(Rev January 2020)

**Return of Organization Exempt From Income Tax** 

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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X

Activities & Governance

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

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 07/01, 2019, and ending 09/09, 20 19 A For the 2019 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable 13-6015256 BOYS AND GIRLS HARBOR, INC. Address change Doing business as Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite 345 EAST 102ND STREET (212) 289-8030 City or town, state or province, country, and ZIP or foreign postal code Final return terminate NEW YORK, NY 10029 377,198 G Gross receipts \$ H(a) Is this a group return for LEWIS ZUCHMAN No F Name and address of principal officer 345 EAST 102ND STREET, NEW YORK, NY 10029 H(b) Are all subordinates incl 4947(a)(1) or If "No," attach a list (see instructions X 501(c)(3) 501(c) ( Website ► WWW.SCAN-HARBOR.ORG H(c) Group exemption number Year of formation 1954 M State of legal domicile NY Form of organization X Corporation Trust Association Other > Summary TO EMPOWER CHILDREN AND THEIR FAMILIES TO 1 Briefly describe the organization's mission or most significant activities BECOME FULL PRODUCTIVE PARTICIPANTS IN SOCIETY THROUGH EDUCATION, CULTURAL ENRICHMENT AND SOCIAL SERVICES. 2 Check this box ► X if the organization discontinued its operations or disposed of more than 25% of its net assets. 21. 3 Number of voting members of the governing body (Part VI, line 1a) . . 21. 4 Number of independent voting members of the governing body (Part VI, line 1b). 0. 5 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a). 21. Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column PEOEIVED Ö. 7a 0. b Net unrelated business taxable income from Form Prior Year **Current Year** Q 8,945. Contributions and grants (Part VIII, line 1h) 784,786. 1,818,159. 338,770. Program service revenue (Part VIII, line 2g) . . . Investment income (Part VIII, column (A), lines 3, 4, and O)GDEN: UT 92,108. 15,823. 299,426. 13,660. Other revenue (Part VIII, column (A), lines 5, 6d, 2,994,479. 377,198. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,874,394. 367,446. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,502,199. 432,381. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . . 3,376,593. 799,827. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -382,114. -422,629. Revenue less expenses Subtract line 18 from line 12 . . . . . **Beginning of Current Year End of Year** 5,917,279. 0. Total assets (Part X, line 16) 0. 1,234,518. Total liabilities (Part X, line 26) . . . . . 4,682,761. 0. Net assets or fund balances Subtract line 21 from line 20. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Preparer

Paid

Signature of

PAUL

Firm's name

Print/Type pre/parer's name

chman. Type or print/name and title

Date 5/13/2021

Executive Director

Check self-employed Firm's EIN ▶ 13-5381590

P01384178

**Use Only** Firm's address ▶100 PARK AVENUE, NEW YORK, NY 10017-5001 May the IRS discuss this return with the preparer shown above? (see instructions).

212-885-8000 Х Yes

For Paperwork Reduction Act Notice, see the separate instructions.

▶BDO USA, LLP

HAMMERSCHMIDT

Form 990 (2019)

No

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
•	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	'		
		6		x
_	"Yes," complete Schedule D, Part I	-		<del></del>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	١,		×
	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,"	_		x
	complete Schedule D, Part III	8		_^
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			\ ,,
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 109 If "Yes,"			
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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
e	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	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII,	12a	x	
<b>.</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
U	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
42	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	-	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	144		
D	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	446		Х
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3; more than \$5,000 of grants or other assistance to or			v
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			.,
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		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
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19_		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		Х

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Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2 <sup>7</sup> If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	051		Х
	If "Yes," complete Schedule L, Part I	25b		
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%	26		х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		
27	· · · · · · · · · · · · · · · · · · ·			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			<del></del>
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b		28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
_		28c		Х
29	Did the organization receive more than \$25,000 in non-cash 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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	Х	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		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	Х	
	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	35a		<u>X</u>
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		ĺ	v
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		x	
Davi	19? Note: All Form 990 filers are required to complete Schedule O	38	^	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check is Schedule O contains a response of flote to any line in this Part V	· · · ·	Yes	No No
4-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	
	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?	1c		
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Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.		ł	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		- 1	v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4-		Х
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
þ	If "Yes," enter the name of the foreign country		İ	
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	Ea	ĺ	Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		<u>x</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		<del></del>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50	-	
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
U	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a	İ	Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Ì	
	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			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		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 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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		Í	
12.	against amounts due or received from them )	12a		-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	4		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		T	
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N			
	ls the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O			
		Form	990	(2019)

13-6015256 BOYS AND GIRLS HARBOR, INC. Form 990 (2019) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response 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 Section A. Governing Body and Management

					Yes	No
4.	Enter the number of voting members of the governing body at the end of the tax year	1a	21			
ıa	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	1b	21			
ь						
2	Did any officer, director, trustee, or key employee have a family relationship or a business re			2	Х	
	any other officer, director, trustee, or key employee?			<b>-</b>		
3	Did the organization delegate control over management duties customarily performed by or ur			3	х	
	supervision of officers, directors, trustees, or key employees to a management company or other process.			4		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			<del></del>		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5		X
6	Did the organization have members or stockholders?			6		<del>  ^</del>
7a	Did the organization have members, stockholders, or other persons who had the power to el			_		х
	one or more members of the governing body?			7a		<u>  ^</u>
b	Are any governance decisions of the organization reserved to (or subject to approval					l,
	stockholders, or persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	n during			
	the year by the following					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	be re	ached at			ļ.,
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Inte	rnal	Revenue	Code		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of	such	chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt per	ırpose	s <sup>7</sup>	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling th	e form?.	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	<u> </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests to	hat c	ould give			
	rise to conflicts?			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy?	If "Yes,"			
	describe in Schedule O how this was done			12c	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 ar	d app	roval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and o	decision?			
а	The organization's CEO, Executive Director, or top management official			15a	,,	X
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			ĺ		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ngement			
	with a taxable entity during the year?			16a		Χ_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				j	
	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?	· · ·		16b		
Sect	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ NY,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	990,	and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap	oly				
	Own website Another's website X Upon request Other (explain on Sci	hedule	O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing docum	ents.	conflict of	finter	est p	olicy.
	and financial statements available to the public during the tax year	,	<del>-</del> -			. ,
20	State the name, address, and telephone number of the namen who persones the agranization's	ooks	and raaard			

State the name, address, and telephone number of the person who possesses the organization's books and records Amorel Sheppard, 345 East 102ND STREET, NEW YORK, NY 10029 212-289-8030

Form **990** (2019)

Part VII	Compensation	OT	Onicers,	Directors,	rrustees,	ney	Employees,	nighest	Compensated	Employees,	anu
	Independent Co	ntra	actors								
		_									

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

# Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individual	unle	Pos heck ss pe	rson	than of the state	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) STEPHEN DANNHAUSER	10.00									
CHAIRPERSON	0.	X		Х				0.	0.	0.
(2) CRAIG OVERLANDER	5.00									
PRESIDENT	0.	X		Х				0.	0.	0.
(3) STEWART K.P. GROSS	2.00	]								
TRESAURER/AUDIT CHAIR	0.	X		Х				0.	0.	0.
(4)MARK AXELOWITZ	1.00	]								
SECRETARY	0.	Х		Х				0.	0.	0.
(5) WILLIAM CAREY	1.00									
DIRECTOR	0.	X	<u> </u>			L		0.	0.	0.
(6) LYOR COHEN	1.00									
DIRECTOR	0.	Х	ļ		_			0.	0.	0.
(7) LULITA DUKE REED	1.00	1								
DEVELOPMENT CHAIR	0.	Х						0.	0.	0.
(8) BARRY FRIEDBERG	3.00		ł							_
INVESTMENT CHAIR	0.	Х	$oxed{oxed}$					0.	0.	0.
(9) MARCIA GOLDSTEIN	1.00	1				<b>!</b>				_
DIRECTOR	0.	Х			_			0.	0.	0.
(10) JOSHUA KAUFMAN	1.00								_	_
DIRECTOR	0.	Х						0.	0.	0.
(11) ERNEST LYLES II	1.00								_	_
DIRECTOR	0.	X						0.	0.	0.
(12) SYLVESTER F. MINITER, IV	1.00								_	_
CO-CHAIR DEVELOPMENT	0.	Х	ļ				Щ	0.	0.	0.
(13) DAVID M. KNOTT	1.00							_	_	_
DIRECTOR	0.	Х						0.	0.	
(14) JOHN O. DUKE	1.00							_	_	_
DIRECTOR	0.	Х					لــــا	0.	<u> </u>	

Form 990 (2019)

JSA

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100,000 of organization								
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(A) Name and title	(B) Average hours per week (list any	box,	unle	Pos heck ss pe	erson	e than o is both tor/trus	an	(D) Reportable compensation from the	(E) Reportable compensation fr related organizations		Estir amo ot	F) mated bunt of ther ensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fron organ and r	n the nization related nizations
15) JOSEPH PERELLA	1.00									$\overline{}$		
DIRECTOR	0.	X	├	_	1			0		0.		
16) WILLIAM PICKENS III DIRECTOR	1.00	×						0		0.		(
17) PETER F. RIZZO	1.00	<del>  ^</del>	$\vdash$		├		├	- 0	<u> </u>	<del>"</del>	<del></del>	
DIRECTOR	1.00	x			ŀ			0	] ,	0.		(
18) TANYA ROBINSON	1.00	<u> </u>			-		<u> </u>			+		
DIRECTOR	<del></del> 0.	×			1			0	] ,	o. l		(
19) ADITYA SANGHVI	1.00	H	$\vdash$				$\vdash$			$\dashv$		
DIRECTOR	0.	x						0	] (	0.		(
20) MICHAEL W. VRANOS	1.00		+-		1		<u> </u>			$\neg$		
DIRECTOR	0.	x						0	] (	0.		(
21) JOSHUA WILDER	1.00	<del> </del>				_				$\dashv$		
DIRECTOR	·†	x			İ			0	] (	o.		(
22) LEWIS ZUCHMAN	35.00	1										
EXECUTIVE DIRECTOR	0.	1		X				0	] ,	0.		(
23) AMOREL SHEPPARD	35.00						<u> </u>		-	$\neg$		
CHIEF FINANCIAL OFFICER	· · · · · · · · · · · · · · · · · · ·	1		Х				0		0.		(
			Τ							$\neg$		
		1										
Ab Out Add	<u> </u>					<u> </u>	Ļ	0.		0.		0
1b Sub-total	· · · · · · ·		• •	• •	• •	· · ·		0.		0.		0
d Total (add lines 1b and 1c)								0.	_	0.		0
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				o re	eceived more than	\$100,000 of			
						_						Yes No
3 Did the organization list any former offi	•					,	,		•		3	
employee on line 1a? If "Yes," complete Sched											3	
4 For any individual listed on line 1a, is the	sum of reg	ortat	ole d	com	per	satio	n a	nd other compens	sation from the	<b>;</b>		
organization and related organizations gi											4	<del></del>
ındıvıdual											4	<del>  ^</del>
5 Did any person listed on line 1a receive or for services rendered to the organization? If ")											5	X
Section B. Independent Contractors	es, comple	16 301	1601	ne J	1 101	Sucri	ρει	3011	<u> </u>			
Complete this table for your five highest cor- compensation from the organization Report year												
(A)	<u></u>			•			1	(B)			(C)	
Name and business ad	dress							Description of se	rvices	Co	ompensa	tion
<del>-</del>	-											
				-			1					_
2 Total number of independent contractors (	ncluding bi	ut not	t lin	nite	d to	thos	se li	isted above) who	received			

more than \$100,000 in compensation from the organization ▶

Part VIII	Statement	of Revenue
-----------	-----------	------------

		Check if Schedule O contains a respon	se or note to ar	nv line in this Part V	/111		
		Oncok ii odnodale o domanio a rospor		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
9 9	1a	Federated campaigns 1a		-			
Contributions, Gifts, Grarts and Other Similar Amounts	b	, ,	-				
P. P.		Membership dues 1b  Fundraising events 1c					
Ψįξ	C		<del>-</del>				
ig ig	d	· ·					
ξĒ	0	Government grants (contributions) 1e		,			
ig r	1	All other contributions, gifts, grants,	0.045				
콜		and similar amounts not included above . 1f	8,945				
<b>E</b> 0	g	Noncash contributions included in	r				'
Se		lines 1a-1f		0.045			
	n	Total. Add lines 1a-1f		8,945			<del> </del>
a)			Business Code	222 772	220 770		<del> </del>
Š	2a	FEES & CONTRACTS FROM GOV'T AGENCIES	611710	338,770	338,770		
že a	b						
e a	С						
Ş Ş	d						
Program Service Revenue	e						1
Φ.	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u></u>	338,770			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	▶	15,823			15,823
	4	Income from investment of tax-exempt bond		0			<del> </del>
	5	Royalties	<u></u>	0			
	1	(ı) Real	(II) Personal				
	6a	Gross rents 6a					
	b	Less rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0	_		
	7a	Gross amount from (i) Securities	(II) Other				
		sales of assets					
		other than inventory 7a					İ
<u>•</u>	b	Less cost or other basis					
J.		and sales expenses 7b					
Š	С	Gain or (loss) 7c					
her Revenue	d	Net gain or (loss)		0			
	8a	Gross income from fundraising					
ŏ	\ \	events (not including \$					
		of contributions reported on line					
		1c) See Part IV, line 18 8a	0				
	L.	Less direct expenses 8b	0				
	b	Net income or (loss) from fundraising events.		0			<del>                                     </del>
	آي ا	· · ·					
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0		}		
	.	4.	0				
	р	Less direct expenses	<u> </u>	0	-		
	C C						-
	10a	Gross sales of inventory, less returns and allowances	0	ļ			
	١.		0				
	b	Less cost of goods sold		0			
	۳	THE MEANING OF GOSS/ HOLL SAIRS OF HIVEHOLY.	Business Code	U			<del> </del>
Sno		MICCOLL ANDONE DEVENIE	· <del></del> -···				40.00
de de	11a	MISCELLANEOUS REVENUE	900099	13,660		<del></del>	13,660
la Je	Ь						
è çe	С						
Miscellaneous Revenue	d	All other revenue					<u> </u>
		Total. Add lines 11a-11d		13,660			
	12	Total revenue. See instructions		377,198	338,770		29,483

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (D) Fundraising (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 0. and domestic governments. See Part IV, line 21 . . . . 2 Grants and other assistance to domestic 0 individuals See Part IV, line 22 . . . . . . . . . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals See Part IV, lines 15 and 16 Ō. 5 Compensation of current officers, directors, 0 trustees, and key employees . . . . . . . . 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 270,498. 228,660. 41,838. Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 76,910. 23,668. 53,242. 9 Other employee benefits . . . . . . . . . . . . 20,038. 6,166. 13,872. 11 Fees for services (nonemployees) 0 0 23,025. 23,025. c Accounting 0. d Lobbying 0. e Professional fundraising services See Part IV, line 17. 0. f Investment management fees ....... 9 Other (If line 11g amount exceeds 10% of line 25, column 9,849. 1,688 8,161 (A) amount, list line 11g expenses on Schedule O). . . . . . 0. 1,276. 3,445. 2,169 0. 14 Information technology........ Ō. 0. 22,076. 22,076. Payments of travel or entertainment expenses Ω for any federal, state, or local public officials 0. 19 Conferences, conventions, and meetings 0. Ο. 21 Payments to affiliates........ 23,657. 4,913. 18,744 22 Depreciation, depletion, and amortization . . . . 10,162. 10,162. 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) aOTHER OPERATIONAL EXPENSE 289,017. 289,017. 50,165. 50,165. hPROGRAM SUPPLIES cFOOD EXPENSES 985 985 d e All other expenses 799,827. 339,597. 460,230. 25 Total functional expenses Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720) . . . . . .

Pä	art X	Balance Sheet  Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,393.	1	0
	2	Savings and temporary cash investments	4,713,363.	2	0
	3	Pledges and grants receivable, net	300,326.	3	0
	4	Accounts receivable, net	0.	4	Ö
	5	Loans and other receivables from any current or former officer, director,			
	_	trustee, key employee, creator or founder, substantial contributor, or 35%		1	
		controlled entity or family member of any of these persons	0.	5	0
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0
s	7	Notes and loans receivable, net	0.	7	0
Assets	8	Inventories for sale or use	0.	8	0
As	9	Prepaid expenses and deferred charges	14,406.	9	0
	_	Land, buildings, and equipment cost or other	<del></del>	Ť	
		basis. Complete Part VI of Schedule D 10a			
	ь	Less accumulated depreciation	547,307.	10c	0
	11	Investments - publicly traded securities	1,955.		0
	12	Investments - other securities See Part IV, line 11	52,898.		0
	13	Investments - program-related See Part IV, line 11.	0.	13	0
	14	Intangible assets	0.	14	0
	15	Other assets See Part IV, line 11	285,631.	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	5,917,279.		1 × 0
	17		204,760.	17	1 7 - 0
		Accounts payable and accrued expenses	0.		0
	18 19	Grants payable	128,131.	19	0
	20		0.		0
	21	Tax-exempt bond liabilities	0.		0
,,	22	Loans and other payables to any current or former officer, director,		21	
ĕ	22				
<u></u>		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0
Liabilities	23	Secured mortgages and notes payable to unrelated third parties	0.		0
	24	Unsecured notes and loans payable to unrelated third parties	0.	20	0
	25	Other liabilities (including federal income tax, payables to related third	<del></del> <del>`</del>	24	
	25	parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	901,627.	25	0
	26	Total liabilities. Add lines 17 through 25	1,234,518.		0
	20		1,201,010.	20	
Ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.		Ì	
ă	27	Net assets without donor restrictions	938,262.	27	- 0
Ba	28	Net assets with donor restrictions	3,744,499.	28	0
ğ	20	Organizations that do not follow FASB ASC 958, check here ▶	3,111,1331	20	
Ξ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	-
<b>Assets or Fund Balances</b>	30	Paid-in or capital surplus, or land, building, or equipment fund	<del></del> .	30	
SS	30 31	Retained earnings, endowment, accumulated income, or other funds		31	
4		Total net assets or fund balances	4,682,761.		0
Net	32 33		5,917,279.	32	0
	აა	Total liabilities and net assets/fund balances	3,311,413.	33	Form <b>990</b> (2019

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

Form 990 (2019)

## **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BOYS AND GIRLS HARBOR, INC.

Employer Identification number 13-6015256

Pa	rt I	Reason for Public Cha	rity Status (All o	rganizations must o	omplet	e this pa	art ) See instructions	
		anization is not a private fou	ndation because it	is (For lines 1 through	gh 12, ch	eck only	one box )	
1		A church, convention of chu	irches, or associat	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))							
3	П	A hospital or a cooperative	hospital service of	rganization described	n sectio	n 170(b)	(1)(A)(iii).	$\cup$ (
4	$\Box$	A medical research organiz	ation operated in	conjunction with a ho	spital de	scribed ii	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	· ·	•				
5		An organization operated t		a college or universit	y owne	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C		•		•		
6		A federal, state, or local go	•	rnmental unit describe	d in sect	ion 170(	b)(1)(A)(v).	
7	Х	An organization that norma	_					om the general public
		described in section 170(b)	-		• •	Ŭ		
8		A community trust describe			Part II)			
9		An agricultural research org	=		-		I in conjunction with a	land-grant college
_		or university or a non-land-					=	-
		university	3	,	,		• • •	ŭ
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt fi ient income and ui n after June 30, 19	unctions - subject to nrelated business tax 975 See <b>section 509</b>	certain e able inco (a)(2). (0	exception ome (les Complete	is, and (2) no more tha s section 511 tax) from e Part III )	n 331/3% of its
11		An organization organized a						
12		An organization organized a	•	•			•	• • •
		of one or more publicly su	-					
	_	Check the box in lines 12a t	hrough 12d that de	escribes the type of s	upporting	g organiz	zation and complete lii	nes 12e, 12f, and 12g
а	L	Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	n(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	es of the
	_	supporting organization `	ou must complet	e Part IV, Sections A	and B.			
b	L	oxdot <b>Type II.</b> A supporting org	anization supervisi	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
		control or management o	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
	_	organization(s) You must	complete Part IV,	, Sections A and C.				
С	L	_ Type III functionally integ	grated. A supportii	ng organization opera	ited in c	onnectio	n with, and functional	lly integrated with,
	_	its supported organization	ı(s) (see instruction	s) You must comple	te Part I	V, Section	ons A, D, and E.	
d	L		integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated The organ	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness
	_	requirement (see instructi	ons). <b>You must co</b>	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
e	L	$oldsymbol{ol}}}}}}}}}} $	inization received a	a written determinatio	n from t	he IRS tl	hat it is a Type I, Type I	I, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	tion	
f	En	ter the number of supported	organizations					
<u>g</u>		ovide the following information			,		<u> </u>	·
	(i) N	ame of supported organization	(iı) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	listed in yo	ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								

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

Schedule A (Form 990 or 990-EZ) 2019

Total

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") :	1,448,220	758,538	894,633	784,786	8,945	3,895,122
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						. 0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	Total. Add lines 1 through 3  The portion of total contributions by	1,448,220	758,538	894,633	784,786	8,945	3,895,122
	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount		:				702.050
	shown on line 11, column (f)						723,059
6	Public support. Subtract line 5 from line 4 tion B. Total Support						3,172,063
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1,448,220.	758,538	894,633	784,786	8,945	3,895,122
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7,385	532,127	666,080.	, 92,108	15,823	1,313,523
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) . ATCH. 1	329,111	208,311	59,009	299,426	13,660	909,517
11	Total support. Add lines 7 through 10					<u>                                     </u>	6,118,162
12	Gross receipts from related activities, etc. (s	see instructions) .				12	14,389,673
13	First five years. If the Form 990 is forganization, check this box and stop here	· · · · · · · · · ·					
	tion C. Computation of Public Sup				· · · · · · · · · · · · · · · · · · ·	F	51.85%
14	Public support percentage for 2019 (III		-				57.17%
15	Public support percentage from 2018						
тьа	331/3% support test - 2019. If the org box and stop here. The organization qu	-					
<b>h</b>	331/3% support test - 2018. If the organization of	' <del>-</del> '	• • •	=			
b	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2	-		-			
.,.	10% or more, and if the organization	-					
	Part VI how the organization meets t						•
	organization			-	· ·	•	▶ □
b	10%-facts-and-circumstances test - 2						and line
	15 is 10% or more, and if the orga	-					
	Explain in Part VI how the organization						•
18	supported organization					<i></i>	▶ 🔲
	instructions						. —
_	<u> </u>	<del></del>				chadula A /Form 0	

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 I or if the organization failed to qualify un	a

If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (e) 2019 (a) 2015 (b) 2016 (c) 2017 (d) 2018 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . . Total. Add lines 1 through 5. . . . . . 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Public support. (Subtract line 7c from line 6). Section B. Total Support (a) 2015 (b) 2016 (c) 2017 (d) 2018(e) 2019 (f) Total Catendar year (or fiscal year beginning in) 9 Amounts from line 6. . . . . . . . . 10 a Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . . c Add lines 10a and 10b . . . . . . 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) . . . . . . . . 13 Total support. (Add lines 9, 10c, 11, First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here................... Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) % Public support percentage from 2018 Schedule A, Part III, line 15...................... % Section D. Computation of Investment Income Percentage % Investment/income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))....... 17 % 19a 331/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. b 331/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

# Part IV Supporting Organizations

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

Secti	ion A. All Supporting Organizations			
		_	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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 <b>Part VI</b> when and how the organization made the determination	3b_		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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	4c	-	-
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		-
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9 a	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 <b>Part VI</b> .	9a_	-	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		-
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a	-	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

Part	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 in (b) and (c)	_ ,		
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
-			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	•	-
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
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		Yes	No
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
. 3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		-	
	supported organizations played in this regard	3		<u> </u>
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ons)	
<b>a</b>	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	: instru		,
2	Activities Test. Answer (a) and (b) below.		res	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> 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	2-		
	that these activities constituted substantially all of its activities	2a		<del> </del>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	-	
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		<u></u>
JSA	Schedule A (Form	990 or	990-E	L) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization		
Check here if the organization satisfied the Integral Part Test as a qualifying			ın ın Part VI) See
instructions. All other Type III non-functionally integrated supporting organization			
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2	<u>_</u>	
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5	-	
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	<u> </u>	
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		•
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		1
7 Check here if the current year is the organization's first as a non-functionall	v integra	ated Type III supporting	organization (see
instructions)	,gic	, po iii oapportiin	, s. g.s

Schedule A (Form 990 or 990-EZ) 2019

Part		Supporting Organizat	ions (continued)				
Secti	on D - Distributions			Current Year			
1_	Amounts paid to supported organizations to accomplish ex						
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations				
4	Amounts paid to acquire exempt-use assets						
5_	Qualified set-aside amounts (prior IRS approval required)	<u> </u>					
6	Other distributions (describe in Part VI) See instructions						
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	,			
	(provide details in Part VI) See instructions						
9	Distributable amount for 2019 from Section C, line 6	<del>-</del>					
10	Line 8 amount divided by line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6			•			
2	Underdistributions, if any, for years prior to 2019						
	(reasonable cause required - explain in Part VI) See						
	instructions.						
3	Excess distributions carryover, if any, to 2019						
а	From 2014						
b	From 2015						
С	From 2016						
d	From 2017						
е	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
<u>i</u>	Carryover from 2014 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2019 from						
	Section D, line 7. \$	ı					
a	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
C	Remainder Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2019, if						
	any Subtract lines 3g and 4a from line 2 For result						
	greater than zero, explain in Part VI. See instructions		<u></u>				
6	Remaining underdistributions for 2019 Subtract lines 3h						
	and 4b from line 1 For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j			,			
	and 4c						
8	Breakdown of line 7		<del></del>				
a	Excess from 2015		<del></del>				
b	Excess from 2016						
с	Excess from 2017						
d	Excess from 2018						
e	Excess from 2019			,			
			Schedule	A (Form 990 or 990-EZ) 2019			

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

SCHEDULE A, PART II -	OTHER INCOM	г			ATTACHMENT 1	
SCHEDULE A, FART II	OTHER TROOP					
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
PRESCHOOL & AFTERSCHOOL INCOME			16,421	22,245	•	38,666
MANAGEMENT FEE	214,812	144,444	8,627			367,883
OTHER INCOME	114,299	63,867	33,961	277,181	13,660	502,968
TOTALS	329,111	208,311	59,009	299,426	13,660	909,517

# SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

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

0, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990

Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

13-6015256 BOYS AND GIRLS HARBOR, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . Aggregate value at end of year. . . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > \_\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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Page	

Pa	rt III Organizations Maintaini											
3	Using the organization's acquisition	n, accession, and o	other record	ds, check	any o	f the	follow	ing that r	nake sigr	iificant u	se of	ıts
	collection items (check all that app	ly) <sup>.</sup>	_	_								
а	Public exhibition		d	•	or excha	ange	program	n				
b	Scholarly research e Other											
С	Preservation for future gene											
4	Provide a description of the organ	nization's collections	and expla	in how t	hey fur	ther	the org	ganızatıon	's exempl	purpose	ın F	Part
	XIII											
5	During the year, did the organization									_	_	
	assets to be sold to raise funds rath	er than to be mainta	ained as pai	rt of the c	organiza	ation'	s collec	tion?		Yes		No
	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.	ition answered "Ye								nt on For	m	
1 a	Is the organization an agent, truste	e, custodian or othe	er intermedi	ary for c	ontribut	tions	or othe	assets no	ot _		_	
	included on Form 990, Part X?								L	Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and comp	olete the foll	lowing tab	ole ,			<del></del>				
									Amount			
С	Beginning balance				]	1c						
d	Additions during the year					1d						
е	Distributions during the year					1e						
	Ending balance					1f						
	Did the organization include an am								_	Yes	Ш	No
	If "Yes," explain the arrangement i	n Part XIII Check h	ere if the ex	planation	has be	en pr	ovided	on Part XII	<u> </u>		<u></u>	
Pa	rt V Endowment Funds.											
	Complete if the organiza											
		(a) Current year	(b) Prior	-	(c) Two			(d) Three y		(e) Four y		
1 a	Beginning of year balance	3,730,304.	3,638	3,196.	4,(	075,	418.	4,31	9,196.	4,5		
b	Contributions	* 0								2	50,0	000
C	Net investment earnings, gains,									_		
	and losses	16,098.	92	2,108.		62,	,778.	25	6,222.	-5	26,8	300
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs					500,	.000.	50	0,000.			
f	Administrative expenses	0 746 400	0.706	2 2 2 4			100	4 07	- 410		10.	
g	End of year balance	3,746,402.	3,/30	304.	3,6	638,	196.	4,07	5,418.	4,3	19,	196.
2	Provide the estimated percentage		end balance	e (line 1g,	column	(a))	held as					
а	Board designated or quasi-endown		_%									
b	Permanent endowment ▶ 100.0											
С	Term endowment ▶	.%										
	The percentages on lines 2a, 2b, a	*										
3 a	Are there endowment funds not in	the possession of th	ne organizat	tion that	are held	d and	d admin	istered for	the	[v		N.
	organization by									(	es	No_
	(i) Unrelated organizations									3a(i)	_	X
_	(ii) Related organizations									3a(ii)	$\dashv$	<u>X</u>
	If "Yes" on line 3a(ii), are the relate	•	·=·			· ·	• • • •	• • • • •		3b		
4	Describe in Part XIII the intended in		tion's endov	vment fur	nds	-			-			
Pa	rt VI Land, Buildings, and Equ Complete if the organize	ation answered "Ye	es" on Fori	m 990. F	Part IV.	line	11a. S	See Form	990. Pa	rt X. line	10	
	Description of property	(a) Cost or		(b) Cost o			(c) Acc	umulated eciation		) Book valu		<u> </u>
1 a	Land										_	
b	Buildings											
С	Leasehold improvements											
ď	Equipment											
	Other											
Tota	I. Add lines 1a through 1e (Column	(d) must equal Form	n 990, Part X	X, column	ı (B), lın	e 10	c)	<u> , ▶</u>				
									Sched	ıle D (Form	990)	2019

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Part VII	Investments - Other Securities.  Complete if the organization answered	l "Yes" on Form 990	0, 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 valua Cost or end-of-year mark	
1) Financi	al derivatives			
	held equity interests	-:		<del> </del>
<b>3)</b> Other_				<del></del>
(A)				
(B)				
(C)				
(D)				
(E)				
(F)			<del></del>	
(G)				<del>-</del>
(H)			<u> </u>	<u> </u>
	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related. Complete if the organization answered	l "Yes" on Form 990	0, Part IV, line 11c See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	•			
(9)				
Total, (Columi	n (b) must equal Form 990, Part X, col (B) line 13) .			
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 990	0, Part IV, line 11d See Form 990	
	(a) De	scription		(b) Book value
(1)		<del>.</del>		
(2)			· · · · · · · · · · · · · · · · · · ·	
(3)	· · · · ·			
(4)				
(5)		· · · · · · · · · · · · · · · · · · ·		
(6)				
(7)				
(8) ,				
(9)				
	umn (b) must equal Form 990, Part X, col (B) I	ine 15)		
Part X	Other Liabilities.  Complete if the organization answered line 25.	l "Yes" on Form 990	0, Part IV, line 11e or 11f. See For	m 990, Part X,
ı.	· · · · · · · · · · · · · · · · · · ·	tion of liability		(b) Book value
(1) Feder	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)			-	
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 25)			
. Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements the	· · ·
organization ISA	's liability for uncertain tax positions under FASB /	-30 /40 Check here if	<del></del>	
E 1270 1 000	8QM 702V 5/13/2021 10:46:35 A	AM V 19-8.4F	So	hedule <b>D (Form 990) 20</b> PAGE

Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.	
1 Total revenue, gains, and other support per audited financial statements	1	409,632.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	274.	
b Donated services and use of facilities	,160.	
c Recoveries of prior year grants		
d Other (Describe in Part XIII )		
e Add lines 2a through 2d	2e	32,434.
3 Subtract line 2e from line 1		377,198.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a /		
b Other (Describe in Part XIII )		
c Add lines 4a and 4b		277 100
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		377,198.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	831,987.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1.60	
a Donated services and use of facilities	,160.	
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII )		22 160
e Add lines 2a through 2d	1 - 1	32,160. 799,827.
3 Subtract line 2e from line 1	3	199,021.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII )		
c Add lines 4a and 4b		799,827.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII Supplemental Information.		73370211
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional SEE PAGE 5	d 2b, Part V, lin information	e 4, Part X, line
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	<u>.</u>	<u>.</u>
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# Part XIII Supplemental Information (continued)

#### PART V, LINE 4:

THE ENDOWMENT FUNDS HARBOR HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A STREAM OF RETURNS THAT WOULD BE UTILIZED TO FUND VARIOUS PROGRAMS - SUPPORTING EDUCATIONAL SERVICES, PERFORMING ARTS, PRESCHOOL ACTIVITIES, AS WELL AS GENERAL OPERATING ACTIVITIES - WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS.

## PART X, LINE 2:

UNDER U.S. GAAP, BOYS AND GIRLS HARBOR, INC. MUST RECOGNIZE THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. THE ORGANIZATION DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE ORGANIZATION HAS FILED IRS FORM 990 INFORMATION RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE SO REQUIRED. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY A TAXING AUTHORITY. AS OF SEPTEMBER 8, 2019, THE ORGANIZATION WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY.

(Form 990 or 990-EZ) SCHEDULE N

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

► Complete if the organization answered "Yes on Form 990, Part IV, lines 31 or 32 or Form 990-EZ, line 36

► Attach certified copies of any articles of dissolution, resolutions, or plans

Attach to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization

Go to www irs gov/Form990 for the latest information

Open to Publ 2019

OMB No 1545 0047

Employer identification number 13-6015256

BOYS AND GIRLS HARBOR, INC

Part	Liquidation, Termination, or Dissolution Complete t Part I can be duplicated if additional space is needed	tional space is	omplete this part in a needed	f the organization answ	ered "Yes" on	Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be dublicated if additional space is needed.	J-EZ, line 36
-	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if lax-evenit) or type of entity
						SCAN-HAPBOP INC	
CASH		09/09/2019	269 618	RCOK VALUE	13-2912933	345 EAST 1074D ST 3F1 NEW JORK NY 10029 50	501 (C) (3)
					_	SCAN-FERROR, ITC	
INVESIMENTS	S	09/08/5019	4 551 023	BOOK VALUE	13-2912963	345 CAST 102MD 57 7EL NEW 10RF, NY 10029 50	501(C)(J)
						SCA -nuPBOR It 3	
ACCOUNTS.	ACCOUNTS PECELVABLE	09/09/2019	147 1.9	BOON VELUE	13-2912963	345 ZFST 102HD ST 3FL DEW YORF HY 10029 501 (C) (3)	)1 (C) (3)
						SCAN-IIPRBOR INS	
CASH SUPR.	CASH SUPRENDER VALUE OF LIFE INSURANCE	09/09/2019	235,631	HOOK VALUF	13-2912963	345 EAST 1021D ST 3FL .IEV YORK IN 10029 501 (C) (3)	)1 (C) (3)
						SCAN-4ARBOR INC	
FIXED ASSETS	ETS	09/09/5010	52 4 550	EUOV VAI UE	13-2412965	245 EAST 102NF OT 2ET HEU 10PF IN 10029 SULCO (U	(2) (2)
						פריו- אאפשטא, וויר	
SECUPITY DEPOSITS	UEPOSITS	09/03/2015	50 135	BOON VALUE	13-2512501	345 EAST 1021D T 1FL MEY 10PN, N. 19JZ9 50_(C) (3)	(5) (3)
						SCAN-PARBOR IPC	
, CCOUNTS PAYABLE	DAYABIE	09/00/5019	-101 301	BCOK VALUE	13-7917963	345 FAST 10245 ST 3T1 HE' YORK NY 10079 50	501 (C) (C)
						SCAN-HAPBOR INC	
DE-EARED	DE-EARED (OMPEHSATION	09/09/2019	-588 751	BCO VAIUE	13-2512963	345 EAST 102ND ST 3rt HEW 108H PY 10929 501(C) (3)	)1 (C) (3)
						SCAN-FPRBOR IPL	i
CEFERRED FE ENUE	FE ENUS	4970, 251,	- 3, C 20P	EL OF VILUE	13-291-00	JAF ZAST 102ND 21 FL NEV 19RF N 10029 50	5،1(۱) ( )
						SCA - HERBOR I. C	
CAPITAL L	CAPITAL LEASE OBLIGATION	09/09/2015	-100 +23	BOON VALUF	13-2912963	345 EAST 1024D ST 3FL HEW 10RK   Y 10079 50	501 (C) (3)
						SCAM-HARBOR, 11°C	
DUE 10 RE	DUE TO RELATED EARLY	09/07/2019	-012 468	BOOK V-LUE	13-2912963	345 LAST 1621 D. T. 3FI JE ' YORK JY 10029 SAL (C) (3)	)1 (C) (D)
							Yes No

Did or will any officer director, trustee or key employee of the organization

a Become a director or trustee of a successor or transferee organization?

b Become an employee of or independent contractor for a successor or transferee organization?

c Become a direct or indirect owner of a successor or transferee organization?

e. If the organization answered. Yes, to any of the questions on lines 2a through, 2d provide the name of the person involved and explain in Part III. d Receive or become entitled to compensation or other similar payments as a result of the organization is liquidation termination or dissolution?

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

Schedule N (Form 990 or 990-EZ) 2019 29

×

2p 2a

2c

Schedule	Schedule N (Form 990 or 990-EZ) 2019	Dissolution (c	(periuitac			,		Page 2
	] <b>e</b> [	ed all of its ass	ets during the tax	uring the tax year, then Form 990,	Part X, column (B), line	16 (Total assets), and line	26 Yes	2
en C	Out the organization distribute its assets in accordance with	ets in accordance		its governing instrument(s)? If "No," describe in Part III	cribe in Part III		× ×	
	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	the attorney gen	eral or other approp	priate state official of its in	tent to dissolve,	Inquidate, or terminate?	-	
₽	If "Yes," did the organization provide such notice?	such notice?					. 4b	
	Did the organization discharge or pay all of its liabilities in accordance with state laws?	y all of its liabilitie	ss in accordance wi	th state laws?			× ×	
6а Г	Did the organization have any tax-exempt bonds outstandin	empt bonds outs	tanding during the ya	ear?		g during the year?	6a	×
٩	If "Yes" to line 6a, did the organization discharge or defease all of	scharge or defease		bond liabilities during the tax ;	year ın accordance	its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	. 6b	
± o	ٍگٍ	I how the organi		defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III	bilities. If "No" o	n line 6b, explaın ın Part III		
Part	Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this "Yes" on Form 990. Part IV. line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.	<b>, or Other Tra</b> line 32. or Forn		han 25% of the Organ Part II can be dublicate	iization's Asse	<b>of More Than 25% of the Organization's Assets.</b> Complete this part if the organization answered EZ. line 36. Part II can be dublicated if additional space is needed.	zation answe	eq
-	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction	(d) Method of determining FMV for asset(s) distributed or	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type	n of (if type
			cociocho	וומווזמכוותו בעלבווזכם			Ámina ro	
-								
				•				
~	Did or will any officer, director, trustee, or key employee of the organization	e, or kev emplov	ee of the organization	uo			Yes	S N
	Become a director or trustee of a successor or transferee organization?	ccessor or transfe	ree organization?		•		2a	
	Become an employee of, or independent contractor for, a successor or transferee organization?	dent contractor f	or, a successor or tr	ransferee organization?			2b	
	Become a direct or indirect owner of a successor or transferee organization?	a successor or t	ransteree organizatıı	on <sup>2</sup>			. Zc	
	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	pensation or oth	er similar payments	s as a result of the organize	ation's significant	disposition of assets?	2d	
= ט	if the organization diswered. Tes to any of the questions on lines za through zd, provide the name of the person involved and explain in Part III	any or me ques	TIONS ON HINES 24 III	rough za, provide the nam	e of the person	involved and explain in Part III	200 000 000 000	2040

**Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information. Part III

PART I, LINE 2:

THE REPORTING ORGANIZATION AND THE TRANSFEREE ORGANIZATION SHARE OFFICERS AND DIRECTORS.

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990.

2019
Open to Public Inspection

OMB No 1545-0047

Name of the organization

BOYS AND GIRLS HARBOR, INC.

Employer identification number 13-6015256

FORM 990, PART I, LINE 2 AND PART III, LINE 3 AND PART XI, LINE 9

EFFECTIVE SEPTEMBER 9 2019, BOYS AND GIRLS HARBOR, INC. MERGED WITH

SCAN-NEW YORK VOLUNTEER PARENT-AIDES ASSOCIATION, INC. (EIN: 13-2912963),

AN EXISITING 501(C)(3) YOUTH SERVICE ORGANIZATION. AFTER SUCH MERGER THE

SURVIVING ORGANIZATION WAS RE-NAMED SCAN-HARBOR, INC. SEE SCHEDULE N AND

ATTACHED COPIES OF LEGAL DOCUMENTS FOR DETAIL.

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

BOARD MEMBERS STEPHEN AND BETH DANNHAUSER HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 3:

DURING JULY 2018 BOYS AND GIRLS HARBOR, INC. ENTERED INTO A
BOARD-APPROVED AGREEMENT WITH SCAN-NEW YORK VOLUNTEER PARENT-AIDES
ASSOCIATION, INC. (EIN: 13-2912963) UNDER WHICH SCAN-NEW YORK PERFORMS
MANAGEMENT DUTIES CUSTOMARILY PERFORMED BY AN EXECUTIVE DIRECTOR.

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

THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED BY THE CHIEF FINANCIAL OFFICER AND AUDIT COMMITTEE CHAIRPERSON IN DETAIL. THE AUDIT COMMITTEE, WHO WERE DESIGNATED BY THE HARBOR BOARD, WILL PERFORM A DETAILED REVIEW ONCE THE AUDIT COMMITTEE HAS APPROVED THE DRAFT FEDERAL FORM 990. THE DRAFT REPORT WILL BE SENT TO ALL THE HARBOR BOARD MEMBERS BEFORE THE ANNUAL MEETING. THE AUDIT COMMITTEE WILL DISCUSS THE FEDERAL FORM 990 AT THE ANNUAL BOARD MEETING. THE AUDIT COMMITTEE AND

Employer identification number 13-6015256

SENIOR MANAGEMENT WILL BE AVAILABLE TO ANSWER QUESTIONS. THE HARBOR BOARD MUST VOTE TO ACCEPT THE FEDERAL FORM 990 BEFORE IT IS FILED WITH THE IRS.

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

EACH OFFICER, DIRECTOR, EMPLOYEE AND COMMITTEE MEMBER SHALL PERIODICALLY,

BUT NOT LESS THAN ANNUALLY, CONFIRM TO THE HARBOR THE ABSENCE OF HIS OR

HER DIRECT OR INDIRECT PERSONAL INTEREST IN ANY RECENT TRANSACTION OR

DECISION BY THE HARBOR AND SHALL ADVISE THE HARBOR OF HIS OR HER

PRINCIPAL BUSINESS ASSOCIATIONS AND ANY ASSOCIATION WITH ORGANIZATIONS

WITH WHICH THE HARBOR MAY HAVE FUTURE DEALINGS. IN THE EVENT THAT A

CONFLICT OF INTEREST ARISES ON A MATTER BEFORE THE BOARD, BOARD MEMBERS

ARE TO NOTIFY THE CHAIRMAN OR PRESIDENT AND RECUSE HIMSELF/HERSELF FROM

DELIBERATIONS AND VOTING ON THE MATTER.

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

THE CFO'S COMPENSATION IS BASED ON THE MOST CURRENT AND RELIABLE SURVEY

DATA ON EXECUTIVE COMPENSATION. THE CFO'S COMPENSATION WAS REVIEWED BY

THE AUDIT COMMITTEE AND IS APPROVED BY THE BOARD OF DIRECTORS. THE

PROCESS FOR DETERMINING COMPENSATION FOR THE CFO REFLECTS A REVIEW OF THE

MOST CURRENT SURVEY DATA FROM NONPROFITS IN THE GEOGRAPHIC AREA WHOSE

OPERATING BUDGETS ALIGN WITH ORGANIZATION. A DESIGNATED COMMITTEE, SEARCH

AND AUDIT COMMITTEE OF THE BOARD OF DIRECTORS APPROVED THE COMPENSATION

AWARDED AND CONTEMPORANEOUS DOCUMENTATION WOULD BE SO REFLECTED IN THE

MINUTES COMPENSATION SURVEY RESOURCES ARE RETAINED IN THE PERSONNEL FILES

OF EXECUTIVE STAFF.

Employer identification number 13-6015256

FORM 990, PART VI, SECTION C, LINE 19: . THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 1

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO EMPOWER CHILDREN AND THEIR FAMILIES TO BECOME FULL PRODUCTIVE PARTICIPANTS IN SOCIETY THROUGH EDUCATION, CULTURAL ENRICHMENT AND SOCIAL SERVICES. THE HARBOR IS AN EDUCATION-FOCUSED ORGANIZATION COMMITTED TO PROVIDING AN INDIVIDUALIZED LEARNING PLAN FOR EVERY HARBOR STUDENT TO ASSURE RIGOROUS, COMPREHENSIVE ACADEMIC TRAINING AND EMOTIONAL DEVELOPMENT, ENRICHED BY INFUSING THE ARTS INTO ITS CULTURE AND CURRICULUM DURING A STUDENT'S FORMATIVE YEARS.

ATTACHMENT 2

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

THE PERFORMING ARTS ARE INTEGRATED ACROSS ALL OF THE HARBOR'S PROGRAMS. ANNUALLY, MORE THAN 450 STUDENTS RECEIVE TRAINING IN A VARIETY OF STYLES AND GENRES OF INSTRUMENTAL AND VOCAL MUSIC; DANCE AND THEATRE SUCH AS: CLASSICAL, LATIN, JAZZ, AND COLOMBIAN, AND VOCAL MUSIC; MUSICAL THEORY AND HARMONY, AND INDIVIDUAL INSTRUMENTAL CLASSES. DANCE INSTRUCTION INCLUDES BALLET, TAP, LATIN JAZZ, AFRICAN FOLKLORIC, HIP-HOP, AND MODERN. THEATRE CLASSES INCLUDE SCENE STUDY, ACTING TECHNIQUE, AND MUSICAL THEATRE. STUDENTS K-12 RECEIVE INSTRUCTION AFTER SCHOOL DURING THE SCHOOL YEAR AND FOR FIVE WEEKS DURING THE SUMMER. STUDENT EMSEMBLES PERFORM PUBLICLY THROUGHOUT THE YEAR. ADULTS ALSO

RECEIVE MUSIC INSTRUCTION DURING THE EVENINGS.

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

BOYS AND GIRLS HARBOR, INC.

Part I

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

2019

OMB No 1545-0047

Open to Public Inspection

Employer identification number

13-6015256

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(9)					

				_				
Part II	Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during the second	. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had the tax year	ganization answei	ed "Yes" on Fc	ırm 990, Part IV,	line 34, because	it had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(b)(13) ed
							Yes	N <sub>S</sub>
(1) EAST 1 1 EAST	EAST HARLEM ARTS & EDU LOCAL DEVE CORP 13-2911879	110 00 00 00 00	N.	(6) (0)	C	V / W		>
		SUFFURI	INI	201 (0) 13)	0 1	W/N		۱,
(2)								
(3)								
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(4)								
	:						_	
(2)								
(9)								
(7)								
For Paper	For Paperwork Reduction Act Notice, see the Instructions for Form 9	990.				Schedule R (Form 990) 2019	(Form 990	) 2019

Schedule R (Form 990) 2019

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

Percentage ownership		(i) General or managing partner/	Code V - UBI amount in Doo 20 of Schedule K-1 (Form 1065)	Onteroporteral alterations? (f)  Ves No	Share of end-of-year assets	Share of total income	Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	Direct controlling entity	(c) Legal domicile (state or foreign country)	(b) Primary activity	Name, address, and EIN of Primary activity Legal domicile (state or foreign country)	
		$\exists$										
												3
		_										
												(9)
		_		_								
												(5)
												(4)
		_										
												(3)
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												(1)
	9				<u>  </u>		(1)		/kmmoo	į		
		manag partne			year assets	e E COST	unrelated, excluded from tax under	euuy	(state or foreign		יפומופט טופש ווצמוטו	
(k) rcentage		(j) Genera	(i) Code V - UBI			(f) Share of total	(e) Predominant	(d) Direct controlling	(c) Legal	(b) Primary activity	(a) me, address, and EIN of	Na Na

17 17 17	<b>1</b>		47			177	[	=
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(a) Direct controlling	(e) Type of entity	(n) Share of total	(9) Share of	(n) Percentage	Section
		(state or foreign country)	entity	(C corp, S corp, or trust)		end-of-year assets ownership controlled entity?	ownership	controlled entity?
								Yes
(1)								
(2)								
(3)								
	<del></del>							
(4)								
	1							_
(5)								
(9)								
								-
(2)								
						Schedule R (Form 990) 2019	R (Form 99	0) 2019

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Yes No

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds Ε 2 79 Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Dividends from related organization(s) ................................... During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity......... Lease of facilities, equipment, or other assets from related organization(s) .......... m Performance of services or membership or fundraising solicitations by related organization(s). Performance of services or membership or fundraising solicitations for related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Exchange of assets with related organization(s), Part V ᅩ \_ ۵. 7

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(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) EAST HARLEM ARTS & EDU LOCAL DEVE. CORP.	E	1,200. COST	COST
(2)			
(3)			
(4)			
(5)			
(9)			
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Schedule R (Form 990) 2019

Unrelated Organizations Taxable as a Partnership. Complete If the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

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

(a) Name, address, and EIN of enitry	(b) Primary activity	(c) Legal domcile (state or foreign country)	(d) Predominant A income (related, unrelated, from tax under	(e) Are all partners section 501(c)(3) organizations?	s Share of total income	(g) Share of end-of-year assets	(h) Disproportiorate allocations?	Sy of Sche	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1055)	(I) General or managing partner?	al or Per ling ow	(k) Percentage ownership
(5)			sections 512-514)	Yes			Yes	No		Yes	° Z	
(2)	1						-					
(3)												
(4)												
(5)												
(9)												
(7)										_		
(8)							:					
(6)												
(10)												
(11)								_			-	
(12)	•											
(13)												
(14)												
(15)												
(16)												
			•						Sche	dule R	(Form 99	Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.