales of (i) Securities 7a 136,249. 114,952. 7b 114,952. 7c 21,297. | (ii) Other | 33,895. | | | 33,895. |
| Other Re | 8 | d a | Net gain or (loss) Gross income from fundraising events (not including \$ 55,614. of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b | 133,195. 80,987. | 21,297. | | | 21,297. |
| | 9 | c a b c | Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities | > | 52,208. | | | 52,208. |
| | I | b | Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold 10b Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | , | b c d | All other revenue Total. Add lines 11a-11d Total revenue See instructions | | 30 608 340. | 2 372 011. | 0. | 107 400. |

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. Program service expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 1,191,254. 1,191,254. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 23,133,232. 23,133,232. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 610,759. 140,389. 280,779. 189,591. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,494,679. 1,131,266. 60,384. 303,029. 7 Pension plan accruals and contributions (include 23,435. 20,869. 2,566. section 401(k) and 403(b) employer contributions) 191,425. 123,155. 24,418. Other employee benefits 43,852. 9 147,271. 89,143. 24,936. 33,192. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 40,123. 24,721. 5,361. 10,041. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 372,021. 173,283. 187,952. 10,786. column (A), amount, list line 11g expenses on Sch O.) 5,417. 5,417. Advertising and promotion 12 314,615. 260,313. 40,785. 13,517. 13 Office expenses 97,523. 97,523. 14 Information technology Royalties 15 337,447. 202,708. 34,361. 100,378. 16 Occupancy 24,933. 7,592. 17,341. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 87,965. 56,209. 10,468. 21,288. Depreciation, depletion, and amortization 22 12,153. 7,170. 1,795. 3,188. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 71,118. 69,718. 1,400. PROJECT PRODUCTION PROFESSIONAL DEVELOPMEN 12,151. 1,949. 9,759. 443. 8,379. 10,381. 1,489. 513. MISCELLANEOUS 6,250. 1,108. 3,436. d REPAIRS AND MAINTENANCE 1,706. 6.711. 1.452. 4,905. 354. e All other expenses 28,190,863. 26,736,871. 719,548. 734,444. Total functional expenses. Add lines 1 through 24e 25 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 (2021)
Part X Balance Sheet

| Pai | rt X | Balance Sheet | | | | | |
|-----------------------------|------|--|--------------|---------------------|---------------------------------|------------|---------------------------|
| | | Check if Schedule O contains a response or no | ote to any | line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 2,456,392. | 1 | 5,909,962. | |
| | 2 | Savings and temporary cash investments | | | 2,000,952. | 2 | 2,557,538. |
| | 3 | Pledges and grants receivable, net | | | 502,760. | 3 | 302,612. |
| | 4 | Accounts receivable, net | | | 5,851. | 4 | 28,647. |
| | 5 | Loans and other receivables from any current | | | | | |
| | | trustee, key employee, creator or founder, sub- | stantial co | ntributor, or 35% | | | |
| | | controlled entity or family member of any of the | | 5 | | | |
| | 6 | Loans and other receivables from other disqua | lified perso | ons (as defined | | | |
| | | under section 4958(f)(1)), and persons describe | | 6 | | | |
| Ø | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| As | 9 | B | | | 47,174. | 9 | 52,283. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 2,421,228. | | | |
| | b | Less: accumulated depreciation | 10b | 2,351,265. | 85,926. | 10c | 69,963. |
| | 11 | Investments - publicly traded securities | | | 2,681,209. | 11 | 69,963. 2,456,370. |
| | 12 | Investments - other securities. See Part IV, line | 11 | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | | 992,936. | 13 | 868,384. | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | 6,192. | 15 | 6,192. | | |
| | 16 | Total assets. Add lines 1 through 15 (must eq | ual line 33 |) | 8,779,392. | 16 | 12,251,951. |
| | 17 | Accounts payable and accrued expenses | | 130,175. | 17 | 187,633. | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | 1,502,190. | 19 | 2,545,304. |
| | 20 | Tax-exempt bond liabilities | | l l | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| es | 22 | Loans and other payables to any current or for | | | | | |
| ∄ | | trustee, key employee, creator or founder, sub- | | | | | |
| Liabilities | | controlled entity or family member of any of the | | | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unre | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, p | | | | | |
| | | parties, and other liabilities not included on line | - | · · | 1,149,642. | | 1 202 254 |
| | | of Schedule D | | | 2,782,007. | | 1,393,354. 4,126,291. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 2,102,001. | 26 | 4,120,231. |
| S | | Organizations that follow FASB ASC 958, chand complete lines 27, 28, 32, and 33. | ieck nere | | | | |
| nce | 27 | Net assets without donor restrictions | | | 1,669,196. | 27 | 2,518,381. |
| sala | 28 | Net assets with donor restrictions | 4,328,189. | 28 | 5,607,279. | | |
| E E | 20 | Organizations that do not follow FASB ASC | 4,520,103. | 20 | 3,007,273 | | |
| 필 | | and complete lines 29 through 33. | 330, Chec | Kilele | | | |
| <u></u> | 29 | Capital stock or trust principal, or current fund | | 29 | | | |
| ets | 30 | Paid-in or capital surplus, or land, building, or e | | | 30 | | |
| Ass | 31 | Retained earnings, endowment, accumulated i | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 5,997,385. | 32 | 8,125,660. |
| Z | 33 | Total liabilities and net assets/fund balances | | l l | 8,779,392. | 33 | 12,251,951. |
| | | rotal nabilities and net assets/fully balafices | | | 0,,00 | 55 | |

Form **990** (2021)

| 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 | 30,60 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 28,19 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,41 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 5,99 | 7,3 | 85. |
| 5 | Net unrealized gains (losses) on investments | 5 | -28 | 9,2 | 02. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 8,12 | 5,6 | 60. |
| Pai | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | • | | | 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 on Schedule | Ο. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were 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 | X | |
| | 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 | X | $ldsymbol{f eta}$ |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single | gle Audit | | | |
| | Act and OMB Circular A-133? | | За | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | | | Forn | ₁ 990 | (2021) |

132012 12-09-21

SCHEDULE A

(Form 990)

<u>Total</u>

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

2021

Open to Public Inspection

| vali | ie oi i | ine organization | VODE ECHNID | | י אם מו | T TATO | | | 3-7129564 | |
|--------|--|---|-------------------------|------------------------------|------------------|-----------------|--------------------|------------|----------------------------|--|
| Pa | rt I | Reason for Public (| | ATION FOR THE | | | | | 3-1129304 | |
| | | ization is not a private found | | | | | cc instructions. | | | |
| 1 | l l | A church, convention of ch | • | | • | • | IVAVi) | | | |
| 2 | \Box | | | | |)(170(1)(1 | ·)(A)(i). | | | |
| _ | H | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) | | | | | | | | |
| 3 4 | H | 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, | | | | | | | | |
| 4 | ш | city, and state: | ation operated in cor | ijunction with a nospital | described | III Sectio | 11 170(b)(1)(A)(II | i). Linter | the nospital s hame, | |
| 5 | | An organization operated for | or the benefit of a col | lege or university owned | or operate | ed by a go | vernmental unit | describe | ad in | |
| 3 | ш | section 170(b)(1)(A)(iv). (C | | lege of differently owned | or operati | cd by a go | verninental anit | describe | od III | |
| 6 | | A federal, state, or local gov | | antal unit described in | ootion 17 | 70/6//4//4/ | (.) | | | |
| | X | An organization that norma | - | | | | | gonoral n | vublic described in | |
| • | | section 170(b)(1)(A)(vi). (C | • | iliai part or its support if | om a gove | en in ientai | | general p | dubile described in | |
| 8 | | A community trust describe | • | 1VAVvi) (Complete Bar | · II \ | | | | | |
| 9 | H | An agricultural research org | | | | ad in coni | inction with a lai | nd-arant (| college | |
| 9 | | or university or a non-land-g | | | | - | | - | • | |
| | | university: | rant conege or agrici | altare (see instructions). | Litter tile i | name, only | , and state of the | c conege | OI . | |
| 10 | | An organization that norma | lly receives (1) more: | than 33 1/3% of its sunn | ort from c | ontribution | ns membershin | fees and | d aross receints from | |
| | | activities related to its exen | | | | | | | | |
| | | | • | · | | | | | - | |
| | | | | (loop coolien on really me | | ooo aoqa | | | | |
| 11 | | | • | vely to test for public saf | etv. See | section 50 |)9(a)(4). | | | |
| 12 | 一 | - | • | • | • | | | out the i | purposes of one or | |
| | | - | • | · · · | - | | • | - | · · · · · · · | |
| | | | - | | | | | | | |
| а | | ¬ | * * | | | | | - | giving | |
| | | the supported organization | on(s) the power to rec | gularly appoint or elect a | majority o | of the direc | tors or trustees | of the su | pporting | |
| | | organization. You must o | omplete Part IV, Se | ections A and B. | | | | | | |
| b | | Type II. A supporting org | anization supervised | or controlled in connect | ion with its | s supporte | ed organization(s | s), by hav | ing | |
| | | control or management o | f the supporting orga | anization vested in the sa | me perso | ns that co | ntrol or manage | the supp | orted | |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | | |
| С | | Type III functionally inte | grated. A supporting | g organization operated | in connect | tion with, a | and functionally | integrate | d with, | |
| | | its supported organization | n(s) (see instructions) | . You must complete F | Part IV, Se | ctions A, | D, and E. | | | |
| d | | Type III non-functionally | integrated. A supp | orting organization oper | ated in cor | nnection w | ith its supporte | d organiz | ation(s) | |
| | | that is not functionally int | egrated. The organiz | ation generally must sati | sfy a distr | ibution rec | quirement and a | n attentiv | eness | |
| | | requirement (see instructi | ons). You must con | nplete Part IV, Sections | A and D, | and Part | V. | | | |
| е | | Check this box if the orga | anization received a v | written determination from | m the IRS | that it is a | Type I, Type II, | Type III | | |
| | | functionally integrated, or | Type III non-function | nally integrated supportir | ng organiz | ation. | | | | |
| f | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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. [ii) EIN [iii) Type of organization [iv] In | | | | | | | | | |
| g | | | | | (iv) le the oraș | nization lieted | | | ())) () (| |
| | (| | (II) EIN | | | | 1 ' ' | | | |
| | | Organization | | above (see instructions)) | Yes | No | support (see insti | ructions) | support (see instructions) | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | 1 | | | | |

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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 6057852. | 6692624. | 9206474. | 9865492. | 28104744. | 59927186. | |
| 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 | r (or fiscal year beginning in) grants, contributions, and ership fees received. (Do not e any "unusual grants.") renues levied for the organise benefit and either paid to ended on its behalf lue of services or facilities ed by a governmental unit to particular through 3 rition of total contributions in person (other than a mental unit or publicly ted organization) included 1 that exceeds 2% of the t shown on line 11, or (f) support. Subtract line 5 from line 4. | | | | | | |
| 4 | Total. Add lines 1 through 3 | 6057852. | 6692624. | 9206474. | 9865492. | 28104744. | 59927186. | |
| | 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) | | | | | | 3952392. | |
| 6 | ** | | | | | | | |
| | etion B. Total Support | | | | | | 55574754. | |
| | | (a) 2017 | (h) 2018 | (c) 2019 | (d) 2020 | (a) 2021 | (f) Total | |
| | | 6057852 | 6692624 | 9206474 | 9865492 | 28104744 | 59927186. | |
| 8 | *************************************** | 00370321 | 00320210 | 32001710 | 30031321 | 201017111 | 333272001 | |
| 0 | • | | | | | | | |
| | · · · | | | | | | | |
| | | 84 481 | 86 863 | 85 234 | 67 511 | 69 206 | 303 208 | |
| _ | ••• | 04,401. | 00,005. | 05,254. | 07,514. | 09,200. | 393,290. | |
| 9 | | | | | | | | |
| | , | | | 2 602 | 76 202 | | 70 076 | |
| 40 | - · · · · · · · · · · · · · · · · · · · | | | 4,003. | 10,393. | | 19,010. | |
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| | | . , | ` | | | | | |
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| 13 | • | · · | | • | | | ▶ □ | |
| 800 | | | | | | | P | |
| | | | | - aloues (f)) | | 44 | 92 67 % | |
| | | | • | | | | | |
| | | | | | | | | |
| 16a | • • | • | | • | | | ▶ [7] | |
| | | | • | | | | | |
| р | 33 1/3% support test - 2020. If the | | | | line 15 is 33 1/3% | or more, check th | is box | |
| | and stop here. The organization qual | | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | | |
| | and if the organization meets the fact | | | = | • | VI how the organiz | zation | |
| | meets the facts-and-circumstances te | • | • | | | | | |
| b | 10% -facts-and-circumstances test | _ | | | | | 10% or | |
| | more, and if the organization meets the | | | | - | | . — | |
| | organization meets the facts-and-circu | | - | | | | ▶∐ | |
| 18 | Private foundation. If the organization | n did not check a l | box on line 13, 16a | a, 16b, 17a, or 17b | , check this box a | nd see instructions | s ▶ <u> </u> | |

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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| k | Amounts included on lines 2 and 3 received | | | | | | |
| | from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| (| Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Se | ction B. Total Support | | | T | _ | | |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included on line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| | regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | - | | | • | | |
| 80 | check this box and stop here | | | | | | > |
| | ction C. Computation of Publi | | | (0) | | 145 | |
| | Public support percentage for 2021 (li | | | .,, | | 15 | <u>%</u> |
| | Public support percentage from 2020 ction D. Computation of Inves | | | | | 16 | <u>%</u> |
| | | | | no 10 polyman (f) | | 17 | 0/ |
| | Investment income percentage for 20 | | | | | | <u>%</u> |
| | Investment income percentage from 2 | | | | | 18 18 1/3% and line 1 | 7 is not |
| 198 | 33 1/3% support tests - 2021. If the | | | | | | . — |
| | more than 33 1/3%, check this box ar | | | | | | |
| ľ | 33 1/3% support tests - 2020. If the | • | | | • | • | |
| 20 | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organizatio | n did not check a | DOX ON HINE 14, 198 | a, or 190, check tr | iis dux and see ins | นเนติเเดเร | 🟲 📖 |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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.
- Did one or more disqualified persons (as defined on 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 on 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 line 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.)

| | | Voc | Na |
|-----|---------|--------|------|
| | | Yes | No |
| | | | |
| | 1 | | |
| | | | |
| | 2 | | |
| | 3a | | |
| | | | |
| | 3b | | |
| | 3с | | |
| | | | |
| | 4a | | |
| | 4b | | |
| | Ŧ | | |
| | 4c | | |
| | | | |
| | 5a | | |
| | 5b | | |
| | 5c | | |
| | | | |
| | 6 | | |
| | | | |
| | 7 | | |
| | 8 | | |
| | J | | |
| | 9a | | |
| | 9b | | |
| | | | |
| | 9c | | |
| | | | |
| | 10a | | |
| | 10b | | |
| ule | A (Forn | n 990) | 2021 |

| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
|---|--|-----------|-----|----------|
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins | struction | s). | |
| 2 | Activities Test. Answer lines 2a and 2b 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 these activities constituted substantially all of its activities. | 2a | | <u></u> |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these activities but for the organization's involvement. | 2b | | <u> </u> |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | <u> </u> |
| 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 | | i |

| | dule A (Form 990) 2021 NEW YORK FOUNDATION FOR | | | 23-7129564 Page 6 |
|------|---|-------------|-------------------------------------|--------------------------------|
| Pa | Type III Non-Functionally Integrated 509(a)(3) Supporting | | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyi | ng trust on | n Nov. 20, 1970 (<i>explain in</i> | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations must | st complete | e Sections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |

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

Schedule A (Form 990) 2021

emergency temporary reduction (see instructions).

instructions).

Schedule A (Form 990) 2021

and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

7 Excess distributions carryover to 2022. Add lines 3j

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

INC.

OMB No. 1545-0047

Name of the organization

Employer identification number

23-7129564

NEW YORK FOUNDATION FOR THE ARTS 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 X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Name of organization Employer identification number

NEW YORK FOUNDATION FOR THE ARTS, INC.

23-7129564

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | ıl space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$ <u>17,392,371.</u> | 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 | | \$2,115,300. | 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 | | \$1,357,242. | Person X Payroll |
| (a) | (b) | (c) | (d) |
| No. 4 | Name, address, and ZIP + 4 | \$ 1,235,665. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$ <u>1,150,000</u> . | 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.) |

Name of organization Employer identification number

NEW YORK FOUNDATION FOR THE ARTS, INC.

23-7129564

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II | 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 organization Employer identification number

| EW YO | ORK FOUNDATION FOR THE A | ARTS, INC. | | 23-7129564 | | | | |
|---------------------------|--|--|--|--|--|--|--|--|
| Part III | from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, | through (e) and the following lincharitable, etc., contributions of \$1,00 | ne entry. For o | (1(c)(7), (8), or (10) that total more than \$1,000 for the year rganizations he year. (Enter this info. once.) \$ | | | | |
| | Use duplicate copies of Part III if additional | space is needed. | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | (e) Transfer o | of gift | | | | | |
| _ | Transferee's name, address, a | nd ZIP + 4 | Re | elationship of transferor to transferee | | | | |
| | | | | | | | | |
| (a) No. | | | | | | | | |
| Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | |
| | | | | | | | | |
| - | (a) Transfer of all | | | | | | | |
| | | (e) Transfer o | | | | | | |
| _ | Transferee's name, address, a | nd ZIP + 4 | Ro | elationship 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 | of gift | | | | | |
| | Transferee's name, address, a | | 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 o | of gift | | | | | |
| | Transferee's name, address, a | | | elationship of transferor to transferee | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 Inspection

Name of the organization

NEW YORK FOUNDATION FOR THE ARTS, INC.

Employer identification number 23-7129564

| Pai | t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | ar Funds or Ad | counts. Complete if the |
|------|--|----------------------------------|------------------------|---------------------------------|
| | ,, | (a) Donor advised fun | ds | (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 w | riting that the assets held in | donor advised fund | ds |
| | are the organization's property, subject to the organization's e | exclusive legal control? | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ad | lvisors in writing that grant fu | nds can be used c | only |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other | er purpose confer | ring |
| | impermissible private benefit? | | | |
| Pai | t II Conservation Easements. Complete if the organic | anization answered "Yes" on | Form 990, Part IV | , line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | n (check all that apply). | | |
| | Preservation of land for public use (for example, recreating | ion or education) 🔲 Pre | servation of a histo | orically important land area |
| | Protection of natural habitat | Pre | servation of a cert | ified historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified | ed conservation contribution | in the form of a co | |
| | day of the tax year. | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | 2a |
| b | Total acreage restricted by conservation easements | | | 2b |
| С | Number of conservation easements on a certified historic structure | | | 2c |
| d | Number of conservation easements included in (c) acquired af | · · | | |
| | listed in the National Register | | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | ased, extinguished, or termin | ated by the organ | ization during the tax |
| | year ▶ | | | |
| 4 | Number of states where property subject to conservation ease | ement is located | | |
| 5 | Does the organization have a written policy regarding the period | | andling of | |
| | violations, and enforcement of the conservation easements it l | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | nandling of violations, and enf | orcing conservation | on easements during the year |
| | > | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handli | ing of violations, and enforcin | ig conservation ea | sements during the year |
| | > \$ | | | |
| 8 | Does each conservation easement reported on line 2(d) above | • | . , . , . , | · — — |
| | and section 170(h)(4)(B)(ii)? | | | |
| 9 | In Part XIII, describe how the organization reports conservation | | • | |
| | balance sheet, and include, if applicable, the text of the footnotes and include, if applicable, the text of the footnotes are also as a second control of the f | ote to the organization's finan | icial statements th | at describes the |
| Dai | organization's accounting for conservation easements. t III Organizations Maintaining Collections of | Art Historical Treasur | as or Other 9 | Similar Accete |
| ı aı | Complete if the organization answered "Yes" on Form 9 | • | es, or other c | miniai Assets. |
| 10 | If the organization elected, as permitted under FASB ASC 958 | | atatament and hal | anno aboat warks |
| Ia | of art, historical treasures, or other similar assets held for publ | · | | |
| | • | • | | ice of public |
| h | service, provide in Part XIII the text of the footnote to its finance. | | | a shoot works of |
| b | If the organization elected, as permitted under FASB ASC 958 | • | | |
| | art, historical treasures, or other similar assets held for public or provide the following amounts relating to those items: | eanibilion, education, or rese | arcii iii iurtrierance | or public service, |
| | provide the following amounts relating to these items: | | | • • |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | |
| ^ | | auraa ar athar aimilar accata | | |
| 2 | If the organization received or held works of art, historical trea- | | | provide |
| _ | the following amounts required to be reported under FASB AS | | | • • |
| a | Revenue included on Form 990, Part VIII, line 1 | | | |
| b | Assets included in Form 990, Part X | | | ▶ \$ |

| | t III Organizations Maintaining Co | ollections of Art | | | | | Assets | | | age ∠ |
|------|---|------------------------|-------------------------------|---------------------------------------|------------|--|--------------|-----------------|------------|-------|
| 3 | Using the organization's acquisition, accession | n, and other records | , check any of the f | ollowing that mal | ke signi | ficant u | se of its | , | | |
| | collection items (check all that apply): | • | , | J | J | | | | | |
| а | Public exhibition | d | Loan or exc | hange program | | | | | | |
| b | Scholarly research | e | | | | | | | | |
| c | Preservation for future generations | · · | | | | | | | | |
| 4 | Provide a description of the organization's coll | lections and explain | how they further th | e organization's | ovomnt | nurnos | a in Dart | YIII | | |
| 5 | During the year, did the organization solicit or | • | • | - | - | | e iii ait | AIII. | | |
| 3 | to be sold to raise funds rather than to be main | | • | * | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arrang | | | | | | | | | _ NO |
| ı uı | reported an amount on Form 990, Part | | te ii trie organizatio | n answered Yes | OHFO | m 990, | , Part IV, I | line 9, or | | |
| | Is the organization an agent, trustee, custodia | | ary for contributions | s or other assets | not incl | uded | | | | |
| Iu | on Form 990, Part X? | | | | | | | Yes | | No |
| h | If "Yes," explain the arrangement in Part XIII a | | | | | | | _ 163 | L | _ |
| b | ii res, explain the arrangement in Part Alli a | na complete the long | owing table. | | | | | Amoun | | |
| | | | | | | | | Amoun | | |
| | Beginning balance | | | | | 1c | | | | — |
| | Additions during the year | | | | | 1d | | | | |
| | Distributions during the year | | | | | 1e | | | | |
| | Ending balance | | | | | 1f | | | | |
| 2a | Did the organization include an amount on For | rm 990, Part X, line 2 | 21, for escrow or cu | istodial account l | iability? | | L | Yes | 느 | _ No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | |
| Par | t V Endowment Funds. Complete if | the organization ans | swered "Yes" on Fo | rm 990, Part IV, I | ine 10. | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years ba | ck (d) | Three y | ears back | (e) Four | years | back |
| 1a | Beginning of year balance | 806,751. | 719,891. | 697,85 | 55. | 68 | 85,636. | | 702, | ,310. |
| | Contributions | | 4,588. | 7,97 | 72. | | | | | |
| | Net investment earnings, gains, and losses | -1,995. | 93,272. | 20,06 | 54. | : | 29,719. | | 15, | ,238. |
| | Grants or scholarships | 11,000. | 11,000. | 6,00 | | : | 17,500. | | | ,912. |
| | Other expenditures for facilities | , | • | , | | | , | | | |
| · | · · | | | | | | | | | |
| | | | | | | | | | | |
| | Administrative expenses | 793,756. | 806,751. | 719,89 | 1 | | 97,855. | | 685 | ,636. |
| _ | End of year balance | | • | , , , , , , , , , , , , , , , , , , , | /±• | 0. | 77,033. | | 005, | ,030. |
| 2 | Provide the estimated percentage of the curre | nt year end balance | (line 1g, column (a) |) held as: | | | | | | |
| | Board designated or quasi-endowment | | _% | | | | | | | |
| | Permanent endowment ► 67.6641 | % | | | | | | | | |
| С | Term endowment ▶ 32.3359 % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c should | ld equal 100%. | | | | | | | | |
| За | Are there endowment funds not in the possess | sion of the organizat | tion that are held ar | nd administered for | or the o | rganiza | tion | ſ | | |
| | by: | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | 3a(i) | | X |
| | (ii) Related organizations | | | | | | | 3a(ii) | | X |
| b | If "Yes" on line 3a(ii), are the related organizati | ons listed as require | ed on Schedule R? | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the o | | | | | | | | | |
| Par | t VI Land, Buildings, and Equipme | | | | | | | | | |
| | Complete if the organization answered | "Yes" on Form 990, | Part IV, line 11a. S | ee Form 990, Pa | rt X, line | 10. | | | | |
| | Description of property | (a) Cost or ot | | i i | c) Accı | | d | (d) Boo | k valu | |
| | bescription of property | basis (investm | | (other) | - | ciation | ~ | (a) 500 | r valu | C |
| | Land | ' | , | . , | | | | | | |
| | Buildings | | | | | | | | | |
| | Leasehold improvements | | 60 | 2,142. | 60 | 2,14 | 12. | | | 0. |
| | | | | 1,888. | | $\frac{2}{1,88}$ | | | | 0. |
| | Equipment | | | | 1,36 | | | 6 | <u>a</u> a | 63. |
| | Other | | | | | | ,,,,, | | | 63. |
| ıota | . Add lines 1a through 1e. (Column (d) must eq | uai Form 990, Part X | (<u>, column (B), line 1</u> | Uc.) | | | | U. | , J | 00. |

| Scriedule D | (1 01111 990) 202 1 | 11211 | T O T (T) | 1 0 0110111 1 011 | 1 011 | 1111107 | T110 | |
|-------------|---------------------|------------|--------------------|-------------------|-------|-------------|-------------|------|
| Part VII | Investments - | - Other Se | curities | | | | | |

| Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. | | | | | | | | |
|--|----------------|---|--|--|--|--|--|--|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value | | | | | | |
| (1) Financial derivatives | | | | | | | | |
| (2) Closely held equity interests | | | | | | | | |
| (3) Other | | | | | | | | |
| (A) | | | | | | | | |
| (B) | | | | | | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| (E) | | | | | | | | |
| (F) | | | | | | | | |
| (G) | | | | | | | | |
| (H) | | | | | | | | |

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.

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

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) PROGRAM RELATED | | |
| (2) INVESTMENTS | 868,384. | END-OF-YEAR MARKET VALUE |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | 868,384. | |

Part IX Other Assets.

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

| (a) Description | | (b) Book value |
|--|---|----------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (h) must equal Form 990, Part X, col. (R) line 15.) | • | |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) DUE TO SPONSORED EMERGING ORGS. | 487,928. |
| (3) DEFERRED RENT | 10,785. |
| (4) DUE TO MIRLF | 894,641. |
| (5) | |
| (6) | |
| | |
| (8) | |
| (9) | |
| Total, (Column (h) must equal Form 990, Part Y, col. (R) line 25.) | 1,393,354. |

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

SCHEDULE D, PART V, LINE 4

INVESTMENT RETURN ON PERMANENTLY RESTRICTED ENDOWMENT FUNDS ARE INTENDED

FOR THE PURPOSE OF ADMINISTERING GRANTS TO ARTISTS.

132054 10-28-21 Schedule D (Form 990) 2021

| Schedule | D (Form 99 | 90) 2021 | NEW nformation | YORK | FOUNDATION | FOR | THE | ARTS, | INC. | 23-7129564 | Page 5 |
|----------|------------|-----------|-------------------|-----------|------------|-----|-----|-------|------|------------|--------|
| Part XI | II Suppl | emental I | nformatior | (continue | ed) | | | | | | |
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SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

2021

Open to Public Inspection

Name of the organization Employer identification number 23-7129564 NEW YORK FOUNDATION FOR THE ARTS, INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

| | | of fundraising event contributions and gro | | | vente with gross receipt | s greater than \$5,000. |
|-----------------|--------------------|--|---|---|--------------------------|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | NYFA HALL OF | | NONE | (add col. (a) through |
| | | | FAME | | | col. (c)) |
| a | | | (event type) | (event type) | (total number) | |
| Revenue | | | | | | |
| Š | 1 | Gross receipts | 188,809. | | | 188,809. |
| ٦ | | | | | | |
| | 2 | Less: Contributions | 55,614. | | | 55,614. |
| | | | 122 105 | | | 122 105 |
| \dashv | 3 | Gross income (line 1 minus line 2) | 133,195. | | | 133,195. |
| | | Ocal as ince | | | | |
| | 4 | Cash prizes | | | | |
| | 5 | Noncoch prizes | | | | |
| S | Э | Noncash prizes | | | | |
| use | 6 | Rent/facility costs | 48,632. | | | 48,632. |
| ğ | Ü | Tions tability costs | 10,0321 | | | 10,0321 |
| Direct Expenses | 7 | Food and beverages | 7,345. | | | 7,345. |
| Ë | • | , cod and bovorages | .,,,,,, | | | .,,,,,,, |
| ᅴ | 8 | Entertainment | 500. | | | 500. |
| | 9 | Other direct expenses | 24,510. | | | 24,510. |
| | 10 | Direct expense summary. Add lines 4 through | 9 in column (d) | | > | 80,987. |
| | 11 | | | | | 52,208. |
| Pa | rt I | | answered "Yes" on Form | 990, Part IV, line 19, or r | eported more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | T | | | Τ |
| e e | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Revenue | | | | biligo/progressive biligo | | coi. (a) through coi. (c) |
| Be | 4 | Cross revenue | | | | |
| | | Gross revenue | | | | |
| | 2 | Cash prizes | | | | |
| ses | | • | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Û | | | | | | |
| ie Ei | 4 | Rent/facility costs | | | | |
| | | | | | | |
| I | | | | | | |
| \dashv | 5 | Other direct expenses | | | | |
| | | Other direct expenses | Yes% | Yes % | Yes% | |
| | | | Yes % No | Yes % No | Yes % | |
| | 6 | Other direct expenses Volunteer labor | No No | No No | No No | |
| | | Other direct expenses | No No | | No No | |
| | 6 | Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through | No No 15 in column (d) | No No | No ▶ | |
| | 6 | Other direct expenses Volunteer labor | No No 15 in column (d) | No No | No ▶ | |
| 9 | 6 7 8 | Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 | No No n 5 in column (d) from line 1, column (d) | No No | No | |
| | 6 7 8 | Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through | No 1 5 in column (d) from line 1, column (d) acts gaming activities: | No | No► | Yes No |
| а | 6 7 8 Entitle 1s t | Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu | No n 5 in column (d) from line 1, column (d) cets gaming activities: cetivities in each of these s | No states? | No► | Yes No |
| а | 6 7 8 Entitle 1s t | Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducts organization licensed to conduct gaming act | No n 5 in column (d) from line 1, column (d) cets gaming activities: cetivities in each of these s | No states? | No► | Yes No |
| a b | 6 7 8 Entitle If " | Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducte organization licensed to conduct gaming action," explain: | No 1 5 in column (d) from line 1, column (d) cots gaming activities: ctivities in each of these s | states? | No▶ | |
| a b 10a | 6 7 8 Entra list t | Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducte organization licensed to conduct gaming action, " explain: ere any of the organization's gaming licenses re- | No n 5 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these servoked, suspended, or te | states? | No▶ | |
| a b 10a | 6 7 8 Entra list t | Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducte organization licensed to conduct gaming action," explain: | No n 5 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these servoked, suspended, or te | states? | No▶ | |

| Sch | edule G (Form 990) 2021 NEW YORK FOUNDATION FOR THE ARTS, INC. 23-7 | 7129564 | Page 3 |
|---|--|-------------------------------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | ☐ No |
| | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | Yes | No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| | The organization's facility | 13a | % |
| | An outside facility | 13b | |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | 100 | /0 |
| 14 | the the hame 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? | Yes | ☐ No |
| b | o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount | | |
| | of gaming revenue retained by the third party > \$ | | |
| С | : If "Yes," enter name and address of the third party: | | |
| | | | |
| | Name | | |
| | | | |
| | Address > | | |
| | | | |
| 16 | Gaming manager information: | | |
| | Name ▶ | | |
| | Name - | | |
| | Gaming manager compensation > \$ | | |
| | | | |
| | Description of services provided | | |
| 11 12 13 a b 14 15a b c | | | |
| | | | |
| | | | |
| | Director/officer Employee Independent contractor | | |
| | | | |
| 17 | Mandatory distributions: | | |
| | s the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| _ | retain the state gaming license? | Yes | No |
| h | 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 > \$ | | |
| Pa | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa | rt III. lines 9. ¹ | 9b. 10b. |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | , , . | ,, |
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| Schedule G | (Form 990) | NEW | YORK | FOUNDATION | FOR | THE | ARTS, | INC. | 23-7129564 | Page 4 |
|------------|-------------------------------|--------|-----------|------------|-----|-----|-------|------|------------|--------|
| Part IV | (Form 990) Supplemental Infor | mation | (continue | ed) | | | - | | | |
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SCHEDULE I (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047

Open to Public Inspection

| Internal Revenue Service | | | Go to www.ii | rs.gov/Form990 fo | r the latest inforn | nation. | | | Inspection |
|---|--|----------------|----------------|-------------------|---------------------|-------------------------------------|----------------------|----------------|---------------------|
| Name of the organization | NEW YORK I | FOUNDATIO | N FOR THE A | RTS, INC. | | | | Employer | identification numb |
| Part I General Informa | Employer identification on 23-7129tion on Grants and Assistance Initial records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection are grants or assistance? Integrants or assistance? Integrants or assistance or procedures for monitoring the use of grant funds in the United States. Integrants or assistance or procedures for monitoring the use of grant funds in the United States. Integrants or assistance or procedures for monitoring the use of grant funds in the United States. Integrants or assistance or procedures for monitoring the use of grant funds in the United States. Integrants or assistance or procedures for monitoring the use of grant funds in the United States. Integrants or assistance or procedures for monitoring the use of grant funds in the United States. Integrants or assistance or procedures for monitoring the use of grant funds in the United States. Integrants or assistance or procedures for monitoring the use of grant funds in the United States. Integrants or assistance or procedures or p | | | | | | | | |
| criteria used to award | the grants or assis | tance? | | | | - | | | X Yes |
| | | | | | | anization answered "\ | es" on Form 990, Par | t IV, line 21, | for any |
| | • 1 | (b) EIN | | | noncash | valuation (book, FMV, appraisal, | | | |
| | | | | | | | | FISCAL S | PONSORSHIP TO |
| YOUTH ARTS NEW YORK | | | | | | | | ALLOW EM | ERGING ARTS |
| P.O. BOX 363 | | | | | | | | ORGANIZA | TIONS TO |
| NEW YORK, NY 10011 | | 20-2662433 | 501(C)(3) | 12,046. | 0. | | | FUNDRAIS | E UNDER NYFA AN |
| | | | | | | | | FISCAL S | PONSORSHIP TO |
| CUBAN ARTIST FUND | | | | | | | | ALLOW EM | ERGING ARTS |
| 10 PARK AVENUE, 12A | | | | | | | | ORGANIZA | TIONS TO |
| NEW YORK , NY 10016 | | 13-4005473 | 501(C)(3) | 107,253. | 0. | | | FUNDRAIS | E UNDER NYFA AN |
| | | | | | | | | FISCAL S | PONSORSHIP TO |
| DRUMSONGS PRODUCTIONS | , INC. | | | | | | | ALLOW EM | ERGING ARTS |
| P.O. BOX 340716 | | | | | | | | ORGANIZA | TIONS TO |
| JAMAICA, NY 11434 | | 06-1550859 | | 91,053. | 0. | | | FUNDRAIS | E UNDER NYFA AN |
| | | | | | | | | FISCAL S | PONSORSHIP TO |
| AFGHANCULTURE MUSEUM F | FOUNDATION | | | | | | | ALLOW EM | ERGING ARTS |
| 69 SOUTH OXFORD STREET | r | | | | | | | ORGANIZA | TIONS TO |
| BROOKLYN, NY 11217 | | 27-1259903 | | 5,218. | 0. | | | FUNDRAIS | E UNDER NYFA AN |
| | | | | | | | | FISCAL S | PONSORSHIP TO |
| LENAPE CENTER | | | | | | | | ALLOW EM | ERGING ARTS |
| 21 EAST 92ND STREET, # | [‡] 2 | | | | | | | ORGANIZA | TIONS TO |
| NEW YORK, NY 10128 | | 45-5282136 | 501(C)(3) | 366,109. | 0. | | | FUNDRAIS | E UNDER NYFA AN |
| Describe in Part IV the organization's procedures for monitoring 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 an recipient that received more than \$5,000. Part It can be duplicated if additional space is needed. 1(a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (f) Method of valuation (book, FMV, appraisal, other) (f) Method of valuation (book, FMV, appraisal, other) (f) Method of valuation (b) (f) | | | SPONSORSHIP TO | | | | | | |
| PARTHENIA | | | | | | | | ALLOW EM | ERGING ARTS |
| 67-25 47TH AVENUE | | | | | | | | ORGANIZA | TIONS TO |
| WOODSIDE , NY 11377 | | 77-0698322 | | 90,105. | 0. | | | FUNDRAIS | SE UNDER NYFA AN |

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

3 Enter total number of other organizations listed in the line 1 table

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) 2021

6.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|---|----------------------------------|--|--|------------------------------------|
| | | | | | | | FISCAL SPONSORSHIP TO |
| INERVA FOUNDATION FOR FIGURE | | | | | | | ALLOW EMERGING ARTS |
| RAWING - 293 BROOME STREET - NEW | | | | | | | ORGANIZATIONS TO |
| ORK, NY 10002 | 83-4405793 | | 28,619. | 0. | | | FUNDRAISE UNDER NYFA ANI |
| | | | | | | | FISCAL SPONSORSHIP TO |
| RBAN ART BEAT | | | | | | | ALLOW EMERGING ARTS |
| 72 HAMILTON AVENUE | | | | | | | ORGANIZATIONS TO |
| TATEN ISLAND, NY 10301 | 11-3794614 | 501(C)(3) | 27,592. | 0. | | | FUNDRAISE UNDER NYFA ANI |
| | | | | | | | FISCAL SPONSORSHIP TO |
| IRCUMFERENCE | | | | | | | ALLOW EMERGING ARTS |
| 82 NORTHFIELD ROAD | | | | | | | ORGANIZATIONS TO |
| ITCHFIELD, CT 06759 | 42-1580148 | | 7,348. | 0. | | | FUNDRAISE UNDER NYFA AND |
| | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | FISCAL SPONSORSHIP TO |
| ENYCE GRAVES FOUNDATION INC. | | | | | | | ALLOW EMERGING ARTS |
| 740 BROADWAY, 15TH FLOOR | | | | | | | ORGANIZATIONS TO |
| EW YORK, NY 10019 | 86-2276658 | 501(C)(3) | 255,314. | 0. | | | FUNDRAISE UNDER NYFA ANI |
| EW TORK, NT 10013 | 00 2270030 | 301(0)(3) | 233,314. | 0. | | | FISCAL SPONSORSHIP TO |
| HE MISTY COPELAND FOUNDATION INC. | | | | | | | ALLOW EMERGING ARTS |
| | | | | | | | |
| 6 ST. NICHOLAS AVENUE, SUITE 5G | 05 1435003 | F01 (G) (2) | 000 505 | | | | ORGANIZATIONS TO |
| IEW YORK, NY 10026 | 87-1435083 | 501(C)(3) | 200,597. | 0. | | | FUNDRAISE UNDER NYFA AND |
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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (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 |
|---|--------------------------|--------------------------|---------------------------------------|--|---------------------------------------|
| | | | | | |
| ARTIST FUND PROGRAM - INCLUDING THE LATINX | | | | | |
| FELLOWSHIP AWARDS | 33 | 1,318,000. | 0. | | |
| | | | | | |
| | | | | | |
| CANADIAN WOMEN ARTIST AWARD | 2 | 10,000. | 0. | | |
| | | | | | |
| | | | | | |
| JOY OF GIVING SOMETHING - PHOTOGRAPHY AWARD | 4 | 28,000. | 0. | | |
| | | | | | |
| | | | | | |
| NYSCA NYFA FELLOWSHIP AWARDS | 92 | 644,000. | 0. | | |
| | | | | | |
| | | | | | |
| NYC MADE IN NY WOMEN'S FILM GRANTS | 156 | 1,397,371. | 0. | | |

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

PART I, LINE 2:

EACH NYFA GRANT PROGRAM HAS CRITERIA AND GUIDELINES THAT THE GRANT
RECIPIENT FOLLOWS. IN SOME CASES THAT REQUIRES PERIODIC REPORTS TO BE

SUBMITTED, AND OR SUPPORT DOCUMENTATION FOR EXPENSES INCURRED. OTHER TIMES,

GRANT CRITERIA MAY INCLUDE A SPECIFIC ART DISCIPLINE, GEOGRAPHIC LOCATION,

DEMOGRAPHIC, ETC. GRANT APPLICATIONS ARE REVIEWED INDEPENDENTLY BY

PANELISTS. IN MANY CASES THE PANELIST MAY HAVE BEEN PAST GRANT RECIPIENTS

AND ARTISTS OF SIMILAR DISCIPLINE.

| Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.) | | | | | | | |
|---|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|--|--|
| (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 | | |
| | | | | | | | |
| ZYDNEY ACCESSIBILITY GRANTS | 121. | 121,000. | 0. | | | | |
| | | | | | | | |
| RAUSCHENBERY EMERGENCY MEDICAL RELIEF GRANTS | 260. | 1,036,957. | 0. | | | | |
| | | | | | | | |
| GERI ASHUR AWARD | 1. | 10,000. | 0. | | | | |
| CITY ARTIST CORP GRANTS | 2,986. | 14,932,000. | 0. | | | | |
| | | , | | | | | |
| NYSCA PROJECT AWARDS | 5. | 21,118. | 0. | | | | |
| | | | | | | | |
| FISCAL SPONSORSHIP | 250. | 3,613,786. | 0. | | | | |
| | | | | | | | |
| PATRICIA KERR ROSS AWARD | 1. | 1,000. | 0. | | | | |
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ARTS ORGANIZATIONS TO FUNDRAISE UNDER NYFA AND ACCOMPLISH THEIR ART PROJECTS

NAME OF ORGANIZATION OR GOVERNMENT: PARTHENIA

(H) PURPOSE OF GRANT OR ASSISTANCE: FISCAL SPONSORSHIP TO ALLOW EMERGING

NAME OF ORGANIZATION OR GOVERNMENT: THE MISTY COPELAND FOUNDATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FISCAL SPONSORSHIP TO ALLOW EMERGING

ARTS ORGANIZATIONS TO FUNDRAISE UNDER NYFA AND ACCOMPLISH THEIR ART

PROJECTS

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.

Open to Public

Name of the organization

Department of the Treasury

NEW YORK FOUNDATION FOR THE ARTS, INC.

Inspection **Employer identification number**

OMB No. 1545-0047

23-7129564 **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 Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 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 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee 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: a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a X Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 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 Х 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2021

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 | I-2 and/or 1099-MIS0 compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) |
|-----------------------------|------|--|-----------------------------------|-------------------------------------|-----------------------------------|-------------------------|------------------------------------|---|
| | | (i) Base (ii) Bonus & incentive compensation | | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) MICHAEL L. ROYCE | (i) | 254,017. | 110,000. | 0. | 5,080. | 11,058. | 380,155. | 0. |
| CHIEF EXECUTIVE OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | | 0. |
| (2) SEBI VITALE DIRECTOR OF | (i) | 111,854. | 30,000. | 0. | 2,237. | 32,063. | 176,154. | 0. |
| FINANCE & ADMINISTRATION | (ii) | 0. | 0. | 0. | 0. | 0. | | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| Part III Supplemental Information |
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| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
| PART I, LINE 7: |
| THE ORGANIZATION AWARDED A DISCRETIONARY BONUS, BASED ON PERFORMANCE, TO |
| THE EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE & ADMINISTRATION, AS |
| REPORTED IN PART II, COLUMN B(II). |
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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

NEW YORK FOUNDATION FOR THE ARTS, INC.

Employer identification number 23-7129564

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROGRAMMING IN THE COMMUNITY, AND BY BUILDING COLLABORATIVE RELATIONSHIPS WITH OTHERS WHO ADVOCATE FOR THE ARTS IN NEW YORK STATE AND THROUGHOUT THE COUNTRY. EACH YEAR NYFA AWARDS \$1 MILLION PLUS TO INDIVIDUAL ARTISTS THROUGH ITS FELLOWSHIP AND OTHER GRANTING PROGRAMS. NYFA'S LEARNING PROGRAMS SERVE THOUSANDS OF ARTISTS THROUGH WORKSHOPS PANEL DISCUSSIONS, AND INDIVIDUAL MENTORING ON TOPICS RANGING FROM GRANT WRITING AND BUDGETING TO CREATING AN ARTIST PORTFOLIO AND AUDIENCE DEVELOPMENT. THE FISCAL SPONSORSHIP PROGRAM IS ONE OF THE LARGEST AND MOST ESTABLISHED IN THE COUNTRY AND HELPS ARTISTS AND EMERGING ARTS ORGANIZATIONS RAISE AND MANAGE OVER \$3 MILLION ANNUALLY. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAMS: OTHER PROGRAMS PROVIDED BY THE FOUNDATION INCLUDE ARTIST FELLOWSHIPS, ONLINE RESOURCES, NYFA LEARNING, AND THE ROBERT RAUSCHENBERG ARTIST EMERGENCY RELIEF GRANTS. EXPENSES \$ 5,195,753. INCL GRANTS OF \$ 2,783,368. REVENUE \$ 1,735,173. FORM 990, PART VI, SECTION B, LINE 11B: THE FOUNDATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM. DRAFT OF THE FORM 990 IS REVIEWED BY THE FOUNDATION'S MANAGEMENT AND THEN PROVIDED TO NYFA'S FINANCE COMMITTEE BEFORE BEING FINALIZED. THE COMMITTEE

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

NEW YORK FOUNDATION FOR THE ARTS, INC. CURRENTLY HAS IN PLACE A CONFLICT OF

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

Schedule O (Form 990) 2021

DISCUSSES ANY ISSUES FOUND DURING THE REVIEW OF THE 990 WITH THE AUDITORS.

Schedule O (Form 990) 2021 Page 2

Name of the organization **Employer identification number** NEW YORK FOUNDATION FOR THE ARTS, INC. 23-7129564 INTEREST POLICY WHICH IT ANNUALLY MONITORS AND ENFORCES. THE BOARD CURRENTLY MANDATES THAT ALL DIRECTORS, OFFICERS, COMMITTEE MEMBERS, AND EMPLOYEES ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. THE SIGNED CONFLICT OF INTEREST POLICY IS SUBMITTED TO THE DIRECTOR OF FINANCE OR THE DEPUTY DIRECTOR WHO REVIEWS THE SIGNED ATTESTATIONS FOR ANY POTENTIAL OR ACTUAL CONFLICTS. IF A POTENTIAL OR ACTUAL CONFLICT EXISTS, THE DIRECTOR OF FINANCE OR THE DEPUTY DIRECTOR WILL INFORM THE MEMBER OF THE BASIS OF SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO RESPOND. THE BOARD OR COMMITTEE WILL DISCLOSE THE CONFLICT OF INTEREST AND HOW THE CONFLICT WAS HANDLED. THE PERSON WITH THE ACTUAL CONFLICT OF INTEREST WILL BE PROHIBITED FROM VOTING ON THE MATTER THAT GIVES RISE TO THE CONFLICT. IF THERE HAS BEEN SUBSTANTIAL OR REPEATED FAILURES TO DISCLOSE ACTUAL CONFLICTS OF INTEREST, THE BOARD MAY TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION, INCLUDING REMOVAL OF THE MEMBER.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION OF THE CHIEF EXECUTIVE OFFICER IS REVIEWED AND SET BY THE

COMPENSATION COMMITTEE, CONSISTING OF THE BOARD CHAIR, THE TREASURER, THE

CHAIR OR CO-CHAIRS OF THE NOMINATING AND GOVERNANCE COMMITTEE, AND ONE

ADDITIONAL DIRECTOR APPOINTED BY THE BOARD. THIS GROUP RESEARCHES REPORTS

AND SURVEYS ON SALARIES AGAINST CEOS OF NOT FOR PROFITS WITH SIMILAR

MISSIONS, BUDGET SIZES AND GEOGRAPHY, AND CONTRASTS THESE SALARIES AGAINST

THOSE LISTED ON WEBSITES SUCH AS GUIDESTAR, TO DETERMINE AN APPROPRIATE

COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER. THIS WAS LAST DONE AUGUST 18,

2020.

Schedule O (Form 990) 2021 Page **2**

| Name of the organization NEW YORK FOUNDATION FOR THE ARTS, INC. | Employer identification number 23-7129564 | | | | |
|--|---|--|--|--|--|
| NEW YORK FOUNDATION FOR THE ARTS, INC. MAKES ITS FORM 990 | AVAILABLE FOR | | | | |
| OUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE | | | | | |
| CODE BY MAKINT IT AVAILABLE ON GUIDESTAR.ORG AND SIMILAR T | YPES OF WEBSITES. | | | | |
| IN ADDITION, THE ORGANIZATION MAKES ITS GOVERNING DOCUMENT | S, CONFLICT OF | | | | |
| INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON R | EQUEST AT 20 JAY | | | | |
| STREET, BROOKLYN, NY 11201 OR BY CALLING THE ORGANIZATION | DIRECTLY AT | | | | |
| 212-366-6900. | | | | | |
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| FORM 990, PART XII, LINE 2C: | | | | | |
| THE ORGANIZATION HAS AN AUDIT COMMITTEE WHICH IS RESPONSIB | LE FOR | | | | |
| OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT AC | COUNTANT. THE | | | | |
| PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. | | | | | |
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