PKF O'CONNOR DAVIES ADVISORY, LLC 245 PARK AVENUE, 12TH FLOOR NEW YORK, NY 10167

> UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK 184 ELDRIDGE STREET NEW YORK, NY 10002

(Rev. January 2024)

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

# File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

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

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	Form 7004 to request an extension of time to file incor					
<u>Part I - Id</u>	entification					
Type or Print	UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK 13-5562					
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, <b>184 ELDRIDGE STREET</b>	see instruct	ions.			
instructions.	City, town or post office, state, and ZIP code. For a <b>NEW YORK , NY 10002</b>	foreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (f	ile a separat	te application for each return)			
Applicatio	on Is For	Return Code	Application Is For			Return Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
Form 4720	0 (individual)	03	Form 5227			10
Form 990-		04	Form 6069			11
	T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	-T (trust other than above)	06	Form 5330 (individual)			13
	T (corporation)	07	Form 5330 (other than individual)			14
Form 104 <sup>-</sup>		08	rom coco (otrior than individual)			
LITTLE LO TILE						
● If this ap Plar Plar	e Form 5330. oplication is for an extension of time to file Form 5330, n Namen Number n Year Ending (MM/DD/YYYY)	you must e	nter the following information.			
● If this ap Plar Plar <u>Plar</u> <b>Part II - Au</b>	oplication is for an extension of time to file Form 5330, n Name n Number n Year Ending (MM/DD/YYYY) utomatic Extension of Time To File for Exempt Orga					
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<ul> <li>If this ap Plar Plar</li> <li>Plar</li> <li>P</li></ul>	oplication is for an extension of time to file Form 5330, n Name n Number <u>Year Ending (MM/DD/YYYY)</u> <b>Itomatic Extension of Time To File for Exempt Orga</b> loks are in the care of <u>ROBERT HOLCZER</u> 184 ELDRIDGE STR	nizations (s EET –	mee instructions) NEW YORK, NY 10002 Fax No.			
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<ul> <li>If this ap Plar Plar Plar Plar</li> <li>Part II - Au The bo</li> <li>Telepho</li> <li>If the o</li> <li>If the o</li> <li>If this is box</li></ul>	pplication is for an extension of time to file Form 5330, n Name	nizations (s EET – ss in the Uni t Group Exe and atta IAY 15 ganization's , 20 check reaso 39, enter the 39, enter any payment all	See instructions)         NEW YORK, NY 10002         Fax No.         ited States, check this box         mption Number (GEN)         .ch a list with the names and TINs of         .ch a list with the names and TINs of	If this is fo i all memb e the exen JUN 3 Final retur 3a	r the whole ers the exte npt organiza 0 . n \$	group, check this nsion is for. tion return for , 20 <u>24</u>

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

			** PUBLIC DISCLOSURE COP			OMB No. 1545-0047
_	0	90	Return of Organization Exempt Fr			0000
For	n J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C	-		
		of the Treasury	Do not enter social security numbers on this form as it Go to www.irs.gov/Form990 for instructions and the	-		Open to Public Inspection
		nue Service			UN 30, 2024	Inspection
_	Check if		f organization		D Employer identifie	eation number
	pplicab		ERSITY SETTLEMENT SOCIETY OF NEW			
	Addre					
	Name		usiness as		13-55623	74
	Initial	U		oom/suite	E Telephone number	
	Final	18/	ELDRIDGE STREET	o o ni, o ano	212-674-	
	termir ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	60,075,583.
	Amen return	ded NTETAT	YORK, NY 10002		H(a) Is this a group re	
	Applic distance	<sup>ca-</sup> <b>F</b> Name a	nd address of principal officer: MELISSA AASE		for subordinates	
	pendi		AS C ABOVE		<b>H(b)</b> Are all subordinates in	icluded? Yes No
11	Tax-ex	empt status: [	<b>X</b> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions
	Nebsi		UNIVERSITYSETTLEMENT.ORG		H(c) Group exemptio	n number
			X Corporation Trust Association Other	L Year (	of formation: 1886 N	A State of legal domicile: NY
Pa	art I	Summary				
<b>a</b>	1		be the organization's mission or most significant activities: $\underbrace{ extsf{UNIVER}}$			
Governance		FOR PRO	FIT ORGANIZATION DEDICATED TO THE B	BETTER	MENT OF FAM	ILIES
srne	-	Check this bo		d of more	than 25% of its net ass	
8 No		3 Number of voting members of the governing body (Part VI, line 1a)3				21
			lependent voting members of the governing body (Part VI, line 1b) $\dots$			21
es		5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)				914
Activities &			of volunteers (estimate if necessary)			230
Act			d business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0 . Current Year
		o			Prior Year 43,110,100.	44,176,037.
ne	8		and grants (Part VIII, line 1h)		8,359,637.	11,698,550.
Revenue	9	•	ce revenue (Part VIII, line 2g)		-150,313.	117,555.
Be			come (Part VIII, column (A), lines 3, 4, and 7d)		113,976.	403,001.
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		51,433,400.	56,395,143.
					134,610.	101,030.
			milar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)		0.	0.
	45		r compensation, employee benefits (Part IX, column (A), line 4)		36,524,134.	41,344,551.
Expenses	162		undraising fees (Part IX, column (A), line 11e)		0.	0.
oen -	h		ing expenses (Part IX, column (D), line 25) 1,192,576	6.	••	••
Ă	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		15,556,897.	15,844,473.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		52,215,641.	57,290,054.
			expenses. Subtract line 18 from line 12		-782,241.	-894,911.
or es					ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)		44,053,463.	39,252,137.
Ass	21		s (Part X, line 26)		14,585,555.	10,087,477.
_Net	22	Net assets or	fund balances. Subtract line 21 from line 20		29,467,908.	29,164,660.
	art II	Signature			-	-
Und	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules an	and stateme	nts, and to the best of my	knowledge and belief, it is
true	, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge.	

Sign	Signature of officer	Date							
-	MELISSA AASE, CHIEF EXECUTIVE OFFICER								
	Type or print name and title								
	Print/Type preparer's name Preparer's signature Date								
Paid	MELISSA MODELSON MELISSA MODELSON 04/24	/25 self-employed P01603524							
Preparer	Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC	Firm's EIN 87-3231666							
Use Only	Firm's address 245 PARK AVENUE, 12TH FLOOR								
	NEW YORK, NY 10167	Phone no. 212 - 286 - 2600							
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)								

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2023) YORK 13-5562374 Page 2 rt 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 AND BROOKLYN.
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?
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 \$ 18,093,517. including grants of \$ 0. ) (Revenue \$ 11,013,002.
	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 RELATIONSHIPS WITH FAMILIES TO
	PROVIDE THEM WITH THE NECESSARY TOOLS AND SKILLS TO SUPPORT THEIR
	CHILDREN'S DEVELOPMENT. CHILDCARE PROGRAMS INCLUDE EARLY HEAD START,
	FOUR EARLY CHILDHOOD CENTERS (THE EARLY CHILDHOOD CENTER AND CHILDREN'S CORNER), FAMILY CHILD CARE, PARK SLOPE NORTH AND CREATIVE STEPS. FAMILY
	ENRICHMENT HOME VISITING PROGRAMS PROMOTE PARENT CHILD BONDING AND
	HEALTHY CHILD DEVELOPMENT. THE BUTTERFLIES PROGRAM PROVIDES MENTAL
	HEALTH CHILD DEVELOPMENT: THE BUTTERFILES PROGRAM PROVIDES MENTAL HEALTH SERVICES FOR YOUNG CHILDREN AND THEIR FAMILIES. (SEE SCHEDULE O
	FOR MORE INFO)
46	
4b	(Code:) (Expenses \$17,080,432 including grants of \$0) (Revenue \$085,548 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 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 ONSITE. (SEE SCHEDULE O FOR MORE INFO)
4c	
	YOUTH PROGRAMS: UNIVERSITY SETTLEMENT'S YOUTH AFTER SCHOOL PROGRAMS
	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
	FIELD INIPS, AND A CARAITON. AFTER SCHOOL PROGRAMS ARE OFFERED IN
	BOTH SCHOOL BASED AND COMMINITY BASED SETTINGS DADENTS ADE FULLY
	BOTH SCHOOL BASED AND COMMUNITY BASED SETTINGS. PARENTS ARE FULLY
	INTEGRATED INTO THE PROGRAMS TO SUPPORT THEIR CRUCIAL ROLE IN THEIR
	INTEGRATED INTO THE PROGRAMS TO SUPPORT THEIR CRUCIAL ROLE IN THEIR CHILDRENS EDUCATIONAL AND PERSONAL DEVELOPMENT. DURING THE SUMMERS,
	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
	INTEGRATED INTO THE PROGRAMS TO SUPPORT THEIR CRUCIAL ROLE IN THEIR CHILDRENS EDUCATIONAL AND PERSONAL DEVELOPMENT. DURING THE SUMMERS,
4d	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. (SEE SCHEDULE O FOR MORE INFO)
4d	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. (SEE
4d 4e	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. (SEE SCHEDULE O FOR MORE INFO) Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

YORK

Part IV Checklist of Required Schedules

Form 990 (2023)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
•	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			х
•	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?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
11	or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10	- 11	
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	990	X (2023)
332003	12-21-23	⊢orm	330	(2023)

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332003 12-21-23

Yes         No           22         Did the organization report more than \$5.000 of grants or other assistance to or for demestic individuals on Part K column (A). Inte 21: "Yes," complete Schedule I, Part I and II.         22         X           24         Did the organization answ.""Yes I'real," answer face of the organization is current and forme officer, directors, trustees, key employee, and highest compensated employees? If 'Yes," complete Schedule I.         23         X           24         Did the organization invest any proceed of taxe-with an outflanding principal annound of more than \$100,000 as of the last day of the organization invest any proceed of taxe-with a outflanding principal annound of more than \$100,000 as of the last day of the organization invest any proceed of taxe-with a outflanding across at any time during the year?         246         246           25         Schedule K. I''Ne," or to the association association as outflanding the year I outflanding the principal announce of more than \$100,000 as of the last day of the organization invest any proceed of taxe with a outflanding across at any time during the year?         246         246           26         Did the organization across at an 'On behall O'' lissue for bonds outstanding at any time during the year?         246         248           27         Main association become than in struction Struct Structure for the organization prory year, and that the transaction with a disputile person an an occess benefit transaction with a disputile person an prory year, and that the transaction has a structure person and or the person and year year year year year year year year		<u>990 (2023)</u> YORK 13-556	<u>52374</u>	P	<sub>age</sub> 4
22       Did the organization resort more than 55.000 of grants or other assistance to or for demetic individuals on Part X, fourney A, line 2, 4 '''yes, 'complete Schedule P, Part J and I       21       X         23       Did the organization asswer 'Yes' to Part X, line 3, 4, or 5, a food, organization asswer 'Yes' to Part X, line 3, 4, or 5, a food, organization proves 1, 2 'Yes, 'complete Schedule P, Part J, 2 'Yes, 'Yes, 'complete Schedule P, Part J, 2 'Yes, 'co	Par	t IV Checklist of Required Schedules (continued)			
Part K column (A) line 27 (**** complete Schedule / Part i and III 28 Did the organization assert***********************************				Yes	No
22       Delthe organization answer "Ver" to Far MU, Section A, line 3, 4, or 5, about compensation of the organization is current and former (forces, directors, trustees, key employee, and highest compensated employees? If "Yes," complete Schedule J, If Yes, "to any beta day of the organization in a tark as issued after December 31, 2002? If "Yes," tarker fines 240 through 244 and complete Schedule J, If Yes, "to any beta day of the organization invitation and escore account other than a returning escore at any tark escent bond?       24a         24a       Did the organization invitation proceeds of tax-exempts bonds beyond a temporary period exception?       24a         25       Did the organization and their transpaced in a secore account other than a returning escore at any tax exempt bond?       24d         25       Section 20(6)(5, 60(16(4), ed0(16(2)) experisions. Did the comparization and their transpaced in an access benefit transaction with a disqualified person in a piory ser, and that the transaction has not been reported on any of the granization is pior Form 3900 or 980-E27 // 'Yes," complete Schedule L, Part I       25a         26       Did the organization avare that if it reagaed in an access benefit transaction with a disqualide person in a piory ser, and that the transaction has not been reported on any of the granization available tait reagaed in an access benefit insaction with a disqualide person in a piory ser, and that the transaction has not been reported on any of the granization available tait and contributor or 35% controlled entity orfamily member of any of these persons? // 'Yes,' complete Schedule L, Part I       25b         27       Did the organization available tait the state available tait available tait available person	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22       Did the organization arever "Yes" to Fart VII, Section A, Ires 3, 4, or 5, about compensation of the organization's current and former (offers, direction, trustees, key employee, and highest compensated employees?) # 'Yes,' complete Schedule J, 4       23       X         23       Did the organization have at axexempt bond issue with an outstanding principal amount of more than \$100,000 as of the schedule J. Note: j to Jine 256.       24a       X         24       Did the organization have at axexempt bond issue with an outstanding principal amount of more than \$100,000 as of the argonization maintain an eschedu account other than a refunding escrew at any time during the year 1.       24a       X         25       Did the organization maintain an escrew account other than a refunding escrew at any time during the year?       24a       X         26       Did the organization and at as an 'on behalf of issue for bonds outstanding at any time during the year?       24a       X         26       Section 50((k), 50((k), 40(4), and 501(k)29 organizations. Did the organization is a prior year, and that the transaction with a disqualified perion in a prior year, and that the transaction has not been reported on any of the granization or therms office. Just 1       25a       X         27       Did the organization organization organization argue and that the transaction has not period of mainty member of any of these persons? I''''s, 'complete Schedule L, Part I'       25b       X         27       Did the organization argue at the schedule to any of these persons? I'''''s, 'complete Schedule L, Part I'.		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22	Х	
Schedule J       23       X       24       DOI the organization have a tax excern bond issue with an outstanding principal amount of more than \$100,000 as of the Schedule J. Phol 1 bits or ganization marks an escrew account other than a retunding escrew at any time during the year to defease any tax-exempt bonds?       246       X         b Doi the organization namehan an escrew account other than a retunding escrew at any time during the year to defease any tax-exempt bonds?       246       X         d Doi the organization ast as an 'on behaf of issue for bonds outstanding at any time during the year?       246       X         25 Section 50(6), 50(1)(4), 40(1), 50(1)(4), 50(1)(	23				
24a Ddt no organication have a taxe exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If No," go to bine 25a.       24a       X         2 Db the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception?       24a       X         2 Db the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception?       24a       X         2 Db the organization mixest any proceeds of tax-exempt bonds outstanding at my time during the year to defease any trace-exempt bonds?       24d       24d         2 Db the organization actus as in "on behalf of" issuer for bonds outstanding any time during the year?       24d       24d         2 Db the organization avas that 1 engaged in an excess benefit transaction with a disqualified porson in a prory year, and that the transaction any of the organization splior Forms 900 or 909 EZ? If "Yes," complete Schedule L, Part I       25b       X         2 Db d the organization provide a grant or othand e, substantial contributor, or 35%       26       X         2 Dd the organization provide a grant or othand eschedul in committee member, or to a 35% conclude any diversion and year with a set or a part year.       26a       X         2 Dd the organization provide a grant or othand eschedul in the set or 20. If "Yes," complete Schedule L, Part IV.       26a       X         2 Dd the organization income than \$250.000 in noncash contribution? If "Yes," complete		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
is at day of the year, that was based after December 31, 2002? If "Yes," answer lines 24b through 24d and complete     24a     X       b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?     24b     24b       c Did the organization analitan an escrow account other than a refunding escrow at any time during the year to delease any tax exempt bonds?     24d       d Did the organization analitan an escrow account other than a refunding secrow at any time during the year?     24d       25 Section 50(2(6)), 50(1(4), 40(4), and 50(1(2))? Organizations. Did the organization ongage in a necress benefit transaction with a disqualified person during the year?     24d       25 Section 50(2(6)), 50(1(4), 40(4), and 50(1(2))? Organizations. Did the organization ongage in a necress benefit transaction with a disqualified person during the year?     25d       26 Did the organization argon that rengaged nam access benefit transaction with a disqualified person during the year?     25d       27 Did the organization provide a grant or offer assistance to any current of forme officer, directry, tuxtee, key employee thereod, grant selectric contexte member, or to a 50% controlled entity or family member of any of these persons? // Yes, "complete Schedule L, Part II.     26d       27 Did the organization provide a grant or offamily member of any of these persons? // Yes, "complete Schedule L, Part IV.     26d       28 A was the organization and the provide a grant or offamily member of any of these persons? // Yes, "complete Schedule L, Part IV.     28d       29 Did the organization neceles controllido, conditions, and exceptions?     27		Schedule J	23	Х	<b> </b>
Schedule K if Ybs, 'go to line 25a     24a     X       b Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?     24a       c Did the organization meantain an escrow account other than a refunding escrow at any time during the year?     24a       25a     Section 501(c)(3). 501(c)(4). and 501(c)(29) organizations. Did the organization angale in an excess benefit transaction with a disqualified person luring the year?     25a       25a     Section 501(c)(3). 601(c)(4). and 501(c)(29) organizations ploir Forms 900 or 9800-E27 if 'Yes,' complete Schedule L, Part I     25a       25a     Dot the organization avare that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a first of the organization's ploir Forms 900 or 9800-E27 if 'Yes,' complete Schedule L, Part I     25b       25a     Dot the organization approach arg manuant on Part X, line 5 or 22, for receivables Know or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity in change schedule L, Part II     26       27     X     X     26     X       28     Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? H     28a       28     Was the organization exerce thereof or family member of any of these persons? H' 'Yes,' complete Schedule L, Part IV.     28a       28     Was the organization n	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
b Det the organization meest any proceeds of tax-exempt bonds beyond a temporary period exception?       246         c Did the organization mentation an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?       24d         d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?       24d         25a Section 500(163), 501(c44), 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 I, Part I       25a         25 Det the organization argont any amount on Part X, line 5 or 22, for receivables from or payables to any current or former differ, directric trutter, key employee, centor or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       26         27 Did the organization provide a grant or other assiturce to any current or former differ, directric trutter, key employee, terrord, agrant selection contributor or a 35% controlled entity including an employee thereol or any ot these persons? If "Yes," complete Schedule L, Part II, a A current or former differ, directric, trutter, key employee, terrord, agrant selection contributor?       27       X         28 A SK controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable filling thresholds, conditions, and exceptions?       28       X         29 Did the organization necelve contributions of any. Character or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28a		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c       Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-axempt bonds?       24d         25a       Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?       12s         25a       Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?       17s, complete Schedule L, Part I         25a       Schedule L, Part I       25a       X         25b       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 employse, creator or founder, substantial contributor or 35% controlled entity (including an employee thereo) of annihy member of any of these persons? If "Yes," complete Schedule L, Part II       26a       X         27       Did the organization report to a builts excess to any current or former officer, director, trustee, key employse, creator or founder, substantial contributor or employee thereo) or annihy member of any I fives," complete Schedule L, Part II       26a       X         28       Was the organization reports abustantial contributor or employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV       27b       A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV       28b       X         29       A family member of any individual described		Schedule K. If "No," go to line 25a	24a		X
any tax-sempt books?     24c       Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?     24d       25a Section 501(e)(3), 501(e)(4), and 501(e)(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       25a Did the organization aware that engaged in an excess benefit transaction with a disqualified person during the year? if 'Yes,' complete Schedule L, Part I     25a       25a Did the organization aware that engaged in an excess benefit transaction with a disqualified person of any of the organization's prior Forms 90 or 905 E27. If 'Yes,' complete Schedule L, Part I     25a       25a Did the organization appet theme of any of these persons? If 'Yes,' complete Schedule L, Part I     25a       27 Did the organization appet theme of a finally member of any of these persons? If 'Yes,' complete Schedule L, Part II     26a       27 Bid the organization appet thereof of tamily member of any of these persons? If 'Yes,' complete Schedule L, Part II     26a       28 Was the organization appet thereof of tamily member of any of these persons? If 'Yes,' complete Schedule L, Part II     26a       29 In the organization appet thereof or tamily member of any of these persons? If 'Yes,' complete Schedule L, Part II     26a       29 A assection of the differ, director, truste, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part II     26a       20 In the organization necelve any bady these persons in a Pres, 'complete Schedule L, Part II     26a   <	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year?     24d       25a Section 501(6x), 501(64), and 501(62)00 regonizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? (f 'Yes,' complete Schedule L, Part I     25a       b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction and on any of the organization's prior Forms 990 of 990E2? (f 'Yes,' complete Schedule L, Part I     25a       X     D Did the organization approved 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 (including an enployee) three of a gar 1 whene assistance to any current or former officer, director, trustee, key employee, creator or founder, aubstantial contributor or employee thereol, a gart selection committee member, or to a 35% controlled entity (including an employee) three of targen? (Yes,' complete Schedule L, Part II     26     X       28     Was the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):     A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV     28a     X       29     Dd the organization neces work for an entity diseage engage engage in any transaction with a controlled entity or an or or individual described in line 28a' If 'Yes,' complete Schedule L, Part IV     28a     X	с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year?     24d       25a Section 501(6x), 501(64), and 501(62)00 regonizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? (f 'Yes,' complete Schedule L, Part I     25a       b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction and on any of the organization's prior Forms 990 of 990E2? (f 'Yes,' complete Schedule L, Part I     25a       X     D Did the organization approved 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 (including an enployee) three of a gar 1 whene assistance to any current or former officer, director, trustee, key employee, creator or founder, aubstantial contributor or employee thereol, a gart selection committee member, or to a 35% controlled entity (including an employee) three of targen? (Yes,' complete Schedule L, Part II     26     X       28     Was the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):     A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV     28a     X       29     Dd the organization neces work for an entity diseage engage engage in any transaction with a controlled entity or an or or individual described in line 28a' If 'Yes,' complete Schedule L, Part IV     28a     X		any tax-exempt bonds?	24c		
transaction with a disqualified parson during the yea? // Yks,* complete Schedule I, Part I     25a     X       b is the organization apport 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%     25b     X       27     Did the organization apport 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%     25b     X       27     Did the organization portide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%     27     X       28     Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV)     26     X       28     Was the organization receive contributions of an / current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? H     28ea     X       29     Did the organization neceive more than \$25,000 in noncash contributions? H 'Yes,' complete Schedule L, Part IV     28ea     X       29     Did the organization receive contributions of ant, historical treasures, or other similar assets, or qualified conservation contributions? H 'Yes,' complete Schedule M     20     X       29     Did the organization receive contributions of ant, historical treasures, or other similar assets, or qualified conservation so a drait sits exchange, dispose of, or transfer mor	d		24d		
b       Is the organization aware that it engaged in an excess banefit transaction with a disqualified person in a pror year, and that the transaction has not been reported on any of the organization splor Forms 990 or 990-E27 if 'Yes,' complete Schedule I, Part I       Zeb       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 on 593%       Zeb       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 on 35%       Zeb       X         28       Was the organization approximation party to a business transaction with one of the following parties? (See the Schedule L, Part II       Zeb       X         28       Was the organization approximation approximapproximapproximation approximation approximation appr	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
b       Is the organization aware that it engaged in an excess banefit transaction with a disquilled person in a prory ser, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 (ff "Yes," complete Schedule L, Part I       25b         25       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 employee thereof, a grant selection committee member, or to a 53% controlled entity or family member of any of these persons? (ff 'Yes,' complete Schedule L, Part II       26       X         27       Did the organization approvide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereol, grant selection committee member, or to a 53% controlled entity or business transaction with one of the following parties? (See the Schedule L, Part IV       27       X         28       Was the organization a park by a business transaction with one of the following parties? (See the Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in noncesh contributions? If 'Yes,' complete Schedule L, Part IV       28a       X         29       Did the organization receive any cursent or transfer more than 25% of its net assets? If 'Yes,' complete Schedule K, Part I       31       X         29       Did the organization receive any parket transfer more than 25% of its net assets? If 'Yes,' complete Schedule K       33       X </td <td></td> <td>transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I</td> <td>25a</td> <td></td> <td>Х</td>		transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		Х
Schedule L, Part I       250       X         26       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or folicer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? II "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or three assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employe thereol, a grant selection committee member, or to a 35% controlled entity or tamily member of any of these persons? II "Yes," complete Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions):       27       X         28       A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV.       28a       X         29       Did the organization receive more than \$25,000 in noncesh contributions? If "Yes," complete Schedule N, Part I       28a       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         31       Did the organization inquicate, terminate, crustee than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization selid, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	b				
Schedule L, Part I       250       X         26       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or folicer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? II "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or three assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employe thereol, a grant selection committee member, or to a 35% controlled entity or tamily member of any of these persons? II "Yes," complete Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions):       27       X         28       A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV.       28a       X         29       Did the organization receive more than \$25,000 in noncesh contributions? If "Yes," complete Schedule N, Part I       28a       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         31       Did the organization inquicate, terminate, crustee than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization selid, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete					1
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 of 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 contributors or amployee thereof, a grant selection committee member, or to a 55% controlled entity (including an employee thereof or family member of any of these persons?) If "Yes," complete Schedule L, Part IV, instructions for applicable (fing thresholds, conditions, and exceptions);       a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV       28a       X         28       DA family member of any of individual described in line 28a or 28b? If "Yes," complete Schedule L, Part IV       28b       X         29       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule L, Part IV       28c       X         30       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule N, Part I       30       X         31       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization neceive more than \$25,000 in noncash contributions? If "Yes," complete Schedule N, P			25b		Х
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%     28     X       2 Did the organization provide a grant or three assistance to any current of former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions):     27     X       28     Was the organization provide described in line 28a' If 'Yes,' complete Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions):     28     X       29     A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV     28a     X       29     A family member of any individual described in line 28a' If 'Yes,' complete Schedule L, Part IV     28b     X       29     Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M     30     X       31     Did the organization neceive contributions of art, historical treasures, or other similar assets, or qualified conservation accountibutions and schedule L, Part IV     31     X       33     Did the organization selection 5120(13)?     Bit her organization selection 5120(13)?     31     X       34     Was the organization oneiton of the soft aseed as exp	26	,			
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 threeo1, a grant selection committee member, or to a 35% controlled entity (including an employee threeo) or family member of any of these persons? If "key," complete Schedule L, Part III       27       X         28       Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part III       27       X         29       Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV       28a       X         29       A family member of any individual described in line 28a? (Pres," complete Schedule L, Part IV       28b       X         29       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule M       30       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization receive on those on than the organization receive any payment from the organization under Regulations sections 317.070.2 and 317.071.2 af					1
27       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee) thereof or family member of any of these persons? If "Yes," complete Schedule L, Part IV.       27       X         28       Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV.       28       X         29       A current of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       "Yes," complete Schedule L, Part IV.       28a       X         29       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule L, Part IV.       28a       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       31       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II       31       X         32       Did the organization neceive any taxeempt or traxible entity? II "Yes," complete Schedule R, Part II       33       X			26		Х
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II       Z7       X         28       Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part II       Z8       X         29       As a current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV       Z8b       X         29       Did the organization a party ca business and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV       Z8b       X         29       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M       Z9       X         30       Did the organization sell, exchalve M       Z9       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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 I       31       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II       33       X         34       Wasthe organization sell, exchange, dispose of	27				
entity (including an employee thereof) or family member of any of these persons? // "Yes," complete Schedule L, Part III.       27       X         28       Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable fling thresholds, conditions):       a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // ff       "Yes," complete Schedule L, Part IV       28a       X         b A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV       28a       X         c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // "Yes," complete Schedule M.       29a       X         29       Did the organization receive more than \$25,000 in noncash contributions? // "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of at, historical treasures, or other similar assets, or qualified conservation contributions? // "Yes," complete Schedule M.       30       X         31       Did the organization inguidata, terminate, or dissove and cease operations? // "Yes," complete Schedule R, Part I       31       X         32       Did the organization related to any tax exempt or taxable entity? // "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1       33       X         33       Did the organization nave a controlled entity within the meaning of section 512(b)(13)?       34					1
28       Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):       a current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "res," 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       28a       X         c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "res," complete Schedule L, Part IV       28c       X         29       Did the organization receive more than \$25,000 in nonceash contributions? If "yes," complete Schedule IM       29       X         30       Did the organization receive more than \$25,000 in nonceash contributions? If "yes," complete Schedule IM       30       X         31       Did the organization receive more than \$25,000 in nonceash contributions? 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 "res," complete Schedule N, Part I       31       31       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "res," complete Schedule N, Part II, III, or IV, and Part V, line 1       33       X         34       Was the organization neal to any tax exempt or taxable entity? If "res," complete Schedule R, Pa			27		Х
instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV D id the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M D id the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M D id the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M D id the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I D id 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 N was the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 501.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Section 501(c)(3) organizations related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Section 501(c)(3) organizations make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule O for Part V, line 2 Section 501(c)(3) organization complete Schedule O for Part V, line 1 Section 501(c)(3) organization complete Schedule O for Part V, line 1 Section 501(c)(3) organization complete Schedule O for Part V, line 2 Section 501(c)(3) organization complete Schedule O for Part V, line 2 Section 501(c)(3) organization complete Schedule O for Part V, line 2 Section 501(c)(3) organization complet	28				
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? /f       28a       X         **es," complete Schedule L, Part IV       28a       X         b A family member of any individual described in line 28a? /f *Yes," complete Schedule L, Part IV.       28b       X         c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? /f       28c       X         29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? /f *Yes," complete Schedule M       20       X         30 Did the organization neceive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? /f *Yes," complete Schedule N, Part I       31       X         31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? /f *Yes," complete Schedule N, Part I       31       X         33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?       11 Vr.es," complete Schedule N, Part I       31       X         34 Was the organization noneas a controlled entity within the meaning of section 512(b)(13)?       35a       X       35a       X         b If "Yes," complete Schedule R, Part V, line 2       35b       35a       X       35b       35b       35b       35b       35a       X         35 Did the organ	20				
"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         c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If       ?       ?         a Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M       29       X         30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31 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       31       X         32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.3? If "Yes," complete Schedule R, Part I       33       X         33 Did 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       35a       X         34 Was the organization neales ontrolled entity within the meaning of section 512(b)(13)?       35a       X         35a Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         36 Did the organization complete Schedule O.       38       X <td< td=""><td>а</td><td></td><td></td><td></td><td></td></td<>	а				
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c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If       28         29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       29       X         30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         32 Did the organization receive contributions? If "Yes," complete Schedule N, Part I       31       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 neave a controlled entity within the meaning of section 512(b)(13)?       35a       X         35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         35a Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the	h				
"Yes," complete Schedule L, Part IV       28c       X         29       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization 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 heve a controlled entity within the meaning of section 512(b)(13)?       35a       X         35       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       37       X         38       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			200		<u> </u>
29       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       32       X         33       Did the organization von 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization neaing of section 512(b)(13)?       35a       X       35a         34       Was the organization conduct more than 5% of its activities through an entity that is not a related organization?       36a       X         35a       Did the organization conduct more than 5% of its activities through an entity that is not a related organization?       36a       X         36       X       Sith eroganization conduct more than 5% of its ac	U		280		x
30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       30       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       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       35a       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule Q.       If "Yes," complete Schedule Q.       37       X         38       Did the organization conduct more than 5% of its activities through an entity that is not a related organization?       36       X         39       Did the organization complete Schedule Q and provide explanation	20				
contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?       Section 501(c)(3)       34       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization neceive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule O and provide explanations on Schedule O for Part V			. 23		
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       32       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule R, Part V, line 2       36       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X	50		20		x
32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes," complete Schedule R, Part V, line 2       35a       35a         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O.       38       X         Yes No         1a Enter the number reported in box 3 of Form 1096. Enter -0· if not applicable	21	Did the organization liquidate terminate or discolve and coase operations? If IV/as II as the Osha shift N. Dart I			
Schedule N, Part II       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O       38       X         Vest: All Form 990 filers are required to complete Schedule O         Anter All Form 990 filers are required to complete Schedule O         Vest: All Form 990 filers are required to complete Schedule O         Vest: All Form 990 file			.   31		- 23
33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       Yes No       38       X         1a       Enter the number reported in box 3 of Form 1096. Enter -0: if not applicable       1a       1a       267       1b <td>32</td> <td></td> <td>20</td> <td></td> <td>x</td>	32		20		x
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       36       X         37       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         9       Note: All Form 990 filers are required to complete Schedule O       1a       2667       1b       0         14       2667       Ib       0       1c       1c       1c         15       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1c       1c	22		32		<u></u>
34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V       1a       2667 1b       1a       2677 1b       0         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       Y	33		20		v
Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O       28       X       28         Part V       Statements Regarding Other IRS Filings and Tax Compliance       26 7       Yes       No         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       26 7       Yes       No         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1a       26 7       1b       0       0       0       26 7 <td>24</td> <td></td> <td>. 33</td> <td></td> <td></td>	24		. 33		
35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       35b       366       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O       38       X       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       Yes       No         1a       267       1b       0       0       0         a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       267       1b       0         b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable payments to vendors and reportable gaming (gambling) winnings to prize winners?       Yes       No         332004 </td <td>34</td> <td></td> <td></td> <td></td> <td>v</td>	34				v
b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization         38       Did the organization complete Schedule 0 and provide explanations on Schedule 0 for Part VI, lines 11b and 19?         38       Did the organization complete Schedule 0 and provide explanations on Schedule 0 for Part VI, lines 11b and 19?         Note: All Form 990 filers are required to complete Schedule 0       38         Part V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule 0 contains a response or note to any line in this Part V       1a         1a       267         b       Enter the number of Forms W-2G included on line 1a. Enter -0· if not applicable       1a         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming         (gambling) winnings to prize winners?       1c	<u> </u>				
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         9       Note: All Form 990 filers are required to complete Schedule O       38       X       X         9       Part V       Statements Regarding Other IRS Filings and Tax Compliance       38       X         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       267       Yes       No         1a       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0       1c       1c         232004       12-21-23       Form 990 (2023)       7       X       35			. <u>35a</u>		
36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       36       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O complete Schedule O       38       X         Note: All Form 990 filers are required to complete Schedule O         Yes Note: All Form 990 filers are required to complete Schedule O         Yes Note: All Form 990 filers are required to complete Schedule O         Yes No         The treatments Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         Yes No         1a         Inter the number reported in box 3 of Form 1096. Enter -0- if not applicable         1a       267         1b       0       1         1b       0         1a       267         1b       0       1 </td <td>a</td> <td></td> <td>054</td> <td></td> <td> </td>	a		054		
If "Yes," complete Schedule R, Part V, line 2       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O         Part V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V       1a       267         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       267         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1a       267         1b       0       0       1a       1a       267         1a       Check if schedule or opply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       1c         332004       12-21-23       Form 990 (2023)	20		. 350		<u> </u>
37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O         Yes No         Part V         Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         1a       267         b       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1a         332004 12-21-23	30		00		v
and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	07		36		
38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       38       X         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       1a       267         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c         332004       12-21-23       Form 990 (2023)	31				v
Note: All Form 990 filers are required to complete Schedule 0       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule 0 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       1a       267       Yes       No         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       Ic         Storm 990 (2023)	00		. 37		<u> </u>
Part V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         Yes No         1a       267         b       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       267         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c         332004       12-21-23       Form 990 (2023)	38			v	
Check if Schedule O contains a response or note to any line in this Part V         Yes       No         1a       267       1a       267       1b       0	Par	Note: All Form 990 filers are required to complete Schedule 0	.   38	Δ	L
Ia       267         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Ib       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       Ic         332004       12-21-23       Form 990 (2023)	1 0	Chack if Schedule O contains a response or note to any line in this Part V			
1a       267         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1a       267         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c         332004       12-21-23       Form 990 (2023)		טוופטע זו סטוופטעופ ט טטווגמווז מ ופסטטוזפ טו ווטנפ נט מוזץ וווופ ווז נוזוא דמול ע	<u></u>	V	
b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       1c         332004       12-21-23       Form 990 (2023)	4 -		7	res	NO
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 1332004 12-21-23 Form 990 (2023)					
(gambling) winnings to prize winners?         1c           332004 12-21-23         Form 990 (2023)			-		
332004 12-21-23 Form <b>990</b> (2023)	С				
				990	
	332004	<sup>112-21-23</sup> 5	⊢orm	550	(2023)

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2a       Enter the number of employees reported on Form W3. Transmittal of Wage and Tax. Statements.       ya       914         bit at lead are is reported on the 2a did the organization file all regulared bears is enalphyment tax. refures?       3a       X         3a       Did the organization have unrelated business gross income of \$1,000 or more during the yea?       3a       X         3b       If "Yos," has filed a Form 900 T for the year?       3a       X         3b       If "Yos," has filed a Form 900 T for the year?       3a       X         3b       If "Yos," has filed a Form 900 T for the year?       3a       X         3b       If "Yos," has filed a Form 900 T for the year?       3a       X         3b       If "Yos," has filed a Form 900 T for the year?       5a       X         3b       If "Yos," instation party to a poinblott at shall be transaction 4 any text year?       5a       X         3c       Was tho organization in Form 900 T for 9a party to a prohibit at shall be contributions?       5a       X         3c       If "Yas," ind the organization in Form 900 T for 9a party to a prohibit at shall be contributions or gifts were not tax deductible?       5a       X         3c       Did the organization in elevan end the gam 2a statement that such contributions and party to prohibit at shalles transaction?       5a       X         3c       Did the	Form	990 (2023) YORK 13-55	562374	Р	age 5
2a         Enter the number of employees reported on Form VV3. Transmittal of Wage and Tax Statements.         2a         9.14           b If at least one is reported on line 2a, db the organization lite al required tedrat employment to returns?         2a         3a         X           b V Was, Nast if field a Form 900. Tor this year? If YeV to line 3b, provide an explanation on Schedulo 0         3b.         X           b V Yas, Nast if field a Form 900. Tor this year? If YeV to line 3b, provide an explanation or Schedulo 0         3b.         X           b If Yas, Nast if field a Form 900. Tor this year? If YeV to line 3b, provide an explanation or Schedulo 0         3b.         X           b If Yas, Nast if field a Form 900. Tor this year? If YeV to line 3b, provide an explanation row on thin year?         4a         X           b If Yas, Yas to line 3a or 5b, dd the organization hite an internal II, a singuine or other function row of the Part Note To line 3a or 7b.         4a         X           b If Yas, Yas to line 3a or 5b, dd the organization hite and twas or sa parts to a prohibit tax sand?         6a         X           b If Yas, Yas to line 3a or 5b, dd the organization hite and the value of the poort of sand sand y as a contribution and parts to a prohibit tax sand?         6a         X           b If Yas, Yas to line 3a or 5b, dd the organization hite and the value of the poort sand tax statements?         7a         X         X           b If Yas, Yas to line 3a or 5b, dd the organization nead tax tax an ormal yage	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a         Burt the number of employees reported on Form W3. Transmittal of Wage and Tax Statements.         2a         914           b If at least one is reported on line 2a, dd the organization file all required federal employment tax returns?         2b         3b         2b         2b         4b         3b         2b         3b         4b         3b         4b         3b         4b         3b         4b         3c         2b         3c         2b         3c         2b         3c         2c         3c				Yes	No
ield of the calendar year ending with or within the year covered by this return       2a       91.24         ab Did the organization have unrelated business gross income 61 0,000 or more during the year?       3a       3a       X         3b Did the organization have unrelated business gross income 61 0,000 or more during the year?       3a       X       3a       X         4a A tary time during the calendar year, did the organization have an interest in, or a signature or other trancil account?       4a       X         4b If Yes, "inter the name of the forsign country       5a       X         5b Was the organization a party to a prohibit cit as ablent transaction at any time during the tary year?       5a       X         6b Did any buside party only the organization file of moss 8b 7D.       6b       X       5b       X         6c Did the organization file organization file organization file organization file organization should were anothally construction for time organization file organization for the sport of the organization file organization sport of the spo	2a	Enter the number of employees reported on Form W-3 Transmittal of Wage and Tax Statements			
b       If a least one is reported on line 2a, dd the organization file all regured dexinal employment tas returns?       2b.       X         3a       Did the organization have versited business gross income of \$1,000 or more during the year?       3a.       X         4a       All my time during the calendar year, dd the organization have an interest in, or a signature or other authority over, a different the name of the foreign country during the state account, or contributions or thing requestions for the organization that was or is a party to a prohibited ta schetter transaction?       5a       X         5       Did any taxability party only the values of the organization that was or is a party to a prohibited tax schetter transaction?       5b       X         6       Did any taxability party only the values of the group contributions or gifts were not tax deductible?       5a       X         7       Organization have envises of S/S frade party as a contributions or gifts were not tax deductible?       5a       X         16       17 ws, "indicate the number of Forms 8282 field during the year       7a       X         7       0 X       7a       X       7a       X         17 ws,			14		
ga         Del the organization have unrelated business process income of \$1,000 or more during the year?         ga         X           b         If Yes, 'has if lifed a Form 990 T for this year? If Yes' to fine 30, provides an explanation on Schadule 0         ga         ga           b         If Yes, 'has if lifed a Form 990 T for this year? If Yes' to fine 30, provides an explanation or Schadule 0         ga         ga         X           b         If Yes, 'inter the name of the longin contry         ga         X         ga         X           b         If Yes, 'inter the name of the longin contry         ga         X         ga         X           b         If Yes, 'inter the name of the longin contry         ga         X         ga         X           b         If Yes, 'inter the anior of the organization in the Rise or so provide the organization in the Rise or so provide to a prohibit tas shale the transaction?         Ga         X           c         If Yes, 'indi the organization in chude with every solicitation an express statement that such contributions or gifts were not tas deductible an elarable contribution or services provided to the payr? T         Ga         X           d         If Yes, 'indi the organization include with every solicitation an express statement that such contributions or gifts were not tas deductible an explanation schedule and pay for goods and services provided to the payr? T         Za         X           d	h			x	
b       If Yes," has it filed a form 900 T for this yea?       Y No't for easignature or other authority over, a dinancial account in a toreign country (such as a bank account, securities account, or other financial account)?       4a       X         b       If Yes," enter the name of the 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 (such as a bank account, securities account, or other financial accounts?       5a       X         5a       Was the organization has an unal gross receipt to a prohibited tax shelter transaction?       5a       X         b       Did any tasable party notify the organization this are organization has shell the organization has an unal gross receipt to a prohibited tax sheller transaction?       5a       X         c       Did any tasable party notify the organization has an organization has an unal gross receipt that are or in a party to a prohibited tax sheller transaction?       5a       X         b       If Yes," tilt dith cognization necker were valicitation an express statement that such contributions or gifts       6a       X         b       If Yes," indicate the number of forms 822? Hied during the year       Zd       Zd       Zd         c       Did the organization necker any funds, directly or indirectly, to pay permitume on a personal benefit contract?       Zn       X         f       Did the organization necker any funds, dire	-			- 23	x
4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a difference outry (such as a bank account, securities account, or other functial accounts (FBAR).         4         X           b If 'Yes,' reter the name of the foreign country 'securities account, or other authority over, a difference outry (such as a bank account, securities account, or other authority over, a difference outry) (such as a bank account, securities account, or other authority over, a difference outry) (such as a bank account, securities account, or other authority over, a difference outry) (such as a bank account, securities account, or other authority over, a difference outry) (such as a bank account, securities account, or other authority over, a difference outry) (such as a bank account, securities account, or other authority over, a difference outry) (such as a bank allo counts of the security) (such as a bank account, as previous difference outry) (such as a bank account, as previous difference outry) (such as a bank account, as previous difference outry) (such as a bank account as other account bank and accounts (FBAR).         5a         X           6a         X         1         Yes,' (d) the organization include with every solicition are express statement that such contributions or gifts were not tax deductibles as charlable contributions?         5a         X           7         Organization include with every solicition are express statement that such contract?         7a         X           7         Organization include a bank accounts and single act as a state difference outract?         7a         X           7         Yes,' (d) the organization include a bank and t					<u> </u>
In Transial account in a foreign country     4a     X       b If Yos," refer the name of the foreign country     5a     X       5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?     5a     X       5b Did any taxable party notify the organization that are vasor is a party to a prohibited tax sheller transaction?     5a     X       5b Did any taxable party notify the organization that are vasor is a party to a prohibited tax sheller transaction?     5a     X       c If Yes" to line 5a or 5b, did the organization that are vasor is a party to a prohibited tax sheller transaction?     5c     X       5b If Yes," did the organization tax are vasor is a party to a prohibited tax sheller transaction?     5c     X       5c Did any taxable party notify the organization tax are vasor is a party to a prohibited tax sheller transaction?     5c     X       5c Did tax organization sele, exclusible contributions or gifts     5c     X       7 Organizations that may receive deductible contribution and party for goods and services provided?     7a     X       7 Organization sele, exclusible?     7a     X     7a     X       7 Organization sele, exclusible?     7a     X     X     7a     X       7a     X     7a     X     X     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y     Y			30		<u> </u>
b       If Yes," enter the name of the foreign country       Image: the instructions for filling requirements for FinCEN From 114, Report of Foreign Bank and Financial Accounts (FBAR).       Ba         5a       Was the organization arry to a prohibited tax shafter transaction at any time during the tax year?       Ba       X         5b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shafter transaction?       Ba       X         6c       Did any taxable party notify the organization in form 388-71 (Form 388-71) (Form 3	4a				
See instructions for ling requirements for FinCEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR),     58       54 Was the organization a party to a prohibited tax shelter transaction at any time during the taxy sea?     58       55     C If 'Yes' to line 6a or 50, did the organization that it was or is a party to a prohibited tax shelter transaction?     56       61     FYes' to line 6a or 50, did the organization that it was or is a party to a prohibited tax shelter transaction?     56       62     Dest the organization have annual gross receipts that are normally greater than \$100,000, and did the organization self the organization include with every solicitation an express statement that such contributions or gifts       64     J'Yes' to line bar or 50, did the organization include with every solicitation an express statement that such contributions or gifts       70     Organization stat may receive deductible contributions under section 170(c).       71     V'Yes, ' did the organization neuky sea (375 made party as a contribution and party for goods and services provided to the payor?       72     X       74     Y       75     X       76     X       77     Y       78     X       79     X       70     Y       74     Y       75     X       76     X       77     Y       78     X       79     Y <tr< th=""><th></th><th>financial account in a foreign country (such as a bank account, securities account, or other financial account)?</th><th> <u>4a</u></th><th></th><th><u> </u></th></tr<>		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		<u> </u>
5a         Was the organization a party to a prohibited tax shelter transaction?         5a         X           b         Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?         5b         X           6a         Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solidt any contributions that were not tax deductible organization include with every solicitation an express statement that such contributions or gilts were not tax deductible organization include with every solicitation and partly for goods and services provided to the part of the organization notify the donor of the value of the goods or services provided?         7a         X           b         If 'Yes,' did the organization notify the donor of the value of the goods or services provided?         7a         X           c         Did the organization notify the donor of the value of the goods or services provided?         7a         X           c         Did the organization notify the donor of the value of the goods or services provided?         7a         X           d         If 'Yes,' indicate the number of Forms 8282 filed during the year         7d         X         Y           d         If the organization neceive a contribution of qualified intellectual property, did the organization file are year (SA)         7a         X           f         Did the organization maker excels bublines the during the year?         7a         X	b	If "Yes," enter the name of the foreign country			
b       Dd any taxate party rothy the organization that it was or is a party to a prohibited tax shelter transaction?       56       X         c       If "Yes," to line 5a or 5b, did the organization like from B886-17.       56       X         6       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic as challed be contributions?       68       X         1       I'''es," to line 5a or 5b, did the organization nucled with every solicitation an express statement that such contributions or gifts were not tax deductible?       60       X         7       Organizations that may receive deductible contributions under section 170(c).       74       X       74       X         10       I'''es," did the organization notify the donor of the value of the goods or services provided?       76       X         11       T''es," did the organization neceive a payment in excess of \$15 made partly as a contribution of angents of the free free free free free free free fr		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
b     Def any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     56     X       ci     If "Yes" to line Sa or Sb, did the organization file Form 8886-T?     56     56       di     Does the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solut     56     56       b     If "Yes", did the organization include with every solicitation an express statement that such contributions or gifts     68     X       or Organizations that are yreceive deductible contributions under section 170(c).     60     74     X       b     If "Yes", did the organization neity the donor of the value of the goods or services provided?     76     X       b     Dot the organization self, example, or otherwise discope of tanglible personal property for which it was required     76     X       ti     If "Yes", did the organization self, example, or otherwise discope of tanglible personal property for which it was required?     77     X       f     Did the organization receive any funda, directly or indirectly, on a personal benefit contract?     76     X       g     If the organization neceived a contribution of qualified intelectual property, did the organization file form 8882 as required?     71     X       g     Sponsoring organization neceived a contribution of acs, basts, applanes, or other vehicles, did the organization file form 10867     78     78       g     Sponsor	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
c       If "Yes" to line 5a or 5b, did the organization file Form 8898-17       5c         Ga       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 a charitable contributions?       5a         b       If "Yes," did the organization include with every solicitation an express attaement that such contributions or gifts were not tax deductible?       5b         7       Organizations that were not tax deductible contributions under section 170(c).       7a       X         7       Did the organization neetic payment in excess of 155 made party as contribution and party for groots and services provided to the payoff.       7a       X         c       Did the organization neetic payment in excess of 155 made party as contribution and party for groots and services provided?       7a       X         c       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year?       7d       Ta       Ta         g If the organization receive a contribution of quark property (in the organization file Form 8892 as equire?)       7d       X         g If the organization receive a contribution of quark property for whole setty on a personal benefit contract?       7f       X         g If the organization neavene suble distributions under section 4966? <th>b</th> <th>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</th> <th>5b</th> <th></th> <th>X</th>	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
Ge 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 chartable contributions?       Ga       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       Gb       Ga       X         c Did the organization nealew a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         c Did the organization nealew a payment in excess of \$75 made partly as a contribution on a personal benefit contract?       7d       X         c Did the organization nealew any torule to the sale of the goods or services provided?       7a       X         c Did the organization nealew any torule torule to a personal benefit contract?       7d       X         d If "ves," indicate the number of Forms 8282 field during the year       7d       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8082?       7d       7d         g If the organization maintaining door advised funds. Di a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b       11a       10a <th>с</th> <th></th> <th></th> <th></th> <th></th>	с				
any contributions that were not tax deductible as charable contributions?     6a     X       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).     7b     7c       8 Did the organization needly apprent in excess of 57 made party is a contribution and party for goods and services provided to the payor?     7c     X       c Did the organization needly apprent in excess of 57 made party is a contribution and party for goods and services provided to the payor?     7c     X       c Did the organization needly apprent in excess of 57 made party is a contribution and party for goods and services provided to the payor?     7c     X       c Did the organization needly the donor of the value of the goods or services provided?     7c     X       d If 'Yes,' indicate the number of Forms 8282 filed during the year     2d     7c     X       g If the organization received a contribution of cars, boats, aiphanes, or other vehicles, did the organization file a Form 1989 as required?     7t     X       g If the organization exercise blockings at any time during the year?     8     8       9 Sponsoring organization have excess blockings at any time during the year?     8     8       9 Sponsoring organization neeves blockings at any time during the year?     9a     9a       10 Section 501(c)(7) organizations maintaining donor advised funds.     10b <th></th> <th></th> <th></th> <th></th> <th></th>					
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).       7a       X         a       bit the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the paym?       7a       X         c       Did the organization notify the doors of the value of the goods or services provided?       7b       X         c       Did the organization notify the doors of the value of the goods or services provided?       7c       X         d       If "Nes," indicate the number of Forms 8282 filed during the year       7d       7c       X         d       Did the organization receive any functs, directly or indirectly, on a personal benefit contract?       7f       X         f       H the organization received a contribution of qualified intellectual property, did the organization file Form 8898 as required?       7a       X         f       H the organization maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b       9a       9b	u		60		x
were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     7a       8     7a     X       7     Drganization neithy the donor of the value of the goods or services provided?     7b     X       7     Did the organization neithy the donor of the value of the goods or services provided?     7b     X       7     Did the organization neelwe any tunds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       7     Did the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       9     Did the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file or m898 as required?     7h     X       11     the organization neceive as uptime time excess busines and vised funds. Did a donor advised fund maintained by the sponsoring organization make ary taxable distributions under section 4066?     9a     9a       9     Sponsoring organization make ary taxable distributions under section 4066?     9a     9a     9b       10     the sponsoring organization make ary taxable distributions under section 4066?     9a     9a     9b       12     Section 501(c)(7) organizations. Enter:     10a     10a     10a     10a       13     Section 501(c)(2) organizations. Enter:     11a     10a     10a		•	<u>Va</u>		
7       Organizations that may receive deductible contributions under section 170(c).       a) bit the organization netries the donor of the value of the goods or services provided to the payor.       7a       X         a) bit the organization netries the donor of the value of the goods or services provided?       7b       X         c) bid the organization netries the donor of the value of the goods or services provided?       7c       X         c) bid the organization netries the donor of the value of the goods or services provided?       7c       X         c) bid the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         g) if the organization received a contribution of qualified intellectual property, did the organization file a Form 1089.C?       7a       X         g) if the organization intracting donor advised funds. Did a donor advised funds.       1d a horganization file a Form 1089.C?       7a         g) sponsoring organization maintaining donor advised funds.       1d a horganization file a Form 1089.C?       7a         g) bid the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9a         g) Gross receipts, included on Form 900. Part VIII, line 12, for public use of club facilities       11a       11a       11a         g) Gross income from members or shareholders       11a       11a       11a       11a       11a       11a	a				
a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided?       7a       X         b If "Yes," aid the organization notify the donor of the value of the goods or services provided?       7b       X         c Did the organization notify the donor of the value of the goods or services provided?       7c       X         c Did the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f Did the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         g If the organization receive at contribution of qualified intellectual property, did the organization file Form 8899 as required?       7d       X         h If the organization neceived a contribution of ans, boats, aptianes, or other vehicles, did the organization file Form 8899 as required?       7d       X         9 Sponsoring organization have excess business holdings at any time during the year?       8       8         9 Sponsoring organization make any taxable distributions under secton 4966?       9a       9b       9b         10 Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b       10c       1			<u>6b</u>		
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c       X         d       If "Yes," indicate the number of Forms 8282 field during the year       Zd       7c       X         d       Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X         f       Did the organization received a contribution of qualified intellectual property, did the organization for 16 cms 8989 as required?       7f       X         f       If the organization received a contribution of cars. boats, aiphanes, or other vehicles, did the organization face and a contrabution of cars. boats, aiphanes, or other vehicles, did the organization face form 0896.0?       8a         9       Sponsoring organization make any taxable distribution sucher section 4966?       9a       9a         9       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b         10       Borts on Source form other sources. Quantization face form source against       11a       10a       11a         10       Borts form onmetres or shareholders       10b       11a       12a       12a         11       Section 501(c)(12) organizations. Enter:	7				
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If 'Yes,' indicate the number of Forms 8282 filed during the year       7d       7d       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         g       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9b       9c       9c<	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 partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the part of the part	yor? <b>7a</b>		<u> </u>
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       X         d If Yes," indicate the number of Forms 8282 filed during the year       7d       X       X         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         g If the organization received a contribution of casilided intellectual property, did the organization for 16 cars, boats, ainplanes, or other vehicles, did the organization falls form 1089.C?       8         9 Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining door advised funds.       8       9         a Did the sponsoring organizations maintaining door advised funds.       9a       9a       9a       9a         b Sponsoring organizations maintaining door advised funds.       9a       9a <t< th=""><th>b</th><th>If "Yes," did the organization notify the donor of the value of the goods or services provided?</th><th> 7b</th><th>Х</th><th></th></t<>	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e Did the organization, during the year, pay premiums, or a personal benefit contract?       7e       X         f If the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract?       7ft       X         g If the organization during the year, pay premiums, directly or indirectly or other vehicles, did the organization file a Form 1098-C?       7ft       X         g If the organization and the pay premiums, dual donor advised funds.       8       8       8         9 Sponsoring organization mathatining donor advised funds.       9       9       9       9         10 dit be sponsoring organization make and istributions under section 4966?       9a       9       9       9         10 dit be sponsoring organizations mathatining donor advised funds.       10a       10a       9a       9a         10 dit be sponsoring organizations. Enter:       10a       10b       10b <t< th=""><th>с</th><th>Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required</th><th></th><th></th><th></th></t<>	с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
d If "Yes," indicate the number of Forms 8282 filed during the year       7d         e Did the organization receive any funds, directly or indirectly, to pay presinus, directly or na personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file orm 8899 as required?       7d       X         g If the organization received a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 1098-C?       8         S Sponsoring organization maintaining door advised funds.       8       7n       7n         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9a       9b       9b       9b       9b       9b       9b       9b       9c       9a       9b       9b       9c       9a       9b       9c       9c       9c       9c       9c       9c       9c       9b       9b       9c       9		to file Form 8282?	7c		X
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7n       X         f       Did the organization make excess business holdings at any time during the year?       8       9         gonsoring organization make any taxable distributions under section 4966?       9a       <	d				
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7t       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7g       7g         8       7g       7g       7g       7g         9       Sponsoring organization maintaining donor advised funds.       8       9         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9         10       bid the sponsoring organization make a distribution to a donor, donor advised funds.       9a       9a       9a         10       Section 501(c)(7) organizations. Enter:       10a       10b       10a       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       10b       10b       10b         12       Section 501(c)(12) organizations. Enter:       10b       10b       10b       10b       10b       10b       11a       10b       11a       10b       11a       10b       11a       10b       12a       10a       11a       10b       12a       10b       12a       10b       12a       10b       12a       12a       12a       12a       12a       12a       12a			7e		x
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 organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8         9 Sponsoring organization make any taxable distribution to a donor, donor advised, or related person?       9a         10 dit the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a         a initiation fees and capital contributions included on Part VIII, line 12.       10a         11 Section 501(c)(12) organizations. Enter:       11a         a Gross income from methers or shareholders       11a         12a       10b       112a         13 Section 501(c)(12) organizations, Enter:       11a         14a       11b       12a         15       Gross income from there sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a         12a       11b       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organi					
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.       8         9       Sponsoring organization make excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         101 the sponsoring organization make any taxable distributions under section 49667       9a         102 Section 501(c)(7) organizations. Enter:       10a         113 Section 501(c)(17) organizations. Enter:       10a         114 Section 501(c)(17) organizations. Enter:       11a         115 Section 501(c)(17) organizations. Enter:       11a         116 Gross income from members or shareholders       11a         117 Section 601(c)(17) onganizations. Enter:       11b         118 Cotion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         128 Section 6947(a)(1) non-exempt charitable trusts. Is the organization must report on Schedule 0.       13a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         14 If 'Yes,' 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 in more than one state?       13a         13 Sect					<u> </u>
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 organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a       10b         11       Initiation fees and capital contributions included on Part VIII, line 12.       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       11b       12a         12       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(2) ganizition may interest received or accrued during the year       12b       13a         13       Section 501(c)(2) gualified nonprofit health insurance issuers.       13a       13a         14       Did the organization file form 720 to report these paymetris? If "No, "provide an explanation on Schedule O.       14a       X         14       Did the organization is idensed to issue qualified health plans       17b       13a       12					<u> </u>
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         0       Did the sponsoring organization make any taxable distributions under section 4966?       9a         0       Section 501(c)(7) organizations. Enter:       10a       10a         10       filtation fees and capital contributions included on Part VIII, line 12       10a       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       11a         13       Gross income from members or shareholders       11a       11b       11b         12a       Section 501(c)(22) organizations. Enter:       11b       11b       12a         14       Gross income from members or shareholders       11a       12a       12b       12a         13       Section 501(c)(22) organization futerest received or accrued during the year       12b       12a       13a         13       Section 501(c)(22) qualified nonprofit health insurance issuers.       13a       13a       13a         14       Note: See the instructions for additional information the organization must report on Schedule O.       14a       X         14       Did he organization receive any payments for indoor tanning services during the tax year?       14a	-		<u>/n</u>		
9       Sponsoring organizations maintaining donor advised funds.       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Section 501(c)? Organizations. Enter:       10a         11       Section 501(c)? Organizations. Enter:       10a         a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)? Organizations. Enter:       10a         a Gross income from members or shareholders       11a       11b         12       Section 501(c)? Organizations. Enter:       11a         a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 501(c)/(29) qualified nonprofit health insurance issuers.       12b         13       Section 501(c)/(29) qualified nonprofit health neurance issuers.       13a         14       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         14a       X       13b       13c         14a       X       14a       X         14a       If Yes, 'nas it filed a Form 720 to report these payment(s) of more than	8				
a 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:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10b         11 Section 501(c)(12) organizations. Enter:       10b         a Gross income from members or shareholders       11a         b Gross income from other sources. (D on the tamounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         14a       Did the organization subject to the section 4960 tax on payments? If "No," provide an explanation on Schedule O       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14a       X         b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		sponsoring organization have excess business holdings at any time during the year?	8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b         a Gross income from members or shareholders       11a       10b         b Gross income from ther sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(12) qualified nonprofit health insurance issuers.       12b       12a         13       Section 501(c)(129) qualified nonprofit health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         14a       X       13b       13a       13a         14b       13b       13a       13a       13b       13a         15       Is the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       15         15       X       If "Yes,"	9	Sponsoring organizations maintaining donor advised funds.			
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b         a       Gross income from members or shareholders       11a       11b       11b         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         b       If "Yes," has it field a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14a       X         b       If "Yes," see the instructions and file Form 4720, Schedule N.       14b       14b       14b         15       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       15       X	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a 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:       11a         a Gross income from members or shareholders       11a         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         3 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       14a         Note: See the instructions for additional information the organization must report on Schedule O.       14b       14a         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14a       X         b If "Yes," see the instructions and file Form 4720, Schedule N.       15       15       X         16       X       15       14a       X         17       14a       X       14a       X       14b       15	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
a 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:       11a         a Gross income from members or shareholders       11a         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         3 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       14a         Note: See the instructions for additional information the organization must report on Schedule O.       14b       14a         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14a       X         b If "Yes," see the instructions and file Form 4720, Schedule N.       15       15       X         16       X       15       14a       X         17       14a       X       14a       X       14b       15	10	Section 501(c)(7) organizations. Enter:			
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:       11a         a       Gross income from members or shareholders       11a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14a       X         b       If "Yes," see the instructions and file Form 4720, Schedule N.       15       X         f       "Yes," see the instructions and file Form 4720, Schedule N.       16       X         f       "Yes," seethe instructions and file For	а				
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excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         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.       16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17       17         If "Yes," complete Form 6069.       10       10       10       10			140		<u> </u>
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16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       16       X         17       If "Yes," complete Form 6069.       17       16       X			15		
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         If "Yes," complete Form 6069.       10	17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1
If "Yes," complete Form 6069.			17		1
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	UNIVERSITY SETTLEMENT SOCIETY OF NEW				
Form	1 990 (2023) YORK 13-55			P	ag
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and	for a "I	No" re	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.				
	Check if Schedule O contains a response or note to any line in this Part VI				
Sec	tion A. Governing Body and Management				
				Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year1a	21			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	L	2	Х	L
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?	L	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	L	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	L	5		
6	Did the organization have members or stockholders?	L	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	L	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	L	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	L	8a	Х	L
b			8b	Х	L
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)				

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on 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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>NY</u>			

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available						
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website X Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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						
	ROBERT HOLCZER - 646-453-7338						
	104 ELDETDEE CERTER NEW WORK NY 10000						

7

184	ELDRIDGE	STREET	, NEW	YORK	, NY	10002

332006 12-21-23

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X

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Х

Х

Х

Х

Yes No

Form 990 (2023)

Form 990 (2023)

F

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

YORK

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

		T	ΠZα			ipen	Jan			
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average	(do	not cl		ition more		one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	aau	recio	r/trus	lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC/	from the
	related	stee	Institutional trustee		æ	Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	o nal 1		ploye	e com		1099-NEC)		and related
	below	lividu	stituti	Officer	Key employee	ploy	Former			organizations
	line)	lnc	lns	0ff	Ke	≞	For			
(1) MELISSA E. AASE	35.00									
CHIEF EXECUTIVE OFFICER				Х				312,605.	0.	52,306.
(2) LAURA MCGINLEY	35.00									
CHIEF EXTERNAL RELATIONS OFFICER						X		196,738.	0.	47,536.
(3) RABIYA AKHTAR, CHIEF	35.00									
FINANCIAL ADMINISTRATIVE OFFICER				Х				203,242.	0.	32,470.
(4) MICHELLE A. GREEN	35.00									
CHIEF PEOPLE OFFICER						X		191,220.	0.	23,632.
(5) MARY GRACE ADAMS	35.00									
ASSOCIATE EXECUTIVE DIRECTOR						Х		149,406.	0.	37,711.
(6) JENNIFER L. VALLONE	35.00									
ASSOCIATE EXECUTIVE DIRECTOR						Х		149,301.	0.	22,112.
(7) SUBHASH CHANDRA	35.00									
SENIOR MEDICAL DIRECTOR						Х		147,754.	0.	9,042.
(8) RENEE EUBANKS	2.00									
CO-CHAIR		Х		Х				0.	0.	0.
(9) BENJAMIN SCHALL	2.00									
CO-CHAIR		Х		Х				0.	0.	0.
(10) RONNI FISHER	2.00									
VICE PRESIDENT FOR PROGRAMS		Х		Х				0.	0.	0.
(11) FREDERICK YEE	2.00									
TREASURER		Х		Х				0.	0.	0.
(12) AVIVA WILL	2.00									
SECRETARY		Х		Х				0.	0.	0.
(13) LEONARD BERMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(14) CHRISTINA CHIU	2.00									
DIRECTOR		Х						0.	0.	0.
(15) STEVEN GREEN	2.00									
DIRECTOR		Х						0.	0.	0.
(16) HALE GURLAND	2.00									
DIRECTOR		Х						0.	0.	0.
(17) KEN JOSEPH	2.00									
DIRECTOR		Х						0.	0.	0.
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not ch	Pos			200	Reportable	Reportable	Estimated
	hours per	box	, unles	s per	rson i	is botł	n an	compensation	compensation	amount of
	week		cer an	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		n ploye	st con	_	· · · · ·		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(18) DEBBIE MADDEN	2.00	-		0	×	1 0				
DIRECTOR THRU 9/2023		х						0.	0.	0.
(19) RICHARD MEDOR	2.00					$\vdash$				
DIRECTOR	2.00	х						0.	0.	0.
(20) PATRICK MICHEL	2.00	23								
DIRECTOR	2.00	х						0.	0.	0.
(21) THOMAS MORGAN	2.00	Δ						0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(22) AISHA OLIVER-STALEY	2.00	Δ				-		0.	0.	0.
	2.00	77							0	
DIRECTOR	2 00	Х				-		0.	0.	0.
(23) STEVE PERRICONE	2.00								0	
DIRECTOR THRU 10/2023		Х						0.	0.	0.
(24) STEVEN M. SCHALL	2.00								•	
DIRECTOR		Х						0.	0.	0.
(25) PETER SIROKA	2.00								-	
DIRECTOR		Х						0.	0.	0.
(26) HARLY STEVENS	2.00									
DIRECTOR							0.	0.		
1b Subtotal								1,350,266.	0.	
c Total from continuation sheets to Part VI	I, Section A							0.	0.	
d Total (add lines 1b and 1c)								1,350,266.	0.	224,809.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,0	000 of reportable	
compensation from the organization										29
										Yes No
3 Did the organization list any former officer,	director, truste	ee, k	key e	mpl	oye	e, or	hig	phest compensated empl	oyee on	
line 1a? If "Yes," complete Schedule J for s	uch individual									3 X
4 For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	nsa	tion	and	oth	ner compensation from th	e organization	
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		4 X
5 Did any person listed on line 1a receive or a										
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch r	oers	on .		-		5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co	mpensated ind	ере	nder	nt co	ontra	acto	rs tł	hat received more than \$	100,000 of compensation	ation from
the organization. Report compensation for	the calendar ye	ear e	endin	g w	ith d	or wi	thin	n the organization's tax ye	ear.	
(A)								(B)		(C)
Name and business	address							Description of se	ervices	Compensation
FORVIS, LLP										
PO BOX 200870, DALLAS, TX	75320							ACCOUNTING SE	RVICES	260,655.
NIXON PEABODY LLP										
PO BOX 28012, NEW YORK, N	Y 10087							LEGAL SERVICE	s	132,966.
2 Total number of independent contractors (ii	ocluding but a	st lin	nitad	l to t	that		tod	abovo) who received me	ro than	
	0	л III	med	1.01		se iis 2	red	above, who received mo		
SEE PART VII, SECTION		TΝ	י מדד	пт			нг	ETS		Form <b>990</b> (2023)
		- × N	00	÷ - '	-T1	<u> </u>	نىك ك م			

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UNIVERSIT	ry setti	EW	IEN	ГT	so	CI	ΕT	Y OF NEW		13-556	2371
Form 990 YORK Part VII Section A. Officers, Directors, Tru	intern Kay En	nnla			nd H	liab	oot (	Componented E	malow		4374
(A)	(B)	npic	yee			ngno	est	(D)	mpioy	(E)	(F)
Name and title	Average				(C) osition			Reportable		(⊏) Reportable	(F) Estimated
Name and the	hours	(c	(check all				lv)	compensatio		compensation	amount of
	per						,,	from		from related	other
	week	L				oyee		the		organizations	compensation
	(list any hours for	lirecto				l em pl		organizatio (W-2/1099-MI		(W-2/1099-MISC)	from the organization
	related	Individual trustee or director	stee			Highest compensated employee		(00-271099-1016	30)		and related
	organizations	trust	Institutional trustee		Key employee	ompe					organizations
	below	ividua	itutio	Officer	em pl	hest c	Former				
	line)	Indi	Inst	Offi	Key	Hig	For				
(27) ANDREW ZHU	2.00										-
DIRECTOR		Х							0.	0.	0.
(28) IAN ZILLA	2.00								•	0	0
DIRECTOR	2 00	Х							0.	0.	0.
(29) MARIE-LAURIE ROMNEY DIRECTOR	2.00	x							0.	0.	0
(30) JOANNA WEINER	2.00	~	-	-		-			0.	0.	0.
DIRECTOR	2.00	х							0.	0.	0.
		23							••		0.
			-								
Total to Part VII, Section A, line 1c								1			

			2023) YORK				13-5562	374 Page <b>9</b>
Pa	rt \	/111						
			Check if Schedule O contains a response of	or note to any lin			(0)	
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ŝ	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
n G			Fundraising events	875,523.				
ifts ar A			Related organizations 1d					
s, G mila			Government grants (contributions) <b>1e</b>	40,008,276.				
ions Sil			All other contributions, gifts, grants, and					
buti			similar amounts not included above <b>1f</b>	3,292,238.				
d O		g	Noncash contributions included in lines 1a-1f					
Col		h	Total. Add lines 1a-1f		44,176,037.			
				Business Code				
é	2	а	CLINIC AND OTHER PROGRAM FEES	624100	11,013,002.	11013002.		
ervic		b	MEDICAID	624100	420,123.	420,123.		
Se		с	ARTISTS IN RESIDENCE FEES	624100	265,425.	265,425.		
am eve		d						
Program Service Revenue		е						
P		f	All other program service revenue					
		g	Total. Add lines 2a-2f		11,698,550.			
	3		Investment income (including dividends, intere	est, and				
			other similar amounts)		82,056.			82,056.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
	_		(i) Real	(ii) Personal				
	6		Gross rents					
			Rental income or (loss) 6c 323,346.		323,346.			323,346.
	-		Net rental income or (loss)         Gross amount from sales of         (i) Securities	(ii) Other	525,540.			525,540.
	'	а	assets other than inventory <b>7a</b> 3,589,620.					
		h	Less: cost or other basis					
e		U	and sales expenses <b>7b</b> 3,554,121.					
evenue		c	Gain or (loss)					
Seve			Net gain or (loss)		35,499.			35,499.
Other Re	8		Gross income from fundraising events (not		, -			, -
oth		-	including \$ 875,523. of					
•			contributions reported on line 1c). See					
			Part IV, line 18 8a	55,750.				
		b	Less: direct expenses 8b	126,319.				
			Net income or (loss) from fundraising events		-70,569.			-70,569.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
		с	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
		С	Net income or (loss) from sales of inventory					
<u>s</u>				Business Code				
eou	11		REFUNDS	900099	77,410.			77,410.
llan 'ent			MISCELLANEOUS INCOME	900099	29,639.			29,639.
Scel			PENSION FORFEITURES	900099 900099	28,250.			28,250.
Miscellaneous Revenue			All other revenue		14,925.			14,925.
			Total. Add lines 11a-11d		150,224. 56,395,143.	11698550.	0.	520,556.
33200	<u>12</u>		Total revenue. See instructions		50,555,145.	1 11050550.	· · ·	Form <b>990</b> (2023)
JJ200	J 12	- 1 -	20					

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Form 990 (2023) Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon	ise or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> 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				
2	Grants and other assistance to domestic	101 000	101 000		
	individuals. See Part IV, line 22	101,030.	101,030.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				
5	Compensation of current officers, directors,				
5	trustees, and key employees	591,989.		591,989.	
6	Compensation not included above to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	31,304,946.	25,674,927.	4,800,837.	829,182
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,184,841.	943,020.	215,158.	26,663
9	Other employee benefits	5,478,107.	4,279,474.	1,077,637.	120,996
10	Payroll taxes	2,784,668.	2,159,429.	564,184.	61,055
11	Fees for services (nonemployees):				
а	Management				
b	Legal	59,156.	55,862.	3,045.	249
С	Accounting	330,084.		330,084.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17	29,442.		29,442.	
f	Investment management fees	29,442.		29,442.	
g	Other. (If line 11g amount exceeds 10% of line 25,	7,246,011.	6,877,838.	316,010.	52,163
12	column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion	29,389.	29,233.	26.	130
12 13	Office expenses	1,801,675.	1,652,894.	118,265.	30,516
14	Information technology	828,678.	650,189.	164,389.	14,100
15	Royalties			,	
16	Occupancy	859,437.	595,094.	244,726.	19,617
17	Travel	124,935.	123,947.	750.	238
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\dots$				
19	Conferences, conventions, and meetings	311,335.	298,523.	11,641.	1,171
20	Interest	71,253.		64,473.	6,780
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	704,267.	580,659.	108,970.	14,638
23	Insurance	252,347.	170,153.	77,596.	4,598
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 0.)				
а	FOOD	1,322,214.	1,310,366.	10,666.	1,182
b	YOUTH EVENTS	875,464.	875,464.		
с	REPAIRS AND MAINTENANCE	291,559.	204,209.	80,842.	6,508
d	BAD DEBT EXPENSE	287,337.		287,337.	
е	All other expenses	419,890.	310,560.	106,540.	2,790
25	Total functional expenses. Add lines 1 through 24e	57,290,054.	46,892,871.	9,204,607.	1,192,576
26	$\ensuremath{\textbf{Joint costs}}$ . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

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Form 990 (2023)

UNIVERSITY SETTLEMENT SOCIETY OF NEW
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orm 990 Part X	(2023) YORK Balance Sheet		13-	5562374 Page 11
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	34,139.	1	344,988.
2	Savings and temporary cash investments	1,909,159.	2	13,457.
3	Pledges and grants receivable, net	11,962,526.	3	9,633,621.
4	Accounts receivable, net	1,576,528.	4	2,553,173.
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		5	
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)		6	
<u>ب</u> 7	Notes and loans receivable, net		7	
Assets	Inventories for sale or use	22,930.	8	24,003.
∛   9	Prepaid expenses and deferred charges	126,882.	9	82,051.
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 31,919,475.			
E I	b Less: accumulated depreciation 10b 9,436,244.	23,147,474.	10c	
11	Investments - publicly traded securities	3,517,084.	11	2,745,227.
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	1,756,741.	15	1,372,386.
16	Total assets. Add lines 1 through 15 (must equal line 33)	44,053,463.	16	39,252,137.
17	Accounts payable and accrued expenses	5,903,216.	17	5,749,864.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
<sub>8</sub> 22	Loans and other payables to any current or former officer, director,			
Liabilities	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties	4,003,567.	23	1,167,931.
24	Unsecured notes and loans payable to unrelated third parties	4,003,507.	24	1,107,951.
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1 678 772	25	3,169,682.
26	of Schedule D Total liabilities. Add lines 17 through 25	<u>4,678,772</u> . 14,585,555.	25 26	10,087,477.
20	Organizations that follow FASB ASC 958, check here	11,303,333.	20	10,007,4770
ŝ	and complete lines 27, 28, 32, and 33.			
о Б 27	Net assets without donor restrictions	24,935,957.	27	24 294 191.
8   27 8   28	Net assets with donor restrictions	4,531,951.	28	24,294,191. 4,870,469.
20	Organizations that do not follow FASB ASC 958, check here	1,001,001	20	1,0,0,10,10,0
л Б	and complete lines 29 through 33.			
ਨੇ 29	Capital stock or trust principal, or current funds		29	
s   20	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS 31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances           0         82         25           0         65         82         25           0         66         82         25	Total net assets or fund balances	29,467,908.	32	29,164,660.
2 33	Total liabilities and net assets/fund balances	44,053,463.	33	39,252,137.
		, , , , , , , , , , , , , , , , , , , ,		Form <b>990</b> (2023)

UNIVERSITY	SETTLEMENT	SOCIETY	OF	NEW
		DOCTUTI	<u> </u>	<b>T</b> ( <b>T</b> ),

Form	990 (2023) YORK	13-5	562374	Page <b>12</b>
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	56,395	
2	Total expenses (must equal Part IX, column (A), line 25)	2	57,290	
3	Revenue less expenses. Subtract line 2 from line 1	3		,911.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29,467	
5	Net unrealized gains (losses) on investments	5	239	,886.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9	351	,777.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	29,164	<u>,660.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		·····	
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X

Form **990** (2023)

332012 12-21-23

<b>(Fo</b>	rm 99 tment of	DULE A 0) f the Treasury nue Service	Co	Public Cha omplete if the organ 494 At Go to www.irs.gov/	OMB No. 1545-0047					
Nan	ne of t	he organizatio	on UNIV	ERSITY SET	TLEMENT SOCIE	ETY OF	F NEW		Employer	identification number
			YORK							3-5562374
Pa	rt I	Reason	or Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The	organi	ization is not a	private found	lation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1		A church, cor	vention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school dese	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state	e:							
5		An organizati	on operated fo	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170	<b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6					nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	Illy receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
		section 170(I	<b>)(1)(A)(vi).</b> (C	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultura	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or
		university:								
10		An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities relat	ed to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
		income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	after June 30, 1975.
		See section &	5 <b>09(a)(2).</b> (Co	mplete Part III.)						
11		An organizati	on organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).		
12		An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (	Check the box on
		7	-	• •	f supporting organizatior				-	
а					upervised, or controlled	• • • •	-			
		••	0		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
				complete Part IV, Se						
b				-	or controlled in connect			-		•
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
_		- <sup>-</sup>	. ,	t complete Part IV,			ion with a	and functional	lly into grata	d with
C					g organization operated ). You must complete I				ily integrate	a with,
d			•	.,.	oorting organization oper			-	ted organiz	zation(s)
ŭ					ation generally must sat					
			-		nplete Part IV, Sections	•				101033
е		7			written determination from				II Type III	
-					nally integrated supporti			.)pe., .)pe	, . , p.e	
f	Ente	er the number of	•			0 0				
				n about the supporte						
	(i	i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount o	-	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
										<u> </u>
Tet										
Tota	u									1

# UNIVERSITY SETTLEMENT SOCIETY OF NEW Schedule A (Form 990) 2023 YORK 13-5562374 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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 org	anization
fails to qualify under the tests listed below, please complete Part III.)	

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	28942166.	28260502.	36432204.	42994070.	44176037.	180804979	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	28942166.	28260502.	36432204.	42994070.	44176037.	180804979	
	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)							
6	Public support. Subtract line 5 from line 4.						180804979	
	ction B. Total Support	•						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
		28942166.						
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	532,324.	131,764.	233,891.	280,137.	405,402.	1583518.	
9	Net income from unrelated business	-						
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	61,532.	44,686.	41,104.	95,562.	150,224.	393,108.	
11	<b>Total support.</b> Add lines 7 through 10						182781605	
12	Gross receipts from related activities,	etc. (see instructio	ons)		•	12 38	,422,482.	
13	First 5 years. If the Form 990 is for the	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	organization, check this box and <b>stop</b>	-			•			
Sec	ction C. Computation of Publi							
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	<u>98.92 %</u>	
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	<u>98.27 %</u>	
16a	33 1/3% support test - 2023. If the	organization did no	t check the box o	n line 13, and line <sup>.</sup>	14 is 33 1/3% or m	ore, check this bo	x and	
	stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support test - 2022. If the	organization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box	
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation				
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization			
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or <sup>-</sup>	7a, and line 15 is	10% or	
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and <b>s</b> t	<b>top here.</b> Explain i	n Part VI how the		
	organization meets the facts-and-circu	umstances test. Th	e organization qu	alifies as a publicly	supported organiz	zation		
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s	
	Schedule A (Form 990) 2023							

UNIVERSITY	SETTLEMENT	SOCIETY	OF	NEW
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YORK

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### Schedule A (Form 990) 2023 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Set	Stion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
5	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and 3 received from disqualified persons							
	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							
C	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)			1				
Sec	ction B. Total Support				-			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	Add lines 10a and 10b							
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organiz	ation,	
<u>So(</u>	check this box and stop here					<u></u>		
	Public support percentage for 2023 (			column (f))		15	07	
			•	.,,			<u>%</u>	
	Public support percentage from 2022 ction D. Computation of Invest					16	%	
				10 1 (0)				
17 18	Investment income percentage for <b>2</b> Investment income percentage from					17 18	<u>%</u>	
19a	33 1/3% support tests - 2023. If the					3 1/3%, and lin	e 17 is not	
	more than 33 1/3%, check this box a							
b	33 1/3% support tests - 2022. If the	-	-				%, and	
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							
	23 12-21-23		,	, , ,			le A (Form 990) 2023	
			17				· · · · · · · · · · · · · · · · · · ·	

<sup>2023.05070</sup> UNIVERSITY SETTLEMENT SOC 10486511

Schedule A (Form 990) 2023 YORK

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

# Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

18

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10b | | | Schedule A (Form 990) 2023

	UNIVERSITY SETTLEMENT SOCIETY OF NEW			
	edule A (Form 990) 2023 YORK 13-5	56237	<b>4</b> Pa	ige <b>5</b>
Pa	rt IV 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		1
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> 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. 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? <i>If</i> "Yes." <i>explain in</i>			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization.	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed		Tes	
	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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

# Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>		i col uunny inc year	1000 1100 000

- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions).
---	--	---	-------------------------	-----------------	---------------------	---------------------

19

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

Schedule A (Form 990) 2023

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Yes No 2a 2b За 3b

UNIVERSITY	SETTLEMENT	SOCIETY	$\mathbf{OF}$	NEW	
YORK					

	dule A (Form 990) 2023 YORK	-		.3-5562374 Page 6
Pa		<u> </u>		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	lov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	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) 2023

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Sche Par	dule A (Form 990) 2023 YORK t V Type III Non-Functionally Integrated 509(	a)(2) Supporting Orac	nizatione /		3-5562374 Page 7
		allo Supporting Orga	nizations (continu	ied)	<b>0</b> 11
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		•	
	organizations, in excess of income from activity			<u>2</u> 3	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			<u>6</u> 7	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	a arganization is responsive			
8	Distributions to attentive supported organizations to which the	le organization is responsive		~	
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	(;)	(::)	10	(:::)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	S	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Y Part VI Supplemental Informa Part IV, Section A, lines 1, 2, 3 line 1; Part IV, Section D, lines	<b>INIVERSITY SETTLEMENT</b> CORK <b>ation.</b> Provide the explanations required b 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, se 2 and 3; Part IV, Section E, lines 1c, 2a, 2 and Part V, Section E, lines 2, 5, and 6. Also	by Part II, line 10; Part II, line 17a or and 11c; Part IV, Section B, lines 1 2b, 3a, and 3b; Part V, line 1; Part V	and 2; Part IV, Section C, , Section B, line 1e; Part V,
SCHEDULE A, PART II, I	LINE 10, EXPLANATION F	FOR OTHER INCOME:	
MISCELLANEOUS INCOME			
2019 AMOUNT: \$ 61,53	32.		
2020 AMOUNT: \$ 44,68	86.		
2021 AMOUNT: \$ 41,10	04.		
2022 AMOUNT: \$ 63,06	62.		
2023 AMOUNT: \$ 29,63	39.		
PENSION FORFEITURES			
2023 AMOUNT: \$ 28,25	50.		
REFUNDS			
2023 AMOUNT: \$ 77,42	10.		
BAD DEBT RECOVERY			
2023 AMOUNT: \$ 14,92	25.		
SETTLEMENT INCOME			
2022 AMOUNT: \$ 32,50	00.		

Schedule of Contributors

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

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

# Schedule B

(Form 990)

Department of the Treasury

#### Internal Revenue Service

Name of the organization

UNIVERSITY SETTLEMENT SOCIETY OF NEW

2023

2023

OMB No. 1545-0047

Employer identification number

13-5562374

	101(1)
Organization type (ch	eck one):

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**

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

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

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

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

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

UNIVEI YORK	RSITY SETTLEMENT SOCIETY OF NEW		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	(c) Total contributior	(d) Is Type of contribution
1		\$ <u>12,155,5</u>	07.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
2		\$ <u>10,483,5</u> 5	92. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
3		\$5,286,7	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
4		\$2,131,0	58.       Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
5		\$2,082,10	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
6_		\$1,663,90	61.     Person     X       Payroll     Noncash     I       (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

24 2023.05070 UNIVERSITY SETTLEMENT SOC 10486511

17580424 756359 1048651.001

## Schedule B (Form 990) (2023) Name of organization

Employer identification number

	rganization		Employer identification number
UNIVEI YORK	RSITY SETTLEMENT SOCIETY OF NEW		13-5562374
			15-5502574
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	Type of contribution
7		\$1,420,0	68.     Person     X       Payroll     Payroll       Noncash     Payroll       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
8_		\$ 1,144,5	Person     X       Payroll     Payroll       Noncash     (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4	S 900,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Page **2** 

323452 12-26-23

Schedule B (Form 990) (2023)

25 2023.05070 UNIVERSITY SETTLEMENT SOC 10486511

17580424 756359 1048651.001

	B (Form 990) (2023)		Page <b>3</b>
	rganization RSITY SETTLEMENT SOCIETY OF NEW		Employer identification number
YORK	RSIII SEIILEMENI SOCIEII OF NEW		13-5562374
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	•
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate (See instructions	=) Dete received
Part I			-/
		[	
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate	e) (d)
from Part I	Description of noncash property given	(See instructions	
		<u> </u>	
		\$	
(a)			
No.	(b)	(c) FMV (or estimate	(d)
from	Description of noncash property given	(See instructions	
Part I		· · · · · · · · · · · · · · · · · · ·	,
		\$	
(a) No.	(b)	(c)	, (d)
from	Description of noncash property given	FMV (or estimate	<sup>=)</sup> Data received
Part I		(See instructions	.)
		\$	
(a)		(c)	
No. from	(b)	FMV (or estimate	
Part I	Description of noncash property given	(See instructions	Date received
		—   <u> </u>	
		\$	
(a)			
No.	(b)	(c) FMV (or estimate	a) (d)
from Dort I	Description of noncash property given	(See instructions	
Part I		· · ·	
		—	
		\$	

323453 12-26-23

Schedule B (Form 990) (2023)

# 17580424 756359 1048651.001

Schedule	B (Form 990) (2023)			Page <b>4</b>
Name of c	organization			Employer identification number
	RSITY SETTLEMENT SOCIET	Y OF NEW		
YORK				13-5562374
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	ons to organizations described in se through (e) and the following line en	ection 501(c)(7), (8), or (10) t try. For organizations	that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info.	once.) \$
(a) No.	Use duplicate copies of Part III if additional s	space is needed.		
from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
Part I				
		(e) Transfer of gi	ft	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from				winding of how with in hold
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of gi	[	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
		[		
		[		
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(a) Transfer of air	<u> </u>	
		(e) Transfer of gi	it.	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
		[		
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
<u> </u>				
		(e) Transfer of gi	ft	
			Deletionship of th	
	Transferee's name, address, a			ansferor to transferee
323454 12-20	6-23	27		Schedule B (Form 990) (2023)
		<u>4</u> /		

SC	HEDULE D	Supplement	al Financial Statements		OMB No. 1	545-00	047
(Forn	n 990)	Complete if the orga	20	23	{		
Denarti	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	Open t	o Pub	lic		
	Revenue Service	Go to www.irs.gov/Form99		Inspec			
Nam	e of the organization	YORK			eridentification	374	
Par		-	d Funds or Other Similar Funds or	Accounts.	Complete if t	he	
	organizatio	n answered "Yes" on Form 990, Part IV, lir		(1) = 1			
			(a) Donor advised funds	(b) Funds a	nd other acco	unts	
1		nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4 5		t end of year	writing that the assets held in donor advised "	funde			
5	-		exclusive legal control?		Yes		No
6			advisors in writing that grant funds can be use		103	L	
Ū	•		or donor advisor, or for any other purpose con	-			
	impermissible priva			U	Yes		No
Par	t II Conserv	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, Par	t IV, line 7.			
1		servation easements held by the organizati					
	Preservation	of land for public use (for example, recrea	ation or education)	nistorically impo	ortant land are	a	
	Protection o	f natural habitat	Preservation of a c	certified historio	structure		
	Preservation	n of open space					
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form of a	a conservation	easement on t	he las	st
	day of the tax year	r.		Hel	d at the End of t	he Tax	Year
а	Total number of co	onservation easements		2a			
b	Total acreage rest	ricted by conservation easements		<b>2</b> b			
С	Number of conservent	vation easements on a certified historic str	ucture included on line 2a	2c			
d		vation easements included on line 2c acqu					
3	Number of conservent	vation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization durir	ng the tax		
	year	<u> </u>					
4		where property subject to conservation ea					
5	0	tion have a written policy regarding the pe			Vee		No
6	,	orcement of the conservation easements i	t holds?		<b>Yes</b>	∟_ ∕oar	
0	Stall and voluntee	a nours devoted to morntoning, inspecting,	nanding of violations, and emoteing conserv	ation easemen	to during the y	cai	
7	Amount of expens		dling of violations, and enforcing conservation	easements du	ring the year		
	Amount of expens				ing the year		
8	Does each conser	 vation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4)	(B)(i)			
	and section 170(h)				Yes		No
9		be how the organization reports conservati	on easements in its revenue and expense sta	tement and			
	balance sheet, and	d include, if applicable, the text of the foot	note to the organization's financial statements	s that describes	s the		
		ounting for conservation easements.					
Par	t III Organiza	ations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar As	sets.		
	Complete if	f the organization answered "Yes" on Form	1 990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	balance sheet	works		
	of art, historical tre	easures, or other similar assets held for pu	blic exhibition, education, or research in furth	erance of publi	С		
	· •		ncial statements that describes these items.				
b	-		58, to report in its revenue statement and bala				
			c exhibition, education, or research in furthera	ance of public s	ervice,		
	•	ing amounts relating to these items.		•			
0	.,		agurag, or other similar agoets for financial ag	ـــــــــــــــــــــــــــــــــــــ			
2			asures, or other similar assets for financial ga	un, provide			
-	-	unts required to be reported under FASB A	-	ሱ			
a b	Assets included in			•			
		eduction Act Notice, see the Instruction	s for Form 990		edule D (Forn	n 900)	2023
	09-28-23			001			, 2020
552051			28				

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20						
2	Δ	E	Δ	7	Δ	TTN

UNIVERSITY	SETTLEMENT	SOCIETY	OF	NEW

UNIVERSITY SETTLEMENT SOCIETY OF NEW		
Schedule D (Form 990) 2023 YORK 13-556237		age <b>2</b>
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (contin	nued)	
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its		
collection items (check all that apply).		
a 🗌 Public exhibition d 🗌 Loan or exchange program		
b Scholarly research e Other		
c Preservation for future generations		
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.		
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets		
to be sold to raise funds rather than to be maintained as part of the organization's collection?		No
Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or		
reported an amount on Form 990, Part X, line 21.		
1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included		
on Form 990, Part X? Yes		No
b If "Yes," explain the arrangement in Part XIII and complete the following table:		
Amoun	t	
c Beginning balance 1c		
d Additions during the year 1d		
e Distributions during the year1e		
f Ending balance 1f		
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII		
Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Fou	r years	back
1a         Beginning of year balance         2,914,254.         2,705,695.         3,389,712.         3,098,767.         3	,093,	,752.
b Contributions		
c Net investment earnings, gains, and losses 327, 406. 444, 638447, 938. 353, 099.	6,	,788.
d Grants or scholarships		·
e Other expenditures for facilities		
and programs 1,396,837. 236,079. 236,079. 62,154.	1.	773.
f Administrative expenses	,	
	.098	,767.
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	, ,	
a Board designated or quasi-endowment .00000 %		
<b>b</b> Permanent endowment $27.5790$ %		
c Term endowment $72.4210\%$		
The percentages on lines 2a, 2b, and 2c should equal 100%.		
<b>3a</b> Are there endowment funds not in the possession of the organization that are held and administered for the		
organization by:	Yes	No
(i) Unrelated organizations? <u>3a(i)</u>	Х	
(ii) Related organizations?		x
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		
<ul> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul>		1
Part VI Land, Buildings, and Equipment		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.		
	k volu	10
Description of property(a) Cost or other(b) Cost or other(c) Accumulated(d) Boobasis (investment)basis (other)depreciation	r valu	le
	0 0	00
	<u>-, -</u>	<u>- J •</u>
c Leasehold improvements         1,529,243.         1,522,177.	7 0	66.
		50.
e Other		

Schedule D (Form 990) 2023

#### UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK Schedule D (Form 990) 2023 Part VII Investments - Other Securities Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7)

Part IX Other Assets

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))

(8) (9)

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
tal. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X   Other Liabilities	

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE LIABILITIES	1,313,537.
(3)	DUE TO GOVERNMENT AGENCIES	623,342.
(4)	ADVANCES FROM GOVERNMENT AGENCIES	1,232,803.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	3,169,682.	

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

Schedule D (Form 990) 2023

332053 09-28-23

	edule D (Form 990) 2023 YORK				5562374	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statement	ts With	Revenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	57,090,	662.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	239,886.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	500,000.			
е	Add lines <b>2a</b> through <b>2d</b>			2e		<u>,886.</u>
3	Subtract line 2e from line 1			3	56,350,	<u>,776.</u>
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	29,442.			
b	Other (Describe in Part XIII.)	4b	14,925.			
с	Add lines <b>4a</b> and <b>4b</b>			4c	, 44 , 56, 395	<u>,367.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	56,395,	143.		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts With	n Expenses per R	letur	n	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nts With	n Expenses per R	letur	n	
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts With	n Expenses per R	letur	n 57,393,	
	Reconciliation of Expenses per Audited Financial Statemer           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nts With	n Expenses per R		n	
1	Image: style="text-align: center;">rt XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nts With	n Expenses per R		n	
1 2	Image: Network State in the state in th	nts With	n Expenses per R		n	
1 2 a	Image: style="text-align: center;">rt XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nts With	n Expenses per R		n	
1 2 a	Image: Network State in the state in th	2a 2b	n Expenses per R		n	
1 2 a b c	<b>Reconciliation of Expenses per Audited Financial Statemer</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	148,223.		n <u>57,393,</u> 148,	<u>910.</u>
1 2 b c d	<b>Reconciliation of Expenses per Audited Financial Statemer</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	148,223.	1	n 57,393,	<u>910.</u>
1 2 b c d e	<b>Reconciliation of Expenses per Audited Financial Statemer</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	148,223.	1 2e	n <u>57,393,</u> 148,	<u>910.</u>
1 2 b c d e 3	rt XII       Reconciliation of Expenses per Audited Financial Statemer         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	148,223.	1 2e	n <u>57,393,</u> 148,	<u>910.</u>
1 2 b c d 3 4	<b>Reconciliation of Expenses per Audited Financial Statemer</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         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	2a 2b 2c 2d	148,223.	1 2e	n 57,393, 148, 57,245,	.910. .223. .687.
1 2 3 4 3 4 5	<b>rt XII Reconciliation of Expenses per Audited Financial Statemer</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         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	2a 2b 2c 2d 4a 4b	148,223. 29,442. 14,925.	1 2e	n 57,393, 148, 57,245,	<u>,910.</u> ,223. ,687.
1 2 d e 3 4 b c 5	<b>Reconciliation of Expenses per Audited Financial Statemer</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         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         Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	148,223. 29,442. 14,925.	1 2e 3	n 57,393, 148, 57,245,	<u>,910.</u> ,223. ,687.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; 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.

#### PART V, LINE 4:

THE SETTLEMENT'S NET ASSETS WITH DONOR RESTRICTIONS INCLUDE ENDOWMENT FUND ASSETS TO BE HELD IN PERPETUITY. THE INCOME FROM THE ASSETS CAN BE USED TO SUPPORT VARIOUS PROGRAMS.

PART X, LINE 2:

THE SETTLEMENT RECOGNIZES THE EFFECT OF TAX POSITIONS ONLY WHEN THEY ARE

MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE

SETTLEMENT HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL

STATEMENT RECOGNITION OR DISCLOSURE. THE SETTLEMENT IS NO LONGER SUBJECT

TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR

31

TO JUNE 30, 2021.

332054 09-28-23

UNIVERSITY SETTLEMENT SOCIETY OF NEW           Schedule D (Form 990) 2023         YORK	13-5562374 Page 5
Schedule D (Form 990) 2023         YORK           Part XIII         Supplemental Information (continued)	13-5562574 Page 5
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
GAIN ON LEASE TERMINATION	500,000.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
BAD DEBT RECOVERY REPORTED ON PART VIII	14,925.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
WRITE-OFF OF UNCOLLECTIBLE PLEDGES REPORTED ON PART XI	148,223.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
BAD DEBT RECOVERY REPORTED ON PART VIII	14,925.

332055 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ities	OMB No. 1545-0047		
(Form 990) 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.								2023		
Department of the Treasury		Open to Public								
Internal Revenue Service		o www.irs.gov/Form990 for instruction of the second structure of the second st				ı.		Inspection		
Name of the organizatior	Employer id	r identification number								
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-E2										
· · · ·	complete this part		+:-							
<ul> <li>1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or</li> </ul>										
		art VII) or entity in connection with pr <i>r</i> iduals or entities (fundraisers) pursua			•	o fur	Ye			
				ayreer						
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iv) Gross receipts to individual from activity							Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization		
		-		No						
Total				1						
	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from r	egistration		

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

Schedule G (Form 990) 2023

13-5562374 Page 2

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

		(a) Event #1 CITY STORIES	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		GALA			col. (c)
		(event type)	(event type)	(total number)	
1	Gross receipts	931,273.			931,273
2	Less: Contributions	875,523.			875,523
3	Gross income (line 1 minus line 2)	55,750.			55,750
4	Cash prizes				
	Noncash prizes				
6	Rent/facility costs	35,280.			35,280
7	Food and beverages	60,819.			60,819
	Entertainment	900.			900 29,320
9	Other direct expenses				29,320
10	Direct expense summary. Add lines 4 throug				126,319
	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.		990, Part IV, line 19, or r	eported more than	70,569
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
	Other direct expenses				
1		Yes%	└── Yes %	└── Yes %	

9 Enter the state(s) in which the organization conducts gaming activities:

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

a Is the organization licensed to conduct gaming activities in each of these states? \_\_\_\_\_ Yes b If "No," explain: \_\_\_\_\_

332082 09-13-23

Schedule G (Form 990) 2023

No

No

Sch	edule G (Form 990) 2023	UNIVERSITY YORK	SETTLEMENT	SOCIETY OF		-5562374	Page <b>3</b>
	Does the organization conduct ga		anmombors?				
	Is the organization a grantor, bene						
	to administer charitable gaming?					Yes	No
	Indicate the percentage of gaming					1 1	
	The organization's facility						%
	An outside facility					13b	%
14	Enter the name and address of the	Person who prepares	s the organization's g	aming/special events	books and records:		
	Address						
15a	Does the organization have a cont	tract with a third party	r from whom the orgar	nization receives gami	ing revenue?	Yes	No
k	If "Yes," enter the amount of gami of gaming revenue retained by the	-	by the organization	\$	and the amount		
c	If "Yes," enter name and address of						
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
	Director/officer	Employee		lent contractor			
17	Mandatory distributions:						
a	Is the organization required under	state law to make cha	aritable distributions fi	rom the gaming proce	eds to		
	retain the state gaming license?					Yes	No No
k	Enter the amount of distributions r	•		other exempt organi	zations or spent in the		
Da	organization's own exempt activiti Int IV Supplemental Inform			l hu Daut I lina Oh . aa			
1 4	<b>Supplemental Inform</b> 15b, 15c, 16, and 17b, as					art III, lines 9, s	90, 100,
3320	83 09-13-23				Sche	edule G (Form	990) 2023

			SETTLEMENT	COCTERNY	ΟĒ	NTERN		
Schedule G	(Form 990)		SELLICEMENT	SOCIETI	OF	NEW	13-5562374	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)					15 5502574	Faye 4
		(***********						
							Schedule G (F	orm 990)

332084 04-01-23

SCHEDULE I (Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									5-0047
Department of the Treasury     Attach to Form 990.       Internal Revenue Service     Go to www.irs.gov/Form990 for the latest information.										ublic ion
Name of the organization UNIVERSITY SETTLEMENT SOCIETY OF NEW Employer iden										number 2374
Part I General										
criteria used to	ization maintain records award the grants or assis t IV the organization's pro	stance?	-			-		_	Yes	🗌 No
Part II Grants a	nd Other Assistance to that received more than \$	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	′es" on Form 990, Part	IV, line 21, for	any	
• •	ddress of organization overnment	(b) EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		rpose of gra assistance	int

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

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

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

Schedule I (Form 990) 2023

# UNIVERSITY SETTLEMENT SOCIETY OF NEW

Schedule I (Form 990) 2023

YORK

### 13-5562374

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ARTICIPANT RENT ASSISTANCE	51	101,030.	0.		

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

PART I, LINE 2:

PARTICIPANTS IN OUR RENT ASSISTANCE PROGRAM ARE ELIGIBLE TO RECEIVE RENTAL

ARREAR ASSISTANCE FOR UP TO THREE MONTHS AND/OR WITHIN \$3,500, WHICHEVER IS

LESS, AS LONG AS 1) THEY HAVE FUTURE ABILITY TO PAY RENT MOVING FORWARD; 2)

THE RENTAL ARREAR ASSISTANCE WILL BRING THEM TO A ZERO BALANCE; AND 3) ABLE

TO REMAIN IN THEIR CURRENT HOUSING FOR AT LEAST ANOTHER 12 MONTHS.

(Form 990)       For certain Officers, Directors, Trustees, Key Employees, and Highest Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	SC	HEDULE J	Compensation Information	OMB No.	1545-00	47		
Complete if the organization answerd "Yes" on Form 990, Part IV, line 23, Go to www.irs.gov/Form990 for instructions and the latest information.         Open to Public Inspection           Name of the organization         UNIVERSTY SETTLEMENT SOCIETY OF NEW         Employer identification number 13 -5562374           Part I         Questions Regarding Compensation         Image of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Image of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding page.         Image of the organization Page of the section A, line 1a. Complete Part III to provide any relevant information regarding page of the sections.         Image of the organization and gross-up payments         Image of the organization end of the sections.           D if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the expenses described above? If "No," complete Part III to explain         10           2         Did the organization committe         Written employment contract.         2           3         Indicate which, if any, of the following the organization used to establish the compensation of regarization to establish compensation committe         Written employment contract         2           4         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the fill	(Fo	rm 990)	-	20	99	)		
Department         Attach to Form 990.         Open to Public imspection           Name of the organization         UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK         Employer identification numbring the inspection           Part I         Questions Regarding Compensation         13 - 5562374           Image: Inspection         Image: Inspection         13 - 5562374           Image: Inspection         Image: Inspection         Image:				<b></b> ZU	<b>Z</b> J	)		
Internet Network         Co to www.irs.gov/Form990 for instructions and the latest information.         Image close           Name of the organization         UNIVERSITY SETTLEMENT SOCIETY OF NEW         Employer identification numbritication consigned for personal use intravel for companions         Yes N           If are check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, and the use or seldence for personal use         Yes N           If are indexmiting account         Payments for business use of personal residence         Image of the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain         1b           2         Indicate which, if any, of the following the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain         1b           2         Indicate which, if any, of the following the organization follow a written employment contract         2           3         Indicate which, if any, of the following the	Dene	depend of the Turney wy		Open t	o Publ	lic		
YORK       13-5562374         Part1       Questions Regarding Compensation         ************************************				Inspe	ection			
Part 1       Questions Regarding Compensation         a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Yes       N         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Yes       N         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Yes       N         Tax indemnification and gross-up payments       Health or social club dues or initiation fees       Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain       1b         2       Indicate which, if any, of the following the organization used to establish the compensation or the creative Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation committee       Written employment contract         Moreparation computer       Yes on a servarace payment or change-focintrol payment?       4a       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization ora	Nam	ne of the organization	UNIVERSITY SETTLEMENT SOCIETY OF NEW Employ	er identificati	on nu	mber		
a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Pirst class or charter travel       Housing allowance or residence for personal use         Travel for companions       Payments for business use of personal residence         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       1b         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       1x       2         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       2         a Receive a severance payment from a upophemental nonqualified retirement plan?       4b       2         b Participate in or receive payment from a upophyment?       4b       2         c Participa				<u>-556237</u>	4			
1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, Jine 1a. Complete Part III to provide any relevant information regarding these lems.            First-class or charter travel           Payments for business use of personal use             First-class or charter travel           Payments for business use of personal residence             Tax indemnification and gross-up payments           Personal services (such as maid, chauffeur, chef)             b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or           1b             reimbursement or provision of all of the expenses described above? If No," complete Part III to explain           1b             2             Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,         trustees, and officers, including the OEO/Executive Director, regarding the items checked on line 1a?           2             3           Indicate which, if any, of the following the organization used to establish the compensation of the organization to           bestablish compensation committee             Microate which, if any, of the following the organization used to establish the compensation survey or study           Compensation committee           Written employment contract	Pa	rt I Questions Reg	jarding Compensation					
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Section A, line 1a, Complete Part III to provide any relevant information regarding these items.         Image: Track class or charter travel       Image: Housing allowance or residence for personal use         Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee       Written employment contract         Impendent compensation consultant       X       Compensation committee       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       2         a Receive a severance payment from an equity-based compensation arrangement?       4a       2         b Participate in or receive paymen					Yes	No		
First-class or charter travel       Housing allowance or residence for personal use         Travel for companions       Payments for business use of personal residence         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the Organization to establish compensation committee       Written employment contract         Mice compensation committee       Written employment contract       Written employment contract         Independent compensation consultant       Compensation survey or study       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       2         a Receive a severance payment from a supplemental nonqualified retirement plan?       4a       2         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       2	1a	Check the appropriate bo	x(es) if the organization provided any of the following to or for a person listed on Form 990,					
Image: Travel for companions       Payments for business use of personal residence         Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation or onsultant       Image: Compensation organization with the apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Image: Compensation committee         1       Modependent compensation consultant       Image: Compensation committee       Image: Compensation committee         2       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       2       2         5       Paraticipate in or receive payment from an equity-based compensation		Part VII, Section A, line 1a	a. Complete Part III to provide any relevant information regarding these items.					
Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1 a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         3       Compensation committee       Written employment contract       1         1       Independent compensation consultant       X       Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4       2		First-class or charter	travel Housing allowance or residence for personal use					
Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       1b         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       1         Independent compensation consultant       X       Compensation or a leated organization:         a Receive a severance payment from a supplemental nonqualified retirement plan?       4a       2         b Participate in or receive payment from an equity-based compensation arrangement?       4c       2         ft "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5b       3         Any related organization?       5a       5       5b       3         ft "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5b       3         ft "Yes" on line 5a or 5b, describe in Part III. <td></td> <td>Travel for companior</td> <td>Payments for business use of personal residence</td> <td></td> <td></td> <td></td>		Travel for companior	Payments for business use of personal residence					
b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       2         4       Compensation committee       Written employment contract         1       Independent compensation consultant       X         2       Form 990 of other organization:       4         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4         a       Receive a severance payment from a supplemental nonqualified retirement plan?       4         b       Participate in or receive payment from an equity-based compensation								
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee       Written employment contract       2         1       Independent compensation consultant       Image: Compensation committee       Written employment contract       4a       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       2         a       Receive a severance payment from an equity-based compensation arrangement?       4a       2         1       "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a       2         0       Any related organization?       5a       2       2         1       "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each i		Discretionary spending account Personal services (such as maid, chauffeur, chef)						
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee       Written employment contract       2         1       Independent compensation consultant       Image: Compensation committee       Written employment contract       4a       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       2         a       Receive a severance payment from an equity-based compensation arrangement?       4a       2         1       "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a       2         0       Any related organization?       5a       2       2         1       "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each i								
2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         3       Compensation committee       Written employment contract         1       Independent compensation consultant       X       Compensation committee         2       Form 990 of other organizations       X       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       2         4       During the year, did any person supplemental nonqualified retirement plan?       4a       2         5       Participate in or receive payment from an equity-based compensation arrangement?       4b       2         6       Participate in or receive payment from an equity-based complex any complex any compensatio	b	•						
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization is       CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation committee       Image: Compensation		reimbursement or provision	on of all of the expenses described above? If "No," complete Part III to explain	<u>1b</u>				
3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.         Image: Compensation committee       Image: Compensation committee         Image: Independent compensation consultant       Image: Compensation committee         Image: Independent compensation consultant       Image: Compensation committee         Image: Independent compensation consultant       Image: Compensation survey or study         Image: Independent companizations       Image: Compensation committee         Image: Independent companization       Image: Compensation committee         Image: Independent companization:       Image: Compensation committee         Image: Independent companization:       Image: Companization or a related organization:         Image: Receive a severance payment for change-of-control payment?       Image: Compensation arrangement?         Image: Participate in or receive payment from a supplemental nonqualified retirement plan?       Image: Compensation arrangement?         Image: Participate in or receive payment from an equity-based compensation arrangement?       Image: Compensation arrangement?         Image: Participate in or receive payment from an equity-based companization pay or accrue any compensation contingent on the revenues of:       Image: Compensentistee         Imag	2	-						
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation committee       Image: Compensation committee       Image: Compensation consultant       Image: Compensation committee       Image		trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?						
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation committee       Image: Compensation committee       Image: Compensation consultant       Image: Compensation committee       Image								
establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation committee       Written employment contract         Independent compensation consultant       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or receive payment from a supplemental nonqualified retirement plan?       Image: Approval by the board or compensation committee         4       Dearticipate in or receive payment from a supplemental nonqualified retirement plan?       Image: Approval by the pay is a complete ines 5-9.       Image: Approval by the applicable amounts for each item in Part III.         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retearmings of:       Image: Approval by th	3	· · ·						
X       Compensation committee       Written employment contract         Independent compensation consultant       X       Compensation survey or study         X       Form 990 of other organizations       X       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       2         a       Receive a severance payment or change-of-control payment?       4a       2         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       2         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       3         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       3         a       The organization?       5a       3         b       Any related organization?       5b       3         if "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5b       3								
<ul> <li>Independent compensation consultant</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</li> <li>Receive a severance payment or change-of-control payment?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>The organization?</li> <li>Any related organization?</li> <li>Any related organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> </ul>								
<ul> <li>X Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</li> <li>a Receive a severance payment or change-of-control payment?</li> <li>b Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>c Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>b Any related organization?</li> <li>c For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> </ul>								
<ul> <li>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</li> <li>a Receive a severance payment or change-of-control payment?</li> <li>b Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>c Participate in or receive payment from an equity-based compensation arrangement?</li> <li>if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 5a or 5b, describe in Part III.</li> <li>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> </ul>								
organization or a related organization:       4a       2         a Receive a severance payment or change-of-control payment?       4a       2         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       2         c Participate in or receive payment from an equity-based compensation arrangement?       4c       2         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       2         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       2         a The organization?       5b       2         b Any related organization?       5b       2         lf "Yes" on line 5a or 5b, describe in Part III.       5b       2         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       4       4		X Form 990 of other or	ganizations [X] Approval by the board or compensation committee					
organization or a related organization:       4a       2         a Receive a severance payment or change-of-control payment?       4a       2         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       2         c Participate in or receive payment from an equity-based compensation arrangement?       4c       2         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       2         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       2         a The organization?       5b       2         b Any related organization?       5b       2         lf "Yes" on line 5a or 5b, describe in Part III.       5b       2         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       4       4			and the second					
a Receive a severance payment or change-of-control payment?       4a       2         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       2         c Participate in or receive payment from an equity-based compensation arrangement?       4c       2         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       2         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       2         a The organization?       5b       2         b Any related organization?       5b       2         if "Yes" on line 5a or 5b, describe in Part III.       5b       2         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5a       2	4							
b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       2         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       2         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       2         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       2         a       The organization?       5a       2         b       Any related organization?       5b       2         lf "Yes" on line 5a or 5b, describe in Part III.       5b       2         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       a	_	•		4-		v		
c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5a       X	a ⊾					X		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Constraint of the persons and provide the applicable amounts for each item in Part III.         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       Image: Constraint of the persons listed organization?         If "Yes" on line 5a or 5b, describe in Part III.       Image: Constraint of the persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       Image: Constraint of the persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:				4.		X		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       Image: Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       Image: Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.         a       The organization?       Image: Section 50, legorithe in Part III.         b       Any related organization?       Image: Section 50, describe in Part III.         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       Image: Section 50, describe in Part III.	С			4C				
<ul> <li>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 5a or 5b, describe in Part III.</li> <li>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> </ul>		If Yes to any of lines 4a-	c, list the persons and provide the applicable amounts for each item in Part III.					
<ul> <li>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 5a or 5b, describe in Part III.</li> <li>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> </ul>		Only contion $501(a)(2)$ 50	0.1(a)(4) and $50.1(a)(20)$ organizations must complete lines 5-0					
contingent on the revenues of:       5a       5a       5b         a The organization?       5b       5b       5b       5b         b Any related organization?       5b       5b       5b       5b       5b         If "Yes" on line 5a or 5b, describe in Part III.       5c For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5c       5c       5c	5							
a The organization?       5a       2         b Any related organization?       5b       2         lf "Yes" on line 5a or 5b, describe in Part III.       5b       2         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6	5							
b Any related organization?       5b       Σ         If "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5b       Σ	я	•		59		x		
If "Yes" on line 5a or 5b, describe in Part III.         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:					1	X		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:	~							
contingent on the net earnings of:	6							
	Ŭ							
	а			6a		x		
b Any related organization?						x		
If "Yes" on line 6a or 6b, describe in Part III.	~							
<ul> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments</li> </ul>	7							
				7		x		
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8			······				
				8		x		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9	•						
Regulations section 53.4958-6(c)?	_							
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 20		Paparwork Poduction Ac			m 990	) 2023		

LHA 332111 11-06-23

# UNIVERSITY SETTLEMENT SOCIETY OF NEW

Schedule J (Form 990) 2023

YORK

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MELISSA E. AASE	(i)	277,605.	35,000.	0.	17,563.	34,743.	364,911.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LAURA MCGINLEY	(i)	196,738.	0.	0.	12,793.	34,743.	244,274.	0.
CHIEF EXTERNAL RELATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RABIYA AKHTAR, CHIEF	(i)	203,242.	0.	0.	12,653.	19,817.	235,712.	0.
FINANCIAL ADMINISTRATIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHELLE A. GREEN	(i)	191,220.	0.	0.	11,905.	11,727.	214,852.	0.
CHIEF PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARY GRACE ADAMS	(i)	149,406.	0.	0.	9,361.	28,350.	187,117.	0.
ASSOCIATE EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JENNIFER L. VALLONE	(i)	149,301.	0.	0.	9,361.	12,751.	171,413.	0.
ASSOCIATE EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SUBHASH CHANDRA	(i)	147,754.	0.	0.	9,042.	0.	156,796.	0.
SENIOR MEDICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Page 2

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Page 3

Schedule J (Form 990) 2023

#### 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.

### PART I, LINE 7:

INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A DISCRETIONARY BONUS

DURING CALENDAR YEAR 2023, WHICH WAS INCLUDED IN COLUMN B(II) HEREIN AND IN

## THEIR 2023 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES.

YORK

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



UNIVERSITY SETTLEMENT SOCIETY OF NEW

YORK

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LIVING AND WORKING ON THE LOWER EAST SIDE OF MANHATTAN AND BROOKLYN.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ORGANIZATION ALSO HAS MENTAL HEALTH PROGRAMS FOR YOUTH AND

INCLUDING CARE MANAGEMENT AND THE HOMEBASED CRISIS CHILDREN,

INTERVENTION PROGRAM, WHICH ARE OFFERED IN CLIENTS' HOMES.

PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990,

UNIVERSITY SETTLEMENT'S TALENT SEARCH PROGRAM PROVIDES ADDITIONALLY,

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 POSTSECONDARY EDUCATION.

FORM 990, PART VI, SECTION A, LINE 2:

SCHALL, BOARD MEMBER, AND BENJAMIN SCHALL CO-CHAIR HAVE A STEVEN M. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023 LHA 332211 11-14-23

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#### FAMILY RELATIONSHIP.

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

THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. THE CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER IS PRIMARILY RESPONSIBLE FOR THE REVIEW OF THE FORM 990. 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 AND 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: THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT APPLIES TO OFFICERS, DIRECTORS, AND KEY EMPLOYEES WHO ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICT. THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

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 332212 11-14-23 Schedule O (Form 990) 2023

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Name of the organization UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK	Employer identification number $13-5562374$
MEMBERS ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICT OF	INTEREST. THE
EXECUTIVE TEAM IS ALSO REQUIRED TO COMPLETE THE CONFLICT O	F INTEREST
DISCLOSURE ON AN ANNUAL BASIS. IF A CONFLICT EMERGES, THE	BOARD MEMBER
MUST DISCLOSE THE CONFLICT TO THE BOARD AND THE BOARD MEMB	ER 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 COMPENSATION COMMITTEE UTILIZES A UNH SALARY SURVEY AND NATIONAL NON PROFIT SALARY SURVEY TO DETERMINE AND REVIEW THE CEO'S COMPENSATION. THE CEO DETERMINES ALL OTHER EXECUTIVE LEVEL COMPENSATION. THIS WAS LAST REVIEWED IN MAY 2024, AND BOTH THE CEO AND EXECUTIVE STAFF MEMBERS WERE GIVEN THE SAME 3% COLA AS THE REST OF THE STAFF. THE REVIEW AND APPROVAL PROCESS IS DOCUMENTED IN THE COMPENSATION COMMITTEE EMAILS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS ALSO POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST OR BY CALLING THE ORGANIZATION DIRECTLY. AN ANNUAL REPORT IS ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

MAINTENANCE CONTRACTS:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

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755,881. 310,847.

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Schedule O (Form 990) 2023 Name of the organization UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK	Page Employer identification number 13-5562374
FUNDRAISING EXPENSES	24,917.
TOTAL EXPENSES	1,091,645.
PAYROLL SERVICE FEES:	
PROGRAM SERVICE EXPENSES	337,974.
MANAGEMENT AND GENERAL EXPENSES	285.
FUNDRAISING EXPENSES	1,504.
TOTAL EXPENSES	339,763.
PROVIDER MOTHER STIPENDS:	
PROGRAM SERVICE EXPENSES	4,002,108.
MANAGEMENT AND GENERAL EXPENSES	3,375.
FUNDRAISING EXPENSES	17,812.
TOTAL EXPENSES	4,023,295.
TEMPORARY HELP:	
PROGRAM SERVICE EXPENSES	152,231.
MANAGEMENT AND GENERAL EXPENSES	128.
FUNDRAISING EXPENSES	678.
TOTAL EXPENSES	153,037.
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	1,406,727.
MANAGEMENT AND GENERAL EXPENSES	1,186.
FUNDRAISING EXPENSES	6,261.
TOTAL EXPENSES	1,414,174.

OTHER	PROFESSIONAL	FEES:
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Schedule O (Form 990) 2023 Name of the organization UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK	Page 2 Employer identification number 13-5562374
PROGRAM SERVICE EXPENSES	68,798.
MANAGEMENT AND GENERAL EXPENSES	189.
FUNDRAISING EXPENSES	991.
TOTAL EXPENSES	69,978.
ARTIST IN RESIDENCE:	
PROGRAM SERVICE EXPENSES	135,336.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	135,336.
RECRUITMENT FEES:	
PROGRAM SERVICE EXPENSES	18,783.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,783.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	7,246,011.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
WRITE-OFF OF UNCOLLECTIBLE PLEDGES	-148,223.
GAIN ON LEASE TERMINATION	500,000.
TOTAL TO FORM 990, PART XI, LINE 9	351,777.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBIL	ITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SE	LECTION OF AN
INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM	THE PRIOR
YEAR. 332212 11-14-23 46	Schedule O (Form 990) 2023

Schedule O (Form 990) 202 Name of the organization	UNIVERSITY YORK	SETTLEMENT	SOCIETY (	OF NEW	Page 2 Employer identification number 13-5562374
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