

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
2019  
**Open to Public Inspection**

**A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization PHIPPS NEIGHBORHOODS INC</td> <td rowspan="2"><b>D</b> Employer identification number  13-2707665</td> </tr> <tr> <td colspan="2">% BRIAN BRICKER Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address) 902 BROADWAY 13TH FLOOR</td> <td>Room/suite</td> <td rowspan="2"><b>E</b> Telephone number  (212) 243-9090</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 100106033</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: ANDRE WHITE 902 BROADWAY 13TH FLOOR NEW YORK, NY 100106033</td> <td><b>G</b> Gross receipts \$ 13,406,347</td> </tr> </table>	<b>C</b> Name of organization PHIPPS NEIGHBORHOODS INC		<b>D</b> Employer identification number  13-2707665	% BRIAN BRICKER Doing business as		Number and street (or P.O. box if mail is not delivered to street address) 902 BROADWAY 13TH FLOOR	Room/suite	<b>E</b> Telephone number  (212) 243-9090	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 100106033		<b>F</b> Name and address of principal officer: ANDRE WHITE 902 BROADWAY 13TH FLOOR NEW YORK, NY 100106033		<b>G</b> Gross receipts \$ 13,406,347
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<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶												
<b>J</b> Website: ▶ WWW.PHIPPSNY.ORG														
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1972 <b>M</b> State of legal domicile: NY												

**Part I Summary**

<b>Activities &amp; Governance</b>	<p><b>1</b> Briefly describe the organization's mission or most significant activities:                  TO PROVIDE EDUCATIONAL &amp; SOCIAL SERVICES TO LOW-INCOME INDIVIDUALS, TYPICALLY IN COMMUNITIES IN WHICH PHIPPS HOUSES OWNS AND/OR SPONSORS DEVELOPMENTS. (CONTINUED ON SCHEDULE O)</p>																									
	<p><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p>																									
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	10																								
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	9																								
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . .	518																								
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	9																								
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	0																								
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39 . . . . .	0																								
<b>Revenue</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .</td> <td style="text-align: right;">26,127,949</td> <td style="text-align: right;">11,503,913</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) . . . . .</td> <td style="text-align: right;">1,510,734</td> <td style="text-align: right;">1,439,614</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .</td> <td style="text-align: right;">185,523</td> <td style="text-align: right;">263,929</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">27,824,206</td> <td style="text-align: right;">13,207,456</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	26,127,949	11,503,913	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	1,510,734	1,439,614	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	185,523	263,929	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,824,206	13,207,456						
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**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

***** Signature of officer	2021-04-16 Date
BRIAN BRICKER TREASURER Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01384178
	Firm's name ▶ BDO USA LLP			Firm's EIN ▶	
	Firm's address ▶ 100 PARK AVENUE NEW YORK, NY 100175001			Phone no. (212) 885-8000	

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 7,384,173 including grants of \$ 0 ) (Revenue \$ 0 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 2,425,045 including grants of \$ 0 ) (Revenue \$ 1,439,614 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 1,535,632 including grants of \$ 0 ) (Revenue \$ 0 )  
See Additional Data

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 2,802,083 including grants of \$ 0 ) (Revenue \$ 0 )

**4e Total program service expenses** ▶ 14,146,933

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b>	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		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> 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		No
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	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		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
<b>11</b>	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.		
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>11b</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		No
<b>11c</b>	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		No
<b>11d</b>	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		No
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>11f</b>	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	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
<b>12b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
<b>16</b>	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		No
<b>17</b>	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)		No
<b>18</b>	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	Yes	
<b>19</b>	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		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

<p><b>2a</b> 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 . . . . .</p>	<b>2a</b>	518		
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	<b>2b</b>	Yes		
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>	<b>3a</b>			No
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>	<b>3b</b>			
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .</p>	<b>4a</b>			No
<p><b>b</b> If "Yes," enter the name of the foreign country: <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>				
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>	<b>5a</b>			No
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	<b>5b</b>			No
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>	<b>5c</b>			
<p><b>6a</b> 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? . . . . .</p>	<b>6a</b>			No
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>	<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>	<b>7a</b>	Yes		
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>	<b>7b</b>	Yes		
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>	<b>7c</b>			No
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<b>7d</b>			
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<b>7e</b>			No
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>	<b>7f</b>			No
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>	<b>7g</b>			
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>	<b>7h</b>			
<p><b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>	<b>8</b>			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<p><b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>	<b>9a</b>			
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>	<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<b>10a</b>			
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<b>11a</b>			
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .</p>	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.</p>	<b>13a</b>			
<p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>	<b>13b</b>			
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<b>13c</b>			
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>	<b>14a</b>			No
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i></p>	<b>14b</b>			
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . <b>If "Yes," see instructions and file Form 4720, Schedule N.</b></p>	<b>15</b>			No
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . <b>If "Yes," complete Form 4720, Schedule O.</b></p>	<b>16</b>			No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: BRIAN BRICKER 902 BROADWAY 13TH FLOOR NEW YORK, NY 100106033 (212) 243-9090

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ADAM WEINSTEIN CHAIRPERSON	1.0 40.0	X		X				0 843,944	141,816	
(2) JAMES ROBERT PIGOTT JR SECRETARY	1.0 40.0			X				0 305,235	76,484	
(3) DIANNE MORALES thru 120 EXECUTIVE DIRECTOR/CEO	40.0 1.0			X				0 293,913	70,364	
(4) BRIAN BRICKER TREASURER	1.0 40.0			X				0 281,996	65,559	
(5) ROSEMARY ORDONEZ SR. DIR. OF COMM. RESOURCES	40.0 0.0					X	120,053	0	35,457	
(6) DITA AMORY TRUSTEE	1.0 1.0	X						0 0	0	
(7) JOHN H BECKMAN TRUSTEE	1.0 0.0	X						0 0	0	
(8) OMAR KARIUKI FROM 1019 TRUSTEE	1.0 0.0	X						0 0	0	
(9) MARION JONES FROM 1219 TRUSTEE	1.0 0.0	X						0 0	0	
(10) RONAY MENSCHEL TRUSTEE	1.0 3.0	X						0 0	0	
(11) SCOTT D METZNER THRU 61720 TRUSTEE	1.0 1.0	X						0 0	0	
(12) ALBANERY ROMAN TRUSTEE	1.0 0.0	X						0 0	0	
(13) RUBY SAAKE TRUSTEE	1.0 0.0	X						0 0	0	
(14) JAMES SMITH TRUSTEE	1.0 0.0	X						0 0	0	
(15) JAMES WEINER TRUSTEE	1.0 0.0	X						0 0	0	
(16) ANDRE WHITE FROM 520 EXECUTIVE DIRECTOR/CEO	40.0 1.0			X				0 0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-Total</b> . . . . .										
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>1d Total (add lines 1b and 1c)</b> . . . . .							120,053	1,725,088	389,680	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .		No

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
VP BUSES, 150 SOUTH MACQUESTEN PARKWAY MOUNT VERNON, NY 10550	TRANSPORTATION	175,005
TEMPOSITIONS INC, 622 THIRD AVENUE 39TH FLOOR NEW YORK, NY 10017	STAFFING	134,748
BELANI KISHOR, 244 FIFTH AVENUE SUITE K277 NEW YORK, NY 10001	FINANCIAL CONSULT.	108,338

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 3



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 860,296			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 1,488,528			
	<b>d</b> Related organizations . . . . .	<b>1d</b> 142,369			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b> 7,855,744			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 1,156,976			
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .	<b>1g</b>			
	<b>h Total.</b> Add lines 1a-1f . . . . .		11,503,913		

<b>Program Service Revenue</b>			(A)	(B)	(C)	(D)
		Business Code				
<b>2a</b> FEES & CONTRACTS FROM GOV'T AGENCIES . . . . .		623990	1,331,831	1,331,831		
<b>b</b> TENANT CHARGES . . . . .		532000	107,783	107,783		
<b>c</b> . . . . .						
<b>d</b> . . . . .						
<b>e</b> . . . . .						
<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f. . . . .			1,439,614			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		154,790			154,790	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0				
	<b>5</b> Royalties . . . . .		0				
	<b>6a</b> Gross rents . . . . .		(i) Real				
			(ii) Personal				
		<b>b</b> Less: rental expenses . . . . .	<b>6b</b>				
		<b>c</b> Rental income or (loss) . . . . .	<b>6c</b>	0	0		
	<b>d</b> Net rental income or (loss) . . . . .			0			
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .		(i) Securities	250,000			
			(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	140,861			
		<b>c</b> Gain or (loss) . . . . .	<b>7c</b>	109,139			
	<b>d</b> Net gain or (loss) . . . . .			109,139		109,139	
	<b>8a</b> Gross income from fundraising events (not including \$ 1,488,528 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		58,030			
	<b>b</b> Less: direct expenses . . . . .	<b>8b</b>		58,030			
	<b>c</b> Net income or (loss) from fundraising events . . . . .						
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .		<b>9a</b>	0			
			<b>9b</b>	0			
		<b>c</b> Net income or (loss) from gaming activities . . . . .			0		
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .		<b>10a</b>	0			
<b>10b</b>			0				
<b>c</b> Net income or (loss) from sales of inventory . . . . .				0			
<b>11a</b> Miscellaneous Revenue . . . . .		Business Code					
<b>b</b> . . . . .							
<b>c</b> . . . . .							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			0				
<b>12 Total revenue.</b> See instructions . . . . .			13,207,456	1,439,614		263,929	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	0			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	9,782,179	8,287,598	1,206,878	287,703
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	774,399	695,068	56,586	22,745
<b>9</b> Other employee benefits . . . . .	924,838	830,096	67,578	27,164
<b>10</b> Payroll taxes . . . . .	996,813	894,696	72,839	29,278
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	25,855		25,855	
<b>c</b> Accounting . . . . .	52,570		52,570	
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	684,088	603,308	78,067	2,713
<b>12</b> Advertising and promotion . . . . .	1,537	1,063	474	
<b>13</b> Office expenses . . . . .	728,266	680,279	41,667	6,320
<b>14</b> Information technology . . . . .	1,090	715	327	48
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	363,481	363,481		
<b>17</b> Travel . . . . .	437,480	429,848	7,273	359
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	62,566	62,215	292	59
<b>20</b> Interest . . . . .	0			
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	12,682	12,682		
<b>23</b> Insurance . . . . .	186,163	174,393	8,462	3,308
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROGRAM SUPPLIES	387,843	382,798	4,525	520
<b>b</b> STIPENDS TO PGM PARTICIPANTS	151,668	151,668		
<b>c</b> PAYROLL PROCESSING FEES	147,483	130,068	16,830	585
<b>d</b> OTHER SPECIAL EVENTS	120,052	83,047	27,456	9,549
<b>e</b> All other expenses	397,758	363,910	2,245	31,603
<b>25</b> Total functional expenses. Add lines 1 through 24e	16,238,811	14,146,933	1,669,924	421,954
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,238,915	<b>1</b>	3,063,842
	<b>2</b> Savings and temporary cash investments . . . . .	130,814	<b>2</b>	131,886
	<b>3</b> Pledges and grants receivable, net . . . . .	19,478,022	<b>3</b>	14,795,761
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	1,465,492	<b>7</b>	1,211,520
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,192,169	<b>9</b>	1,525,540
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	707,152		
	<b>b</b> Less: accumulated depreciation	82,434		
	<b>11</b> Investments—publicly traded securities . . . . .	6,220,683	<b>11</b>	6,329,307
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	284,881	<b>12</b>	283,174
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	844,293	<b>15</b>	964,933
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	30,912,339	<b>16</b>	28,930,681	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	7,459,324	<b>17</b>	7,145,352
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	<b>25</b>	2,159,461
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	7,459,324	<b>26</b>	9,304,813
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	1,750,473	<b>27</b>	1,386,775
	<b>28</b> Net assets with donor restrictions . . . . .	21,702,542	<b>28</b>	18,239,093
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	23,453,015	<b>32</b>	19,625,868	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	30,912,339	<b>33</b>	28,930,681	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	13,207,456
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	16,238,811
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-3,031,355
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	23,453,015
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-139,099
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-656,693
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	19,625,868

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-2707665

**Name:** PHIPPS NEIGHBORHOODS INC

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

SEE SCHEDULE O

**Form 990, Part III, Line 4b:**

SEE SCHEDULE O

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**Form 990, Part III, Line 4c:**

SEE SCHEDULE O

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**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
PHIPPS NEIGHBORHOODS INC

**Employer identification number**  
13-2707665

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	26,242,039	12,879,094	8,842,226	26,127,949	11,503,913	85,595,221
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						0
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						0
<b>4</b>	<b>Total.</b> Add lines 1 through 3	26,242,039	12,879,094	8,842,226	26,127,949	11,503,913	85,595,221
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						0
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						85,595,221

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . .	26,242,039	12,879,094	8,842,226	26,127,949	11,503,913	85,595,221
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	222,030	242,629	270,178	152,898	154,790	1,042,525
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						0
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						0
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						86,637,746

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12** 7,815,875

**13** **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**

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	98.797 %
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.054 %

**16a** **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b** **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**17a** **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b** **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**18** **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 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**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**20 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 on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	<b>4b</b>		
<b>c</b>	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	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))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	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)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</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? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-2707665

**Name:** PHIPPS NEIGHBORHOODS INC

**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).

**Facts And Circumstances Test**

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization PHIPPS NEIGHBORHOODS INC

Employer identification number 13-2707665

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor information.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for held at the end of the year (rows 2a-2d), and questions about monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance . . . . .             |        |
| <b>1d</b> Additions during the year . . . . .     |        |
| <b>1e</b> Distributions during the year . . . . . |        |
| <b>1f</b> Ending balance . . . . .                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	6,505,564	6,263,111	6,144,334	5,475,891	5,985,087
<b>b</b> Contributions . . . . .					50,000
<b>c</b> Net investment earnings, gains, and losses	106,916	242,453	118,777	668,443	-469,196
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					90,000
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	6,612,480	6,505,564	6,263,111	6,144,334	5,475,891

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 18.070 %
  - b** Permanent endowment ▶ 81.930 %
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   |     | No |
| <b>(ii)</b> related organizations . . . . .  |     | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		580,193	82,434	497,759
<b>d</b> Equipment . . . . .		126,959	0	126,959
<b>e</b> Other . . . . .		0		
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				624,718

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) PAYCHECK PROTECTION PROGRAM LOAN	2,159,461
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	2,159,461

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	14,140,497
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-139,099	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	1,014,110	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	58,030	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 933,041
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 13,207,456
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .			<b>5</b> 13,207,456

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	17,310,951
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	1,014,110	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	58,030	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 1,072,140
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 16,238,811
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .			<b>5</b> 16,238,811

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 13-2707665  
**Name:** PHIPPS NEIGHBORHOODS INC

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	PHIPPS NEIGHBORHOODS, INC. HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ITS DONOR RESTRICTED PERMANENT ENDOWMENT FUND THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY THIS ENDOWMENT WHILE MAINTAINING THE ORIGINAL HISTORICAL VALUE OF THOSE ASSETS DONATED AS A PERMANENT ENDOWMENT. UNDER THIS POLICY, AS APPROVED BY THE BOARD, THE ENDOWMENT ASSETS ARE INVESTED TO ACHIEVE A TOTAL MAXIMUM RATE OF RETURN AT A LEVEL CONSISTENT WITH PRUDENT MANAGEMENT, TAKING INTO CONSIDERATION THE SAFETY OF PRINCIPAL, POTENTIAL FOR MARKET APPRECIATION AND INCOME. TO ACHIEVE ITS LONG-TERM RATE-OF-RETURN OBJECTIVES, THE ORGANIZATION RELIES ON A TOTAL RETURN STRATEGY IN WHICH INVESTMENT RETURNS ARE ACHIEVED THROUGH BOTH CAPITAL APPRECIATION (REALIZED AND UNREALIZED) AND CURRENT YIELD (INTEREST AND DIVIDENDS). THE ORGANIZATION INVESTS IN A DIVERSIFIED PORTFOLIO OF ASSETS THAT PLACE GREATER EMPHASIS ON EQUITY-BASED INVESTMENTS TO ACHIEVE ITS LONG-TERM RETURN OBJECTIVES WITH PRUDENT RISK CONSTRAINTS. THE ORGANIZATION MEASURES PERFORMANCE OF THE ENDOWMENT FUND ACCORDING TO A CUSTOM BLENDED BENCHMARK.

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	PHIPPS NEIGHBORHOODS, INC. HAS NOT TAKEN AN UNSUBSTANTIATED TAX POSITION THAT WOULD REQUIRE PROVISION OF A LIABILITY UNDER GAAP.

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D AND PART XII, LINE 2D:	SPECIAL EVENTS DIRECT EXPENSES

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization PHIPPS NEIGHBORHOODS INC

Employer identification number 13-2707665

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.



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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>BUILDER AWARDS</b> (event type)	(event type)	<b>0</b> (total number)	(add col. (a) through col. (c))
<b>1</b>	Gross receipts . . . . .	1,546,558			1,546,558
<b>2</b>	Less: Contributions . . . . .	1,488,528			1,488,528
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	58,030			58,030
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	58,030			58,030
<b>10</b>	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				58,030
<b>11</b>	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		<b>1</b>	Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b>	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
<b>7</b>	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b>	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

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

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

---

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

---

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
 

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
------------------	-------------

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization PHIPPS NEIGHBORHOODS INC	Employer identification number 13-2707665
--	--

**Part I Questions Regarding Compensation**

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> ADAM WEINSTEIN CHAIRPERSON	(i)	0	0	0	0	0	0	0
	(ii)	579,944	245,000	19,000	114,952	26,864	985,760	0
<b>2</b> DIANNE MORALES thru 120 EXECUTIVE DIRECTOR/CEO	(i)	0	0	0	0	0	0	0
	(ii)	229,913	45,000	19,000	52,434	17,930	364,277	0
<b>3</b> BRIAN BRICKER TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	221,960	50,000	10,036	50,308	15,251	347,555	0
<b>4</b> JAMES ROBERT PIGOTT JR SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	249,335	52,000	3,900	49,952	26,532	381,719	0
<b>5</b> ROSEMARY ORDONEZ SR. DIR. OF COMM. RESOURCES	(i)	112,053	8,000	0	21,718	13,739	155,510	0
	(ii)	0	0	0	0	0	0	0

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 3:	THE EXECUTIVE DIRECTOR/CEO, DIANNE MORALES, RECEIVES COMPENSATION FROM PHIPPS HOUSES, A RELATED 501(C)(4) ORGANIZATION. PHIPPS HOUSES USES COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, FORM 990 OF OTHER ORGANIZATIONS, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE TO ESTABLISH THE COMPENSATION OF THE EXECUTIVE DIRECTOR/CEO.
PART I, LINE 4B:	Adam Weinstein, Chairperson, is a participant in a section 457(f) plan and earned \$65,000 during the reporting period which is included in Schedule J, Part II, Column (C).
PART I, LINE 7:	DISCRETIONARY BONUSES ARE REVIEWED BY MEMBERS OF THE BOARD.

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2019****Open to Public  
Inspection**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury

Internal Revenue Service  
Name of the organization  
PHIPPS NEIGHBORHOODS INC

Employer identification number

13-2707665

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART I, LINE 1 (CONTINUATION):	PHIPPS HOUSES IS A RELATED 501(C)(4) ORGANIZATION.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1:	TO PROVIDE EDUCATIONAL AND SOCIAL SERVICES TO LOW-INCOME INDIVIDUALS, TYPICALLY IN COMMUNITIES IN WHICH PHIPPS HOUSES OWNS AND/OR SPONSORS HOUSING DEVELOPMENTS. THE ORGANIZATION PROVIDES A BROAD RANGE OF PROGRAMS, WHICH INCLUDE EDUCATION, RECREATION, CHILD CARE, YOUTH DEVELOPMENT, CASE MANAGEMENT AND EMPLOYMENT SERVICES.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A:	<p>YOUTH PROGRAMS - CONSISTS OF AFTER-SCHOOL EDUCATIONAL AND RECREATIONAL PROGRAMS, BEACON SITES, SUMMER CAMP AND TEEN PROGRAMS. A) AFTER-SCHOOL PROGRAMS - (PRIMARILY FUNDED BY THE NEW YORK CITY DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT ("DYCD"), THE NEW YORK STATE DEPARTMENT OF EDUCATION AND THE UNITED WAY) INCLUDE TEN SCHOOL-BASED PROGRAMS AND FIVE COMMUNITY SCHOOL PROGRAMS PROVIDING STRUCTURED EDUCATIONAL, RECREATIONAL, AND CULTURAL ENRICHMENT ACTIVITIES TO ELEMENTARY, MIDDLE AND HIGH SCHOOL STUDENTS. B) BEACON/CORNERSTONE PROGRAMS - (FUNDED BY DYCD) ARE A MULTI-SERVICE HUB, LOCATED IN SCHOOLS OR NEW YORK CITY HOUSING AUTHORITY DEVELOPMENTS, PROVIDING A VARIETY OF AFTERSCHOOL, WEEKEND, AND SUMMER PROGRAMS FOR YOUTH, FAMILIES AND THE COMMUNITY, INCLUDING: STRUCTURED EDUCATIONAL PROGRAMS WITH AN EMPHASIS ON LITERACY, LEADERSHIP DEVELOPMENT, COMMUNITY OUTREACH AND IMPROVEMENT, AND CULTURAL AND RECREATIONAL ACTIVITIES.</p>



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4B:	TRANSITIONAL/SUPPORTED HOUSING - CONSISTS OF PROGRAMS PROVIDING SOCIAL SERVICES TO HOMELESS FAMILIES LIVING IN TRANSITIONAL HOUSING AT TOWN AND COUNTRY RESIDENCE, SOJOURNER TRUTH, AND LEE GOODWIN HOUSES. THE NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES ("DHS") FUNDS 2136 CROTONA PARKWAY HDFC, OWNER OF SOJOURNER TRUTH HOUSE, WHICH, IN TURN, CONTRACTS WITH THE ORGANIZATION TO PROVIDE THE REQUIRED SERVICES. 2136 CROTONA PARKWAY HDFC IS A 501(C)(3) NOT-FOR-PROFIT AFFILIATE OF PHIPPS. THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE FUNDS LEE GOODWIN HOUSES. DHS HAD FUNDED TOWN AND COUNTRY RESIDENCE THROUGH THE ORGANIZATION.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4C:	EDUCATION & EMPLOYMENT PROGRAMS - CONSIST OF CENTER-BASED PROGRAMMING AND INCLUDE SEVERAL PROGRAMS TO PROVIDE TEENS AND YOUNG ADULTS CONTINUING EDUCATION, INCLUDING COLLEGE AND CAREER AWARENESS, AND WORK READINESS SKILLS. A) PHIPPS NEIGHBORHOODS CENTER AT 178TH STREET PROVIDES BASIC LITERACY AND ENGLISH AS A SECOND LANGUAGE ("ESL") CLASSES, ASSISTANCE WITH ACCESSING PUBLIC BENEFITS, AND EMPLOYMENT COACHING AND RESOURCES. B) PHIPPS NEIGHBORHOODS OPPORTUNITY CENTER AT MELROSE AND WEST FARMS ARE COMMUNITY-BASED ADULT EDUCATION CENTERS THAT OFFER A RANGE OF PROGRAMS, INCLUDING LITERACY, ESL AND FINANCIAL COUNSELING AND CAREER TRAINING IN THE HEALTHCARE SECTOR.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4D:	1) EARLY CHILDHOOD EDUCATION - TOTAL EXPENSES: \$1,009,011. 2) OTHER PROGRAMS - TOTAL EXPENSES: \$1,793,072.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6:	THE SOLE MEMBER OF THE ORGANIZATION IS PHIPPS HOUSES, A RELATED 501(C)(4) ORGANIZATION.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A:	AS THE SOLE MEMBER OF THE ORGANIZATION, PHIPPS HOUSES HAS THE RIGHT TO ELECT THE MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7B:	UNDER NEW YORK STATE LAW, CERTAIN GOVERNANCE DECISIONS REQUIRE MEMBERSHIP APPROVAL.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B:	MEMBERS OF THE ORGANIZATION'S GOVERNING BODY REVIEW THE FORM 990 FOR ACCURACY OF CONTENT AND DISCUSS AS NECESSARY.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C:	OFFICERS AND DIRECTORS MUST COMPLETE AND CERTIFY ANNUALLY A LIST OF CONFLICTS OF INTEREST.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINES 15A AND 15B:	THE ORGANIZATION DOES NOT COMPENSATE ANY OFFICER OR KEY EMPLOYEE; THE EXECUTIVE DIRECTOR IS COMPENSATED BY PHIPPS HOUSES.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VII, SECTION A:	THE COMPENSATION OF THE CHAIRPERSON, TREASURER AND SECRETARY REFLECTS THEIR CONTRIBUTIONS TO NOT ONLY PHIPPS NEIGHBORHOODS, INC. BUT TO ALL OF ITS AFFILIATED ENTITIES. ON A CONSOLIDATED BASIS, IN 2018, THE PHIPPS HOUSES GROUP HAD REVENUE OF \$111 MILLION AND ASSETS OF \$1.3 BILLION.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	POST-RETIREMENT BENEFIT ADJUSTMENT.....\$(656,693).

# SCHEDULE R (Form 990)

## Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

# 2019

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PHIPPS NEIGHBORHOODS INC

Employer identification number

13-2707665

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

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> PLAZA SOUTH MANAGMENT CO II 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010	REAL ESTATE MGMT.	NY										
<b>(2)</b> VIA VERDE RENTAL LEASING LLC 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010	REAL ESTATE MGMT.	NY										

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

**2** 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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PHIPPS HOUSES	C	142,369	CASH
(2) 2136 CROTONA PARKWAY HDFC	L	1,293,331	ACCRUAL





**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 13-2707665  
**Name:** PHIPPS NEIGHBORHOODS INC

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 47-0904138	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 82-2061388	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 82-2957270	REAL ESTATE	NY	PENDING	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 20-1830119	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 13-3510007	REAL ESTATE	NY	501(c)(3)	10	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 81-1152545	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 82-2582038	REAL ESTATE	NY	PENDING	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 27-0646479	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 20-4231944	REAL ESTATE	NY	PENDING	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 27-4735657	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 13-3351137	REAL ESTATE	NY	501(c)(3)	10	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 74-3110588	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 83-4634089	REAL ESTATE	NY	PENDING	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 83-4684274	REAL ESTATE	NY	PENDING	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 47-4603278	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 81-1611452	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 13-2736357	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 47-4953714	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 45-3204354	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 27-0339889	REAL ESTATE	NY	501(c)(4)	N/A	NA		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 20-1746629	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 26-2883270	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 26-2883399	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 26-2883163	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 26-2883458	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 27-5018460	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 47-3939050	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 13-3514343	REAL ESTATE	NY	501(c)(3)	10	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 46-2496701	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 27-1313121	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 82-2255747	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 27-0942950	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 20-1295462	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 26-0893840	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 20-4209558	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 82-5437762	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 13-4122332	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 20-3610425	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 26-3324242	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 13-2670905	REAL ESTATE	NY	501(c)(4)	N/A	NA		No

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 26-3324332	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 23-7389743	REAL ESTATE	NY	501(c)(3)	10	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 26-2667525	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 13-2875896	REAL ESTATE	NY	501(c)(3)	7	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 26-0535084	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 80-0881078	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 90-0859601	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 47-0976556	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 13-4132203	REAL ESTATE	NY	501(c)(3)	10	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 13-4121630	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 90-0732893	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 81-2073794	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 13-3520270	REAL ESTATE	NY	501(c)(3)	10	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 20-2851500	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 82-3550963	REAL ESTATE	NY	501(c)(3)	10	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 81-1763557	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 27-0018002	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 45-3182675	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 45-2159735	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 27-0942992	REAL ESTATE	NY	501(c)(4)	N/A	NA		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 83-4712141	REAL ESTATE	NY	PENDING	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 45-5074225	SOCIAL SRVCS.	NY	501(c)(3)	7	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 26-2819472	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 27-0664672	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 20-4126719	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 26-3068203	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 11-1187480	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 82-1698789	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 46-1985980	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 46-1995022	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 83-4362822	REAL ESTATE	NY	PENDING	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 83-0802860	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 26-2669287	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 81-2973584	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 82-5449142	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 84-3736909	REAL ESTATE	NY	PENDING	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 82-2655670	REAL ESTATE	NY	PENDING	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 83-4525780	REAL ESTATE	NY	PENDING	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 83-1649465	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 20-4569324	REAL ESTATE	NY	501(c)(3)	N/A	NA		No

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 46-3623700	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 20-3876946	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 27-1028651	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 27-1340159	REAL ESTATE	NY	501(c)(4)	N/A	NA		No
902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 26-0422614	REAL ESTATE	NY	501(c)(4)	N/A	NA		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust										
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership		(i) Section 512 (b)(13) controlled entity?	
									Yes	No
1039 BOSTON ROAD MANAGEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 81-0589883	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %			No
1691 FULTON AVENUE MANAGEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 20-2522066	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %			No
600 EAST 156TH STREET MANAGEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 82-3002487	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %			No
710 EAST 9TH STREET MANAGEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 27-2902339	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %			No
912 EAST 178TH STREET MANAGEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 81-0589904	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %			No
988 EAST 180 STREET MODERATE MM CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 82-1597648	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %			No
988 EAST 180TH STREET HDFC 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 81-3673614	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %			No
988 EAST 180TH STREET MANAEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 81-2951738	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %			No
ATLANTIC CHESTNUT I MANAGEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 82-0892445	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %			No
ATLANTIC CHESTNUT II MANAGEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 82-0899946	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %			No
ATLANTIC CHESTNUT III MANAGEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 82-0915550	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %			No
BOSTON TREMONT LLC 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 81-0776480	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %			No
COURTLANDT COMMUNITY MANAGEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 27-1027421	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %			No
COURTLANDT CORNERS I MANAGEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 71-1047245	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %			No
COURTLANDT CORNERS I INC 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 26-2883604	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %			No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
COURTLANDT CORNERS II MANAGEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 71-1047247	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No
COURTLANDT CORNERS II INC 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 26-2883651	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No
COURTLANDT CRESCENT MANAGEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 27-2489763	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No
COURTLANDT CRESCENT INC 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 46-1678848	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No
DEMPSEY APARTMENTS MANAGEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 27-0997935	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No
ECHO APARTMENTS MANAGEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 27-1028597	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No
ELTON CROSSING HDFC 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 47-3675379	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No
ELTON CROSSING INC 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 47-3715137	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No
EXTRA PLACE MANAGEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 20-1412264	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No
FABRIA HOUSES MANAGEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 20-3676393	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No
FRV PHASE 1 HOLDINGS INC 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 82-5470345	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No
FRV PHASE 1 MANAGEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 82-5517287	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No
HANCOCK PLACE APARTMENTS MANAGEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 20-3610633	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No
HOBBS CIENA MANAGEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 26-3860922	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No
HONEYWELL II MANAGEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 20-8540547	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No



**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

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								Yes	No
LEBANON WEST FARMS MANAGEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 27-4159356	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No
LEBANON WEST FARMS INC 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 45-5385359	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No
LEE GOODWIN MANAGEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 47-4733985	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No
LPV MANAGEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 13-4010193	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No
MONTEREY APARTMENTS MANAGEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 20-2521495	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No
PHIPPS HOUSES HOLDINGS LLC 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 82-1698789	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No
PHIPPS HOUSES SERVICES INC 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 13-2643137	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No
PHIPPS HPS LIHTC ASSOCIATES INC 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 80-0878178	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No
PHIPPS VIA VERDE HOMES INC 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 27-1311897	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No
RCB APARTMENTS MANAGEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 26-2454054	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No
SALEM HOUSE MANAGEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 20-3676527	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No
SUNNYSIDE MEMBER CORPORATION 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 46-4993774	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No
VIA VERDE CONDOMINIUM 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 90-0877787	HOMEOWNERS ASSOC.	NY	NA	C	0	0	0 %		No
VIA VERDE RENTAL MANAGEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 26-4010204	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No
VIA VERDE RENTAL INC 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 27-1311862	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No

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								Yes	No
WEST 128TH STREET MANAGEMENT CORP 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010 20-8540503	REAL ESTATE MGMT.	NY	NA	C	0	0	0 %		No