UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK FORM 990 TAX YEAR 2020

Form	9	9	0
Departm	nent of	the	Treasury

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

6

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

Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

		nue Sen				about Form					<u> </u>	0111330.			specin	
A F	or th	e 202	0 cale	endar year, or t	ax year beg	inning	0	7/01, <b>2020</b>	), and	ending	<u> </u>			′30 <b>,20</b>		
Р.			C Nan	ne of organization								D Employer id	entifica	ation num	ber	
вс	heck if ap	plicable:	UN	IVERSITY S	ETTLEMENT	r society	OF NE	W YORK								
	Addre chang		Doir	ng Business As								13-5562	2374			
	Name	change	Nun	nber and street (or	P.O. box if mail i	s not delivered to	o street addr	ess)	Room	/suite		E Telephone n	umber			
	Initial	return	18	4 ELDRIDGE	STREET							(212) 67	212) 674-9120			
	Termi	nated	City	or town, state or p	rovince, country,	and ZIP or forei	gn postal co	de			-					
Х	Amen		NE	W YORK, NY	10002							G Gross receip	ts \$	39,	791	,966.
	Applic	ation	F Nan	ne and address of p	principal officer:	RABIY	A AKHT	AR				H(a) Is this a gro			Yes	XNO
	pendi	ng	18	4 ELDRIDGE	STREET.							subordinates H(b) Are all subord			Yes	No
	Tay-ov	empt st	1	X 501(c)(3)	501(c) (		ert no.)		or	527		If "No," attac				
		· ·		UNIVERSITY		, , ,	ent no.)	4947(a)(1)	01	527					10110)	
-							Other	<u> </u>				H(c) Group exem				NV
		<u> </u>	nization:		Trust	Association	Other		L	. Year of 1	formatio	on: 1886 M	State c	of legal do	nicile:	NY
P	art I		mmar	,					<b>D</b> 0 <b>T D</b>							
	1			ibe the organizat										FOR	·	
Ce				ORGANIZATI					OF, F.	AMILI	LES I	_LVING				
nar		AND	WOR:	KING ON THI	E_LOWER_E	AST SIDE	OF MA	NHATTAN.								
Governance	2	Check	c this b	ox 🕨 🔄 if the	organization	discontinued	its operati	ons or dispos	ed of m	nore thar	n 25% (	of its net asset	S.			
				oting members o	-		,						3			19.
ۍ م	4	Numb	er of ir	ndependent votin	g members of	the governing	g body (Pa	rt VI, line 1b)					4			19.
Activities &	5	Total	numbe	er of individuals e	mployed in ca	lendar year 20	20 (Part V	, line 2a)					5			821.
÷				er of volunteers (e									6			200.
Ă	7a	Total	unrelat	ted business reve	nue from Part	VIII, column (C	C), line 12						7a			0.
				d business taxab									7b			0.
												Prior Year		Curr	ent Ye	ear
	8									28,943,91	5.	28	,652	,419.		
nue	9	Progr	Program service revenue (Part VIII line 2g)								5,067,394.		5	,493	,798.	
Revenue									185,885.				,405.			
Ř				ue (Part VIII, colu						ı⊦		381,40				,766.
				ie - add lines 8 th						Г		34,578,60		34		,388.
				similar amounts p								01/0/0/00	0.			0
													0.			
	45			d to or for membe								27,157,10		29	258	,557.
Expenses	15	Salari	es, our	er compensation	, employee bei		Column (A	(),  lines 5-10	• • •	•••+		27,137,10	0.	27	, 250	0.
)en	16a	Profe	ssional	fundraising fees ising expenses (P	(Part IX, colum	in (A), line 11e		740 216	• • •	•••+			0.			
Ä	D											9,159,46		0	020	,547.
				ses (Part IX, colu					• • •	•••+		36,316,56				,104.
				ses. Add lines 13					• • •	• • •  -						
- 0	19	Rever	nue les	s expenses. Sub	tract line 18 fro	m line 12		<u></u>				-1,737,96				,716.
ts o nce	20 21 22	_								-	•	ning of Current			of Yea	
sse	20			(Part X, line 16)						•••+		44,608,26				,481.
a B B	21	Total	liabiliti	es (Part X, line 26	)					• • •  -		14,539,17				,466.
žĒ	22			or fund balances.	Subtract line 2	21 from line 20		<u></u>				30,069,09	94.	33	,013	,015.
Pa	ırt II	Si	gnatu	re Block												
Un	der per	alties of and	of perjui	ry, I declare that I h te. Declaration of pr	nave examined t	his return, inclu	iding accon	npanying sched	ules and	d stateme	ents, an	nd to the best of owledge	f my kr	nowledge	and be	lief, it is
	,								1011 1010		uny nun					
<b>c:</b> ~																
Sig			Signatu	ure of officer								Date				
He	re															
			Туре о	r print name and title	9											
		Print/	Туре рг	reparer's name		Preparer's si	gnature		Da	ate		Check	if P	TIN	_	
Paio		AAR	ON	SHAPIRO		A		~				self-employ	ed I	201333	3816	
	parer	Firm's	s name	▶ FORVIS,	LLP		181		- 1			Firm's EIN 🕨	44-0	16026	0	
Use	Only			s 🕨 1155 AVENU		RICAS #1200	NEW YORK	NY 10036						-867-4		
Mav	/ the II			his return with the										X Ye		No
				tion Act Notice,												(2020)
	. aper				coo alo separa									1 011		(2020)

UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK 13-5562374

For	m 990 (2020) Page <b>2</b>
Pa	art III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: UNIVERSITY SETTLEMENT IS A NOT FOR PROFIT ORGANIZATION DEDICATED TO
	THE BETTERMENT OF FAMILIES LIVING AND WORKING ON THE LOWER EAST
	SIDE OF MANHATTAN.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	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 \$ 15,502,609. including grants of \$ ) (Revenue \$ 5,118,821. )
τu	ATTACHMENT 1
4b	(Code:) (Expenses \$8,174,833. including grants of \$) (Revenue \$)
	ATTACHMENT 2
4c	(Code:) (Expenses \$10,843,613. including grants of \$) (Revenue \$374,977. )
	ATTACHMENT 3
<u>4</u> 4	Other program services (Describe on Schedule O.)
τu	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 34,521,055.
JSA	
UE1	<sup>200</sup> 1.000 2195TU V01B 11/3/2022 10:02:23 AM V 20-7.24 1207200-AMENDED

UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK 13-5562374 Page 3

art	V Checklist of Required Schedules			-
			Yes	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors 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		
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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
Ū	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
0	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		_
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		_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		
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		
0	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
-	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VII, VII, IX, or X as applicable.			
~				
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	Х	
	complete Schedule D, Part VI	11a	Λ	_
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
D		126		
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_
3	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i> .	13		_
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
5	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		
6	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		
7	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		
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
0			Х	
_	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
9	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		
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ΙĪ	_	
	Bia and diganization report more than \$6,000 or grants or other addictation to any democite organization or			
1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Form 990 (2020)

Part	V Checklist of Required Schedules (continued)		¥	
00	Did the experiencial many them #5 000 of ments or other excitations to be for demostic individuals or		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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		<u> </u>
<b>2</b> 40	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d		24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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	07		x
20	persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		x
b	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 lines 28a or 28b? If			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	37
	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	254		
26	controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		<u> </u>
36	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	30		
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			<u> </u>
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
10.4	reportable gaming (gambling) winnings to prize winners?	1c		
JSA 0E1030		Form	990	(2020)
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Form	990 (2020)		F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 821			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts 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 services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	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 organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

Form	aan	(2020)
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Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No'
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instruct	tions.
	Check if Schedule O contains a response or note to any line in this Part VI	Χ
Section 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	1a	19			
	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					
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	1b	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	shin with			
-	any other officer, director, trustee, or key employee?		•	2	Х	
3	Did the organization delegate control over management duties customarily performed by or u					
Ũ	supervision of officers, directors, trustees, or key employees to a management company or other			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's			5		Х
6	Did the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization of the organization become aware during the year of a significant diversion of the organization of the organization become aware during the year of a significant diversion of the organization of the organizati			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to el					
·u	one or more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval					
	stockholders, or persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions und					
-	the year by the following:	- tant	aaring			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
-	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of	such	chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	urpose	es?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	ling th	e form? .	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	that c	ould give			
	rise to conflicts?			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy?	If "Yes,"			
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review ar					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				37	
а	The organization's CEO, Executive Director, or top management official			15a	X	37
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar		-	4.0		v
	with a taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to			166		
Santi	organization's exempt status with respect to such arrangements?			16b		
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \frac{MY}{M}$	000			<i></i>	044
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that ap		and 990-T	(Sec	tion 5	01(C)
	Own website Another's website X Upon request Other (explain on Sc		a ())			
		Toull	- 0)			

19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,
	and financial 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 ► RABIYA AKHTAR 184 ELDRIDGE STREET NEW YORK, NY 10002 212-453-4599

Page 7

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

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

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

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

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

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

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

				(	C)					
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and title	Average	•						Reportable	Reportable	Estimated amount
	hours per week	box, unless person is both an officer and a director/trustee)						compensation from the	compensation from related	of other compensation
	(list any				1		, 	organization	organizations	from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	mpl	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	id ua	utior	P	ldm	est c	er			related organizations
	organizations below	or tru:	าal t		oye	mp				
	dotted line)	stee	ruste			ens				
			ĕ			Highest compensated employee				
(1) ERIC W WEINGARTNER	0.									
CEO (THROUGH 4/20)	17.50						Х	126,068.	247,849.	65,003.
(2) <sup>MELISSA E. AASE</sup>	35.00									
CHIEF EXECUTIVE OFFICER	0.			Х				225,758.	0.	50,231.
(3) IRMA GONZALEZ	17.50									
CFO (THROUGH 12/31/2020)	17.50			Х				218,256.	0.	40,270.
(4) BARBARA E. CLAPP	17.50									
MANAGING DIR INDIVIDUAL LIVING	17.50					X		173,923.	0.	42,196.
(5) VIRGINIA W. DOTSON	35.00									
SENIOR DIRECTOR, BUSINESS & IT	0.					X		115,618.	0.	47,839.
(6) MARY GRACE ADAMS	35.00									
ASSOCIATE EXECUTIVE DIRECTOR	0.					Х		120,983.	0.	42,444.
(7) ANDY J. SANTIAGO	17.50									
CONTROLLER	17.50					X		127,653.	0.	27,908.
(8) MICHELLE A. PAIGE	35.00									
CHIEF PROGRAM & EQUITY OFFICER	0.					Х		135,734.	0.	287.
(9) BENJAMIN SCHALL	2.00									
CO-CHAIR	0.	Х		Х				0.	0.	0.
(10) ALAN P. WINTERS	2.00									
CO-CHAIR	0.	Х		Х				0.	0.	0.
(11) RONNI FISHER	2.00									
VICE PRESIDENT FOR PROGRAMS	0.	Х		Х				0.	0.	0.
(12) RENEE EUBANKS	2.00									
VICE PRESIDENT FOR PROGRAMS	0.	Х		Х				0.	0.	0.
(13) THOMAS MORGAN	2.00									
TREASURER/VP OF FINANCE	0.	Х		Х				0.	0.	0.
(14) STEVEN M. SCHALL	2.00									
VICE PRESIDENT	0.	Х		Х				0.	0.	0.

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Ра	rt VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es,	and H	lig	hest Compensat	ed Employees (c	ontinue	ed)	_
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	ss pe	ition more rson	e than o is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	an com fr org an	(F) stimated nount of other pensatio om the anizatio d related anizatior	on n d
15)	EMMA BLOCH	2.00	ee	stee			compensated 9e						
T2)	ASST TREASURER/AUDIT CHAIR	2.00	x		Х				0	0.			
16)	IAN ZILLA	2.00			л				0.				_
	SECRETARY	0.	x		х				0	0.			
17)	ANDREW ZHU	2.00											
	DIRECTOR	0.	x						0	0.			
18)	STEVE PERRICONE	2.00											
	DIRECTOR	0.	x						0	0.			
19)	RICH MEDOR	2.00											-
	DIRECTOR	0.	x						0	0.			
20)	STEFANIE BATTEN BLAND	2.00											
	DIRECTOR	0.	x						0	0.			
21)	JAMES K. FINKEL	2.00											
́	DIRECTOR	0.	x						0	0.			
22)	HALE GURLAND	2.00											
	DIRECTOR	0.	x						0.	0.			
23)	AVIVA WILL	2.00											
	DIRECTOR	0.	x						0.	0.			
24)	KEN JOSEPH	2.00											-
	DIRECTOR	0.	x						0.	0.			
25)	CLAYTON POPE	2.00											-
	DIRECTOR	0.	x						0.	0.			
1b	Sub-total								1,243,993.	247,849.		316,1	17
	Total from continuation sheets to Part VII, S	ection A	• • •	••	• •	• •			0.	0.			_
	Total (add lines 1b and 1c)					· ·			1,243,993.	247,849.		316,1	17
2	Total number of individuals (including but not reportable compensation from the organizatio	limited to t			d al	DOVe	e) who	o re	ceived more than	\$100,000 of			
												Yes	١
3	Did the organization list any former offic	er, directo	or, or	tru	iste	e, I	key e	emp	loyee, or highes	t compensated			
	employee on line 1a? If "Yes," complete Sched										3	Х	
4	For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	50,0	00?	If	"Yes	s," (	complete Schedu	le J for such		X	
	individual										4	I X	

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
ATTACH	MENT 4		
2 Total number of the more the	e listed above) who received		

Х

5

	tees, Ke	y Em	рю	yee	es,	and H	lig	nest Compensat	ed Employees	(continue	əd)	
	(B) Average hours per veek (list any hours for	box, office	not ch unles r and	ss pe d a d	ition more rson irect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	ım ar	(F) stimated nount of other npensatio	
	related organizations velow dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	org	rom the ganizatior d related anization	1
26) DAVID SHAPIRO	2.00	v						0	0			
DIRECTOR	0.	X						0.	. 0	•		
DIRECTOR	0.	x						0	0			
8) SANJAY DUTT	17.50									-		
INTERIM CFO	17.50			х				0	. 0			
1b Sub-total c Total from continuation sheets to Part VII, Sec d Total (add lines 1b and 1c)	-	· · ·	• • •	 	 	· · · ·		0.		0.		
2 Total number of individuals (including but not lin reportable compensation from the organization		hose   21		d at	ove	e) who	o re	eceived more than	\$100,000 of	•	Yes	N
3 Did the organization list any former officer employee on line 1a? If "Yes," complete Schedule										3	X	
4 For any individual listed on line 1a, is the su organization and related organizations grea individual.	ter than	\$15	0,0	00?	If	"Yes	s,"	complete Schedu	le J for such	4	X	
<ol> <li>Did any person listed on line 1a receive or ac for services rendered to the organization? If "Yes,</li> </ol>	ccrue coi	mpen	satio	on f	rom	n any	un	related organization	on or individual	5		Х
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest compe- compensation from the organization. Report cor year.</li> </ol>												
								<b>(B)</b> Description of se	ervices	(C) Compen		
(A) Name and business addre	SS							Description of se				
	SS											

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► JSA 0E1055 1.000

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# 000 (2020)

Form	990 (2	.020)	UNIVERSIII	SETTLEMENT	SOCIEII OF N	IEW TORK	13-3302.	Page 9
Par	t VIII							
		Check if Schedule O co	ontains a respor	ise or note to an	y line in this Part V (A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c f g h	Federated campaigns Membership dues Fundraising events	1b           1c           1d           itions)         1e           grants,         1f           d above         1f           ded in         1g		28,652,419.			
ė	-	DDOCDAM FFFC		624100	5 118 821	5 118 821		
Contributions, Gifts, Gran and Other Similar Amoun and Dther Similar Amoun	PROGRAM FEES		624100	5,118,821.	5,118,821.			
Ser	b	MEDICARE/MEDICAID			213,427.	213,427.		
Program Service Revenue	С	ARTISTS IN RESIDENCE FEES	>	624100	161,550.	161,550.		
	d							
õ	е							
<u>а</u>		All other program service rev		<b></b>	5 400 500			
		Total. Add lines 2a-2f			5,493,798.			
	3	Investment income (inclue	•					
		other similar amounts)			93,844.			93,844.
		Income from investment of	tax-exempt bond	proceeds . 🕨	0.			
	5	Royalties			0.			
			(i) Real	(ii) Personal				
	6a	Gross rents 6a	37,920.					
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c	37,920.					
	d	Net rental income or (loss)	<u></u>	<u></u>	37,920.			37,920.
	7a	Gross amount from	(i) Securities	(ii) Other				
		sales of assets						
		other than inventory <b>7a</b>	5,469,299.					
e	b	Less: cost or other basis						
nué		and sales expenses 7b	5,345,738.					
eve	с	Gain or (loss) 7c	123,561.					
R		Net gain or (loss)			123,561.			123,561.
hei	_	<b>•</b> • • •	undraising					
ö	Ua	events (not including \$	465,524.					
		of contributions reported						
		1c). See Part IV, line 18		0.				
	h	Less: direct expenses		46,840.				
	a 2	Net income or (loss) from fu			-46,840.			-46,840.
	0-		Ŭ [					
	9a	Gross income from activities. See Part IV, line 19	gaming 9 9a	0.				
				0.				
	D	Less: direct expenses Net income or (loss) from g			0.			
		. , -						
	10a	Gross sales of invento	-	0.				
		returns and allowances		0.				
		Less: cost of goods sold Net income or (loss) from sa			0.			
	U.	Thet income of (1055) HOIII Sa		Business Code	υ.			
sno		MTOODI I ANDONO		DUSITIESS CODE	44 505			A 4
nec	11a	MISCELLANEOUS			44,686.			44,686.
ver	b							
Re								
Ň	d	All other revenue						
	е	Total. Add lines 11a-11d		🏲 🛛	44,686.			

12

Total revenue. See instructions

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5,493,798.

34,399,388.

253,171.

Part IX Statement of Functional Expenses

Check if Schedule O contains a respo		in this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic	0.			
individuals. See Part IV, line 22	0.			
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	515,520.		515,520.	
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and	0			
persons described in section 4958(c)(3)(B)	0.	21,258,097.	074 109	227 57(
7 Other salaries and wages	22,509,0/4.	21,20,09/.	974,198.	337,579
8 Pension plan accruals and contributions (include	689,916.	623,706.	57,848.	8,36
section 401(k) and 403(b) employer contributions)	3,159,711.	2,796,947.	325,264.	37,50
9 Other employee benefits	2,323,536.	2,031,371.	264,930.	27,23
<b>0</b> Payroll taxes	2752575501	2703273721	20175501	2,723
1 Fees for services (nonemployees):	0.			
a Management	52,374.		52,374.	
b Legal	36,439.		36,439.	
c Accounting	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	11,593.		11,593.	
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	3,278,377.	2,762,421.	224,461.	291,495
12 Advertising and promotion	0.			
3 Office expenses	1,183,603.	1,080,947.	90,087.	12,569
4 Information technology	0.			
I5 Royalties	0.			
I6 Occupancy	877,523.	743,036.	131,913.	2,574
17 Travel	15,503.	14,648.	855.	
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	279,682.	225,813.	53,298.	573
20 Interest	30,501.	4,007.	21,521.	4,973
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	743,459.	719,319.	19,248.	4,892
23 Insurance	228,127.	211,341.	13,455.	3,333
24 Other expenses. Itemize expenses not covered				
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.)	1 020 465	1 000 210	154.048	12 10
a EQUIPMENT	1,239,467.	1,072,312.	154,047.	13,108
bBAD DEBT	961,162.	270 450	961,162.	
cFOOD	379,464.	379,458.	6.	
dYOUTH EVENTS	283,856.	283,815.	41.	E OO
e All other expenses	329,417.	313,817.	10,573.	5,02
25 Total functional expenses. Add lines 1 through 24e           26 Joint costs.         Complete this line only if the	39,189,104.	34,521,055.	3,918,833.	749,216
organization reported in column (B) joint costs from a combined educational campaign and				
	0			
fundraising solicitation. Check here F if following SOP 98-2 (ASC 958-720)	0.			- 00

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Form 990 (2020)

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	n 990 (				Page II
Pa	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa		•••	
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	6,269,725.	1	1,065,614.
	2	Savings and temporary cash investments.	0.	2	0.
	3	Pledges and grants receivable, net	207,985.	3	6,872,212.
	4	Accounts receivable, net.	9,732,210.	4	276,797.
	5	Loans and other receivables from 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	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0
its	7	Notes and loans receivable, net	0.	7	1,400,000.
Assets	8	Inventories for sale or use	0.	8	0.
Ä	9	Prepaid expenses and deferred charges	178,790.	9	176,786.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 31,447,697.			
	b	Less: accumulated depreciation <b>10b</b> 7,283,925.	24,887,674.	10c	24,163,772.
	11	Investments - publicly traded securities	2,422,535.	11	8,267,672.
	12	Investments - other securities. See Part IV, line 11	909,347.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	10,628.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	44,608,266.	16	42,233,481.
	17	Accounts payable and accrued expenses	3,469,593.	17	2,984,914.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%	0		0
.iab		controlled entity or family member of any of these persons	0.	22	0.
-	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	718,517.	24	5,496,752.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	10,351,062.		738,800.
			14,539,172.	25	9,220,466.
	26	Total liabilities. Add lines 17 through 25.	14,539,172.	26	9,220,400.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
ılan	27	Net assets without donor restrictions	26,605,805.	27	29,892,933.
ñ	28	Net assets with donor restrictions	3,463,289.	28	3,120,082.
<b>Assets or Fund Balances</b>		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
P	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
∋t A	32	Total net assets or fund balances	30,069,094.	32	33,013,015.
Net	33	Total liabilities and net assets/fund balances	44,608,266.	33	42,233,481.
					Form <b>990</b> (2020)

Form 990 (2020)

UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK 13-5562374

Form 99	90 (2020)				Pa	ge <b>12</b>
Part	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			99,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2			89,1	
3	Revenue less expenses. Subtract line 2 from line 1	3			89,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			69,0	
5	Net unrealized gains (losses) on investments	5		7	36,2	276.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8		2	60,6	539.
9	Other changes in net assets or fund balances (explain on Schedule O).	9		6,7	36,7	22.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	<u>32,</u> column (B))	10		33,0	13,0	)15.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
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 con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	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 over	rsigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	•		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, es					
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	-		3b	Х	

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047 6

		of the Treasury enue Service	•	Go to www.irs.go	ov/Form990 for instruction	ons and t	he latest i	information.	Inspection
		organization	•					Employer identifi	cation number
				CIETY OF NEW				13-55623	
Pa					organizations must	•		,	8.
1 1			-		it is: (For lines 1 throughting the set of t	-	-		
2					). (Attach Schedule E				
3					organization described	-			
4	Δ	A medical res	earch organiz	ation operated in	conjunction with a ho	spital de	scribed i	n section 170(b)(1)(A)	(iii). Enter the
			ne, city, and st						
5		-	-		a college or universit	ty owne	d or ope	erated by a governme	ntal unit described in
6				complete Part II.)	ernmental unit describe	d in <b>soc</b> t	tion 170/	(h)(1)(A)(y)	
7			-	-	bstantial part of its su				om the general public
•		-		(1)(A)(vi). (Comp			on a go		sin the general pass
8					b)(1)(A)(vi). (Complete	e Part II.)			
9		-		-	ed in section 170(b)(1		-	-	
		-	or a non-land-	grant college of a	griculture (see instruct	tions). E	nter the	name, city, and state of	f the college or
40		iniversity:	n that name	lly receives (1) m	are then 224 (e.0) of ite	<u></u>	from 00	atributions montherab	in face and areas
10	re	eceipts from	activities rela	ted to its exempt	ore than 331/3 % of its functions, subject to c	ertain e	xceptions	s: and (2) no more thar	n 331/3 % of its
	s	support from (	gross investm ne organizatio	ient income and un after June 30	unrelated business tax 1975. See section 509	able inco (a)(2), ((	ome (les Complete	s section 511 tax) from	businesses
11		• •	•		lusively to test for publ		•		
12	Δ	An organizatio	on organized a	and operated exc	lusively for the benefit	of, to pe	erform th	ne functions of, or to o	arry out the purposes
					tions described in sec				
				-	describes the type of s			-	-
а				-	d, supervised, or contr	-			
			-		regularly appoint or e ete Part IV, Sections A		ajority of	r the directors or truste	es of the
b			-	-	sed or controlled in co		n with its	supported organization	on(s), by having
					organization vested in				
			-		/, Sections A and C.				5 11
С		•••			ing organization operation				ly integrated with,
			-		ns). You must comple				
d			-		oporting organization o	-			- · ·
					inization generally mus omplete Part IV, Sect	-			an allentiveness
е					a written determinatio				I. Type III
			-		tionally integrated sup				
f				•					
g			•		oorted organization(s).	Т			I
	<b>(i)</b> Nam	ne of supported of	organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10		organization our governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docu	iment?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								
		ork Reduction A	ct Notice see the	e Instructions for Forr	n 990 or 990-F7			Schedule A	(Form 990 or 990-EZ) 2020
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Schedule A (Form 990 or 990-EZ) 2020

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) 2020	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,877,117.	29,797,357.	30,180,599.	28,943,915.	28,652,419.	146,451,407.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	28,877,117.	29,797,357.	30,180,599.	28,943,915.	28,652,419.	146,451,407.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6	Public support. Subtract line 5 from line 4						146,451,407.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
7	Amounts from line 4.	28,877,117.	29,797,357.	30,180,599.	28,943,915.	28,652,419.	146,451,407.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	882,404.	932,081.	899,986.	532,324.	131,764.	3,378,559.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>	586,061.	595,456.	619,568.	61,532.	44,686.	1,907,303.
11	Total support. Add lines 7 through 10						151,737,269.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	32,979,339.
13	First 5 years. If the Form 990 is for organization, check this box and stop here		<u></u>	, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2020 (li					14	96.52%
15	Public support percentage from 2019					15	95.69 <b>%</b>
16a	331/3% support test - 2020. If the org	-					
	box and stop here. The organization q						
b	331/3% support test - 2019. If the org						
4 -	this box and <b>stop here.</b> The organizati			-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					•	•
	Part VI how the organization meets			-	-		
h	organization						
a	<b>10%-facts-and-circumstances test -</b>	-					
	15 is 10% or more, and if the organization meets					-	
4.5	organization						▶□
18	Private foundation. If the organization						
	instructions						<u> 🟲 📖</u>

Schedule A (Form 990 or 990-EZ) 2020

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## Schedule A (Form 990 or 990-EZ) 2020

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

Sec	tion A. Public Support					-	
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	() 0040	(1) 0047	() 0040	(1) 00 (0	() 0000	(0 T ( )
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6 Gross income from interest, dividends,						
IUa	payments received on securities loans,						
	rents, royalties, and income from similar						
h	Sources	<u> </u>					
b	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 in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	r the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2020 (line 8	, column (f), divid	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2019 Sche	edule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investmen	t Income Perc	centage				
17	Investment income percentage for 2020 (li	ne 10c, column (	f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2019	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2020. If the or	rganization did r	not check the bo	ox on line 14, ar	nd line 15 is mo	ore than 331/3%	, and line
	17 is not more than 331/3%, check thi	s box and <b>stop</b>	here. The organ	nization qualifies	as a publicly su	upported organiza	ation . ►
b	331/3% support tests - 2019. If the org	anization did not	check a box on	line 14 or line 1	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3%, check	this box and <b>s</b> f	t <b>op here.</b> The or	ganization qualifi	es as a publicly	supported organ	ization 🕨 📃
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,			
JSA 0E122	1 1.000				S	Schedule A (Form 9	90 or 990-EZ) 2020

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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# 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 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")? If "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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** 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.)

JSA 0E1229 1.010 10b Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		

Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

# Section C. Type II Supporting Organizations

Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1

# Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization's</i>			
	supported organizations played in this regard.	3		

# Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).					
•						
а	The organization satisfied the Activities Test. Complete <b>line 2</b> below.					
b	The organization is the parent of each of its supported organizations. <i>Complete <b>line 3</b> below.</i>					
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).					
	Yes No					
	Activities Test Answer lines 22 and 26 below					

4	Activities Test. Answer lines za and zb below.		
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 <b>Part VI identify those supported organizations and explain</b> 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	
b	Did the activities described in 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? <i>If "Yes," explain in</i> <b>Part VI</b> 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	
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	

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Schedule A	(Form	990	or 990-EZ)	2020
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income		(A) Prior Year	(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	f		
gross income or for management, conservation, or maintenance of property			
held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
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).	., <b>4</b>		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 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			
emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2020

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Schedu	le A (Form 990 or 990-EZ) 2020				Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - <i>explain in <b>Part VI</b>).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
U	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017.				
	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				
	• •		0.1		A (Earm 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

# Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II -	OTHER INCOM	C			ATTACHMENT 1	
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
OTHER	61,361.	55,019.	62,912.	61,532.	44,686.	285,510.
MANAGEMENT FEES	524,700.	540,437.	556,656.			1,621,793.
TOTALS	586,061.	595,456.	619,568.	61,532.	44,686.	1,907,303.

1207200-AMENDED

# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

OMB No. 1545-0047

2020

Name of the organization

UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK

Employer identification number

13-5562374

Organization	type	(check	one)
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

# **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

# **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Page **2** Employer identification number 13-5562374

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4					
1	N/A	\$7,842,858.	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	N/A	\$6,309,369.	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	N/A	\$1,772,156.	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			
4	N/A	\$1,230,248.	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			
	N/A	\$1,028,084.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	N/A	\$780,873.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	N/A		Borcon
			Feison
		742,200	Payroll
		<b>\$</b> 743,396.	Noncash
			(Complete Part II for
			noncash contributions.)
a)	(b)	(c)	(d)
0.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	N/A		Person
			Payroll
		\$712,403.	Noncash
		[ +	(Complete Part II for
			noncash contributions.)
a)	(b)	(c)	(d)
0.	Name, address, and ZIP + 4	Total contributions	Type of contribution
—			Person
		¢	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
a)	(b)	(c) Total contributions	(d)
lo.	Name, address, and ZIP + 4		Type of contribution
			Person
			Payroll
		\$	Noncash
		ψ	
			(Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
о.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
—			Payroll
		\$	Noncash
		*	(Complete Part II for
			noncash contributions.)
a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
		¢	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
		1	I noncoch contributione )

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

JSA

Name of organization UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK

Employer identification number 13-5562374

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(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
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Part III	<b>Exclusively</b> religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	the year from any ions completing Par e year. (Enter this in	one contributor. ( t III, enter the total formation once. So	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(d) Description of how gift is held				
		(e) Transf	er of gift			
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	Transferee's name, address, ar	(e) Transf nd ZIP + 4	-	nship of transferor to transferee		
-(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(e) Transf	er of gift			
	Transferee's name, address, ar			nship of transferor to transferee		
(-) N-						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	Transferee's name, address, ar	(e) Transf	sfer of gift Relationship of transferor to transferee			
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2020)		

SCHEE	DULE D
(Form	990)

# 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.

**Open to Public** Inspection

2

OMB No. 1545-0047

International decays device         Image of the agriculture and the latest information.         Image of the agric	Depa	artment of the Treasury		Attach to Form 990.	Open to Public
INTUPENENTY SECTEMENT       9COTETY OF NEW YORK       13-5562374         Part1       Organizations Maintaining Donor Advised Funds or Other Sinilar Funds or Accounts.         Complete If the organization answered Yes' on Form 990, Part IV, line 6.         1       Total number at end of year			Go to www.irs.gov/	Form990 for instructions and the latest info	
Pertil       Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.         Complete if the organization answered "Yes" on Form 990, Part IV, line 6.         1       Total number at end of year		-			
Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.         1       Total number at end of year	_				
	Pa	_	-		or Accounts.
1       Total number at end of year		Complete	e if the organization answered		
2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value at end of year				(a) Donor advised funds	(b) Funds and other accounts
3 Aggregate value of grants from (during year)	1		-		
Aggregate value at end of year	2				
<ul> <li>5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purposes. The organization answered 'Yes' on Form 990, Part IV, line 7.</li> <li>Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.</li> <li>Purpose(s) of conservation Easements.</li> <li>Preservation of land tor public use (for example, recreation or advasor) Preservation of a historically important land area Preservation of land tor public use (for example, recreation or advasor)</li> <li>Preservation of a conservation easements held by the organization (check all that apply).</li> <li>Preservation of land tor public use (for example, recreation or advasor)</li> <li>Preservation of a conservation easements.</li> <li>Complete lift be advated by 2d if the organization held a qualified conservation contribution in the form of a conservation easements.</li> <li>B Total acreage restricted by conservation easements.</li> <li>B Total acreage restricted by conservation easements.</li> <li>C Number of conservation easements.</li> <li>B Number of conservation easements.</li> <li>C Number of conservation easements.</li> <li>D A Number of</li></ul>	3				
funds are the organization's property, subject to the organization's exclusive legal control?	4		-		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Part IV Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of a certified historic structure Preservation of open space Complete inflex the organization held a qualified conservation contribution in the form of a conservation easements included in (a). 2a 2a 2a 2a 2b Total acceage restricted by conservation easements Cual number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year is of conservation easements included in (c) accelered in the National Register. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year is and enforcement of the conservation easements in blocated > 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year is a distoring, inspecting, handling of violations, and enforcing conservation easements during the year is a distoric structure extense in the organization heave a written policy regarding the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements and section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii) and sect	5	•		•	
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?       Yes       No         PartNI       Conservation Easements.		-			
conferring impermissible private benefit?       Yes       No         PartUl       Conservation Easements.       Yes       Yes       No         Complete if the organization answered "Yes" on Form 990, Part IV, line 7.       Purpose(s) of conservation easements held by the organization (check all that apply).       Preservation of land for public use (for example, recreation or education)       Preservation of a historically important land area         Preservation of land for public use (for example, recreation or education)       Preservation of a conservation       Preservation of a conservation         easement on the last day of the tax year.       Total number of conservation easements included in (a)	6	-	-		
PartIII       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.         I       Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a list of call for public use (tor example, recreation or education)       Preservation of a historically important land area Preservation of a certified historic structure Preservation of open space         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.       Important is the form of a conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .         3       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .         3       Number of states where property subject to conservation easements is located >         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements is holds?         6       Staff and volunter hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements and balance sheet, and include, if applicable, the text of the footnet to the organization regords on a structure listed accesses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements and balance sheet, and include, if applicable, the text of the footnet to the organization's financial statement and balance sheet, and include, if applicable, the text of the footnote to the organization		•			
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.         1       Purpose(s) of conservation easements held by the organization (check all that apply).         Protection of natural habitat       Preservation of and for public use (treasample, recreation or education)       Preservation of a historically important land area         Protection of natural habitat       Preservation of a conservation easements       Preservation of a conservation         easement on the last day of the tax year.       Image: the organization have a sements       Image: the organization have a sements         0       Total number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .       Image: the organization during the tax year         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year         4       Number of states where property subject to conservation easements is located >         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         >       Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements and abalance sheet, and include, if applicable, the text of the footnote to the organization framework in the set of the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to th					Yes 🛄 No
1       Purpose(s) of conservation easements held by the organization (check all that apply).       Preservation of a historically important land area         1       Purpose(s) of conservation of and for public use (or example, recreation or education)       Preservation of a historically important land area         2       Preservation of pen space       Preservation of a certified historic structure         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements	Pa			"Vac" on Form 000 Dort N/ line 7	
Preservation of land for public use (or example, recreation or education)   Preservation of a land for public use (or example, recreation or education)   Protection of natural habitat   Preservation of a conservation   easement on the last day of the tax year.   a Total number of conservation easements.   b Total acreage restricted by conservation easements.   c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .   3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b   3 Number of states where property subject to conservation easements is located b   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements tholds?   c Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)   and section 170(h)(4)(B)(ii)?   complete if the organization nave a written operation of Art, Historical Treasures, or Other Similar Assets.   Complete if the organization assements is held to report in its revenue and expense statement and balance sheet, and include, if applicable, the text of the form of MI, Historia's State describes these items.   7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements balance sheet, and include, if applicable, the text of the form of assements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the form of assements in its	4				
□       Protection of a tural habitat       □       Preservation of a certified historic structure         □       Preservation of open space       □       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation         a Total number of conservation easements       2a         c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed by conservation Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶         4       Number of states where property subject to conservation easement is located ▶         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement is holds?         7       Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement set wing the year ▶         * 5	•		•		n of a bistorially important land area
Preservation of open space   2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   a Total number of conservation easements			-		
<ul> <li>Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.</li> <li>Total acreage restricted by conservation easements</li></ul>					n or a certified historic structure
<ul> <li>easement on the last day of the tax year.</li> <li>a Total number of conservation easements</li></ul>	2			old a gualified conservation contribution	in the form of a conservation
Total number of conservation easements     Total acreage restricted by conservation easements     Number of conservation easements included in (c) acquired after 7/25/06, and not on a     historic structure listed in the National Register.     Number of conservation easements included in (c) acquired after 7/25/06, and not on a     historic structure listed in the National Register.     Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the     tax year ▶	2		с с	a quained conservation contribution	
b       Total acreage restricted by conservation easements       2b         c       Number of conservation easements on a certified historic structure included in (a)	2				
<ul> <li>c Number of conservation easements on a certified historic structure included in (a) 2c</li> <li>d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</li></ul>					
d       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register		-	-		
historic structure listed in the National Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶         4       Number of states where property subject to conservation easement is located ▶         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶         7       Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶s         8       Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)         9       In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.         Part III       Organization SMaintaining Collections of Art, Historical Treasures, or Other Similar Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 8.         1a       If the organization elected, as permitted under FASB ASC 958, not o report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition,					20
<ul> <li>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶</li></ul>	u		-	· -	2d
<ul> <li>tax year ▶</li></ul>	3		-		
<ul> <li>Number of states where property subject to conservation easement is located ▶</li></ul>	Ũ			isiented, released, extinguished, er terr	innated by the organization during the
<ul> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li></ul>	4			rvation easement is located ►	
<ul> <li>violations, and enforcement of the conservation easements it holds?</li></ul>					ction, handling of
<ul> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  <ul> <li>▲</li> <li>▲</li> <li>▲</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  <ul> <li>▲</li> <li>▲</li> <li>▲</li> <li>■</li> <li>B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>and section 170(h)(4)(B)(ii)?</li> <li>●</li> <li>■</li> <li>Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> </ul> </li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part X.</li> <li>(ii) Assets included in Form 990, Part X.</li> <li>(iii) Assets included in Form 990, Part X.</li> <li>(iii) Assets included in Form 990, Part X.</li> <li>(iiii) Assets included on Form 990, Part X.</li> <li>(iiii) Assets inc</li></ul></li></ul></li></ul>	-	-			-
<ul> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>	6				
<ul> <li>\$</li></ul>		•	5, 1	3,	,
<ul> <li>\$</li></ul>	7	Amount of expens	es incurred in monitoring, inspect	ing, handling of violations, and enforcing	conservation easements during the year
<ul> <li>and section 170(h)(4)(B)(ii)? Yes No</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part XIII, line 1.</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part XIII, line 1.</li> <li>b Assets included in Form 990, Part XIII, line 1.</li> <li>c Assets in</li></ul>		▶\$			с ,
<ul> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li></ul></li></ul>	8	Does each conserv	vation easement reported on line 2	(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)
<ul> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li></ul></li></ul>		and section 170(h)	)(4)(B)(ii)?		Yes 🛄 No
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Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.         1a       If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.         b       If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:				-	cial statements that describes the
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.         1a       If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.         b       If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1.</li> <li>(ii) Assets included in Form 990, Part X.</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part X.</li> <li>b Assets included in Form 990, Part X.</li> <li>b Assets included in Form 990, Part X.</li> </ul>			-		
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<ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li></ul>		art, historical treas	sures, or other similar assets hel	d for public exhibition, education, or re	
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following amounts required to be reported under FASB ASC 958 relating to these items:         a       Revenue included on Form 990, Part VIII, line 1					
a Revenue included on Form 990, Part VIII, line 1	2	-			assets for financial gain, provide the
b Assets included in Form 990, Part X ▶ \$					
SCACHINE SECONDARY ALL NUMBER SEE THE INSTITUTIONS OF FINIT MADE	-				

UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK 13-5562374

Schee	dule D (Form 990) 2020				01 1.2.1	10141		00010		Page <b>2</b>
Ра	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	easures,	or Other	Similar Ass	ets (con	tinuea	1)
3	Using the organization's acquisitio	n, accession, and c	other recor	ds, check	k any of	the follov	ving that mak	e signific	ant us	e of its
	collection items (check all that appl	y):								
а	Public exhibition		d	Loan d	or exchan	ge progra	m			
b	Scholarly research		е	Other						
С	Preservation for future gener	rations								
4	Provide a description of the organ	nization's collections	and expla	ain how t	they furth	er the or	ganization's e	xempt pu	ırpose	in Part
	XIII.									
5	During the year, did the organization									
	assets to be sold to raise funds rath		ained as pa	rt of the o	organizati	on's colle	ction?	<u></u>	Yes	No
Ра	rt IV Escrow and Custodial A								_	
	Complete if the organiza 990, Part X, line 21.	tion answered "Ye	s" on ⊦ori	m 990, F	Part IV, III	ne 9, or r	eported an a	mount o	n Forr	m
1a	Is the organization an agent, trust	tee, custodian or o	ther interm	ediary fo	or contrib	outions or	other assets	not		
	included on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in							••		
		·····			 [		An	nount		
с	Beginning balance				1	с				
d	Additions during the year					d				
е	Distributions during the year					е				
f	Ending balance					f			-	
2a	Did the organization include an am					custodial	account liabilit	:y?	Yes	No
b	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the ex	xplanation	has beer	n provided	on Part XIII	<u></u>	<u></u>	
Ра	rt V Endowment Funds.									
	Complete if the organiza		es" on For	m 990, F						
	-	(a) Current year	<b>(b)</b> Prio	-		ears back	(d) Three years			ears back
1a	Beginning of year balance	3,098,767.	3,09	3,752.	3,06	52,082.	2,943,3	354.	2,59	91,866
b	Contributions									
С	Net investment earnings, gains,									
	and losses	353,099.		6,788.	12	21,670.	208,5	/28.	42	26,488
d	Grants or scholarships									
е	Other expenditures for facilities	CO 154		1 000					-	
	and programs	62,154.		1,773.		90,000.	90,0	000.		75,000
f	Administrative expenses	3,389,712.	2 00	0 7 7 7	2.00		2.062.0			
g	End of year balance			8,767.		93,752.		102.	2,94	13,354
2	Provide the estimated percentage	of the current year e	end balance	e (line 1g,	column (a	a)) held as	5:			
a L	Board designated or quasi-endowm Permanent endowment ► 67.0		_%							
u o		%								
С	The percentages on lines 2a, 2b, a		100%							
30	Are there endowment funds not in	-		tion that	are held	and admi	nistarad for the			
54	organization by:		ie organiza						Ye	es No
	(i) Unrelated organizations							3	a(i) X	
	(ii) Related organizations								a(ii)	X
b	If "Yes" on line 3a(ii), are the relate								3b	
4	Describe in Part XIII the intended u	•								
Ра	rt VI Land, Buildings, and Equ Complete if the organiza	ipment.					<b>-</b>			
	Complete if the organiza Description of property	ation answered "Ye	es" on For	m 990, I	Part IV, I	ine 11a.	See Form 99	<u>10, Part X</u>	(, line	10.
	Description of property	(a) Cost or (invest			or other basi: other)		cumulated reciation	( <b>a</b> ) Bo	ook value	9
1a	Land			9,7	750,000			(	9,750	),000.
b	Buildings			20,1	131,670	. 6,0	24,460.	14	4,107	7,210.
с	Leasehold improvements	[								
d	Equipment	[		1,5	529,243		259,465.			9,778.
	Other				36,784					5,784.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part	X, colum	n (B), line	10c.)	▶	24	4,163	3,772.

Schedule D (Form 990) 2020

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Part VII Investments - Other Securities.		
Complete if the organization answere	d "Yes" on Form 990, Pa	art 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
) Financial derivatives		
) Closely held equity interests		
Other		
(A)		
(B) (C)		
(D)		
(E)		
(F)		
(G)		
(H)		
al. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨		
art VIII Investments - Program Related. Complete if the organization answere	ed "Yes" on Form 990, Pa	art 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
<u></u>		Cost of Gru-OF-year market value
)		
)		
)		
)		
)		
9)		
9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
art IX Other Assets.	ed "Yes" on Form 990. Pa	art IV. line 11d. See Form 990. Part X. line 15.
atl. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ► art IX Other Assets. Complete if the organization answere	ed "Yes" on Form 990, Pa Pescription	art IV, line 11d. See Form 990, Part X, line 15. (b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ art IX Other Assets. Complete if the organization answere (a) D		
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ► art IX Other Assets. Complete if the organization answere (a) D		
al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ art IX Other Assets. Complete if the organization answere (a) D )		
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ art IX Other Assets. Complete if the organization answere (a) □ )		
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ► art IX Other Assets. Complete if the organization answere (a) D ) )		
al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ art IX Other Assets. Complete if the organization answere (a) D ) ) ) ) ) ) ) ) ) )		
al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ► art IX Other Assets. Complete if the organization answere (a) D ) ) ) ) ) )		
al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ► art IX Other Assets. Complete if the organization answere (a) D ) ) ) ) ) ) ) ) ) ) ) ) )		
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ art IX Other Assets. Complete if the organization answere (a) D ) ) ) ) ) ) ) ) ) ) ) ) )	Pescription	(b) Book value
art IX Other Assets. (a) □ (a) □ (a) □ (a) □ (b) must equal Form 990, Part X, col. (B) line 13.) . ► (c) □ (a) □ (b) 0 (c) 0	Description	(b) Book value
<ul> <li>art IX Other Assets. Complete if the organization answere (a) D</li> <li>(a) D</li> <li>(b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c</li></ul>	Description	(b) Book value
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ► art IX Other Assets. Complete if the organization answere (a) D ) ) ) ) ) tal. (Column (b) must equal Form 990, Part X, col. (B) art X Other Liabilities. Complete if the organization answere line 25. (a) Descr	Description	(b) Book value
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ► art IX Other Assets. Complete if the organization answere (a) D ) ) ) ) ) tal. (Column (b) must equal Form 990, Part X, col. (B) art X Other Liabilities. Complete if the organization answere line 25. (a) Descr ) Federal income taxes	escription	(b) Book value
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ► art IX Other Assets. Complete if the organization answere (a) D ) ) ) ) tal. (Column (b) must equal Form 990, Part X, col. (B) art X Other Liabilities. Complete if the organization answere line 25. (a) Descr ) Federal income taxes ) DUE TO FORMER AFFILIATES	escription	(b) Book value
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ► art IX Other Assets. Complete if the organization answere (a) D ) ) ) ) ) ) ) ) ) ) ) ) )	escription	(b) Book value
art IX Other Assets. Complete if the organization answere (a) D (a) D (a) D (a) D (a) D (b) D (c) D <td>escription</td> <td>(b) Book value</td>	escription	(b) Book value
art IX Other Assets. Complete if the organization answere (a) D (a) D (a) D (a) D (a) D (b) D (c) D <td>escription</td> <td>(b) Book value</td>	escription	(b) Book value
a. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶          art IX       Other Assets.         Complete if the organization answere         (a) D         (a) D         (a) D         (b) (a) D         (c) (b) must equal Form 990, Part X, col. (B)         (c)	escription	(b) Book value
art IX Other Assets. Complete if the organization answere (a) D (a) D (a) D (a) D (a) D (b) D (c) D <td>escription</td> <td>(b) Book value</td>	escription	(b) Book value
art IX Other Assets. Complete if the organization answere (a) D (a) D (a) D (a) D (a) D (b) D (c) D <td>escription</td> <td>(b) Book value</td>	escription	(b) Book value

Schedule D (Form 990) 2020

Schedu	ile D (Form 990) 2020		Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	41,907,633.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	7,519,838.
3	Subtract line 2e from line 1	3	34,387,795.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 11,593.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	11,593.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	34,399,388.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	39,224,351.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	_	
_	Donated services and use of facilities		
a h	Prior year adjustments	1	
b	Other losses	1	
بہ د	Other (Describe in Part XIII.)		
d	Add lines 2a through 2d	2e	46,840.
e	Subtract line 2e from line 1	3	39,177,511.
3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b, 4a, 11, 593.		
a		1	
b		4c	11,593.
c F	Add lines 4a and 4b	4C 5	39,189,104.
5 Dart	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )	3	57,107,101.
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V.	line 4: Part X. line

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

SEE PAGE 5

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

### Part XIII Supplemental Information (continued)

#### SCHEDULE D, PART V, LINE 4

THE SETTLEMENT INTERPRETS THE UPMIFA OF NEW YORK STATE, REQUIRING THE PRESERVATION OF THE FAIR VALUE OF THE ORIGINAL GIFT AS OF THE GIFT DATE OF THE DONOR-RESTRICTED ENDOWMENT FUNDS, ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY. AS A RESULT OF THIS INTERPRETATION, THE SETTLEMENT CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS (A) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT, (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENTS, AND (C) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME ACCUMULATION IS ADDED TO THE FUND. THE REMAINING PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUND THAT IS NOT CLASSIFIED IN PERMANENTLY RESTRICTED NET ASSETS IS CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE BY THE SETTLEMENT IN A MANNER CONSISTENT WITH THE STANDARD OF PRUDENCE PRESCRIBED BY UPMIFA. FUNDS THAT ARE NOT CLASSIFIED AS PERMANENTLY RESTRICTED NET ASSETS ARE CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE BY THE SETTLEMENT IN A MANNER CONSISTENT WITH THE STANDARD OF PRUDENCE PRESCRIBED BY UPMIFA.

# SCHEDULE D, PART X, LINE 2

# ASC 740 FOOTNOTE

JSA

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGMENT HAS NOT DENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS. 
 Schedule D (Form 990) 2020
 UNIVERSITY
 SET\*

 Part XIII
 Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D

DIRECT FUNDRAISING EXPENSES: \$46,840

SEPARATION SETTLEMENT INCOME: \$6,736,722

SCHEDULE D, PART XII, LINE 2D

DIRECT FUNDRAISING EXPENSES: \$46,840

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	or 990-EZ) 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.							
Name of the organization	, -	jj				Employer identification	Inspection on number	
UNIVERSITY SETTI	LEMENT SOCIETY	OF NEW YORK				13-5562374		
	<b>g Activities.</b> Comp EZ filers are not re	•			Yes" on Form 99		7.	
	the organization rais		•		activities. Check a	all that apply.		
a 📃 Mail solicitat	tions	e	Solic	itation of	non-government g	grants		
<b>b</b> Internet and	email solicitations	f			government grant	s		
c Phone solici		g	Spec	cial fundra	ising events			
d 🔄 In-person so								
<b>b</b> If "Yes," list the	tion have a written o s listed in Form 990 10 highest paid indiv least \$5,000 by the o	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be	
<b>(i)</b> Name and addr or entity (fu		<b>(ii)</b> Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization	
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total         3       List all states in registration or lic	which the organizat ensing.	ion is registered o	r licensec	to solicit	contributions or	has been notified	it is exempt from	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA JSA 0E1281 1.000 2195TU V01B 11/3/2022 10:02:23 AM V 20-7.24 1207200-AMENDED

Schedule G (Form 990 or 990-EZ) 2020

# Schedule G (Form 990 or 990-E7) 2020

1	edule G (Form 990 or 990-EZ) 2020				Page <b>2</b>
Pa	art II Fundraising Events. Complete more than \$15,000 of fundra events with gross receipts gre	aising event contributi			
		(a) Event #1 CITY STORIES	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
~		(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts	465,524.			465,524.
Ř(	<ul> <li>2 Less: Contributions</li> <li>3 Gross income (line 1 minus line 2)</li> </ul>	465,524.			465,524.
	4 Cash prizes				
	5 Noncash prizes				
sesue	6 Rent/facility costs				
<b>Direct Expenses</b>	7 Food and beverages				
Direct	8 Entertainment				
	9 Other direct expenses	46,840.			46,840.
	<ul><li>10 Direct expense summary. Add line</li><li>11 Net income summary. Subtract lir</li></ul>	es 4 through 9 in colu ne 10 from line 3, colu	mn (d) mn (d)		46,840. -46,840.
Ра	art III Gaming. Complete if the orga \$15,000 on Form 990-EZ, line		Yes" on Form 990, F	Part IV, line 19, or	reported more than
Revenue	\$13,000 011 0111 990-L2, 111	(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
enses	2 Cash prizes				
Expen:	3 Noncash prizes				
Direct Exp	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes %	Yes%	Yes% No	
	7 Direct expense summary. Add line	es 2 through 5 in colu	mn (d)		
	<b>8</b> Net gaming income summary. Su	btract line 7 from line	1, column (d)		
9 a b	Enter the state(s) in which the organization licensed to cond	anization conducts ga	ming activities: in each of these state	s?	. Yes No
10a b		j licenses revoked, susp			Yes No

Schedule G (Form 990 or 990-EZ) 2020

UNIVERSITY	SETTLEMENT	SOCIETY	OF	NEW	YORK	

	UNIVERSITI SETTLEMENT SOCIETI OF NEW TORK	502574	
Sched	lule G (Form 990 or 990-EZ) 2020		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	s No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	. Ye	s 🗌 No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility		%
			<u> </u>
b	An outside facility		70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Tecolus.		
	Name		
	Address		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	_ Ye	s 🔄 No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the	Э	
	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:		
10			
	Name		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds	to	
	retain the state gaming license?		s 🔄 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization	ns	
	or spent in the organization's own exempt activities during the tax year $ ightarrow$ \$		
Part	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) an	d (v), and	<u></u> k
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inf		
	(see instructions).		

Schedule G (Form 990 or 990-EZ) 2020

(Forn	EDULE J n 990) nent of the Treasury	For certain Officers, Dire Con ► Complete if the organizatio	Association Information ectors, Trustees, Key Employees, and Highest mpensated Employees on answered "Yes" on Form 990, Part IV, line 2 Attach to Form 990.		мв №. 20 0pen t	20	
	Revenue Service		990 for instructions and the latest information.		Insp	ectio	n
Name	of the organization			Employer identificatio	n numbe	er	
UNIV	VERSITY SET	TTLEMENT SOCIETY OF NEW YOP	RK	13-5562374			
Part	Question	ns Regarding Compensation					
1a	990, Part VII,		ovided any of the following to or for a pers provide any relevant information regarding Housing allowance or residence for	g these items.		Yes	No
	Travel fo	or companions	Payments for business use of perso	nal residence			
	Tax inde	emnification and gross-up payments	Health or social club dues or initiation	on fees			
	Discretio	onary spending account	Personal services (such as maid, ch	auffeur, chef)			
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy re openses described above? If "No," com	plete Part III to	1b		
2			to reimbursing or allowing expenses				
_	directors, trus		D/Executive Director, regarding the items		2		
3	organization's related organ Comper Indepen	CEO/Executive Director. Check all that	on used to establish the compensation of at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P Written employment contract Compensation survey or study X Approval by the board or compensation	ds used by a art III.			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а	Receive a sev	verance payment or change-of-control pa	ayment?		4a		Х
b	Participate in	or receive payment from a supplemen	tal nonqualified retirement plan?		4b		Х
С	•		sed compensation arrangement?		4c		X
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	rganizations must complete lines 5-9.				
5		listed on Form 990, Part VII, Sectin contingent on the revenues of:	ion A, line 1a, did the organization pa	ly or accrue any			
а	The organizat	ion?			5a		X
b	-	rganization? e 5a or 5b, describe in Part III.			5b		x
6	-	listed on Form 990, Part VII, Sectin contingent on the net earnings of:	ion A, line 1a, did the organization pa	ly or accrue any			
а	The organizat	ion?			6a		X
b	Any related of				6b		X
7			on A, line 1a, did the organization provescribe in Part III		7		x
8	Were any am	ounts reported on Form 990, Part VII,	paid or accrued pursuant to a contract the Regulations section 53.4958-4(a)(3)? If	at was subject			
					8		х
9	If "Yes" on I	line 8, did the organization also foll	low the rebuttable presumption proced	ure described in	9		
For Pa		ction Act Notice, see the Instructions for Fo			ule J (Fo	orm 990	0) 2020

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MELISSA E. AASE	(i)	225,758.	0.	0.	14,126.	36,105.	275,989.	
1 <sup>CHIEF EXECUTIVE OFFICER</sup>	(ii)	0.	0.	0.	0.	0.	0.	
IRMA GONZALEZ	(i)	218,256.	0.	0.	13,608.	26,662.	258,526.	
2 <sup>CFO (THROUGH 12/31/2020)</sup>	(ii)	0.	0.	0.	0.	0.	0.	
BARBARA E. CLAPP	(i)	173,923.	0.	0.	4,696.	37,500.	216,119.	
MANAGING DIR INDIVIDUAL LIVING	(ii)	0.	0.	0.				
ANDY J. SANTIAGO	(i)	127,653.	0.	0.	8,065.	19,843.	155,561.	
CONTROLLER 4	(ii)	0.	0.	0.				
VIRGINIA W. DOTSON	(i)	115,618.	0.	0.	7,757.	40,082.	163,457.	
5 <sup>SENIOR DIRECTOR, BUSINESS &amp; IT</sup>	(ii)	0.	0.	0.				
MARY GRACE ADAMS	(i)	120,983.	0.	0.	7,755.	34,689.	163,427.	
6ASSOCIATE EXECUTIVE DIRECTOR	(ii)	0.	0.	0.				
ERIC W WEINGARTNER	(i)	126,068.	0.	0.	7,963.	14,341.	148,372.	
7 <sup>CEO (THROUGH 4/20)</sup>	(ii)	247,849.	0.	0.	15,483.	27,216.	290,548.	
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2020

#### Part III Supplemental Information

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

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

Department of the Treasury

#### Supplemental Information to Form 990 or 990-EZ

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



Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.ir.	s.gov/form990. Inspection	
Name of the organization		Employer identification number	
UNIVERSITY SETTLEM	ENT SOCIETY OF NEW YORK	13-5562374	

FORM 990, PART VI, SECTION A, LINE 2 STEVEN M. SCHALL AND BENJAMIN SCHALL SHARE A FAMILY RELATIONSHIP.

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

THE CHIEF FINANCIAL & ADMINISTRATIVE OFFICER IS PRIMARILY RESPONSIBLE FOR THE REVIEW OF THE FORM 990 WHICH IS PREPARED BY THE ORGANIZATION'S AUDITORS. THE INFORMATION ON THE FORM 990 IS COMPARED TO THE AUDITED FINANCIAL STATEMENTS LINE BY LINE. SUPPLEMENTAL INFORMATION WHICH DOES NOT APPEAR IN THE AUDITED FINANCIAL STATEMENTS IS COMPARED TO THE SOURCE DOCUMENTATION WHICH WAS PREPARED FOR THE FORM 990 PREPARER. ALL OF THE OTHER QUESTIONS ARE REVIEWED FOR ACCURACY. AFTER THE FORM 990 IS APPROVED BY THE CHIEF FINANCIAL & ADMINISTRATIVE OFFICER OR CONTROLLER, THE CHIEF EXECUTIVE OFFICER PERFORMS A CURSORY REVIEW OF THE FORM 990 AND IF IT IS SATISFACTORY, APPROVES IT FOR SUBMISSION. IN ADDITION, THE 990 IS SENT TO THE FULL BOARD PRIOR TO SUBMISSION, AND MEMBERS CAN PROVIDE INPUT BEFORE THE FORM IS FILED.

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

UPON JOINING THE BOARD, NEW MEMBERS ARE INFORMED OF THE AGENCY'S POLICY REGARDING CONFLICTS OF INTEREST AND ARE GIVEN A WRITTEN COPY OF THE POLICY. ON AN ANNUAL BASIS, A FORM IS DISTRIBUTED TO ALL BOARD MEMBERS WHEREBY MEMBERS ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST. THE POLICY HAS BEEN UPDATED IN RESPONSE TO NEW NYS GUIDELINES.

Schedule O (Form 990 or 990-EZ) 2020						
Name of the organization	Employer identification number					
UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK	13-5562374					

IF A CONFLICT EMERGES, THE BOARD MEMBER MUST DISCLOSE THE CONFLICT TO THE BOARD AND THE BOARD MEMBER WITH THE CONFLICT MUST REFRAIN FROM VOTING ON THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15A THE BOARD COMPENSATION COMMITTEE DETERMINES THE SALARY OF THE CEO. THE CEO DETERMINES ALL OTHER EXECUTIVE LEVEL COMPENSATION. THIS WAS LAST DONE IN APRIL 2020.

FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE ANNUAL REPORT IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 9 RESULT OF THE SEPARATION AGREEMENT WITH THE DOOR: \$6,736,722

FORM 990, PAGE 1, BOX B

JSA

THE FORM 990 IS BEING AMENDED DUE TO THE ISSUANCE OF THE AUDITED FINANCIAL STATEMENTS. CHANGES WERE MADE TO PARTS I, III, IV, VIII, IX, X, XI, AND XII. ALSO, THERE WERE CHANGES TO SCHEDULES A, B, D, G AND O.

ATTACHMENT 1

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

CHILDCARE PROGRAMS UNIVERSITY SETTLEMENT HAS AN EXTENSIVE TRACK RECORD FOR PROVIDING STRENGTHS-BASED SERVICES TO LOW-INCOME CHILDREN AND FAMILIES. THE SETTLEMENTS COMPREHENSIVE APPROACH TO CHILD AND FAMILY SERVICES IS BASED ON CREATING TRUSTING

Name of the organization UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK Employer identification number 13-5562374

ATTACHMENT 1 (CONT'D)

RELATIONSHIPS WITH FAMILIES TO PROVIDE THEM WITH THE NECESSARY TOOLS AND SKILLS TO SUPPORT THEIR CHILDREN'S DEVELOPMENT. CHILDCARE PROGRAMS INCLUDE EARLY HEAD START, TWO EARLY CHILDHOOD CENTERS (THE EARLY CHILDHOOD CENTER AND CHILDREN'S CORNER), AND FAMILY CHILD CARE. FAMILY ENRICHMENT HOME VISITING PROGRAMS PROMOTE PARENT-CHILD BONDING AND HEALTHY CHILD DEVELOPMENT. THE BUTTERFLIES PROGRAM PROVIDES MENTAL HEALTH SERVICES FOR YOUNG CHILDREN AND THEIR FAMILIES. WE ALSO PROVIDE INDIVIDUALIZED SERVICES FOR CHILDREN UNDER AGE THREE WITH DEVELOPMENTAL DELAYS AND DISABILITIES THROUGH OUR EARLY INTERVENTION PROGRAM. ALL PROGRAMS ENGAGE CHILDREN IN A RICH CURRICULUM THAT NURTURES THEIR INTELLECTUAL, SOCIAL AND EMOTIONAL DEVELOPMENT. ADDITIONALLY, THE AGENCY ENGAGES PARENTS THROUGH HOME VISITS, CENTER-BASED CLASSROOM SESSIONS, SUPPORT GROUPS, WORKSHOPS, EDUCATIONAL/JOB TRAINING AND POLICY COUNCIL MEETINGS, ENABLING THEM TO GAIN THE SKILLS AND KNOWLEDGE TO SUPPORT THEIR CHILDREN'S DEVELOPMENT AND HELP THEM REACH THEIR FULL POTENTIAL. VISITS, CENTER-BASED CLASSROOM SESSIONS, SUPPORT GROUPS, WORKSHOPS, EDUCATIONAL/JOB TRAINING AND POLICY COUNCIL MEETINGS, ENABLING THEM TO GAIN THE SKILLS AND KNOWLEDGE TO SUPPORT THEIR CHILDREN'S DEVELOPMENT AND HELP THEM REACH THEIR FULL POTENTIAL.

ATTACHMENT 2

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4B

YOUTH PROGRAMS UNIVERSITY SETTLEMENT'S YOUTH AFTER SCHOOL PROGRAMS

1207200-AMENDED

Schedule O	(Form	990 or	990-EZ)	2020

Name of the organization UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK Employer identification number 13-5562374

ATTACHMENT 2 (CONT'D)

STRESS LITERACY AND READING, BLENDING THESE ACTIVITIES WITH HOMEWORK HELP, TARGETED ACADEMIC AND PERSONAL SUPPORT, LEADERSHIP DEVELOPMENT AND COMMUNITY SERVICE OPPORTUNITIES, AND CREATIVE EXPERIENCES SUCH AS FIELD TRIPS, ARTS AND RECREATION. AFTER SCHOOL PROGRAMS ARE OFFERED IN BOTH SCHOOL-BASED AND COMMUNITY-BASED SETTINGS. PARENTS ARE FULLY INTEGRATED INTO THE PROGRAMS TO SUPPORT THEIR CRUCIAL ROLE IN THEIR CHILDRENS EDUCATIONAL AND PERSONAL DEVELOPMENT. DURING THE SUMMERS, UNIVERSITY SETTLEMENT RUNS STRUCTURED DAY CAMP PROGRAMS FOR CHILDREN AND YOUTH, WITH A MAJOR FOCUS ON LITERACY AND FIELD TRIPS. ADDITIONALLY, UNIVERSITY SETTLEMENT'S TALENT SEARCH PROGRAM PROVIDES COLLEGE ACCESS AND RETENTION SERVICES, INCLUDING INDIVIDUAL AND GROUP COUNSELING, WORKSHOPS, ASSISTANCE WITH COLLEGE APPLICATIONS AND FINANCIAL AID FORMS, COLLEGE FAIRS, GUEST SPEAKERS, AND COLLEGE VISITS FOR YOUNG PEOPLE INTERESTED IN PURSUING POST-SECONDARY EDUCATION.

ATTACHMENT 3

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4C

FAMILY SERVICES AND COUNSELING PROGRAMS UNIVERSITY SETTLEMENT HAS A WIDE RANGE OF FAMILY SERVICES AND COUNSELING PROGRAMS. FAMILY SERVICES INCLUDE COMPREHENSIVE EVICTION PREVENTION AND CASE MANAGEMENT, ADULT LITERACY SERVICES, A PUBLIC PERFORMANCE SERIES AND ARTS EDUCATION, ARTS IN HEALTHCARE, A BROAD RANGE OF SERVICES FOR SENIORS, AND TWO COMMUNITY CENTERS THAT OFFER A RANGE OF HEALTH, EDUCATIONAL AND RECREATIONAL OPPORTUNITIES. THE HUB OF THE

Schedule O (Form 990 or 990-EZ) 2020	Page
Name of the organization	Employer identification number
UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK	13-5562374

ATTACHMENT 3 (CONT'D)

SETTLEMENT'S MENTAL HEALTH AND COUNSELING PROGRAMS IS ITS CONSULTATION CENTER, A STATE-LICENSED MENTAL HEALTH CLINIC, WHICH OFFERS COGNITIVE BEHAVIORAL THERAPY, CONJOINT AND MARITAL THERAPY, MEDICATION MANAGEMENT, AND PSYCHIATRIC EVALUATION AND CONSULTATION ON-SITE. THE ORGANIZATION ALSO HAS MENTAL HEALTH PROGRAMS FOR YOUTH AND CHILDREN, INCLUDING CHILDREN'S BLENDED CASE MANAGEMENT AND THE HOME-BASED CRISIS INTERVENTION PROGRAM, WHICH ARE OFFERED IN CLIENTS' HOMES. CONSULTATION ON-SITE. THE ORGANIZATION ALSO HAS MENTAL HEALTH PROGRAMS FOR YOUTH AND CHILDREN, INCLUDING CHILDREN'S BLENDED CASE MANAGEMENT AND THE HOME-BASED CRISIS INTERVENTION PROGRAM, WHICH ARE OFFERED IN CLIENTS' HOMES.

	ATTACHME	NT 4
990, PART VII- COMPENSATION OF THE FIVE HIGHEST E	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
DCC-LOCAL 205 W. F. PO BOX 36151 NEW YORK, NY 10108	FOOD SERVICES	247,380.
DISTRICT COUNCIL 1707, LOCAL 95 PO BOX 816 NEW YORK, NY 10018	UNION BENEFITS	235,725.
CSAEU/DISTRICT COUNCIL 1707 420 WEST 45TH STREET NEW YORK, NY 10036	UNION DUES	135,874.
ASIAN AMERICANS FOR EQUALITY 2 ALLEN ST., SUITE 7A NEW YORK, NY 10002	RENTAL SPACE	111,680.

1207200-AMENDED

#### SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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



13-5562374

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK

#### Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	-				
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

#### Part II

JSA

## Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g Section 5 contr enti	12(b)(13) olled
						Yes	No
(1) THE DOOR - A CENTER OF ALTERNATIVES 13-6127348							
121 AVENUE OF THE AMERICAS NEW YORK, NY 10013	YOUTH DVLPMT	NY	501(C)(3)	LINE 7	USS OF NY	Х	
(2) BROOME STREET ACADEMY CHARTER HIGH SCHOO 27-4367067							
121 AVENUE OF THE AMERICAS NEW YORK, NY 10013	EDUCATION	NY	501(C)(3)	LINE 2	THE DOOR		Х
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

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

	because it had one of	<b>`</b>			· · ·	, <b>,</b>							
	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	<b>(g)</b> Share of end-of- year assets		h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana	j) eral or aging ner?	<b>(k)</b> Percentage ownership
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			Yes	No		Yes	No	
(1)													
(2)		-											
(3)		-											
(4)		-											
(5)		-											
(6)													
(0)		-											
(7)		-											

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(i) Section 512(b)(13 controlle entity? Yes No
(1)							Tes NO
(2)							
(3)							
(4)							
(5)							
(6)							

UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK

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Part V	Transactions With Related Organizations. Complete if the organization answered "Ye	s" on Form 990, Par	t IV, line 34, 35b, or 36.				
Note: Co	omplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 Dur	ing the tax year, did the organization engage in any of the following transactions with one or more r	elated organizations lis	ted in Parts II-IV?				
a Red	ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
	, grant, or capital contribution to related organization(s)				1b		X
	, grant, or capital contribution from related organization(s).				1c		X
	ins or loan guarantees to or for related organization(s)				1d		X
e Loa	ins or loan guarantees by related organization(s)				1e	X	
f Divi	dends from related organization(s)				1f		Х
<b>g</b> Sal	e of assets to related organization(s)				1g		Х
	chase of assets from related organization(s)				1h		Х
	hange of assets with related organization(s).				1i		X
j Lea	se of facilities, equipment, or other assets to related organization(s)				1j		X
k Lea	se of facilities, equipment, or other assets from related organization(s)				1k	x	Х
	Performance of services or membership or fundraising solicitations for related organization(s)						
	formance of services or membership or fundraising solicitations by related organization(s)				1m		Х
	aring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
	aring of paid employees with related organization(s)				10	Х	
<b>p</b> Rei	mbursement paid to related organization(s) for expenses				1р		X
<b>q</b> Rei	mbursement paid by related organization(s) for expenses				1q		Х
r Oth	er transfer of cash or property to related organization(s)				1r		X
	er transfer of cash or property from related organization(s).				1s		
2 If th	the answer to any of the above is "Yes," see the instructions for information on who must complete t		·		(d)	5.	
(a)(b)(c)Name of related organizationTransactionAmount invo				Method o	of dete		ıg
		type (a-s)		amour	nt invo	lved	
(1) TH	E DOOR - A CENTER OF ALTERNATIVES	Е	739,716.	BOOK			
(1) 111			, , , , , , , , , , , , , , , , , , , ,	Doon			
(2)							
(3)							
(4)							
(4)							
(5)							
(6)							
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#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		e Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				sections 512 - 514)	Yes	No			Yes No	, , , , , , , , , , , , , , , , , , ,	Yes	No		
(1)														
(2)														
(3)														
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Part VII	Supplemental Information								
	Provide additional information for responses to questions on Schedule R. See instructions.								