EXTENDED TO JULY 15, 2022

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 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	רטו נווי	e 2020 calendar year, or tax year beginning SEP 1, 2020 and c	ending A	UG 31, 2021					
В	Check if applicabl	C Name of organization		D Employer identifi	cation number				
	Addre	FRIENDS OF THE CHILDREN- NEW YORK							
	□Name chang	e Doing business as		06-1597902					
	Initial return	'	Room/suite	E Telephone numbe					
	Final return	PO BOX 1649		(212)865					
_	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,582,406.				
L	Amen- return	NEW YORK, NY 10026		H(a) Is this a group re					
	Applic			for subordinates	? Yes X No				
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No				
		empt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions				
		te: ► FRIENDSNEWYORK.ORG		H(c) Group exemptio					
		organization: X Corporation Trust Association Other	L Year	of formation: 2000 N	A State of legal domicile: NY				
P	art I	Summary							
ø	1	Briefly describe the organization's mission or most significant activities: IMPAC	CTING	GENERATIONA	L CHANGE BY				
Activities & Governance		EMPOWERING YOUTH WHO ARE FACING THE GREAT	rest o	BSTACLES TH	ROUGH				
ern	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as					
Š				3	27				
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b) .			27				
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	33				
Ĭξ		Total number of volunteers (estimate if necessary)			100				
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b	0.				
				Prior Year	Current Year				
Revenue		Contributions and grants (Part VIII, line 1h)		3,008,053.	2,568,735.				
		Program service revenue (Part VIII, line 2g)		0.	0.				
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,184.					
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-7,000.					
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		3,002,237.	2,523,060.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) _		1,889,069.	2,227,264.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 368,91	📙	0.	0.				
Ϋ́	b			700 275	710 144				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		720,375.	719,144.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,609,444.	2,946,408.				
	19	Revenue less expenses. Subtract line 18 from line 12		392,793.	-423,348.				
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year				
SSe	20	Total assets (Part X, line 16)		2,820,832.	2,429,831.				
et A	21	Total liabilities (Part X, line 26)		189,813.	221,293.				
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		2,631,019.	2,208,538.				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and atatam	anta and to the heat of m	v knowledge and balief it is				
		thes of perjury, i declare that i have examined this return, including accompanying scriedies			y kilowieuge allu bellel, it is				
uuu	,		icii pi chaici	inas arry knowledge.					
Sig	ın	Signature of officer		I Date					
He		GARY CLEMONS, EXECUTIVE DIRECTOR							
110		Type or print name and title							
		Print/Type preparer's name Preparer's signature	I	Date Check	PTIN				
Pai	d	VICTORIA L. BRYSON VICTORIA L. BRYS	SON	if self-employ	P01243342				
	parer	Firm's name HOFFMAN, STEWART & SCHMIDT, PC		Firm's EIN ►	93-0743240				
	Only	Firm's address 3 CENTERPOINTE DRIVE, SUITE 300							
		LAKE OSWEGO, OR 97035-8663		Phone no.50	3-220-5900				
Ma	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No				

Par	t 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: IMPACTING GENERATIONAL CHANGE BY EMPOWERING YOUTH WHO ARE FACING THE
	GREATEST OBSTACLES THROUGH RELATIONSHIPS WITH PROFESSIONAL MENTORS
	12+ YEARS, NO MATTER WHAT.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X 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 \$ 2,379,352. including grants of \$ 0.) (Revenue \$ 0.)
	FRIENDS OF THE CHILDREN IS A NATIONAL NONPROFIT WITH THE MISSION OF IMPACTING GENERATIONAL CHANGE BY EMPOWERING YOUTH WHO ARE FACING THE
	GREATEST OBSTACLES THROUGH RELATIONSHIPS WITH PROFESSIONAL MENTORS -
	12+ YEARS, NO MATTER WHAT. OUR SUCCESSFUL MODEL IS NOW IN 21 LOCATIONS AROUND THE COUNTRY AND IN CORNWALL U.K. 83% OF OUR YOUTH RECEIVE A HIGH
	SCHOOL DIPLOMA OR GED, 98% OF OUR YOUTH WAIT TO BECOME PARENTS UNTIL
	AFTER THEIR TEENS, 93% OF OUR YOUTH REMAIN FREE FROM JUVENILE JUSTICE
	SYSTEM INVOLVEMENT, AND 92% OF OUR YOUTH GO ON TO ENROLL IN
	POST-SECONDARY EDUCATION, SERVE OUR COUNTRY, OR ENTER THE WORKFORCE.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	(Expenses \$\frac{1}{2}\text{ including grants of \$\frac{1}{2} including grants of \$\frac{

Form 990 (2020) FRIENDS OF T Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		7.7
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			X
10	If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Α.
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			,.
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		1
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u></u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

PO20) FRIENDS OF THE CHILDREN- NEW YORK Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a 33								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions))								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?	4a		X					
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	· · ·								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-			37					
	any contributions that were not tax deductible as charitable contributions?		6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	•								
_	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).		_		v					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and server at the contribution and partly for goods and server at the contribution and partly for goods and server at the contribution and partly for goods and server at the contribution and partly for goods and server at the contribution and partly for goods and server at the contribution and partly for goods and server at the contribution and partly for goods and server at the contribution and partly for goods and server at the contribution and partly for goods and server at the contribution and partly for goods and server at the contribution and partly for goods and server at the contribution and partly for goods and server at the contribution and partly for goods and server at the contribution and partly for goods and server at the contribution and partly for goods and server at the contribution and partly for goods and server at the contribution and partly for goods and server at the contribution and partly for goods and server at the contribution and goods and server at the contribution and partly for goods and server at the contribution and goods at the contribution and goods are contributed at the contribu		7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	7-		х					
	to file Form 8282?		7с							
d	If "Yes," indicate the number of Forms 8282 filed during the year		7e		Х					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e 7f		X					
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g							
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8										
Ŭ	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.		8							
а	D. I		9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b							
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b		10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	, , , , , , , , , , , , , , , , , , , ,	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı								
		13b								
		13c			v					
14a			14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				v					
	excess parachute payment(s) during the year?		15		X					
10	If "Yes," see instructions and file Form 4720, Schedule N.	h in a a ma a O	40		v					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	r income?	16		X					
	If "Yes," complete Form 4720, Schedule O.									

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b 27										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6											
7a											
	more members of the governing body?	7a		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
b	Other officers or key employees of the organization	15b	Х								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►NY										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only) avail	able							
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finai	ncial								
	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										
	GARY CLEMONS - 212-865-6942										
	PO BOX 1649, NEW YORK, NY 10026										

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l	(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week (list any	-	CCI aii	lu a u	II ecto)irii us	100)	from the	from related organizations	other compensation
	hours for	direct				- - - -		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	,	organization
	organizations	al trus	nal trı		loyee	omp				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GARY CLEMONS	line) 40.00	Ĕ	Ë	₽	Ş.	E Ţ	호			
EXECUTIVE DIRECTOR	40.00	1		x				191,992.	0.	8,169.
(2) ELISABETH WADSWORTH	2.00							171,772.	0.	0,103.
DIRECTOR	2.00	x						0.	0.	0.
(3) JAMES ISELIN	2.00							0.		
CHAIR		x		x				0.	0.	0.
(4) JAMES I. MCCLAMMY	2.00									
VICE-CHAIR		Х		х				0.	0.	0.
(5) KATHY MAURELLA	3.00									
DIRECTOR		Х						0.	0.	0.
(6) MARTHA UCKO	2.00									
TREASURER		Х		Х				0.	0.	0.
(7) PATRICK D. MCGRATH	2.00									
DIRECTOR		Х						0.	0.	0.
(8) ALIYA HAIDER	2.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(9) BRIAN E. SCHARTZ	2.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(10) BETTINA BENSON	2.00	١							•	•
DIRECTOR	0.00	Х						0.	0.	0.
(11) CHRISTOPHER ROLLINS	2.00	٠,,							0	0
DIRECTOR	2.00	Х				_		0.	0.	0.
(12) ERICA B. BAIRD	2.00	X						0.	0.	0.
DIRECTOR (13) JOAN D. ROSENTHAL	2.00	^						0.	0.	<u> </u>
DIRECTOR	2.00	X						0.	0.	0.
(14) KENNETH CHEN	2.00							0.	0.	•
DIRECTOR	2.00	x						0.	0.	0.
(15) KARN S. CHOPRA	2.00									
DIRECTOR		x						0.	0.	0.
(16) MATTHEW LANDY	2.00									
DIRECTOR		х						0.	0.	0.
(17) MELISSA HOBLEY	2.00									
DIRECTOR		Х						0.	0.	0.

Form 990 (2020) FRIENDS (06-159	79	02	Page 8
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	box offi	not c , unle	heck ss pe	bition more than one erson is both an director/trustee)			(D) Reportable compensation from the	Reportable compensation from related organizations	Esti amo o		F) nated unt of her ensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		fror organ and r	n the nization related izations
(18) PAUL LEWIS DIRECTOR	2.00	Х						0.	C			0.
(19) PETER W. KOLP DIRECTOR	2.00	х						0.	(0.
(20) RONALD S. ZUVICH	2.00											
DIRECTOR (21) BETH NEUMANN	2.00	Х						0.		•		0.
DIRECTOR		х						0.	С			0.
(22) EFFIE BLASSBERGER DIRECTOR	2.00	X						0.				0.
(23) RANDY CHAO	2.00	х						0.				0.
DIRECTOR (24) ELAINE DALY	2.00											
DIRECTOR (25) DANA RACHLIN	2.00	Х						0.	C	1.		0.
DIRECTOR (26) CHASE WILLIAMS	2.00	Х						0.	С	١.		0.
DIRECTOR	2.00	х						0.				0.
1b Subtotal								191,992.			8	,169. 0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								191,992.			8	,169.
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	oove	e) wł	no re	eceived more than \$100	0,000 of reportable		T v	1 es No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			•	•	•		_	hest compensated emp	•		3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le co	omp	ensa	ation	and	d oth	her compensation from	the organization		4	x
5 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	from	any	unr	elat	ed organization or indiv	idual for services			
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or si	uch _I	oers	on .					5	X
Complete this table for your five highest co the organization. Report compensation for										ensati	on fro	m
(A) Name and business			ONE					(B) Description of s		Con	(C)	ation
2 Total number of independent contractors (i \$100,000 of compensation from the organic					()			nore than			20 (2222)

orm 990 FRIENDS	OF THE (ΣП.	ГТТ	JKI	7IV -	- <u>r</u>	1EV	V YORK	06-159	7902
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	rees (continued)	
(A) Name and title	(B) Average hours			(C Pos	C) ition that	1		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organization and related organizations
27) BERNA BARSHAY IRECTOR	2.00	x						0.	0.	(
INBETOR									0.	
		ł								

06-1597902 FRIENDS OF THE CHILDREN- NEW YORK Page 9 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 893,227. c Fundraising events 1c 1d d Related organizations 356,820. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,318,688. similar amounts not included above 1f 1g \$ **9** Noncash contributions included in lines 1a-1f ▶ 2,568,735. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,014. 1,014. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) _____ 7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 893,227. of contributions reported on line 1c). See 12,657 Part IV, line 18 59,346. **b** Less: direct expenses _____ -46,689. -46,689c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9b **b** Less: direct expenses c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold 10b **c** Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue

2,523,060.

0.

e Total. Add lines 11a-11d

Total revenue. See instructions

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).

3601	ion 501(c)(3) and 501(c)(4) organizations must com				
D-	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
3	trustees, and key employees	209,011.	156,758.	20,901.	31,352.
6	Compensation not included above to disqualified	20370111	13077301	20/3010	31,331
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,606,669.	1,419,770.	60,225.	126,674.
8	Pension plan accruals and contributions (include	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , ,	,	,
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	224,036.	214,932.	4,703.	4,401.
10	Payroll taxes	187,548.	160,270.	12,389.	14,889.
11	Fees for services (nonemployees):				
а	Management				
	Legal	22,975.		22,975.	
	Accounting	38,855.		38,855.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	040 640	44 044	45 600	455 544
	column (A) amount, list line 11g expenses on Sch O.)	212,618.	41,244.	15,633.	155,741. 12,420.
12	Advertising and promotion	12,420.			12,420.
13	Office expenses	16 560	7 000	1 (22	7 0 4 7
14	Information technology	16,569.	7,000.	1,622.	7,947.
15	Royalties	128,916.	128,916.		
16	Occupancy	3,966.	120,910.	3,846.	
17	Travel	3,300.	120.	3,040.	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20				+	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,567.	3,126.	157.	284.
23	Insurance	.,	.,		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	ALLOCATION OF INDIRECT	173,940.	152,422.	7,671.	13,847.
b	CHILDREN'S ACTIVITIES	46,074.	46,074.		
С	FRIENDS' EXPENSES	26,093.	26,093.		
d	FAMILY SUPPORT	18,792.	18,792.		
е	All other expenses	14,359.	3,835.	9,166.	1,358.
25	Total functional expenses. Add lines 1 through 24e	2,946,408.	2,379,352.	198,143.	368,913.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2020)

Form 990 (2020)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,246,387.	1	1,643,015		
	2	Savings and temporary cash investments	64,373.	2	64,980		
	3	Pledges and grants receivable, net	1,457,905.	3	666,953		
	4	Accounts receivable, net		4	3,106		
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	ontributor, or 35%				
		controlled entity or family member of any of	these perso	ons		5	
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr		6			
ts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			46,977.	9	50,154
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	167,064.			
	b	Less: accumulated depreciation		165,441.	5,190.	10c	1,623
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e	equal line 3	3)	2,820,832.	16	2,429,831
	17	Accounts payable and accrued expenses			189,813.	17	221,293
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or t					
Liabilities		trustee, key employee, creator or founder, su	ubstantial c				
<u>ia</u>		controlled entity or family member of any of		_		22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	ines 17-24).	Complete Part X			
		of Schedule D			100 012	25	221 202
	26	Total liabilities. Add lines 17 through 25			189,813.	26	221,293
S		Organizations that follow FASB ASC 958,	check here				
ũ		and complete lines 27, 28, 32, and 33.			1,179,768.		1 510 005
ala	27				1,451,251.	27	1,519,085
<u> </u>	28	Net assets with donor restrictions			1,451,251.	28	009,433
Fu		Organizations that do not follow FASB AS	C 958, cne	ck nere			
ō	00	and complete lines 29 through 33.				00	
ets	29	Capital stock or trust principal, or current fur			29		
\SS	30	Paid-in or capital surplus, or land, building, o	_		30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			2,631,019.	31	2,208,538
Ž	32	Total net assets or fund balances			2,820,832.	32	
	33	Total liabilities and net assets/fund balances			4,040,034.	33	2,429,831

Form **990** (2020)

Form	m 990 (2020)			Pag	ge
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)				
2	Total expenses (must equal Part IX, column (A), line 25)				
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part	X, line 32,			
	column (B))	10			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual	Other			
	If the organization changed its method of accounting from a prior year or checked "Othe	er," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent a	ccountant?	2a		
	If "Yes," check a box below to indicate whether the financial statements for the year well	re compiled or reviewed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and se	parate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b		
	If "Yes," check a box below to indicate whether the financial statements for the year well	re audited on a separate basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis is				
С					
			2c		
За	1				
			За		

3b

b

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FRIENDS OF THE CHILDREN- NEW YORK

Employer identification number 06-1597902

Pa	rt I	Reason for Public (Charity Status. (All organizations must o	omplete th	nis part.) S	ee instructions.	
he	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)		
1	\bigcap	A church, convention of ch	•	•	•	•		
2	一	A school described in secti	*				·/··	
	П						::\	
3	H	A hospital or a cooperative						
4	ш	A medical research organiz	ation operated in col	njunction with a nospita	described	ın sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owne	d or operat	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	omplete Part II.)					
6		A federal, state, or local gov	ernment or governn	nental unit described in	section 17	⁷ 0(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substa	ntial part of its support t	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)					
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org				ed in conju	nction with a land-grant	college
		or university or a non-land-g				-		-
		university:	,gg			,,	,,	,
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its sun	nort from (contributio	ons membershin fees a	nd aross receints from
		activities related to its exen						
		income and unrelated busin		(less section 511 tax) if	om busine	sses acqu	ilred by the organization	arter June 30, 1975.
		See section 509(a)(2). (Cor	-				201 1141	
11	H	An organization organized a	· ·	•	•			
12	ш	An organization organized a	•	•	•		•	• •
		more publicly supported or						Check the box in
		lines 12a through 12d that	• •			-	· · · · · ·	
а			ınization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	y giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or trustees of the s	supporting
	_	organization. You must c	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	aving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrat	ed with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally		•				ization(s)
		that is not functionally int						• •
		requirement (see instructi	-	-	-		-	
e		Check this box if the orga	-	-				
·		functionally integrated, or					, , , , , , , , , , , , , , , , , ,	
f	Ente	er the number of supported of		nany integrated dappert	ing organiz	Lation.		
		ride the following information	-	d organization(s)				
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions))				

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	71		,			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	,	,	,	,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	1760424.	2802816.	2416319.	3008053.	2568735.	12556347.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1560404	0000016	0.41.631.0	2000052	0560525	10556345
4	Total. Add lines 1 through 3	1760424.	2802816.	2416319.	3008053.	2568/35.	12556347.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						5340165.
_	column (f)						7216182.
	Public support. Subtract line 5 from line 4.						/210102.
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(a) 2018	(4) 2010	(a) 2020	(f) Total
	Amounts from line 4	1760424.	2802816.	(c) 2018 2416319.	(d) 2019 3008053.	2568735.	(f) Total 12556347.
8	Gross income from interest,	27001210	2002020		3000000	23007330	
o	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,496.	961.	1,097.	1,184.	1,014.	5,752.
9	Net income from unrelated business						5,7.523
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			6,263.			6,263.
11							12568362.
12		etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	=				501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2020 (14	57.42 %
	Public support percentage from 2019					15	45. 77 %
16a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			=	•	VI how the organiz	zation
_	meets the facts-and-circumstances to	~		• • •			
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the				-		. —
40	organization meets the facts-and-circ						_
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 1 <i>7</i> a, or 17k	o, check this box a	ana see instructior	ıs

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

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

Se	ction A. Public Support	, ,	,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1		1		1
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			<u> </u>	1		<u> </u>
14	First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
							<u></u> ▶∟⊥
	ction C. Computation of Publ					11	
	Public support percentage for 2020 (I					15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					147	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
198	33 1/3% support tests - 2020. If the						1 / Is not
	more than 33 1/3%, check this box at						
k	33 1/3% support tests - 2019. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	_		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	30		
	9с		
	10a		
	iva		
	10b		
m 9	90 or 99	90-EZ)	2020

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described in line 11a above?	11b		
		6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec		3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
-	more :	supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	-	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organi	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in line 2, above, did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	Ш	The organization satisfied the Activities Test. Complete line 2 below.			
b	Ш	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а		ibstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b		e activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		It the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	L_	

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on l	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

	dule A (Form 990 or 990-EZ) 2020 FRIENDS OF TH				6-159/902 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ıed)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		_	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				

Schedule A (Form 990 or 990-EZ) 2020

8 Breakdown of line 7: a Excess from 2016 **b** Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

Schedule A	(Form 990 or	990-EZ	2020	FR	IENDS	OF	THE	CHIL	DREN-	- NEW	YORK		06-1	597902	Page 8
Part VI	Suppleme Part IV, Sect line 1; Part IV	ental ion A. I	Infori	matic 2. 3b.	on. Provi	de the	explana 6. 9a. 9b	tions requ	uired by f	Part II, line d 11c: Par	10; Part II, t IV. Sectio	n B. lines 1	and 2: Pa	rt IV. Sectio	n C,
	Section D, lir (See instruct	nes 5, 6	6, and 8	8; and	Part V, S	ection	E, lines 2	2, 5, and	6. Also c	omplete th	is part for	any additior	nal informa	ation.	art v,

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

FRIENDS OF THE CHILDREN- NEW YORK 06-1597902

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from tor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; Z, line 1. Complete Parts I and II.
contributor, durin	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering (b) instead of the contributor name and address), II, and III.
year, contribution is checked, enter purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the his exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box where the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ble, etc., contributions totaling \$5,000 or more during the year \bigsim \$
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

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

Name of organization Employer identification number

FRIENDS OF THE CHILDREN- NEW YORK

06-1597902

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FRIENDS OF THE CHILDREN- NATIONAL 44 NE MORRIS ST. PORTLAND, OR 97212	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE PRICE FAMILY FOUNDATION 909 3RD AVE, 33RD FLOOR NEW YORK, NY 10022	\$ 350,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	QUEST FOUNDATION P.O. BOX 339 DANVILLE, CA 94526	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	US SMALL BUSINESS ADMINISTRATION 409 3RD ST., SW WASHINGTON, DC 20416	\$ 356,820.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	KIRKLAND AND ELLIS 601 LEXINGTON AVE NEW YORK, NY 10022	\$ 95,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ARDIAN FOUNDATION 20, PLACE VENDOME PARIS, FRANCE 75001	\$ 75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

FRIENDS OF THE CHILDREN- NEW YORK

06-1597902

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule D (Form 990) 2020 FRIENDS OF	THE CHILDREN-	NEW YORK	06-1597902 Page 3
Part VII Investments - Other Securities.	THE CHIEDREN	HEW TOTAL	00 1337302 Fage 0
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		11c. See Form 990, Part X,	line 13.
(a) Description of investment	(b) Book value	(c) Method of Valuation	n: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (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
	Description	Tra. Occ r om 330, r art x,	(b) Book value
(1)			(4) = 2 = 11 + 2.00
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		b
Part X Other Liabilities.	,		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990,	Part X, line 25.
1. (a) Description of liability	· · · · · ·	·	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

(6) (7) (8)

Part XI	Recond	ciliation	of Revenu	e per Audi	ted Finan	cial Statemen	ts With	Revenue p	oer Return.

Pai	Reconciliation of Revenue per Audited Financial St	atements with Re	evenue per nei	Lum	•
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,523,927.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	867.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2	2e	867.
3	Subtract line 2e from line 1			3	2,523,060.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			1c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	,		5	2,523,060.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements With E	xpenses per R	etu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total expenses and losses per audited financial statements			1	2,946,408.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d		2	2e	0.
3	Subtract line 2e from line 1			3	2,946,408.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		4	4c	0.

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.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

PERSCRIBE A RECOGNITION AND MEASURMENT PROCESS FOR ACCOUNTING FOR

UNCERTAIN TAX POSITIONS, AND PROVIDE GUIDANCE ON VARIOUS RELATED MATTERS

SUCH AS INTEREST, PENALTIES, AND REQUIRED DISCLOSURES. MANAGEMENT BELIEVES

THE ORGANIZATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS. THE

ORGANIZATION FILES INFORMATIONAL RETURNS. GENERALLY, THE RETURNS ARE

SUBJECT TO EXAMINATION BY INCOME TAX AUTHORITIES FOR THREE YEARS FROM THE

FILING OF A RETURN. INTEREST OR PENALTIES ASSESSED BY TAXING AUTHORITIES,

IF ANY, WOULD BE INCLUDED WITH MANAGEMENT AND GENERAL EXPENSES.

2,946,408.

Schedule D	(Form 990) 2020	FRIENDS	OF 1	THE	CHILDREN-	NEW	YORK	06-1597902	Page 5
Part XIII	(Form 990) 2020 Supplemental Infor	mation (continu	ed)						

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FRIENDS OF THE CHILDREN- NEW YORK

Employer identification number 0.6-1.59790.2

					100 ±337		
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 rais		na acti	vities.	Check all that apply	_		
a Mail solicitations				overnment grants			
b Internet and email solicitations				nment grants			
			-				
c Phone solicitations	g L Special	tunara	lising	events			
d In-person solicitations							
2 a Did the organization have a written of							
key employees listed in Form 990, P				-			
b If "Yes," list the 10 highest paid indiv		ant to	agree	ements under which	the fundraiser is to b	oe .	
compensated at least \$5,000 by the	organization.						
		/::: \			(v) Amount poid		
(i) Name and address of individual	(22) A =41, si4, s	(iii) fundr have c	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid	
or entity (fundraiser)	(ii) Activity	or cor	trol of	from activity	fundraiser	to (or retained by) organization	
		contrib	utions?		listed in col. (i)	organization	
		Yes	No				
- Fotal							
3 List all states in which the organization	on is registered or licensed to solicity	contrib	utions	s or has been notified	l it is exempt from re	edistration	
or licensing.					2 it is exempt from it		

06-1597902 Page 2 Schedule G (Form 990 or 990-EZ) 2020 FRIENDS OF THE CHILDREN- NEW YORK 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. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events NONE (add col. (a) through VIRTUAL 5K GALA col. (c)) (event type) (event type) (total number) Revenue 69,606. 836,278. 905,884. 1 Gross receipts 68,606 824,621. 893,227. 2 Less: Contributions 1,000. 11,657. 12,657. 3 Gross income (line 1 minus line 2) 4 Cash prizes 3,014. 13,091. 16,105. 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7,800. 7,800. 7 Food and beverages 1,500. 1,500. 8 Entertainment 250. 33,941. 33,691. 9 Other direct expenses 59,346. 10 Direct expense summary. Add lines 4 through 9 in column (d) -46,689. 11 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 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? No **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G	Form	990 or	990-F7	2020
Ochicadic a		330 01	330 LZ	LULU

b If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2020 FRIENDS OF THE CHILDREN - NEW YORK U6-1	159/5	902	Page 3
11	Does the organization conduct gaming activities with nonmembers?		es/	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
-	to administer charitable gaming?		es	☐ No
40			- C3	140
	Indicate the percentage of gaming activity conducted in:	11		
	a The organization's facility	13a		%
k	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆 ነ	/es	☐ No
k	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
(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:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	└── Ұ	es/	└── No
k	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III. lin	es 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,	,,
	100, 100, 10, and 170, as applicable. Also provide any additional information. God instructions.			

Schedule G	G (Form 990 or 990-EZ)	FRIENDS (OF THE	CHILDREN-	NEW	YORK	06-1597902	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continue	ed)					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

FRIENDS OF THE CHILDREN- NEW YORK

Employer identification number 06-1597902

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only position 504(s)(2) 504(s)(4) and 504(s)(00) arranizations much consulate lines 5.0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of: The organization?	5a		х
	The organization? Any related organization?	5b		X
	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	a		

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

Schedule J (Form 990) 2020

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(()-(U)	reported as deferred on prior Form 990
(1) GARY CLEMONS (i)	171,992.	20,000.	0.	0.	8,169.	200,161.	0.
EXECUTIVE DIRECTOR (ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i) (ii)							
(i)							
(i)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

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

SCHEDULE O (Form 990 or 990-EZ)

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

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 for the latest information.

Open to Public

Inspection

Name of the organization

FRIENDS OF THE CHILDREN- NEW YORK

Employer identification number 06-1597902

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RELATIONSHIPS WITH PROFESSIONAL MENTORS 12+ YEARS, NO MATTER WHAT. FORM 990, PART VI, SECTION B, LINE 11B: EXECUTIVE DIRECTOR AND BOARD TREASURER REVIEW THE FORM 990. TREASURER OVERSEES PROCESS FOR FINANCE COMMITTEE. A COPY OF THE APPROVED FORM 990 IS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST ANNUALLY AT THE YEAR-END BOARD MEETING. FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR COMPENSATION IS REVIEWED BY THE BOARD CHAIR AND EXECUTIVE COMMITTEE ON PERFORMANCE ACCORDING TO ACCOUNTABILITIES. PAST SALARY DATA AS WELL AS COMPARABLE SALARY DATA IS PROVIDED TO THOSE INDIVIDUALS FOR PURPOSES OF DETERMINING COMPENSATION. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATIONS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

PART XII, LINE 2C

NO CHANGES IN PROCESS FROM PRIOR YEAR.

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

tiling of	this form, visit www.irs.gov/e-file-providers/e-file-for-char	ities-and-r	non-profits.			
Autor	matic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).			
All corp	orations required to file an income tax return other than F	orm 990-T	(including 1120-C filers), partnership	s, REMIC	s, and trusts	
must u	se Form 7004 to request an extension of time to file incom	ne tax retu	rns.			
Туре о	r Name of exempt organization or other filer, see instru	ıctions		Taxpaver	identification num	nber (TIN)
print	Traine or exempt organization or earler mer, eee means	.0		талрауог	identine dilentinan	1001 (1114)
	FRIENDS OF THE CHILDREN- N	EW YO	RK		06-15979	02
File by the due date filing you	for PO BOX 1649	ee instruc	tions.			
return. Se instructio		oreign add	dress, see instructions.			
Enter tl	ne Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 1
Applica	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
	720 (individual)	03	Form 4720 (other than individual)			09
Form 9		04	Form 5227			10
					11	
Form 9	90-T (trust other than above) GARY CLEMONS	06	Form 8870			12
• Tl	books are in the care of PO BOX 1649 - 1	NEW V	OPK NV 10026			
	phone No. > 212-865-6942	MIN I	Fax No. >			
	e organization does not have an office or place of busines	e in the l lr				
	s is for a Group Return, enter the organization's four digit					check this
box 🕨		7	ach a list with the names and TINs of			
						-
1	request an automatic 6-month extension of time until	JUL.	Y 15, 2022 to file	the exem	pt organization re	turn for
	ne organization named above. The extension is for the org	anization's			. 0	
•	calendar year or					
•	X tax year beginning SEP 1, 2020	, an	nd ending AUG 31, 2021			
2 I	the tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return I	Final retur	n	
	Change in accounting period					
				-		
	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less			0
_	ny nonrefundable credits. See instructions.			3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069				•	0.
_	stimated tax payments made. Include any prior year overp lalance due. Subtract line 3b from line 3a. Include your pa			3b	\$	<u> </u>
	, ,	,	, , ,	30	\$	0.
	sing EFTPS (Electronic Federal Tax Payment System). Sei n: If you are going to make an electronic funds withdrawal			3c 453-F⊜ ar		
nstruc	•	(ancor de	wai and rolli occo, see rolli o	-50 LO ai	14 1 01111 00 <i>1 9</i> -20 1	or payment

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

Form 8868 (Rev. 1-2020)

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning SEP 1 , 2020, and ending AUG 31 , 20 21

OMB No. 1545-0047

Department of the Treasury

▶ Do not send to the IRS. Keep for your records.

nternal Revenue Service	► Go to www.irs.gov/Form8879EO for the	latest information.		
lame of exempt organization	or person subject to tax		Taxpayer identif	fication number
FRIENDS OF TH	E CHILDREN- NEW YORK		06-1597	902
lame and title of officer or pe	rson subject to tax			
GARY CLEMONS				
EXECUTIVE DIR				
Part I Type of	Return and Return Information (Whole Dollars Only)			
check the box on line 1a, blank, then leave line 1b, 2	Irn for which you are using this Form 8879-EO and enter the ap 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not e applicable line below. Do not complete more than one line in	the return being filed with enter -0-). But, if you enter	this form was	you
la Form 990 check here	▶ X b Total revenue, if any (Form 990, Part VIII, colun	nn (A), line 12)	1b	2,523,060.
2a Form 990-EZ check h		, , , ,	2b	
Ba Form 1120-POL chec			3b	
la Form 990-PF check h		90-PF, Part VI, line 5)	4b	
a Form 8868 check her			5b	
a Form 990-T check he			6b	
'a Form 4720 check her	e b Total tax (Form 4720, Part III, line 1)		7b	
Part II Declarate	tion and Signature Authorization of Officer or Po	erson Subject to Tax	(
Jnder penalties of perjury	, I declare that ${\color{black} oxed{X}}$ I am an officer of the above organization o	I am a person subj	ect to tax with i	respect to
name of organization)		_, (EIN)	and that I	I have examined a cop
a payment, I must contact settlement) date. I also au confidential information ne	ne federal taxes owed on this return, and the financial institution the U.S. Treasury Financial Agent at 1-888-353-4537 no later to atthorize the financial institutions involved in the processing of the ecessary to answer inquiries and resolve issues related to the poly as my signature for the electronic return and, if applicable, the	han 2 business days prior ne electronic payment of ta ayment. I have selected a	to the payment axes to receive personal	
X I authorize HO	FFMAN, STEWART & SCHMIDT, PC	t	o enter my PIN	12354
	ERO firm name			Enter five numbers, but do not enter all zeros
a state agency(i PIN on the retur As an officer or electronically file	on the tax year 2020 electronically filed return. If I have indicates) regulating charities as part of the IRS Fed/State program, I n's disclosure consent screen. person subject to tax with respect to the organization, I will enter ded return. If I have indicated within this return that a copy of the cies as part of the IRS Fed/State program, I will enter my PIN or	also authorize the aforeme er my PIN as my signature e return is being filed with a	on the tax year	o enter my
signature of officer or person subje	ect to tax		Date >	
Part III Certifica	tion and Authentication			
RO's EFIN/PIN. Enter yo	our six-digit electronic filing identification			
number (EFIN) followed by	your five-digit self-selected PIN.	93077045678 Do not enter all zeros		
•	meric entry is my PIN, which is my signature on the 2020 electreturn in accordance with the requirements of Pub. 4163 , Mode siness Returns.	•		
RO's signature		Date -		

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-EO** (2020)

CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

2020

Open to Public Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
FRIENDS OF THE CHILDREN- NEW YORK	06-84-89

2. Government Grants

Name of Government Agency	Amount of Grant	
1. US SMALL BUSINESS ADMINISTRATION	1. 356,8	20.
2.	2.	
3.	3.	
4.	4.	
5.	5.	
6.	6.	
7.	7.	
8.	8.	
9.	9.	
10.	10.	
11.	11.	
12.	12.	
13.	13.	
14.	14.	
15.	15.	
Total Government Grants:	Total: 356,8	20.

FR1ENDS of the CH1LDREN

New York

FINANCIAL STATEMENTS

Year Ended August 31, 2021

with

Independent Auditors' Report

Table of Contents

	Page
Independent Auditors' Report	1 - 2
Financial Statements	
Statement of Financial Position	3
Statement of Activities	4
Statement of Functional Expenses	5
Statement of Cash Flows	6
Notes to Financial Statements	7 - 14



Charles W. Chiampou, CPA, JD
Robert J. Travis, CPA
Kelly G. Besaw, CPA, CVA
Eugene G. Kershner, CPA
D. Scott Sutherland, CPA
Stephen R. Brady, CPA, JD
Jon K. Pellish, CPA
Eric D. Colca, CPA, CVA
Michael Schaffstall, CPA

Besaw & Kersnner w

Garlet A. Alexin, Open, Moba Karen M. Antonelli, CPA, CCIFP Meagan K. Fitzgerald, CPA Brian Maze, CPA Andrew L. Neyman, CPA, MBA Gina M. McDonough, CPA Jennifer N. Aceti, CPA Matthew J. DeVincentis, CPA MBA



Independent Auditors' Report

The Board of Directors
Friends of the Children - New York

Report on the Financial Statements

We have audited the accompanying financial statements of *Friends of the Children - New York* which comprise the statement of financial position as of August 31, 2021, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of *Friends of the Children - New York* as of August 31, 2021, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

Chianipon Travis Beson & Kerl UP

We have previously audited *Friends of the Children - New York's* 2020 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated March 16, 2021. In our opinion, the summarized comparative information presented herein, as of and for the year ended August 31, 2020, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Amherst, New York March 15, 2022

Statement of Financial Position

August 31, 2021 (With Comparative Amounts for 2020)		2021	2020
ASSETS			
Cash and cash equivalents	\$	1,707,995	\$ 1,310,760
Contributions receivable - net (Notes 4, 8, and 9) Contract receivable - Friends of the Children -		666,953	1,436,251
National (Note 9)		_	18,843
Other receivables		3,106	2,811
Prepaid expenses and deposits		50,154	46,977
Property and equipment - net (Note 5)		1,623	 5,190
Total assets	<u>\$</u>	2,429,831	\$ 2,820,832
LIABILITIES AND NET	ASSETS		
Liabilities:			
Accounts payable	\$	37,440	\$ 24,217
Accrued payroll liabilities		183,853	 165,596
Total liabilities		221,293	189,813
Commitments (Note 10)			
Net assets:			
Without donor restrictions		1,519,085	1,179,768
With donor restrictions (Note 6)		689,453	1,451,251
Total net assets		2,208,538	 2,631,019
Total liabilities and net assets	<u>\$</u>	2,429,831	\$ 2,820,832

The accompanying notes are an integral part of the financial statements.

Statement of Activities

Year Ended August 31, 2021 (With Comparative Totals for 2020)

	Without Donor Restrictions	With Donor Restrictions		Total 2021 2020		
Public support and revenue:	Restrictions	Restrictions	2021	2020		
Contributions:						
Individuals (Note 9)	\$ 314,166	\$ 39,244	\$ 353,410	\$ 791,845		
Foundations	325,833	498,934	824,767	1,486,070		
Corporations	40,511		40,511	247,485		
	680,510	538,178	1,218,688	2,525,400		
Contributions and grants -						
Friends of the Children -						
National (Note 9)	100,000	-	100,000	110,000		
In-kind contributions	-	-	-	1,825		
Paycheck Protection Program revenue	356,820		356,820	315,657		
Other revenue	1,881	_	1,881	2,162		
Other revenue	1,001	_	1,001	2,102		
Special event income	905,884	-	905,884	62,775		
Less direct expenses	(59,346)		(59,346)	(14,604)		
Net proceeds from special events	846,538	-	846,538	48,171		
Net assets released from						
restriction (Note 6)	1,299,976	(1,299,976)	_	_		
	1,277,770	(1,277,770)				
Total public support and revenue	3,285,725	(761,798)	2,523,927	3,003,215		
Expenses:						
Program services	2,379,352	_	2,379,352	2,135,969		
Administrative	198,144	_	198,144	153,532		
Development	368,912		368,912	319,943		
Total expenses	2,946,408		2,946,408	2,609,444		
Increase (decrease) in net assets	339,317	(761,798)	(422,481)	393,771		
Net assets, beginning of year	1,179,768	1,451,251	2,631,019	2,237,248		
Net assets, end of year	\$ 1,519,085	\$ 689,453	\$ 2,208,538	\$ 2,631,019		

The accompanying notes are an integral part of the financial statements.

Statement of Functional Expenses

Year Ended August 31, 2021 (With Comparative Totals for 2020)

	Program			Indirect	To	otal
	Services	Administrative	Development	Costs	2021	2020
Salaries and related						
expenses:						
Salaries and wages	\$ 1,569,516	\$ 80,191	\$ 156,623	\$ -	\$ 1,806,330	\$ 1,554,152
Payroll taxes and benefits	382,215	18,028	20,692		420,935	334,917
Total salaries and related						
expenses	1,951,731	98,219	177,315	-	2,227,265	1,889,069
Children's activities	46,074	-	-	-	46,074	40,644
Friends' expenses	26,093	-	-	-	26,093	30,010
Family, community and						
school support	18,792	-	-	-	18,792	10,277
Travel and meetings	120	3,846	-	935	4,901	21,773
Professional expenses (Note 9)	6,273	75,586	75,992	496	158,347	175,769
Staff development	2,032	8,595	-	-	10,627	13,903
Chapter affiliation fees (Note 9)	-	-	-	10,200	10,200	10,200
Supplies	1,671	68	-	332	2,071	11,125
Payroll, banking, and online						
donation fees	34,970	1,877	28,549	-	65,396	53,466
Information technology						
and communications (Note 9)	7,000	1,622	7,947	25,176	41,745	49,884
Business insurance	-	-	-	22,929	22,929	16,231
Equipment rental and purchase	132	-	-	16,989	17,121	18,854
Depreciation and amortization	-	-	-	3,567	3,567	3,496
Postage and printing	-	503	1,358	465	2,326	17,172
Occupancy	128,916	-	-	95,457	224,373	205,301
Marketing and communication	-	-	12,420	961	13,381	1,886
Development consulting fee (Note 9)	_	_	51,200	_	51,200	40,000
Miscellaneous			-		-	384
	2,223,804	190,316	354,781	177,507	2,946,408	2,609,444
Allocation of indirect costs	155,548	7,828	14,131	(177,507)		_
Total expenses	\$ 2,379,352	\$ 198,144	\$ 368,912	\$ -	\$ 2,946,408	\$ 2,609,444

The accompanying notes are an integral part of the financial statements.

Statement of Cash Flows

Year Ended August 31, 2021 (With Comparative Totals for 2020)	2021	2020
Cash flows from operating activities:		
Increase (decrease) in net assets	\$ (422,481)	\$ 393,771
Adjustments to reconcile increase in net assets to net		
cash provided by operating activities:		
Depreciation and amortization	3,567	3,496
Change in discount on contributions receivable	(35,678)	(66,720)
Paycheck Protection Program revenue	(356,820)	(315,657)
Changes in:	, , ,	, , ,
Contributions receivable	804,976	526,425
Contract receivable - Friends of the Children - National	18,843	32,521
Other receivables	(295)	(2,811)
Prepaid expenses and deposits	(3,177)	(6,224)
Accounts payable	13,223	(11,044)
Accrued payroll liabilities	18,257	92,489
Net cash provided by operating activities	40,415	646,246
Cash flows from investing activities:		
Additions to property and equipment		(1,198)
Net cash used by investing activities		(1,198)
Cash flows from financing activities:		
Proceeds from Paycheck Protection Program	356,820	315,657
Net cash provided by financing activities	356,820	315,657
Net increase in cash and cash equivalents	397,235	960,705
Cash and cash equivalents, beginning of year	1,310,760	350,055
Cash and cash equivalents, end of year	\$ 1,707,995	\$ 1,310,760

The accompanying notes are an integral part of the financial statements.

Notes to Financial Statements

1. Nature of Activities and Summary of Significant Accounting Policies

Friends of the Children - New York (Friends - New York) commits to standing alongside our community's youth as they work to overcome barriers to their success. Each child receives 1:1 support and guidance from a salaried, professional mentor (called a Friend), from kindergarten through high school graduation - 12½ years, no matter what. Friends work collaboratively with high-priority youth and their caregivers to set and achieve individualized goals, as well as advocate for them in the school, child welfare, healthcare, and other systems that impact them.

Youth in the Friends program face considerable challenges, including placement in the foster care system, under-resourced neighborhood schools, homelessness, hunger, and disparities in access to, and quality of, health care. Despite these barriers, program youth enter adulthood with a strong foundation for continuing achievement: 83 percent graduate high school or earn a GED, 93 percent avoid the juvenile justice system, and 98 percent avoid teen parenting.

Summary of Significant Accounting Policies - The significant accounting policies followed by *Friends - New York* are described below to enhance the usefulness of the financial statements to the reader.

Basis of Presentation - Net assets and all balances and transactions are presented based on the existence or absence of donor-imposed restrictions. Accordingly, the net assets of *Friends - New York*, and changes therein, are classified and reported as follows:

Net assets without donor restrictions - Net assets not subject to donor-imposed stipulations.

Net assets with donor restrictions - Net assets subject to donor-imposed stipulations that will be met either by actions of Friends - New York and/or the passage of time. These donor restrictions are temporary in nature or perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity. Generally, the donors of these assets permit Friends - New York to use all or part of the income earned on related investments for general or specific purposes. Friends - New York's net assets with donor restrictions consist solely of restrictions that are temporary in nature.

Expenses are reported as decreases in net assets without donor restrictions. Gains and losses on investments and other assets or liabilities are reported as increases or decreases in net assets without restrictions unless their use is restricted by explicit donor stipulation or by law. Expirations of temporary restrictions on net assets (i.e., the donor-stipulated purpose has been fulfilled and/or the stipulated time period has elapsed) are reported as net assets released from restrictions.

Notes to Financial Statements - Continued

1. Nature of Activities and Summary of Significant Accounting Policies - Continued Summary of Significant Accounting Policies - Continued

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates. Estimates are used in the financial statements for, among other things, the calculation of depreciation and amortization expense, determination of any required allowance for potentially uncollectible receivables, and functional allocation of certain expenses.

Cash and Cash Equivalents - *Friends* - *New York* considers all highly liquid debt instruments with an original maturity of three months or less to be cash equivalents.

Contributions Receivable - Contributions receivable are recognized when unconditionally promised by a donor. Once recorded, these receivables are evaluated by management for potential collection problems and an allowance for uncollectible receivables may be recorded. Management considers a variety of factors in determining the allowance for uncollectible receivables, including length of time accounts are past due, the donor's ability to pay, and the economy as a whole. Management does not believe an allowance for uncollectible receivables is necessary at August 31, 2021.

Contract Receivable - Contract receivables are recorded as revenue is earned, which occurs as allowable costs are incurred.

Property and Equipment - All acquisitions of property and equipment in excess of \$1,000 and all expenditures for repairs, maintenance, renewals, and significant improvements that materially prolong the useful lives of assets are capitalized. Property and equipment is recorded at cost or estimated fair value at date of donation. Depreciation and amortization are calculated using the straight-line method over the estimated useful lives of the assets, which range from five to seven years.

Contribution Recognition - *Friends - New York* recognizes contributions when cash, securities or other assets; an unconditional promise to give; or a notification of a beneficial interest is received. Conditional promises to give - that is, those with a measureable performance or other barrier and a right of return - are not recognized as revenue until the conditions on which they depend have been met. Contributions of assets other than cash are recorded at their estimated fair value. Contributions to be received after one year are discounted at an appropriate discount rate commensurate with the risk involved. Amortization of the discount is recorded as additional contribution revenue in accordance with donor imposed restrictions, if any, on the contributions. Grants are considered available for unrestricted use unless specifically restricted by the donor.

Contributions received with donor imposed restrictions that are met in the same year as received are reported as revenue in the net asset class without donor restrictions.

Notes to Financial Statements - Continued

1. Nature of Activities and Summary of Significant Accounting Policies - Continued Summary of Significant Accounting Policies - Continued

Contribution of Long-Lived Assets - Friends - New York reports gifts of furniture and equipment as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Gifts of long-lived assets with donor imposed restrictions that are met in the same year as received are reported as revenue in the net asset class without donor restrictions.

Grant Revenue - *Friends* - *New York's* grant revenue includes amounts derived from *Friends of the Children* - *National (Friends* - *National)* and other pass through grants which are conditioned upon the satisfaction of barriers (typically specific performance requirements and/or the incurrence of allowable qualifying expenses). Amounts received are recognized as revenue when *Friends* - *New York* has satisfied the related barrier. At August 31, 2021, *Friends* - *New York* had no remaining available award balances.

Conditional grants whose conditions are satisfied in the same reporting period in which the funding is received are reported as an increase in net assets without donor restrictions.

In-Kind Contributions - *Friends* - *New York* receives contributed services from unpaid volunteers who assist in a range of fundraising and program activities. The values of such services, which *Friends* - *New York* considers impractical to estimate, have not been recognized in the statement of activities. Significant services received that create or enhance a non-financial asset or require specialized skills *Friends* - *New York* would have purchased if not donated are recognized in the statement of activities. In-kind contributions of equipment and other materials are recorded when there is an objective basis upon which to value these contributions and the contributions are an essential part of *Friends* - *New York*'s activities.

Income Tax Status - Income taxes are not provided for in the financial statements since *Friends* - *New York* is exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC) and similar state provisions. *Friends* - *New York* is not classified as a private foundation.

GAAP prescribes a recognition threshold and measurement process for uncertain tax positions and also provides guidance on various related matters such as interest, penalties, and required disclosures. Management does not believe *Friends - New York* has any uncertain tax positions. *Friends - New York* files informational returns. There are currently no tax examinations in progress. Interest or penalties assessed by taxing authorities, if any, would be included with administrative expenses.

Notes to Financial Statements - Continued

1. Nature of Activities and Summary of Significant Accounting Policies - Continued Summary of Significant Accounting Policies - Continued

Functional Allocation of Expenses - The costs of providing the various programs and other activities of *Friends - New York* have been summarized on a functional basis in the statement of functional expenses. The statement of functional expenses reports certain categories of expenses that are attributable to more than one program or supporting service function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. Expenses are allocated based on the estimates of time and effort attributable to each function.

Summarized Financial Information for 2020 - The consolidated financial statements include certain prior year summarized comparative information. Such information does not include sufficient detail to constitute a presentation in conformity with GAAP. Accordingly, such information should be read in conjunction with the Organizations' consolidated financial statements for the year ended August 31, 2020, from which the summarized information was derived.

2. Program and Supporting Services

Program Services - Program activities include costs of day-to-day activities with at-risk children, sustaining the children's relationships with adult role models and helping them become productive members of the community.

Supporting Services

Administrative - Administrative activities include business management, recordkeeping, budgeting, public relations, financing, and related administrative activities. These services provide the necessary developmental, organizational, and managerial support for the effective operation of the programs.

Development - Development activities include conducting fundraising and public awareness campaigns, preparing and distributing fundraising materials, and other activities aimed at the solicitation of contributions from individuals, businesses, and foundations.

Notes to Financial Statements - Continued

3. Liquidity and Availability of Financial Resources

Friends - New York's financial assets available for general expenditure within one year of the statement of financial position date consist of the following:

	2021	2020
Financial assets at August 31:		
Cash and cash equivalents	\$ 1,707,995	\$ 1,310,760
Contributions receivable in less than one year	577,823	1,026,000
Contract receivables	-	18,843
Other receivables	3,106	2,811
Total financial assets available to meet general		
expenditures over the next twelve months	\$ 2,288,924	\$ 2,358,414

As part of *Friends - New York's* liquidity management, management has a practice to structure its financial assets to be available as general expenditures, liabilities, and other obligations come due.

4. Contributions Receivable

Contributions receivable consisted of the following at August 31:

Unconditional promises expected to be collected in:	2021	2020
Less than one year One year to five years	\$ 577,823 96,428	\$ 1,026,000 453,227
	674,251	1,479,227
Discount to present value (4.72 percent rate used)	 (7,298)	(42,976)
	\$ 666,953	\$ 1,436,251

Notes to Financial Statements - Continued

5. Property and Equipment

Property and equipment consisted of the following at August 31:

	2021	2020
Leasehold improvements Office furniture and equipment Computer equipment and software	\$ 111,660 19,584 35,820	\$ 111,660 25,584 35,820
	167,064	173,064
Less accumulated depreciation and amortization	(165,441)	(167,874)
Net property and equipment	\$ 1,623	\$ 5,190

6. Net Assets with Donor Restrictions

Net assets with donor restrictions consisted of the following at August 31:

	2021	2020
Net assets restricted for future periods Net assets restricted as to purpose	\$ 681,953 7,500	\$ 1,451,251
	\$ 689,453	\$ 1,451,251

During the year ended August 31, 2021, *Friends - New York* released \$1,299,976 of net assets from donor restrictions due to the incurrence of expenses in satisfaction of the restricted purposes, or by the passage of time.

7. Retirement Plan

Friends - New York has a retirement plan pursuant to IRC Section 401(k), in which employees 21 years of age and older and with at least one year or 1,000 hours of service are eligible to participate. Employee contributions to the plan are in the form of salary deferral, and are fully vested immediately. The plan allows for discretionary employer contributions, as approved by the Board of Directors. Friends - New York made no contributions to the plan during 2021.

Notes to Financial Statements - Continued

8. Financial Instruments with Concentrations of Risk

Financial instruments that potentially subject *Friends - New York* to concentrations of risk consist primarily of cash and cash equivalents and contributions receivable. *Friends - New York* maintains balances of cash and cash equivalents that may at times exceed Federal Deposit Insurance Corporation limits. Concentrations of risk with respect to contributions receivable are due primarily from local business, charitable foundations, and individuals. At August 31, 2021, 82 percent of gross contributions receivable was due from three donors, and during the year ended August 31, 2021, 30 percent of contributions was provided by one donor.

9. Related-Party Transactions

During the year ended August 31, 2021, *Friends - New York* received contributions from employees and members of the Board of Directors totaling \$302,127, of which \$179,251 was included in contributions receivable at August 31, 2021.

Friends of the Children - National (*Friends - National*) provides Friends of the Children chapters with training, program quality monitoring, data warehousing, and operational support. For the year ended August 31, 2021, *Friends - New York* incurred chapter affiliation fees of \$10,200, development consulting fees of \$51,200, accounting fees of \$23,750, and a database fee of \$7,000 to *Friends - National*. Also, during the year ended August 31, 2021, *Friends - New York* had contract and grant revenue from *Friends - National* totaling \$100,000.

10. Commitments

Friends - New York leases office space under two operating lease agreements calling for monthly payments of \$13,494. Rent expense for the year ended August 31, 2021, was \$180,666. Minimum payments remaining under the non-cancelable operating leases are as follows at August 31, 2021:

Years Ending		
August 31,		
2022	\$	99,724
2023		39,061
2024		37,277
	_\$	176,062

Notes to Financial Statements - Continued

11. Paycheck Protection Program Revenue

On February 22, 2021, *Friends - New York* received loan proceeds of \$356,820 from Carver Federal Savings Bank under the Paycheck Protection Program (PPP). The PPP, established as part of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) provides for full or partial loan forgiveness if loan proceeds are used for qualifying expenses and certain other conditions are satisfied. *Friends - New York* has elected to account for the loan as a government grant that is recognized as revenue as qualifying expenses are incurred. *Friends - New York* incurred qualifying expenses during the year ended August 31, 2021. As such, the entire amount of the PPP loan has been recognized as revenue for the year ended August 31, 2021, in the accompanying statement of activities. Subsequent to August 31, 2021, *Friends - New York* received full forgiveness of the loan.

12. Subsequent Events

Management has evaluated subsequent events through March 15, 2022, the date the financial statements were available to be issued.