| Form | 990                                     |
|------|---|
|      | nent of the Treasury<br>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.

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

2020 Open to Public Inspection

OMB No. 1545-0047

| AF                             | or th           | e 202      | 0 calendar year, or tax year begi  | nning                             | , 2020,        | and ending      | g          |  |          | , 20             | )       |                 |
|--------------------------------|-----------------|------------|--|-----------------------------------|----------------|-----------------|------------|--|----------|------------------|---------|-----------------|
| Bo                             | heck if ap      | oplicable: | C Name of organization<br>MAKE THE ROAD NEW YOR                          | K                                 |                |                 | D          | Employer i   | dentifi  | ication num      | ber     |                 |
|                                | Addre           |            | Doing Business As  |                                   |                |                 |            | 11-334   | 438      | 9                |         |                 |
|                                | Name            | e change   | Number and street (or P.O. box if mail is                                | not delivered to street address   | 5)             | Room/suite      | E          | Telephone  | numbe    | er               |         |                 |
|                                | Initial         | return     | 92-10 ROOSEVELT AVENU  | E                                 |                |                 | (          | 718) 42  | 18-'     | 7690             |         |                 |
|                                | Termi           | inated     | City or town, state or province, country,                                | and ZIP or foreign postal code    |                |                 |            |  |          |                  |         |                 |
|                                | Amen<br>return  |            | JACKSON HEIGHTS, NY 1  | 1372                              |                |                 | G          | Gross recei  | ipts \$  | 37,              | ,558    | ,100.           |
|                                | Applic<br>pendi |            | <b>F</b> Name and address of principal officer:                          | ARLENIS MOREL                     | I              |                 | H          | <ul> <li>(a) Is this a gr<br/>subordinate</li> </ul> |          | urn for          | Yes     | XN              |
|                                |                 |            | 92-10 ROOSEVELT AVENU  | E, JACKSON HEIGH                  | HTS, NY        | 11372           | н          | (b) Are all subo                                     |          | included?        | Yes     | No              |
| <u> </u>                       | Tax-ex          | empt st    | atus: X 501(c)(3) 501(c) (   | ) ┥ (insert no.)                  | 4947(a)(1) c   | or 527          | 7          | If "No," atta  | ach a li | st. (see instruc | ctions) |                 |
| J                              | Websi           | ite: 🕨     | HTTP://WWW.MAKETHEROAD.  | ORG/                              |                |                 |            | (c) Group exer                                       |          |                  |         |                 |
|                                |                 | of orgar   | nization: X Corporation Trust  | Association Other                 |                | L Year of       | formation  | n: 1992 <b>M</b>                                     | State    | e of legal do    | micile: | NY              |
| Ρ                              | art I           |            | mmary  |                                   |                |                 |            |  |          |                  |         |                 |
|                                | 1               |            | y describe the organization's mission of                                 |                                   |                |                 |            |  | ILDS     | S THE F          | POWEI   | R               |
| Sce                            |                 |            | IMMIGRANT AND WORKING C  | LASS COMMUNITIES                  | TO ACH         | IIEVE DIO       | GNITY      | AND  |          |                  |         |                 |
| Governance                     |                 | JUS        | TICE.  |                                   |                |                 |            |  |          |                  |         |                 |
| Nel                            | 2               |            |  | discontinued its operations       | •              |                 |            |  | ets.     | 1                |         |                 |
| ŏ                              |                 |            | er of voting members of the governing                                    |                                   |                |                 |            |  | 3        |                  |         | 19.             |
| ŝ                              |                 |            | er of independent voting members of                                      |                                   |                |                 |            |  | 4        |                  |         | 17.             |
| vitie                          |                 |            | number of individuals employed in cal                                    |                                   |                |                 |            |  | 5        |                  |         | 331.            |
| Activities &                   | 6               | Total      | number of volunteers (estimate if neces                                  | ssary)                            |                |                 |            |  | 6        |                  |         | 178.            |
| ◄                              |                 |            | unrelated business revenue from Part \                                   |                                   |                |                 |            |  | 7a       |                  |         | 0               |
|                                | b               | Net u      | nrelated business taxable income from                                    | Form 990-T, line 34               |                | <u></u>         |            |  | 7b       |                  |         | 0               |
|                                | -               | _          |  |                                   |                |                 |            | Prior Year   | 70       |                  | rent Ye |                 |
| ne                             | 8               | Contr      | ibutions and grants (Part VIII, line 1h)                                 |                                   | COPY           | ( FOR           | 2          | 4,262,0  |          | 36               |         | ,944            |
| Revenue                        | 9               |            | am service revenue (Part VIII, line 2g)                                  |                                   | PUBLIC IN      | -               |            | 443,3  |          |                  |         | 4,214           |
| Re                             |                 |            | ment income (Part VIII, column (A), lin                                  | es 3, 4, and 7d)                  |                |                 |            | 183,4  |          |                  |         | 9,486           |
|                                | 11              |            | revenue (Part VIII, column (A), lines 5                                  |                                   |                |                 |            | 50,8   |          | 27               |         | 7,299           |
|                                | 12              |            | revenue - add lines 8 through 11 (mus                                    |                                   |                |                 |            | 4,939,7  |          |                  |         | 3,943           |
|                                |                 |            | s and similar amounts paid (Part IX, col                                 |                                   |                |                 |            | 1,255,7  | /8.      | 5                | ,909    | 9,634           |
|                                | 14              |            | its paid to or for members (Part IX, colu                                |                                   |                |                 | 1          | 5,161,1  |          | 16               | 210     | 0,064           |
| ses                            | 15              |            | es, other compensation, employee ben                                     |                                   |                |                 | <u></u>    | 5,101,1  | 09.      | 10               | , 510   | 0,004           |
| Expenses                       | 16a             |            | ssional fundraising fees (Part IX, column                                |                                   |                |                 |            |  | 0.       |                  |         | 0               |
| Ĕ                              | d D             |            | fundraising expenses (Part IX, column (                                  |                                   | 187,671        |                 |            | 4,719,0  | 0.1      | 1                | 0.4.0   | ,358            |
|                                |                 |            | expenses (Part IX, column (A), lines 1                                   |                                   |                |                 |            | 1,135,8  |          |                  | •       | ,056            |
|                                |                 |            | expenses. Add lines 13-17 (must equa                                     |                                   |                |                 |            | 3,803,8  |          |                  |         | ,887            |
| r s                            |                 | Rever      | nue less expenses. Subtract line 18 from                                 |                                   |                |                 |            | ng of Current  |          |                  | of Yea  |                 |
| Net Assets or<br>Fund Balances | 20              | Total      | acasta (Part V, lina 16)   |                                   |                |                 | -          | 1,028,5  |          |                  |         | .,323           |
| Asse                           | 20              |            | assets (Part X, line 16)   |                                   |                |                 |            | 5,797,0  |          |                  |         | 5,158           |
| let /                          | 22              |            | liabilities (Part X, line 26)<br>ssets or fund balances. Subtract line 2 |                                   |                |                 |            | 5,231,5  |          |                  |         | 5,165           |
|                                | art II          |            | gnature Block  |                                   |                |                 |            | 5725175  | 10.      |                  | 1000    | 7±00            |
|                                |                 |            | of perjury, I declare that I have examined th                            | nis return, including accompa     | nvina schedu   | les and statem  | ents. and  | to the best  | of mv    | knowledae        | and be  | elief. it is    |
| tru                            | e, corre        | ect, and   | complete. Declaration of preparer (other tha                             | n officer) is based on all inform | nátion of whic | ch preparer has | s any know | wledge.  | ,        | 0                |         | ,               |
|                                |                 |            | Adapis Monel   |                                   |                |                 |            | 11/1   | 16/202   | 21               |         |                 |
| Sig                            | -               |            | Signature of officer   |                                   |                |                 |            | Date   |          |                  |         |                 |
| He                             | re              |            | Arlenis Morel, Co-Executive Director                                     |                                   |                |                 |            |  |          |                  |         |                 |
|                                |                 |            | Type or print name and title   |                                   |                |                 |            |  |          |                  |         |                 |
|                                |                 | Print/     | Type preparer's name   | Preparer's signature              |                | Date            |            | Check  | if       | PTIN             |         |                 |
| Pai                            |                 | JAM        | ES MULROY  | JAMES MULROY                      |                | 11/02           | /2021      | self-emplo   |          | P00024           | 4514    |                 |
|                                | parer           | Firm's     | sname 🕨 WITHUMSMITH+BROW   | NN, PC                            |                |                 | Fi         | irm's EIN 🕨  | 22-      | -202709          | 92      |                 |
| USE                            | e Only          |            | address > ONE TOWER CENTER BLVD 1  | 4TH FL EAST BRUNSWICK,            | NJ 08816       |                 |            | hone no.   | 732      | 2-828-1          | 614     |                 |
| Ma                             | , the II        |            | cuss this return with the preparer show                                  |                                   |                |                 |            |  |          |                  | es      | No              |
| For                            | Pape            | rwork      | Reduction Act Notice, see the separa                                     | te instructions.                  |                |                 |            |  |          |                  |         | <b>)</b> (2020) |
|                                |                 |            | · · · · · · · · · · · · · · · · · · ·                                    |                                   |                |                 |            |  |          |                  |         | , · = 5)        |

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|------------|---|------------------------|
| Pa         | art III Statement of Program Service Accomplishments  |                        |
| _          | Check if Schedule O contains a response or note to any line in this Part III  | X                      |
|            | Briefly describe the organization's mission:<br>MAKE THE ROAD NEW YORK (MRNY) BUILDS THE POWER OF IMMIGRANT AND             |                        |
|            | WORKING CLASS COMMUNITIES TO ACHIEVE DIGNITY AND JUSTICE.   |                        |
|            | MORTING CLASS COMMONTITIES TO ACHIEVE DIGNITI AND UDSITCE.  |                        |
|            |   |                        |
| 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               |
| 2          | 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 service                   |                        |
|            | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a                   | allocations to others, |
|            | the total expenses, and revenue, if any, for each program service reported.   |                        |
| <u>4a</u>  | (Code: ) (Expenses \$ 6,035,502. including grants of \$ 165,276. ) (Revenue \$  | 265,561. )             |
|            | LEGAL AND SUPPORT SERVICES (SEE SCHEDULE O FOR DETAILS)   |                        |
|            | · · · · · · · · · · · · · · · · · · ·   |                        |
|            |   |                        |
|            |   |                        |
|            |   |                        |
|            |   |                        |
|            |   |                        |
|            |   |                        |
|            |   |                        |
|            |   |                        |
|            |   |                        |
| 4b         | (Code:) (Expenses \$9,707,156. including grants of \$5,443,550. ) (Revenue \$   | 0.)                    |
|            | ORGANIZING PROJECTS (SEE SCHEDULE O FOR DETAILS)  |                        |
|            |   |                        |
|            |   |                        |
|            |   |                        |
|            |   |                        |
|            |   |                        |
|            |   |                        |
|            |   |                        |
|            |   |                        |
|            |   |                        |
|            |   | <u> </u>               |
|            | (Code:) (Expenses \$2,738,323. including grants of \$110,000. ) (Revenue \$<br>HEALTH PROGRAMS (SEE SCHEDULE O FOR DETAILS) | 0.)                    |
|            |   |                        |
|            |   |                        |
|            |   |                        |
|            |   |                        |
|            |   |                        |
|            |   |                        |
|            |   |                        |
|            |   |                        |
|            |   |                        |
|            |   |                        |
| 4d         | Other program services (Describe on Schedule O.) ATTACHMENT 1   |                        |
| _          | (Expenses \$ 4,391,260. including grants of \$ 190,808. ) (Revenue \$ 48,653. )   |                        |
| _          | Total program service expenses ► 22,872,241.  |                        |
| JSA<br>0E1 | 020 1.000   | Form <b>990</b> (2020) |
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|------|---|-----|-----|--------|
| 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   | Х   |        |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors See instructions?                         | 2   | Х   |        |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to        |     |     |        |
|      | candidates for public office? If "Yes," complete Schedule C, Part I   | 3   |     | Х      |
| 4    | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)           |     |     |        |
|      | election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4   | Х   |        |
| 5    | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,            |     |     |        |
|      | 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   |     | Х      |
| 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   |     | Х      |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"     |     |     |        |
|      | complete Schedule D, Part III   | 8   |     | Х      |
| 9    | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a         |     |     |        |
|      | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or            |     |     |        |
|      | debt negotiation services? If "Yes," complete Schedule D, Part IV   | 9   |     | Х      |
| 10   | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments            |     |     |        |
|      | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10  | Х   |        |
| 11   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,            |     |     |        |
|      | VII, VIII, IX, or X as applicable.  |     |     |        |
| а    | Did the organization report an amount for land, buildings, and equipment in Part X, line 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 |     | Х      |
| С    | Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more            |     |     |        |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                               | 11c |     | Х      |
| d    | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets       |     |     |        |
|      | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d |     | Х      |
| е    | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e | Х   |        |
| 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 | Х   |        |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete     |     |     |        |
|      | Schedule D, Parts XI and XII.   | 12a |     | Х      |
| b    | Was the organization included in consolidated, independent audited financial statements for the tax year? If            |     |     |        |
|      | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional      | 12b | Х   |        |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.                      | 13  |     | Х      |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States?                             | 14a |     | Х      |
| 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 |     | Х      |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or       |     |     |        |
|      | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |     | X      |
| 16   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other              |     |     |        |
|      | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                               | 16  |     | X      |
| 17   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on          |     |     |        |
|      | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions                            | 17  |     | 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      |
|      | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                             | 20a |     | Х      |
| b    | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?            | 20b |     |        |
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or             |     |     |        |
|      | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                       | 21  | Х   |        |

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Form 990 (2020)

| Part   | V Checklist of Required Schedules (continued)  |          |          | -        |
|--------|--|----------|----------|----------|
|        |  |          | Yes      | No       |
| 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on      |          |          |          |
|        | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22       | Х        |          |
| 23     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the                |          |          |          |
|        | organization's current and former officers, directors, trustees, key employees, and highest compensated            |          |          |          |
|        | employees? If "Yes," complete Schedule J.  | 23       | Х        |          |
| 24 a   | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than                |          |          |          |
|        | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b      |          |          |          |
|        | through 24d and complete Schedule K. If "No," go to line 25a   | 24a      |          | Х        |
| b      | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                  | 24b      |          |          |
|        | Did the organization maintain an escrow account other than a refunding escrow at any time during the year          |          |          |          |
| •      | to defease any tax-exempt bonds?   | 24c      |          |          |
| Ь      | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?            | 24d      |          |          |
|        | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit       | 2.70     |          |          |
| 254    |  | 25a      |          | x        |
| h      | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior   | ZJa      |          |          |
| D      | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?       |          |          |          |
|        |  | 254      |          | x        |
|        | ,  | 25b      |          |          |
| 26     | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current    |          |          |          |
|        | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%            |          |          | 37       |
|        | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II                 | 26       |          | X        |
| 27     | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key  |          |          |          |
|        | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee             |          |          |          |
|        | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these             |          |          |          |
|        | persons? If "Yes," complete Schedule L, Part III   | 27       |          | X        |
| 28     | Was the organization a party to a business transaction with one of the following parties (see Schedule L,          |          |          |          |
|        | Part IV instructions, for applicable filing thresholds, conditions, and exceptions):                               |          |          |          |
| а      | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   |          |          |          |
|        | "Yes," complete Schedule L, Part IV  | 28a      |          | X        |
| b      | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                    | 28b      |          | Х        |
| С      | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If          |          |          |          |
|        | "Yes," complete Schedule L, Part IV  | 28c      |          | Х        |
| 29     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M           | 29       |          | Х        |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified     |          |          |          |
|        | conservation contributions? If "Yes," complete Schedule M  | 30       |          | Х        |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31       |          | Х        |
| 32     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"            |          |          |          |
|        | complete Schedule N, Part II.  | 32       |          | Х        |
| 33     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations         |          |          |          |
|        | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33       |          | X        |
| 34     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,     |          |          |          |
|        | or IV, and Part V, line 1  | 34       | Х        |          |
| 35 a   | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                            | 35a      |          | Х        |
| b      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a            |          |          |          |
|        | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2          | 35b      |          |          |
| 36     | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable               |          |          |          |
|        | related organization? If "Yes," complete Schedule R, Part V, line 2  | 36       |          | Х        |
| 37     | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |          |          |          |
|        | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       | 37       |          | x        |
| 38     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and         |          |          | <u> </u> |
|        | 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.  | 38       | Х        |          |
| Part   |  |          |          | L        |
| - en c | Check if Schedule O contains a response or note to any line in this Part V   |          |          |          |
|        |  | <u> </u> | Yes      | No       |
| 1 -    | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable                                       |          |          |          |
|        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                    |          |          |          |
|        | Did the organization comply with backup withholding rules for reportable payments to vendors and                   |          |          |          |
| C      |  | 10       | Х        |          |
| JSA    | reportable gaming (gambling) winnings to prize winners?  | 1c       | ^<br>990 | (2020)   |
| 0E1030 | 1.000  | FOID     | 330      | (2020)   |

Form 990 (2020)

| <ul> <li>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.</li> <li>2a 331</li> <li>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions).</li> <li>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</li> </ul> | 2b<br>3a<br>3b<br>4a | Yes | No |
|---|----------------------|-----|----|
| Statements, filed for the calendar year ending with or within the year covered by this return.       2a       331         b       If at least one is reported on line 2a, did the organization file all required federal employment tax returns?         Note:       If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)   | 3a<br>3b             | X   |    |
| Statements, filed for the calendar year ending with or within the year covered by this return.       2a       331         b       If at least one is reported on line 2a, did the organization file all required federal employment tax returns?         Note:       If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)   | 3a<br>3b             | x   |    |
| <ul> <li>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</li> <li>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)</li> </ul>  | 3a<br>3b             | X   |    |
| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)  | 3b                   |     |    |
|   | 3b                   |     |    |
|   |                      |     | Х  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | 4a                   |     |    |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,   | 4a                   |     |    |
| a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  |                      |     | Х  |
| <b>b</b> If "Yes," enter the name of the foreign country ▶  |                      |     |    |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |                      |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a                   |     | Х  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b                   |     | Х  |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c                   |     |    |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   |                      |     |    |
| organization solicit any contributions that were not tax deductible as charitable contributions?  | 6a                   |     | Х  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or   |                      |     |    |
| gifts were not tax deductible?  | 6b                   |     |    |
| 7 Organizations that may receive deductible contributions under section 170(c).   |                      |     |    |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods   |                      |     |    |
| and services provided to the payor?   | 7a                   | Х   |    |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b                   | Х   |    |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  |                      |     |    |
| required to file Form 8282?   | 7c                   |     | X  |
| d If "Yes," indicate the number of Forms 8282 filed during the year   |                      |     |    |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e                   |     | X  |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f                   |     | X  |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g                   |     |    |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h                   |     |    |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  |                      |     |    |
| sponsoring organization have excess business holdings at any time during the year?  | 8                    |     |    |
| 9 Sponsoring organizations maintaining donor advised funds.   |                      |     |    |
| a Did the sponsoring organization make any taxable distributions under section 4966?  | 9a                   |     |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b                   |     |    |
| 10 Section 501(c)(7) organizations. Enter:  |                      |     |    |
| a Initiation fees and capital contributions included on Part VIII, line 12  |                      |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>   |                      |     |    |
| 11       Section 501(c)(12) organizations. Enter:         a       Gross income from members or shareholders.         11a  |                      |     |    |
| a Gross income from members or shareholders   |                      |     |    |
| against amounts due or received from them.).  |                      |     |    |
|   | 12a                  |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |                      |     |    |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.   |                      |     |    |
|   | 13a                  |     |    |
| <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  |                      |     |    |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which   |                      |     |    |
| the organization is licensed to issue qualified health plans  |                      |     |    |
| c Enter the amount of reserves on hand  |                      |     |    |
|   | 14a                  |     | Х  |
|   | 14b                  |     |    |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  |                      |     |    |
| excess parachute payment(s) during the year?  | 15                   |     | X  |
| If "Yes," see instructions and file Form 4720, Schedule N.  |                      |     |    |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes." complete Form 4720. Schedule O.   | 16                   |     | X  |

Form **990** (2020)

| Form   | 990 (2020) MAKE THE ROAD NEW YORK 11-3344  | 1389       | F      | Page 6 |
|--------|--|------------|--------|--------|
| Par    | t 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.  |            |        | tions. |
|        | Check if Schedule O contains a response or note to any line in this Part VI  |            |        | Χ      |
| Sect   | 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      |  |            |        |        |
| 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          |        | XX     |
| 4      | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4          |        | X      |
| 5      | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5          | X      | A      |
| 6      | Did the organization have members or stockholders?   | 6          | Λ      |        |
| 7a     | Did the organization have members, stockholders, or other persons who had the power to elect or appoint  | 7a         | Х      |        |
|        | one or more members of the governing body?   | <i>1</i> a | 21     |        |
| b      | Are any governance decisions of the organization reserved to (or subject to approval by) members,  | 7b         |        | х      |
| •      | stockholders, or persons other than the governing body?  | 10         |        |        |
| 8      | Did the organization contemporaneously document the meetings held or written actions undertaken during   |            |        |        |
| -      | the year by the following:   | 8a         | х      |        |
| a<br>h | The governing body?  | 8b         | Х      |        |
| b<br>9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at   |            |        |        |
| 3      | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.   | 9          |        | х      |
| Sect   | ion B. Policies (This Section B requests information about policies not required by the Internal Revenue   | Code       | .)     |        |
|        |  |            | Yes    | No     |
| 10a    | Did the organization have local chapters, branches, or affiliates?   | 10a        |        | Х      |
|        | 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      |  |            |        |        |
| 12a    | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a        | Х      |        |
| b      | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give   |            |        |        |
|        | rise to conflicts?   | 12b        | Х      |        |
| С      | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  |            |        |        |
|        | describe in Schedule O how this was done   | 12c        | X      |        |
| 13     | Did the organization have a written whistleblower policy?  | 13         | X      |        |
| 14     | Did the organization have a written document retention and destruction policy?   | 14         | Х      |        |
| 15     | Did the process for determining compensation of the following persons include a review and approval by   |            |        |        |
|        | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  | 45-        |        | х      |
| a      | The organization's CEO, Executive Director, or top management official   | 15a        |        | X      |
| b      | Other officers or key employees of the organization  | 15b        |        | Δ      |
| 40     | 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   | 16a        |        | х      |
| ь.     | with a taxable entity during the year?   | 104        |        |        |
| 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        |        |        |
| Sect   | ion C. Disclosure  | 100        |        |        |
| 17     | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright^{MY}$ ,  |            |        |        |
| 18     | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T   | (Sec       | tion 5 | 01(c)  |
| 10     | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.   | 1960       | 001 0  | 01(0)  |
|        | Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>  |            |        |        |
| 19     | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o  | f inter    | est r  | olicy  |
|        | and financial statements available to the public during the tax year.  |            | P      | 2.10y, |
| 20     | State the name, address, and telephone number of the person who possesses the organization's books and record ROBERT MAZZAFERRO 301 GROVE STREET BROOKLYN, NY 11237 718-418-7690   | s 🕨        |        |        |
|        | ROBERT MAZZAFERŘO 301 GRÓVE STREET BROOKLYN, NY 11237 718-418-7690   |            |        |        |
| JSA    |  | Form       | 990    | (2020) |

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

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

| (A)<br>Name and title      | (B)<br>Average<br>hours<br>per week   | box,                              | unles                 | Pos<br>heck<br>ss pe | erson        | e than c<br>is both<br>cor/trust | an     | (D)<br>Reportable<br>compensation<br>from the | table Reportable Estin<br>nsation compensation<br>the from related com |   |
|----------------------------|---|-----------------------------------|-----------------------|----------------------|--------------|----------------------------------|--------|---|--|---|
|                            | (list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | Individual trustee<br>or director | Institutional trustee | Officer              | Key employee | Highest compensated employee     | Former | organization<br>(W-2/1099-MISC)               | organizations<br>(W-2/1099-MISC)                                       | from the<br>organization and<br>related organizations |
| (1)DEBORAH AXT             | 40.00   |                                   |                       |                      |              |                                  |        |   |  |   |
| CO EXECUTIVE DIRECTOR      | 0.  | x                                 |                       | х                    |              |                                  |        | 131,381.                                      | 0.   | 31,486.   |
| (2) JAVIER VALDES          | 40.00   |                                   |                       |                      |              |                                  |        |   |  |   |
| CO EXECUTIVE DIRECTOR      | 0.  | x                                 |                       | Х                    |              |                                  |        | 130,510.                                      | 0.   | 28,474.   |
| (3) THEODORO OSHIRO        | 40.00   |                                   |                       |                      |              |                                  |        |   |  |   |
| DEPUTY DIRECTOR            | 0.  | 1                                 |                       |                      |              | X                                |        | 115,028.                                      | 0.   | 31,277.   |
| (4)JULIE MILES             | 40.00   |                                   |                       |                      |              |                                  |        |   |  |   |
| DIRECTOR OF DEVELOPMENT    | 0.  | 1                                 |                       |                      |              | X                                |        | 105,883.                                      | 0.   | 32,509.   |
| (5)JOSE L LOPEZ            | 40.00   |                                   |                       |                      |              |                                  |        |   |  |   |
| DEPUTY DIRECTOR            | 0.  |                                   |                       |                      |              | X                                |        | 122,997.                                      | 0.   | 12,647.   |
| (6) ARLENIS D. MOREL       | 40.00   |                                   |                       |                      |              |                                  |        |   |  |   |
| CHIEF OF STAFF             | 0.  |                                   |                       |                      |              | Х                                |        | 121,365.                                      | 0.   | 13,252.   |
| (7) SIENNA FONTAINE        | 40.00   |                                   |                       |                      |              |                                  |        |   |  |   |
| DIRECTOR OF LEGAL SERVICES | 0.  |                                   |                       |                      |              | Х                                |        | 111,440.                                      | 0.   | 13,847.   |
| (8) ANA MARIA ARCHILA      | 1.00  |                                   |                       |                      |              |                                  |        |   |  |   |
| BOARD MEMBER               | 0.  | Х                                 |                       |                      |              |                                  |        | 0.  | 0.   | 0.  |
| (9) ANDREW FRIEDMAN        | 1.00  |                                   |                       |                      |              |                                  |        |   |  |   |
| BOARD MEMBER               | 0.  | Х                                 |                       |                      |              |                                  |        | 0.  | 0.   | 0.  |
| (10) AUGUSTO FERNANDEZ     | 1.00  |                                   |                       |                      |              |                                  |        |   |  |   |
| BOARD MEMBER               | 0.  | Х                                 |                       |                      |              |                                  |        | 0.  | 0.   | 0.  |
| (11) GERMAN JARAMILLO      | 1.00  |                                   |                       |                      |              |                                  |        |   |  |   |
| BOARD MEMBER               | 0.  | Х                                 |                       |                      |              |                                  |        | 0.  | 0.   | 0.  |
| (12) OONA CHATTERJEE       | 1.00  |                                   |                       |                      |              |                                  |        |   |  |   |
| BOARD MEMBER               | 0.  | X                                 |                       |                      |              |                                  |        | 0.  | 0.   | 0.  |
| (13)NATALIA AUDI           | 1.00  |                                   |                       |                      |              |                                  |        |   |  |   |
| CO-CHAIR                   | 0.  | Х                                 |                       | Х                    |              |                                  |        | 0.  | 0.   | 0.  |
| (14) IRANIA SANCHEZ        | 1.00  |                                   |                       |                      |              |                                  |        |   |  |   |
| BOARD MEMBER               | 0.  | Х                                 |                       |                      |              |                                  |        | 0.  | 0.   | 0.  |

#### MAKE THE ROAD NEW YORK

| (A)  | (B)  |        |                           | -<br>(C                          |                       |   |     | hest Compensat<br>(D)  | (E)   |        | (F)   |
|--|--|--------|---------------------------|----------------------------------|-----------------------|---|-----|--|---|--------|---|
| Name and title   | Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | box,   | not ch<br>unles<br>er and | Posi<br>neck i<br>is per<br>ladi | ition<br>more<br>rson | e than or<br>is both a<br>or/truste<br>employee | an  | Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | Reportab<br>compensation<br>related<br>organizatio<br>(W-2/1099-N | n from | Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| 5) GLADYS PUGLLA   | 1.00   |        |                           |                                  |                       | ted   |     |  |   |        |   |
| CO-CHAIR   | 0.   | X      |                           | Х                                |                       |   |     | 0.   |   | 0.     |   |
| 6) CLAUDIO FELIPE IDROVO   | 1.00   |        |                           |                                  |                       |   |     |  |   |        |   |
| BOARD MEMBER   | 0.   | X      |                           |                                  |                       |   |     | 0.   | •   | 0.     |   |
| 7) JENNIFER MCALLISTER-NEVINS  | +  |        |                           |                                  |                       |   |     |  |   |        |   |
| BOARD MEMBER   | 0.   | X      | $\left  \right $          |                                  |                       |   |     | 0.   | •   | 0.     |   |
| 8) MAURICIO JIMENEZ  | 1.00   | 77     |                           |                                  |                       |   |     | _  |   |        |   |
| BOARD MEMBER   | 0.   | X      | $\left  \right $          |                                  |                       |   |     | 0.   | •   | 0.     |   |
| 9) ALDO PADILLA<br>BOARD MEMBER  |  | x      |                           |                                  |                       |   |     | 0  |   | 0.     |   |
| 0) GERALDO VITAL   | 1.00   | A      | $\left  \right $          |                                  |                       |   | _   | 0.   |   | 0.     |   |
| BOARD MEMBER   |  | x      |                           |                                  |                       |   |     | 0  |   | 0.     |   |
| 1) ISRAEL SEGUNDO HERNANDEZ V  |  |        |                           |                                  |                       |   |     | 0  | •   | 0.     |   |
| BOARD MEMBER   | 0.   | x      |                           |                                  |                       |   |     | 0  |   | 0.     |   |
| 2) LUCIA DIAZ  | 1.00   |        |                           |                                  |                       |   |     |  |   |        |   |
| BOARD MEMBER   |  | x      |                           |                                  |                       |   |     | 0  |   | 0.     |   |
| 3) REIGN ROLON   | 1.00   |        |                           |                                  |                       |   |     |  |   |        |   |
| BOARD MEMBER   | 0.   | x      |                           |                                  |                       |   |     | 0.   |   | 0.     |   |
| 4) REYNA ANDREU SANDOVAL   | 1.00   |        |                           |                                  |                       |   |     |  |   |        |   |
| BOARD MEMBER   | 0.   | X      |                           |                                  |                       |   |     | 0.   |   | 0.     |   |
|  |  |        |                           |                                  |                       |   |     |  |   |        |   |
| 1b Sub-total   |  |        |                           |                                  |                       |   |     | 838,604.   |   | 0.     | 163,49  |
| c Total from continuation sheets to Par  | t VII Section A  |        |                           |                                  | • •                   |   | 5   | 0.   |   | 0.     |   |
| d Total (add lines 1b and 1c)  |  |        |                           |                                  |                       |   | 5   | 838,604.   |   | 0.     | 163,49  |
| <ul> <li>Total number of individuals (including b<br/>reportable compensation from the orga</li> </ul>                             | out not limited to t   |        | listed                    |                                  |                       | e) who  | re  |  | \$100,000 of  | -      |   |
|  |  |        | L                         |                                  |                       |   |     |  |   |        | Yes N   |
| 3 Did the organization list any forme<br>employee on line 1a? If "Yes," complete   |  |        |                           |                                  |                       |   |     |  |   |        | 3   |
| 4 For any individual listed on line 1a, in<br>organization and related organization<br>individual                                  | ons greater than   | \$15   | 50,00                     | 00?                              | If                    | "Yes,   | " ( | complete Schedu  | le J for si   |        | 4 X   |
| <ul> <li><i>individual</i></li> <li>Did any person listed on line 1a rece<br/>for convices rendered to the organization</li> </ul> | eive or accrue co  | mpen   | satic                     | on f                             | rom                   | n any   | unr | related organization   | on or individ   |        |   |
| for services rendered to the organization<br>Section B. Independent Contractors  | in: in res, comple   | ie SCI | เษตนเ                     | ie J                             | iur                   | SUCTI   | Jer | 3011   |   |        | 5   |
| <ol> <li>Complete this table for your five highe<br/>compensation from the organization. R<br/>year.</li> </ol>                    |  |        |                           |                                  |                       |   |     |  |   |        |   |
| (A)  |  |        |                           |                                  |                       |   |     | (B)<br>Description of se   | ervices   | C      | (C)<br>Compensation   |
|  | ness address   |        |                           |                                  |                       |   |     |  |   |        |   |
| Name and busin   | ness address   |        |                           |                                  |                       |   |     |  |   |        |   |

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

|       | 000 | (2020) |
|-------|-----|--------|
| FUIII | 990 | (2020) |

|   |     | Check if Schedule O cont           | tains a respon   | ise or note to ar | ny line in this Part V      | /111  |   |   |
|---|-----|------------------------------------|------------------|-------------------|-----------------------------|---|---|---|
|   |     |                                    |                  |                   | <b>(A)</b><br>Total revenue | <b>(B)</b><br>Related or exempt<br>function revenue | <b>(C)</b><br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |
| s s   | 10  | Federated campaigns                | 10               |                   |                             |   |   |   |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a  |                                    |                  | 7 645             |                             |   |   |   |
| ΰē  | b   | Membership dues                    |                  | 7,645.            |                             |   |   |   |
| Ån's  | С   | Fundraising events                 |                  | 189,983.          |                             |   |   |   |
| ar  | d   | Related organizations              | 1d               |                   |                             |   |   |   |
| s,<br>mil   | е   | Government grants (contributio     | ons) 1e          | 18,127,123.       |                             |   |   |   |
| ŝö  | f   | All other contributions, gifts, g  | rants,           |                   |                             |   |   |   |
| uti<br>er   |     | and similar amounts not included a | above <b>1</b> f | 18,503,193.       |                             |   |   |   |
| ΞĘ  | g   | Noncash contributions include      | d in             |                   |                             |   |   |   |
| g   |     | lines 1a-1f                        | 1g S             | 6                 |                             |   |   |   |
| ыÖ  | h   | Total. Add lines 1a-1f             |                  |                   | 36,827,944.                 |   |   |   |
|   |     |                                    |                  | Business Code     |                             |   |   |   |
| ġ   |     | LEGAL & SUPPORT SERVICES           |                  | 541100            | 265,561.                    | 265,561.  |   |   |
| , vio   | 2a  | PROGRAM SERVICE FEE-OTHER          |                  | 900099            | 48,653.                     | 48,653.   |   |   |
| Program Service<br>Revenue                                | b   | PROGRAM SERVICE FEE-OIHER          |                  | 900099            | 40,055.                     | 40,055.   |   |   |
| ъ   | С   |                                    |                  |                   |                             |   |   |   |
| a la  | d   |                                    |                  |                   |                             |   |   |   |
| õ   | е   |                                    |                  |                   |                             |   |   |   |
| Ē   | f   | All other program service reven    | nue              |                   |                             |   |   |   |
|   | g   | Total. Add lines 2a-2f             | <u></u>          | <u></u>           | 314,214.                    |   |   |   |
|   | 3   | Investment income (includin        | ng dividends,    | interest, and     |                             |   |   |   |
|   |     | other similar amounts)             |                  |                   | 181,152.                    |   |   | 181,152.  |
|   | 4   | Income from investment of ta       |                  |                   | 0.                          |   |   |   |
|   | 5   | Royalties                          | •                |                   | 0.                          |   |   |   |
|   |     |                                    | (i) Real         | (ii) Personal     |                             |   |   |   |
|   | 6.  |                                    | .,               |                   |                             |   |   |   |
|   | 6a  | Gross rents 6a                     |                  |                   |                             |   |   |   |
|   | b   | Less: rental expenses 6b           |                  |                   |                             |   |   |   |
|   | С   | Rental income or (loss) 6c         |                  |                   |                             |   |   |   |
|   | d   | Net rental income or (loss)        |                  |                   | 0.                          |   |   |   |
|   | 7a  | Gross amount from                  | (i) Securities   | (ii) Other        |                             |   |   |   |
|   |     | sales of assets                    |                  |                   |                             |   |   |   |
|   |     | other than inventory 7a            | 0.               |                   |                             |   |   |   |
| e   | b   | Less: cost or other basis          |                  |                   |                             |   |   |   |
| Revenue   |     | and sales expenses 7b              | 1,666.           |                   |                             |   |   |   |
| eve   | c   | Gain or (loss) 7c                  | -1,666.          |                   |                             |   |   |   |
| Ř   | d   | . ,                                |                  |                   | -1,666.                     |   |   | -1,666.   |
| Jer   |     |                                    |                  |                   |                             |   |   |   |
| Othei   | 8a  |                                    | draising         |                   |                             |   |   |   |
|   |     |                                    | 189,983.         |                   |                             |   |   |   |
|   |     | of contributions reported          | on line          |                   |                             |   |   |   |
|   |     | 1c). See Part IV, line 18          | <u>8a</u>        | 27,491.           |                             |   |   |   |
|   | b   | Less: direct expenses              | 8b               | 27,491.           |                             |   |   |   |
|   | с   | Net income or (loss) from func     | draising events  | <u></u>           | 0.                          |   |   |   |
|   | 9a  | Gross income from                  | gaming           |                   |                             |   |   |   |
|   |     | activities. See Part IV, line 19   | 9a               | 0.                |                             |   |   |   |
|   | b   | Less: direct expenses              | 9b               | 0.                |                             |   |   |   |
|   | c   | Net income or (loss) from gan      |                  |                   | 0.                          |   |   |   |
|   | 10a | Gross sales of inventory           | -                |                   |                             |   |   |   |
|   | IVa | returns and allowances             |                  | 0.                |                             |   |   |   |
|   |     |                                    |                  | 0.                |                             |   |   |   |
|   | b   | Less: cost of goods sold           | 10b              |                   |                             |   |   |   |
|   | С   | Net income or (loss) from sales    | s or inventory   |                   | 0.                          |   |   |   |
| sn  |     |                                    |                  | Business Code     |                             |   |   |   |
| eo<br>Ne  | 11a | OTHER INCOME                       |                  | 900099            | 207,299.                    | 207,299.  |   |   |
| lan   | b   |                                    |                  |                   |                             |   |   |   |
| e čel   | с   |                                    |                  |                   |                             |   |   |   |
| Miscellaneous<br>Revenue                                  | d   | All other revenue                  |                  |                   |                             |   |   |   |
| ≥   | е   | Total. Add lines 11a-11d           |                  |                   | 207,299.                    |   |   |   |
|   | 12  | Total revenue. See instructions    |                  |                   | 37,528,943.                 | 521,513.  |   | 179,486.  |

#### MAKE THE ROAD NEW YORK

|   | IE ROAD NEW YORK                      |   | 11-33                                     | 844389 Page <b>1</b>                  |
|---|---------------------------------------|---|---|---------------------------------------|
| Part IX Statement of Functional Exper   |                                       |   |   |                                       |
| Section 501(c)(3) and 501(c)(4) organizations   |                                       |   | •   |                                       |
| Check if Schedule O contains a r  | response or note to any line          | e in this Part IX                         | <u> </u>                                  | <u> </u>                              |
| Do not include amounts reported on lines 6b, 7<br>8b, 9b, and 10b of Part VIII.   | 7b, (A)<br>Total expenses             | <b>(B)</b><br>Program service<br>expenses | (C)<br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1 Grants and other assistance to domestic organization<br>and domestic governments. See Part IV, line 21  |                                       | 5,898,826.                                |   |                                       |
| 2 Grants and other assistance to domest individuals. See Part IV, line 22   | 10 000                                | 10,808.                                   |   |                                       |
| <b>3</b> Grants and other assistance to foreig<br>organizations, foreign governments, ar<br>foreign individuals. See Part IV, lines 15 and 1  | gn<br>nd<br>6 0.                      |   |   |                                       |
| 4 Benefits paid to or for members   | 0.                                    |   |   |                                       |
| 5 Compensation of current officers, director trustees, and key employees  | · · · · · · · · · · · · · · · · · · · | 266,149.                                  | 35,082.                                   | 20,170                                |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) as persons described in section 4958(c)(3)(B)   | ed Ind Ind Ind Ind Ind Ind Ind Ind    |   |   |                                       |
| 7 Other salaries and wages  |                                       | 10,472,519.                               | 1,411,561.                                | 774,898                               |
| 8 Pension plan accruals and contributions (inclue<br>section 401(k) and 403(b) employer contribution  | ns) 229,921.                          | 190,497.                                  | 22,742.                                   | 16,682.                               |
| 9 Other employee benefits   | 2,108,675.                            | 1,748,448.                                | 208,573.                                  | 151,654                               |
| 10 Payroll taxes  | 0.01 0.00                             | 821,780.                                  | 98,030.                                   | 71,279                                |
| <b>11</b> Fees for services (nonemployees):   |                                       |   |   |                                       |
| a Management  |                                       | 43,379.                                   | 1,095.                                    |                                       |
| <b>b</b> Legal  | 106 112                               | 52,708.                                   | 70,373.                                   | 3,032                                 |
| c Accounting  | 20 606                                | 52,700.                                   | 80,696.                                   | 5,052                                 |
| d Lobbying  | ••                                    |   | 80,090.                                   |                                       |
| e Professional fundraising services. See Part IV, line 1  |                                       |   |   |                                       |
| f Investment management fees  | ••                                    |   |   |                                       |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, colu<br>(A) amount, list line 11g expenses on Schedule O.)  | 382 015                               | 334,056.                                  | 13,176.                                   | 35,683                                |
| 12 Advertising and promotion  |                                       |   |   |                                       |
| 13 Office expenses  | 1 070 000                             | 1,572,445.                                | 368,756.                                  | 37,797                                |
| 14 Information technology   |                                       | 233,661.                                  | 91,360.                                   | 14,785                                |
| 15 Royalties  |                                       |   |   |                                       |
| 16 Occupancy  | 1,039,877.                            | 869,062.                                  | 126,560.                                  | 44,255                                |
| 17 Travel   | 108,374.                              | 95,005.                                   | 11,883.                                   | 1,486                                 |
| 18 Payments of travel or entertainment expense<br>for any federal, state, or local public officials   |                                       |   |   |                                       |
| 19 Conferences, conventions, and meetings   | 94,265.                               | 22,158.                                   | 72,107.                                   |                                       |
| 20 Interest   | 100.007                               |   | 126,067.                                  |                                       |
| 21 Payments to affiliates   |                                       |   |   |                                       |
| 22 Depreciation, depletion, and amortization  | 100 500                               | 174,812.                                  | 10,186.                                   | 13,511                                |
| 23 Insurance  | 175.064                               | 65,928.                                   | 106,897.                                  | 2,439                                 |
| <ul> <li>24 Other expenses. Itemize expenses not covere above (List miscellaneous expenses on line 24e. line 24e amount exceeds 10% of line 25, colum (A) amount, list line 24e expenses on Schedule C</li> </ul>   | ed<br>If<br>In                        |   |   |                                       |
| aFISCAL SPONSORSHIP   | 254,000.                              |   | 254,000.                                  |                                       |
|   |                                       |   |   |                                       |
| b   |                                       |   |   |                                       |
| c   |                                       |   |   |                                       |
|   |                                       |   |   |                                       |
| e All other expenses  | 4e 27,169,056.                        | 22,872,241.                               | 3,109,144.                                | 1,187,671                             |
| <ul> <li>25 Total functional expenses. Add lines 1 through 24</li> <li>26 Joint costs. Complete this line only if the organization reported in column (B) joint cost from a combined educational campaign and fundraising solicitation. Check here ▶</li> </ul> | he<br>sts<br>nd<br>if                 | <u> </u>                                  | 5,109,144.                                | 1,10/,0/1                             |
| following SOP 98-2 (ASC 958-720)  | 0.                                    |   |   |                                       |
|   |                                       |   |   | = 000 (000                            |

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MAKE THE ROAD NEW YORK

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|                             |        | MAKE THE ROAD NEW YORK   |                   | 11- | 3344389               |
|-----------------------------|--------|--|-------------------|-----|-----------------------|
|                             | 990 (2 | ·  |                   |     | Page <b>11</b>        |
| Pa                          | rt X   |  |                   |     |                       |
|                             |        | Check if Schedule O contains a response or note to any line in this P                            | art X             |     | X                     |
|                             |        |  | (A)               |     | (B)                   |
|                             |        |  | Beginning of year |     | End of year           |
|                             | 1      | Cash - non-interest-bearing  | 606,844.          | 1   | 4,043,498.            |
|                             | 2      | Savings and temporary cash investments.  | 2,498,351.        | 2   | 2,435,209.            |
|                             | 3      | Pledges and grants receivable, net   | 10,499,028.       | 3   | 17,457,131            |
|                             | 4      | Accounts receivable, net.  | 751,213.          | 4   | 1,220,362             |
|                             | 5      | Loans and other receivables from any current or former officer, director,                        |                   |     |                       |
|                             |        | trustee, key employee, creator or founder, substantial contributor, or 35%                       |                   |     |                       |
|                             |        | controlled entity or family member of any of these persons                                       | 0.                | 5   | 0                     |
|                             | 6      | Loans and other receivables from other disqualified persons (as defined                          |                   |     |                       |
|                             |        | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)                        | 0.                | 6   | 0                     |
| ts                          | 7      | Notes and loans receivable, net  | 18,103,800.       | 7   | 18,103,800            |
| Assets                      | 8      | Inventories for sale or use  | 0.                | 8   | 0                     |
| ۳                           | 9      | Prepaid expenses and deferred chargesATCH .2   | 78,537.           | 9   | 173,204               |
|                             | 10 a   | Land, buildings, and equipment: cost or other  |                   |     |                       |
|                             |        | basis. Complete Part VI of Schedule D 10, 217, 186.  |                   |     |                       |
|                             | b      | Less: accumulated depreciation   | 8,227,202.        | 10c | 8,990,818             |
|                             | 11     | Investments - publicly traded securities   | 0.                | 11  | 0                     |
|                             | 12     | Investments - other securities. See Part IV, line 11   | 0.                | 12  | 0                     |
|                             | 13     | Investments - program-related. See Part IV, line 11  | 0.                | 13  | 0                     |
|                             | 14     | Intangible assets  | 0.                | 14  | 0                     |
|                             | 15     | Other assets. See Part IV, line 11   | 263,571.          | 15  | 667,301               |
|                             | 16     | Total assets. Add lines 1 through 15 (must equal line 33)  | 41,028,546.       | 16  | 53,091,323            |
|                             | 17     | Accounts payable and accrued expenses  | 2,608,614.        | 17  | 2,854,809             |
|                             | 18     | Grants payable   | 0.                | 18  | 0                     |
|                             | 19     | Deferred revenue. ATCH 3   | 0.                | 19  | 113,761               |
|                             | 20     | Tax-exempt bond liabilities.   | 0.                | 20  | 0                     |
|                             | 21     | Escrow or custodial account liability. Complete Part IV of Schedule D                            | 0.                | 21  | 0                     |
| ŝ                           | 22     | Loans and other payables to any current or former officer, director,                             |                   |     |                       |
| Ĕ                           |        | trustee, key employee, creator or founder, substantial contributor, or 35%                       |                   |     |                       |
| Liabilities                 |        | controlled entity or family member of any of these persons                                       | 0.                | 22  | 0                     |
|                             | 23     | Secured mortgages and notes payable to unrelated third parties                                   | 13,005,950.       | 23  | 11,612,066            |
|                             | 24     | Unsecured notes and loans payable to unrelated third parties                                     | 0.                | 24  | 2,792,097             |
|                             | 25     | Other liabilities (including federal income tax, payables to related third                       |                   |     |                       |
|                             |        | parties, and other liabilities not included on lines 17-24). Complete Part X                     |                   |     |                       |
|                             |        | of Schedule D  | 182,436.          | 25  | 123,425               |
|                             | 26     | Total liabilities. Add lines 17 through 25   | 15,797,000.       | 26  | 17,496,158            |
| ces                         |        | Organizations that follow FASB ASC 958, check here ► X<br>and complete lines 27, 28, 32, and 33. |                   |     |                       |
| lar                         | 27     | Net assets without donor restrictions  | 14,296,965.       | 27  | 25,070,479            |
| ŏ                           | 28     | Net assets with donor restrictions.  | 10,934,581.       | 28  | 10,524,686            |
| Net Assets of Fund Dalances |        | Organizations that do not follow FASB ASC 958, check here ►<br>and complete lines 29 through 33. |                   |     |                       |
| Б                           | 29     | Capital stock or trust principal, or current funds   |                   | 29  |                       |
| ers                         | 30     | Paid-in or capital surplus, or land, building, or equipment fund                                 |                   | 30  |                       |
| 227                         | 31     | Retained earnings, endowment, accumulated income, or other funds                                 |                   | 31  |                       |
|                             | 32     | Total net assets or fund balances  | 25,231,546.       | 32  | 35,595,165            |
| ž                           | 33     | Total liabilities and net assets/fund balances   | 41,028,546.       | 33  | 53,091,323            |
|                             |        |  | ,,                |     | Form <b>990</b> (2020 |

| MAKE | THE | ROAD | NEW | YORK |
|------|-----|------|-----|------|

| Form 9 | 90 (2020)   |          |     |     | Pa   | ge <b>12</b> |
|--------|---|----------|-----|-----|------|--------------|
| Part   | XI Reconciliation of Net Assets   |          |     |     |      |              |
|        | Check if Schedule O contains a response or note to any line in this Part XI   |          |     |     |      | X            |
| 1      | Total revenue (must equal Part VIII, column (A), line 12)   | 1        |     |     | 28,9 |              |
| 2      | Total expenses (must equal Part IX, column (A), line 25)  | 2        |     |     |      | )56.         |
| 3      | Revenue less expenses. Subtract line 2 from line 1  | 3        |     |     |      | 387.         |
| 4      | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))   | 4        | 2   | 5,2 | 31,5 | 546.         |
| 5      | Net unrealized gains (losses) on investments  | 5        |     |     |      | 0.           |
| 6      | Donated services and use of facilities  | 6        |     |     |      | 0.           |
| 7      | Investment expenses   | 7        |     |     |      | 0.           |
| 8      | Prior period adjustments  | 8        |     |     |      | 0.           |
| 9      | Other changes in net assets or fund balances (explain on Schedule O).   | 9        |     |     | 3,   | 732.         |
| 10     | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line  |          | 2   |     | 0.5  |              |
|        | 32, column (B))   | 10       | 3   | 5,5 | 95,. | L65.         |
| Part   |   |          |     |     |      |              |
|        | Check if Schedule O contains a response or note to any line in this Part XII  |          |     | • • |      |              |
|        | Accounting method used to prepare the Form 990: Cash X Accrual Other  |          | Г   |     | Yes  | No           |
| 1      | If the organization changed its method of accounting from a prior year or checked "Other," e  | voloio   |     |     |      |              |
|        | Schedule O.   | хріант   |     |     |      |              |
| 2-     |   |          |     | 2a  |      | x            |
| Za     | Were the organization's financial statements compiled or reviewed by an independent accountant?. If "Yes," check a box below to indicate whether the financial statements for the year were con                     |          |     | 2a  |      |              |
|        | reviewed on a separate basis, consolidated basis, or both:  | iplied   | 01  |     |      |              |
|        | Separate basis Consolidated basis Both consolidated and separate basis  |          |     |     |      |              |
|        |   |          |     | 2b  | х    |              |
| Q      | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited by an independent accountant? |          | · · |     |      |              |
|        | separate basis, consolidated basis, or both:  | leu oi   |     |     |      |              |
|        | Separate basis X Consolidated basis Both consolidated and separate basis  |          |     |     |      |              |
| ~      | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over  | reight   | of  |     |      |              |
| U      | the audit, review, or compilation of its financial statements and selection of an independent accounta  | -        |     | 2c  | х    |              |
|        | If the organization changed either its oversight process or selection process during the tax year, e  |          |     | -   |      |              |
|        | Schedule O.   | piunt    |     |     |      |              |
| 32     | As a result of a federal award, was the organization required to undergo an audit or audits as set fo   | rth in t | he  |     |      |              |
| 54     | Single Audit Act and OMB Circular A-133?  |          |     | 3a  | Х    |              |
| b      | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?  |          | the |     |      |              |
|        | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a  | •        |     | 3b  | Х    |              |

Form **990** (2020)

SCHEDULE A (Form 990 or 990-EZ)

## Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

|          |                    | nt of the Treasury<br>evenue Service             |  | Go to www.irs.go  | v/Form990 for instruction   | ons and t                            | he latest i                       | information.  | Inspection                |
|----------|--------------------|--|--|---|---|--------------------------------------|-----------------------------------|---|---------------------------|
| Nam      | e of ti            | he organization                                  | •  |   |   |                                      |                                   | Employer identif  | ication number            |
| (        | _                  | THE ROAD N                                       |  |   |   |                                      |                                   | 11-33443  |                           |
|          | rt I               |  |  |   | organizations must  |                                      |                                   | ,   | S                         |
|          | orga               |  | -  |   | t is: (For lines 1 through the state of the | -                                    | -                                 |   |                           |
| 1        | $\left  - \right $ |  |  |   | tion of churches desc   |                                      |                                   |   |                           |
| 2<br>3   | $\square$          |  |  |   | . (Attach Schedule E<br>organization described  | -                                    |                                   |   |                           |
| 3<br>4   | $\square$          |  | -  | -   | conjunction with a host   |                                      |                                   |   | (iii) Entor the           |
| 4        |                    | hospital's nan                                   | -  | -   |   | spilai ue                            | Scribeu ii                        |   |                           |
| 5        |                    |  |  |   | a college or universit  |                                      | d or one                          | erated by a governme  | ental unit described in   |
| Ŭ        |                    | -  | -  | Complete Part II.)  | a concept of anivoron   | ly owno                              |                                   | fated by a governme   |                           |
| 6        |                    | -  |  |   | rnmental unit describe  | d in sect                            | tion 170(                         | (b)(1)(A)(v).   |                           |
| 7        | Х                  |  | -  | -   |   |                                      |                                   |   | om the general public     |
|          |                    | -  |  | )(1)(A)(vi). (Comp  |   | ••                                   | 5                                 |   | <b>5</b>                  |
| 8        |                    |  |  |   | b)(1)(A)(vi). (Complete   | e Part II.)                          |                                   |   |                           |
| 9        |                    | An agricultura                                   | I research or                                      | ganization describ  | ed in section 170(b)(1  | )(A)(ix)                             | operated                          | d in conjunction with a   | land-grant college        |
|          |                    | or university of                                 | or a non-land-                                     | grant college of a  | griculture (see instruc   | tions). E                            | nter the                          | name, city, and state o   | f the college or          |
|          |                    | university:                                      |  |   |   |                                      |                                   |   |                           |
| 10<br>11 |                    | receipts from<br>support from<br>acquired by the | activities rela<br>gross investm<br>ne organizatio | ited to its exempt to<br>ment income and u<br>on after June 30, 1 | ore than 331/3% of its<br>functions, subject to c<br>nrelated business tax<br>975. See <b>section 509</b><br>usively to test for publ   | ertain ex<br>able inco<br>(a)(2). (0 | xceptions<br>ome (les<br>Complete | s; and (2) no more tha<br>s section 511 tax) from<br>e Part III.) | n 331/3 % of its          |
| 12       |                    | •  | •  | •   | •   |                                      |                                   |   | carry out the purposes    |
|          |                    | -  | -  | -   |   | -                                    |                                   |   | See section 509(a)(3).    |
|          |                    |  |  | · · · -   |   |                                      |                                   |   | nes 12e, 12f, and 12g.    |
| а        |                    | Type I. A su                                     | upporting org                                      | anization operated  | l, supervised, or contr   | olled by                             | its supp                          | orted organization(s),  | typically by giving       |
|          |                    |  |  | -   | regularly appoint or e  | -                                    |                                   | - · ·   |                           |
|          |                    | supporting of                                    | organization.                                      | You must complet  | te Part IV, Sections A  | and B.                               |                                   |   |                           |
| b        |                    | <b>Type II.</b> A s                              | upporting org                                      | anization supervis  | ed or controlled in co  | nnectior                             | n with its                        | supported organizati  | on(s), by having          |
|          |                    | control or m                                     | nanagement o                                       | of the supporting of  | organization vested in  | the sam                              | e persor                          | ns that control or mar  | age the supported         |
|          | _                  | _ organization                                   | i(s). You mus                                      | t complete Part IV  | , Sections A and C.   |                                      |                                   |   |                           |
| С        |                    |  | -  |   | ing organization opera  |                                      |                                   |   | lly integrated with,      |
|          | _                  |  | -  |   | ns). You must comple  |                                      |                                   |   |                           |
| d        |                    |  | -  |   | porting organization of   | -                                    |                                   |   |                           |
|          |                    |  | •  | • •   | nization generally mus  |                                      |                                   |   | d an attentiveness        |
|          |                    |  |  |   | omplete Part IV, Sect   |                                      |                                   |   |                           |
| e        |                    |  | -  |   | a written determinatio  |                                      |                                   |   | II, Type III              |
| f        | En                 |  |  |   | tionally integrated sup   |                                      |                                   | tion.   |                           |
| g        |                    |  |  | -   | orted organization(s).  |                                      |                                   |   | •••••                     |
| 9        |                    | ame of supported                                 | -  | (ii) EIN  | (iii) Type of organization  | (iv) is the                          | organization                      | (v) Amount of monetary  | (vi) Amount of            |
|          | (.)                |  | organization                                       | (   | (described on lines 1-10  | listed in yo                         | ur governing                      | support (see  | other support (see        |
|          |                    |  |  |   | above (see instructions))   | docu<br>Yes                          | ment?<br>No                       | instructions)   | instructions)             |
|          |                    |  |  |   |   | 163                                  |                                   |   |                           |
| (A)      |                    |  |  |   |   |                                      |                                   |   |                           |
| (B)      |                    |  |  |   |   |                                      |                                   |   |                           |
| (B)      |                    |  |  |   |   |                                      |                                   |   |                           |
| (C)      |                    |  |  |   |   |                                      |                                   |   |                           |
| (D)      |                    |  |  |   |   |                                      |                                   |   |                           |
| (E)      |                    |  |  |   |   |                                      |                                   |   |                           |
|          |                    |  |  |   |   |                                      |                                   |   |                           |
| Tot      |                    |  |  | -   |   |                                      |                                   | -   |                           |
| For      | Paper              | work Reduction A                                 | Act Notice, see th                                 | e Instructions for Form   | n 990 or 990-EZ.  |                                      |                                   | Schedule A  | (Form 990 or 990-EZ) 2020 |

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

| Sec  | tion A. Public Support   |                     |                 |                  |                  |                  |              |
|------|--|---------------------|-----------------|------------------|------------------|------------------|--------------|
| Cale | ndar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2016     | <b>(b)</b> 2017 | <b>(c)</b> 2018  | <b>(d)</b> 2019  | (e) 2020         | (f) Total    |
| 1    | Gifts, grants, contributions, and<br>membership fees received. (Do not<br>include any "unusual grants.")   | 15,004,780.         | 21,728,236.     | 24,459,115.      | 24,262,070.      | 36,827,944.      | 122,282,145. |
| 2    | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                     |                 |                  |                  |                  | 0.           |
| 3    | The value of services or facilities<br>furnished by a governmental unit to the<br>organization without charge  |                     |                 |                  |                  |                  | 0.           |
| 4    | Total. Add lines 1 through 3   | 15,004,780.         | 21,728,236.     | 24,459,115.      | 24,262,070.      | 36,827,944.      | 122,282,145. |
| 5    | The portion of total contributions by<br>each person (other than a<br>governmental unit or publicly<br>supported organization) included on<br>line 1 that exceeds 2% of the amount |                     |                 |                  |                  |                  |              |
| _    | shown on line 11, column (f)   |                     |                 |                  |                  |                  | 6,473,396.   |
| 6    | Public support. Subtract line 5 from line 4  |                     |                 |                  |                  |                  | 115,808,749. |
| -    | tion B. Total Support  |                     |                 |                  |                  |                  |              |
| Cale | ndar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2016     | (b) 2017        | (c) 2018         | (d) 2019         | (e) 2020         | (f) Total    |
| 7    | Amounts from line 4  | 15,004,780.         | 21,728,236.     | 24,459,115.      | 24,262,070.      | 36,827,944.      | 122,282,145. |
| 8    | Gross income from interest, dividends,<br>payments received on securities loans,<br>rents, royalties, and income from<br>similar sources   |                     | 106.            | 5,548.           | 183,209.         | 181,152.         | 370,015.     |
| 9    | Net income from unrelated business<br>activities, whether or not the business<br>is regularly carried on   |                     |                 |                  |                  |                  | 0.           |
| 10   | Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part VI.) <u>ATCH 1</u>  | 124,423.            | 120,016.        | 190,292.         | 50,853.          | 207,299.         | 692,883.     |
| 11   | Total support. Add lines 7 through 10  |                     |                 |                  |                  |                  | 123,345,043. |
| 12   | Gross receipts from related activities, etc. (s  | see instructions) . |                 |                  |                  | 12               | 6,875,166.   |
| 13   | First 5 years. If the Form 990 is for organization, check this box and stop here   | <u></u>             |                 |                  |                  |                  |              |
| Sec  | tion C. Computation of Public Sup  | •                   |                 |                  |                  |                  |              |
| 14   | Public support percentage for 2020 (li   |                     | , , , ,         |                  |                  | 14               | 93.89%       |
| 15   | Public support percentage from 2019  |                     |                 |                  |                  | 15               | 94.40 %      |
| 16a  | 331/3% support test - 2020. If the or  | ganization did n    | ot check the bo | x on line 13, ar | nd line 14 is 33 | 1/3 % or more, c |              |
|      | box and <b>stop here.</b> The organization q   |                     |                 | -                |                  |                  |              |
| b    | 331/3% support test - 2019. If the org   | -                   |                 |                  |                  |                  |              |
|      | this box and stop here. The organizati   | -                   |                 | -                |                  |                  |              |
| 17a  | 10%-facts-and-circumstances test - 2   |                     | -               |                  |                  |                  |              |
|      | 10% or more, and if the organization   |                     |                 |                  |                  | -                | -            |
|      | Part VI how the organization meets   |                     |                 |                  | -                |                  |              |
|      | organization   |                     |                 |                  |                  |                  |              |
| b    | 10%-facts-and-circumstances test - 2   |                     |                 |                  |                  |                  |              |
|      | 15 is 10% or more, and if the organi   |                     |                 |                  |                  | -                |              |
|      | in Part VI how the organization meet   |                     |                 | -                | -                |                  |              |
|      | organization   |                     |                 |                  |                  |                  |              |
| 18   | Private foundation. If the organization  |                     |                 |                  |                  |                  |              |
|      | instructions   |                     |                 |                  |                  |                  | <u> 🏲 🖂</u>  |

Schedule A (Form 990 or 990-EZ) 2020

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

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

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

| Sec   | tion A. Public Support  |           |                   |                   |                 |                    |           |
|-------|---|-----------|-------------------|-------------------|-----------------|--------------------|-----------|
|       | ndar year (or fiscal year beginning in) 🕨   | (a) 2016  | (b) 2017          | (c) 2018          | (d) 2019        | (e) 2020           | (f) Total |
| 1     | Gifts, grants, contributions, and membership fees   |           |                   |                   |                 |                    |           |
|       | received. (Do not include any "unusual grants.")  |           |                   |                   |                 |                    |           |
| 2     | Gross receipts from admissions, merchandise   |           |                   |                   |                 |                    |           |
|       | sold or services performed, or facilities   |           |                   |                   |                 |                    |           |
|       | furnished in any activity that is related to the  |           |                   |                   |                 |                    |           |
|       | organization's tax-exempt purpose   |           |                   |                   |                 |                    |           |
| 3     | Gross receipts from activities that are not an  |           |                   |                   |                 |                    |           |
|       | unrelated trade or business under section 513   |           |                   |                   |                 |                    |           |
| 4     | Tax revenues levied for the   |           |                   |                   |                 |                    |           |
|       | organization's benefit and either paid to   |           |                   |                   |                 |                    |           |
|       | or expended on its behalf   |           |                   |                   |                 |                    |           |
| 5     | The value of services or facilities   |           |                   |                   |                 |                    |           |
|       | furnished by a governmental unit to the   |           |                   |                   |                 |                    |           |
|       | organization without charge   |           |                   |                   |                 |                    |           |
| 6     | Total. Add lines 1 through 5  |           |                   |                   |                 |                    |           |
|       | Amounts included on lines 1, 2, and 3   |           |                   |                   |                 |                    |           |
| 74    | received from disqualified persons  |           |                   |                   |                 |                    |           |
| b     | Amounts included on lines 2 and 3   |           |                   |                   |                 |                    |           |
|       | received from other than disqualified   |           |                   |                   |                 |                    |           |
|       | persons that exceed the greater of \$5,000<br>or 1% of the amount on line 13 for the year |           |                   |                   |                 |                    |           |
| ~     | Add lines 7a and 7b.  |           |                   |                   |                 |                    |           |
| 8     | Public support. (Subtract line 7c from  |           |                   |                   |                 |                    |           |
|       | line 6.)  |           |                   |                   |                 |                    |           |
| Sec   | tion B. Total Support   |           |                   |                   |                 |                    |           |
|       | ndar year (or fiscal year beginning in)   | (a) 2016  | <b>(b)</b> 2017   | (c) 2018          | (d) 2019        | (e) 2020           | (f) Total |
| 9     | Amounts from line 6   |           |                   |                   |                 |                    |           |
|       | Gross income from interest, dividends,  |           |                   |                   |                 |                    |           |
|       | payments received on securities loans,  |           |                   |                   |                 |                    |           |
|       | rents, royalties, and income from similar sources   |           |                   |                   |                 |                    |           |
| b     | Unrelated business taxable income (less   |           |                   |                   |                 |                    |           |
|       | section 511 taxes) from businesses  |           |                   |                   |                 |                    |           |
|       | acquired after June 30, 1975  |           |                   |                   |                 |                    |           |
| с     | Add lines 10a and 10b   |           |                   |                   |                 |                    |           |
| 11    | Net income from unrelated business  |           |                   |                   |                 |                    |           |
|       | activities not included in line 10b, whether  |           |                   |                   |                 |                    |           |
|       | or not the business is regularly carried on.  |           |                   |                   |                 |                    |           |
| 12    | Other income. Do not include gain or  |           |                   |                   |                 |                    |           |
| 12    | loss from the sale of capital assets  |           |                   |                   |                 |                    |           |
|       | (Explain in Part VI.)   |           |                   |                   |                 |                    |           |
| 13    | <b>Total support.</b> (Add lines 9, 10c, 11,  |           |                   |                   |                 |                    |           |
|       | and 12.)  |           |                   |                   |                 |                    |           |
| 14    | First 5 years. If the Form 990 is fo  | [         | on's first. secon | d. third. fourth. | or fifth tax ve | ar as a section    | 501(c)(3) |
|       | organization, check this box and <b>stop here</b>   | -         |                   |                   | •               |                    |           |
| Sec   | tion C. Computation of Public Sup   |           |                   |                   |                 |                    |           |
| 15    | Public support percentage for 2020 (line 8  |           | •                 | mn (f))           |                 | 15                 | %         |
| 16    | Public support percentage from 2019 Scho  | .,        | -                 |                   |                 | 16                 | %         |
|       | tion D. Computation of Investmen  |           |                   |                   |                 |                    |           |
| 17    | Investment income percentage for 2020 (li   |           |                   | 13, column (f))   |                 | 17                 | %         |
| 18    | Investment income percentage from 2019  |           |                   |                   |                 | 18                 | %         |
|       | 331/3% support tests - 2020. If the o   |           |                   |                   |                 |                    |           |
|       | 17 is not more than 331/3%, check thi   |           |                   |                   |                 |                    |           |
| h     | 331/3% support tests - 2019. If the org   | -         | -                 | •                 |                 | •••••              |           |
| ~     | line 18 is not more than 331/3%, check  |           |                   |                   |                 |                    |           |
| 20    | <b>Private foundation.</b> If the organization  |           | •                 | •                 |                 |                    |           |
| JSA   |   |           |                   | . , - ,-,         |                 | Schedule A (Form 9 |           |
| 0E122 | <sup>1 1.000</sup><br>GQM4ZZ M998 11/2/2021 5   | :20:41 PM | V 20-7.5F         |                   |                 | -                  | PAGE 1    |

Page 3

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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

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

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

### Section C. Type II Supporting Organizations

 Yes
 No

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

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

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

#### Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Che   | ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insi | tructio  | ns).   |    |
|---|-------|--|----------|--------|----|
| а |       | The organization satisfied the Activities Test. Complete line 2 below.   |          | ,      |    |
| b |       | The organization is the parent of each of its supported organizations. Complete line 3 below.                        |          |        |    |
| с |       | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see   | e instru | ctions | ). |
|   |       |  |          | Yes    |    |
| 2 | Activ | rities Test, <b>Answer lines 2a and 2b below.</b>  |          |        |    |

| а      | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a |  |
|--------|--|----|--|
| b      | Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  | 2b |  |
| 3<br>a | Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b><br>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in <b>Part VI.</b>  | 3a |  |
| b      | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.</i>  | 3b |  |

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| Part V         Type III Non-Functionally Integrated 509(a)(3) Supporting Orga           1         Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organ | g trust on     | Nov. 20, 1970 ( <i>expla</i>  |                                |
|--|----------------|-------------------------------|--------------------------------|
| Section A - Adjusted Net Income  | (A) Prior Year | (B) Current Yea<br>(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<br>gross income or for management, conservation, or maintenance of property<br>held for production of income (see instructions)   | 6              |                               |                                |
| 7 Other expenses (see instructions)  | 7              |                               |                                |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)   | 8              |                               |                                |
| Section B - Minimum Asset Amount   |                | (A) Prior Year                | (B) Current Year<br>(optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see<br>instructions for short tax year or assets held for part of year):   |                |                               |                                |
| a Average monthly value of securities  | 1a             |                               |                                |
| b Average monthly cash balances  | 1b             |                               |                                |
| c Fair market value of other non-exempt-use assets   | 1c             |                               |                                |
| d Total (add lines 1a, 1b, and 1c)   | 1d             |                               |                                |
| e Discount claimed for blockage or other factors (explain in detail in Part VI):   | 1e             |                               |                                |
| 2 Acquisition indebtedness applicable to non-exempt-use assets   | 2              |                               |                                |
| 3 Subtract line 2 from line 1d.  | 3              |                               |                                |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | 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              |                               |                                |
| Section C - Distributable Amount   |                |                               | Current Year                   |
| 1 Adjusted net income for prior year (from Section A, line 8, column A)  | 1              |                               |                                |
| 2 Enter 0.85 of line 1.  | 2              |                               |                                |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A)   | 3              |                               |                                |
| 4 Enter greater of line 2 or line 3.   | 4              |                               |                                |
| 5 Income tax imposed in prior year   | 5              |                               |                                |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6              |                               |                                |
|  |                |                               |                                |

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

Schedule A (Form 990 or 990-EZ) 2020

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

| Part     | V Type III Non-Functionally Integrated 509(a)(3)                    | Supporting Organizat        | ions (continued)                      |      |   |
|----------|---|-----------------------------|---------------------------------------|------|---|
|          | ion D - Distributions   |                             |                                       |      | Current Year                              |
| 1        | Amounts paid to supported organizations to accomplish ex            |                             | 1                                     |      |   |
| 2        | Amounts paid to perform activity that directly furthers exer        | ed                          |                                       |      |   |
|          | organizations, in excess of income from activity                    |                             | 2                                     |      |   |
| 3        | Administrative expenses paid to accomplish exempt purpo             | zations                     | 3                                     |      |   |
| 4        | Amounts paid to acquire exempt-use assets                           |                             |                                       | 4    |   |
| 5        | Qualified set-aside amounts (prior IRS approval required - p        | rovide 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         | the organization is resp    | onsive                                |      |   |
|          | (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)<br>Excess Distributions | (ii)<br>Underdistributior<br>Pre-2020 | าร   | (iii)<br>Distributable<br>Amount for 2020 |
| 1        | Distributable amount for 2020 from Section C, line 6                |                             |                                       |      |   |
| 2        | Underdistributions, if any, for years prior to 2020                 |                             |                                       |      |   |
|          | (reasonable cause required - <i>explain in <b>Part VI</b>).</i> See |                             |                                       |      |   |
|          | instructions.   |                             |                                       |      |   |
| 3        | Excess distributions carryover, if any, to 2020                     |                             |                                       |      |   |
| a        | From 2015   |                             |                                       |      |   |
| b        | From 2016   |                             |                                       |      |   |
| C        | From 2017   |                             |                                       |      |   |
| d        | From 2018   |                             |                                       |      |   |
| 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: \$   |                             |                                       |      |   |
| a        | Applied to underdistributions of prior years                        |                             |                                       |      |   |
| b        | Applied to 2020 distributable amount                                |                             |                                       |      |   |
| C        | 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, <i>explain in Part VI.</i> 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.   |                             |                                       |      |   |
| 8        | Breakdown of line 7:  |                             |                                       |      |   |
|          | Excess from 2016  |                             |                                       |      |   |
| b        | Excess from 2017  |                             |                                       |      |   |
| <u>ح</u> | Excess from 2018  |                             |                                       |      |   |
| d        | Excess from 2019  |                             |                                       |      |   |
| e        | Excess from 2020  |                             | C-L-                                  | dula | A (Form 990 or 990-EZ) 2020               |
|          |   |                             | Sche                                  | uule | A (FORM 990 OF 990-EZ) 2020               |

Schedule A (Form 990 or 990-EZ) 2020

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

| SCHEDULE A, PART II - ( | OTHER INCOME | ]        |          |         | ATTACHMENT 1 |          |
|-------------------------|--------------|----------|----------|---------|--------------|----------|
| DESCRIPTION             | 2016         | 2017     | 2018     | 2019    | 2020         | TOTAL    |
| MISCELLANEOUS INCOME    | 124,423.     | 120,016. | 190,292. | 50,853. | 207,299.     | 692,883. |
| TOTALS =                | 124,423.     | 120,016. | 190,292. | 50,853. | 207,299.     | 692,883. |

### Schedule B

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

Name of the organization

## **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

Employer identification number

11-3344389

MAKE THE ROAD NEW YORK

#### 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 <b>not</b> treated as a private foundation |
|                    | 527 political organization   |
| Form 990-PF        | 501(c)(3) exempt private foundation  |
|                    | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | 501(c)(3) taxable private foundation   |

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

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

#### General Rule

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

#### **Special Rules**

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

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

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

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

(a)

No.

(a)

No.

(a)

No.

(a)

No.

(a)

No.

(a)

No.

JSA

б

5

4

3

2

1

(Complete Part II for noncash contributions.)

PAGE 23

(b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution N/A Х Person Payroll 3,000,000. \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution N/A Х Person Payroll 758,858. \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 N/A Х Person Payroll 2,339,818. \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution N/A Х Person Payroll 887,229. \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution N/A Х Person Payroll 1,982,818. \$ Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution N/A Х Person Payroll 1,832,792. \$ Noncash

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Part I

(a)

No.

JSA

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

PAGE 24

|            | N/A                               | \$837,337.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
|------------|-----------------------------------|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 8          | N/A                               | \$1,210,000.               | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 9          | N/A                               | \$3,326,700.               | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 10         | N/A                               | \$796,443.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |                                   | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |                                   | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |

(b)

Name, address, and ZIP + 4

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number 11-3344389

(d)

Type of contribution

(c)

**Total contributions** 

| Schedule B (Form 990, 99 | 0-EZ, or 990-PF) (2020) | Paga                           |
|--------------------------|-------------------------|--------------------------------|
| Name of organization     | MAKE THE ROAD NEW YORK  | Employer identification number |
|                          |                         | 11-3344389                     |

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|---------------------------|--|---|----------------------|
|                           |  | \$  |                      |
| a) No.<br>from<br>Part I  | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |  | \$  |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |  | \$  |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |  | \$  |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |  | \$  |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |  | \$  |                      |

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

JSA

| Schedule B (Form 990, 990-EZ, or 990-PF) (2020) |      |     |      |     | Page 4 |                                |  |
|---|------|-----|------|-----|--------|--------------------------------|--|
| Name of organization                            | MAKE | THE | ROAD | NEW | YORK   | Employer identification number |  |
|   |      |     |      |     |        | 11-3344389                     |  |

| Part III                  | <i>Exclusively</i> religious, charitable, etc.<br>(10) that total more than \$1,000 for<br>the following line entry. For organizati  | the year from any      | one contributor.   | Complete columns (a) through (e) and            |  |  |  |  |  |  |  |
|---------------------------|--|------------------------|--|---|--|--|--|--|--|--|--|
|                           | contributions of <b>\$1,000 or less</b> for the Use duplicate copies of Part III if additional terms of the second secon |                        |  | ee instructions.) ► \$                          |  |  |  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use                |  | (d) Description of how gift is held             |  |  |  |  |  |  |  |
|                           |  |                        |  |   |  |  |  |  |  |  |  |
|                           |  | (e) Transfer of gift   |  |   |  |  |  |  |  |  |  |
|                           | Transferee's name, address, ar   | nd ZIP + 4             | Relationship of transferor to transferee                 |   |  |  |  |  |  |  |  |
| (a) No                    |  |                        |  |   |  |  |  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use                | of gift  | (d) Description of how gift is held             |  |  |  |  |  |  |  |
|                           |  |                        |  |   |  |  |  |  |  |  |  |
|                           | Transferee's name, address, ar   |                        | sfer of gift<br>Relationship of transferor to transferee |   |  |  |  |  |  |  |  |
|                           |  |                        |  |   |  |  |  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use                | of gift  | (d) Description of how gift is held             |  |  |  |  |  |  |  |
|                           |  |                        |  |   |  |  |  |  |  |  |  |
|                           | Transferee's name, address, ar   | er of gift<br>Relation | nship of transferor to transferee                        |   |  |  |  |  |  |  |  |
|                           |  |                        |  |   |  |  |  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use                | of gift  | (d) Description of how gift is held             |  |  |  |  |  |  |  |
|                           |  |                        |  |   |  |  |  |  |  |  |  |
|                           | (e) Transfer of gift   |                        |  |   |  |  |  |  |  |  |  |
|                           | Transferee's name, address, ar   |                        | -  | nship of transferor to transferee               |  |  |  |  |  |  |  |
|                           |  |                        |  |   |  |  |  |  |  |  |  |
| ISA                       |  |                        |  | Schedule B (Form 990, 990-EZ, or 990-PF) (2020) |  |  |  |  |  |  |  |

\_\_\_\_, ...., , ..., , ..., , (...., , (....,

|       | rtment of the Treasury<br>al Revenue Service |             | Go to www.irs.gov/Form990 for  |                        | latest information.   | Inspection   |
|-------|--|-------------|--|------------------------|---|--|
|       |  | ed "Yes,"   | on Form 990, Part IV, line 3, or Form  | 990-EZ, Part V, line 4 | 6 (Political Campaign Activi  |  |
|       |  |             | Complete Parts I-A and B. Do not comp  |                        |   |  |
|       |  |             | on 501(c)(3)) organizations: Complete I                                      | Parts I-A and C below. | Do not complete Part I-B.   |  |
|       | Section 527 organization                     |             | -  |                        |   |  |
|       |  |             | on Form 990, Part IV, line 4, or Form  |                        |   |  |
|       |  |             | that have filed Form 5768 (election un                                       |                        | •   | •  |
|       |  |             | that have NOT filed Form 5768 (electi<br>on Form 990, Part IV, line 5 (Proxy |                        |   | -  |
| Tax)  | (See separate instruct                       | ions), thei | n  | Tax) (See Separate 1   |   |  |
| •     | Section 501(c)(4), (5),                      | or (6) orga | anizations: Complete Part III.   |                        |   |  |
| Nam   | e of organization                            |             |  |                        | Employer ide  | ntification number   |
| MAK   | E THE ROAD NEW                               | V YORK      |  |                        | 11-334  | 4389   |
| Pa    | rt I-A Complete                              | if the c    | organization is exempt under   | section 501(c) or      | is a section 527 organ  | nization.  |
| 1     | Provide a description                        | on of the   | organization's direct and indirect p   | political campaign a   | ctivities in Part IV. (See in   | nstructions for  |
|       | definition of "politica                      | al campa    | lign activities")  |                        |   |  |
| 2     | Political campaign a                         | activity e  | xpenditures (See instructions)   |                        | ▶\$   |  |
| 3     |  |             | campaign activities (See instructio  |                        |   |  |
| Par   |  |             | organization is exempt under s   |                        |   |  |
| 1     | Enter the amount o                           | of any exc  | cise tax incurred by the organizatio   | n under section 495    | 5▶\$  |  |
| 2     |  |             | cise tax incurred by organization m  |                        |   |  |
| 3     |  |             | a section 4955 tax, did it file Form   |                        |   |  |
| 4a    | -  |             |  |                        |   |  |
|       | If "Yes," describe in                        |             |  |                        |   |  |
|       |  |             | organization is exempt under   | section 501(c), e      | xcept section 501(c)(3  | ).   |
| 1     |  |             | xpended by the filing organization   |                        |   |  |
| 2     |  |             | g organization's funds contributed   |                        |   |  |
| -     |  |             | es   |                        |   |  |
| 3     |  |             | enditures. Add lines 1 and 2. Ent  |                        |   |  |
| Ũ     |  |             |  |                        | -   |  |
| 4     |  |             | e Form 1120-POL for this year?   |                        |   | Yes No   |
| 5     | Enter the names, a                           | ddresses    | and employer identification numb   | er (EIN) of all secti  | on 527 political organiza   | ations to which the filing   |
|       |  |             | s. For each organization listed, en  |                        |   |  |
|       |  |             | ributions received that were prom  |                        |   |  |
|       | as a separate segre                          | gated fur   | nd or a political action committee (   | PAC). If additional s  | pace is needed, provide i   | nformation in Part IV.   |
|       | <b>(a)</b> Name                              |             | (b) Address  | (c) EIN                | (d) Amount paid from<br>filing organization's<br>funds. If none, enter -0 | (e) Amount of political<br>contributions received and<br>promptly and directly |
|       |  |             |  |                        |   | delivered to a separate<br>political organization. If<br>none, enter -0        |
| (1)   |  |             |  | -                      |   |  |
| (2)   |  |             |  | -                      |   |  |
| (c)   |  |             |  |                        |   |  |
| (3)   |  |             |  | -                      |   |  |
| (4)   |  |             |  |                        |   |  |
| (5)   |  |             |  |                        |   |  |
|       |  |             |  |                        |   |  |
| (6)   |  |             |  |                        |   |  |
| For I | Paperwork Reduction                          | Act Notice  | e, see the Instructions for Form 990 o                                       | r 990-EZ.              | Schedul   | e C (Form 990 or 990-EZ) 2020  |



(Fo

SCHEDULE C

| orm 990 or 990-EZ) |                        |                |                        |                    |
|--------------------|------------------------|----------------|------------------------|--------------------|
|                    | For Organizations Exem | pt From Income | Tax Under section 501( | c) and section 527 |

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

| Part II-A Complete if the organization section 501(h)). | on is exempt under section 501(c)(3) and  | filed Form 5768 (elec            | tion under                  |
|---|---|----------------------------------|-----------------------------|
|   | ongs to an affiliated group (and list in Part IV eand share of excess lobbying expenditures). | ach affiliated group memb        | er's name,                  |
| B Check ► if the filing organization che                | ecked box A and "limited control" provisions app  | oly.                             |                             |
|   | ying Expenditures<br>ans amounts paid or incurred.)   | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influence             | public opinion (grassroots lobbying)  | 113,880.                         |                             |
| <b>b</b> Total lobbying expenditures to influence       | a legislative body (direct lobbying)  | 45,271.                          |                             |
| c Total lobbying expenditures (add lines 1a             | a and 1b)   | 159,151.                         |                             |
|   |   | 27,009,905.                      |                             |
|   | l lines 1c and 1d)  | 27,169,056.                      |                             |
| f Lobbying nontaxable amount. Enter the columns.        | e amount from the following table in both   | 1,000,000.                       |                             |
| If the amount on line 1e, column (a) or (b) is:         | The lobbying nontaxable amount is:  |                                  |                             |
| Not over \$500,000                                      | 20% of the amount on line 1e.   |                                  |                             |
| Over \$500,000 but not over \$1,000,000                 | \$100,000 plus 15% of the excess over \$500,000.  |                                  |                             |
| Over \$1,000,000 but not over \$1,500,000               | \$175,000 plus 10% of the excess over \$1,000,000.  |                                  |                             |
| Over \$1,500,000 but not over \$17,000,000              | \$225,000 plus 5% of the excess over \$1,500,000.   |                                  |                             |
| Over \$17,000,000                                       | \$1,000,000.  |                                  |                             |
| g Grassroots nontaxable amount (enter 25                | % of line 1f)   | 250,000.                         |                             |
| h Subtract line 1g from line 1a. If zero or le          | ss, enter -0-   | 0.                               | (                           |
| i Subtract line 1f from line 1c. If zero or les         | ss, enter -0-   | 0.                               | (                           |
|   | on either line 1h or line 1i, did the organiza  | tion file Form 4720              |                             |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

|    | Lobbying Expenditures During 4-Year Averaging Period       |                 |                 |                 |                 |                  |  |  |  |  |
|----|--|-----------------|-----------------|-----------------|-----------------|------------------|--|--|--|--|
|    | Calendar year (or fiscal year beginning in)                | <b>(a)</b> 2017 | <b>(b)</b> 2018 | <b>(c)</b> 2019 | <b>(d)</b> 2020 | <b>(e)</b> Total |  |  |  |  |
| 2a | Lobbying nontaxable amount                                 | 847,907.        | 1,000,000.      | 1,000,000.      | 1,000,000.      | 3,847,907.       |  |  |  |  |
| b  | Lobbying ceiling amount<br>(150% of line 2a, column (e))   |                 |                 |                 |                 | 5,771,861.       |  |  |  |  |
| с  | Total lobbying expenditures                                | 272,269.        | 113,811.        | 137,594.        | 159,151.        | 682,825.         |  |  |  |  |
| d  | Grassroots nontaxable amount                               | 211,977.        | 250,000.        | 250,000.        | 250,000.        | 961,977.         |  |  |  |  |
| e  | Grassroots ceiling amount<br>(150% of line 2d, column (e)) |                 |                 |                 |                 | 1,442,966.       |  |  |  |  |
| f  | Grassroots lobbying expenditures                           | 119,962.        | 40,791.         | 47,569.         | 113,880.        | 322,202.         |  |  |  |  |

Schedule C (Form 990 or 990-EZ) 2020

| Sche         | MAKE THE ROAD NEW YORK<br>dule C (Form 990 or 990-EZ) 2020   |        | 11     | 3344     | 1389        | I     | Page 3 |
|--------------|--|--------|--------|----------|-------------|-------|--------|
| Pa           | rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).   | T file | d For  | m 576    | 8           |       |        |
| _            |  | (ä     | a)     |          | (b          | )     |        |
|              | each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed<br>cription of the lobbying activity.   | Yes    | No     |          | Amo         | unt   |        |
| 1<br>a       | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:<br>Volunteers?                            |        |        |          |             |       |        |
| b<br>c<br>d  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.<br>Media advertisements?   |        |        |          |             |       |        |
| e<br>f<br>g  | Publications, or published or broadcast statements?<br>Grants to other organizations for lobbying purposes?<br>Direct contact with legislators, their staffs, government officials, or a legislative body?   |        |        |          |             |       |        |
| h<br>i<br>j  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?         Other activities?         Total. Add lines 1c through 1i   |        |        |          |             |       |        |
| 2a<br>b<br>c | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912               |        |        |          | _           |       |        |
| d<br>Pa      | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   | (c)(5) | , or s | ectior   | 1           |       |        |
|              |  |        |        |          |             | Yes   | No     |
| 1<br>2<br>3  | Were substantially all (90% or more) dues received nondeductible by members?<br>Did the organization make only in-house lobbying expenditures of \$2,000 or less?<br>Did the organization agree to carry over lobbying and political campaign activity expenditures from |        |        |          | 1<br>2<br>3 |       |        |
| Pa           | rt III-B Complete if the organization is exempt under section 501(c)(4), section 501<br>501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (<br>answered "Yes."   | (c)(5) | , or s | sectior  | 1           | 3, is |        |
| 1            | Dues, assessments and similar amounts from members   |        |        | 1        |             |       |        |
| 2            | Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).   |        |        | 20       |             |       |        |
| a<br>L       |  |        |        | 2a<br>2b |             |       |        |
| b<br>c       | Carryover from last year   |        |        | 20<br>2c |             |       |        |
| 3            | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due   |        |        | 3        |             |       |        |
| 4            | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion  |        |        |          |             |       |        |
|              | excess does the organization agree to carryover to the reasonable estimate of nondeductible lo   |        |        |          |             |       |        |
| -            | and political expenditure next year?   |        |        | 4<br>5   |             |       |        |
| 5            | Taxable amount of lobbying and political expenditures (See instructions)         rt IV       Supplemental Information  |        |        | 3        |             |       |        |

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part IV Supplemental Information (continued)

| SCHEE | DULE D |  |
|-------|--------|--|
| (Form | 990)   |  |

Department of the Treasury

Internal Revenue Service

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

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

2020 **Open to Public** Inspection

OMB No. 1545-0047

| Nam    | ne of the organization  |                   | Employer identification number           |
|--------|---|-------------------|--|
| MA     | KE THE ROAD NEW YORK  |                   | 11-3344389                               |
| Pa     | art I Organizations Maintaining Donor Advised Funds or Other Sin  | nilar Funds o     | r Accounts.                              |
|        | Complete if the organization answered "Yes" on Form 990, Par  | t IV, line 6.     |  |
|        | (a) Donor advised f   | funds             | (b) Funds and other accounts             |
| 1      | Total number at end of year   |                   |  |
| 2      | Aggregate value of contributions to (during year)   |                   |  |
| 3      | Aggregate value of grants from (during year)  |                   |  |
| 4      | Aggregate value at end of year  |                   |  |
| 5      | Did the organization inform all donors and donor advisors in writing that t   | he assets held    | in donor advised                         |
|        | funds are the organization's property, subject to the organization's exclusive le   | egal control?     | Yes 🔄 No                                 |
| 6      | Did the organization inform all grantees, donors, and donor advisors in writi   | ng that grant f   | unds can be used                         |
|        | only for charitable purposes and not for the benefit of the donor or donor a  | advisor, or for a | any other purpose                        |
|        | conferring impermissible private benefit?   |                   | Yes 🔄 No                                 |
| Pa     | art I Conservation Easements.   |                   |  |
|        | Complete if the organization answered "Yes" on Form 990, Par  | t IV, line 7.     |  |
| 1      | Purpose(s) of conservation easements held by the organization (check all that   | apply).           |  |
|        | Preservation of land for public use (for example, recreation or education)  | Preservation      | of a historically important land area    |
|        | Protection of natural habitat   | Preservation      | of a certified historic structure        |
|        | Preservation of open space  |                   |  |
| 2      | Complete lines 2a through 2d if the organization held a qualified conservation  | n contribution ir |  |
|        | easement on the last day of the tax year.   |                   | Held at the End of the Tax Year          |
| а      | Total number of conservation easements  |                   | 2a                                       |
| b      | Total acreage restricted by conservation easements  |                   | 2b                                       |
| С      | Number of conservation easements on a certified historic structure included in  | n (a)             | 2c                                       |
| d      | Number of conservation easements included in (c) acquired after 7/25/06,  | and not on a      |  |
|        | historic structure listed in the National Register  |                   | 2d                                       |
| 3      | Number of conservation easements modified, transferred, released, extingu   | ished, or term    | inated by the organization during the    |
|        | tax year 🕨  |                   |  |
| 4      | Number of states where property subject to conservation easement is located   | ▶                 |  |
| 5      | Does the organization have a written policy regarding the periodic mon  | itoring, inspec   | tion, handling of                        |
|        | violations, and enforcement of the conservation easements it holds?   |                   |  |
| 6      | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations   | s, and enforcing  | conservation easements during the year   |
|        | ▶   |                   |  |
| 7      | Amount of expenses incurred in monitoring, inspecting, handling of violations,  | and enforcing c   | conservation easements during the year   |
|        | ▶\$   |                   |  |
| 8      | Does each conservation easement reported on line 2(d) above satisfy the require   |                   |  |
|        | and section 170(h)(4)(B)(ii)?   |                   |  |
| 9      | In Part XIII, describe how the organization reports conservation easements in   |                   |  |
|        | balance sheet, and include, if applicable, the text of the footnote to the organ  | nization's financ | cial statements that describes the       |
| D      | organization's accounting for conservation easements.<br>art III Organizations Maintaining Collections of Art, Historical Treas                             |                   | a Cimilar Acceto                         |
| F      | art III Organizations Maintaining Collections of Art, Historical Treas<br>Complete if the organization answered "Yes" on Form 990, Par                      |                   | i Sillina Assets.                        |
|        |   |                   |  |
| 1a     | If the organization elected, as permitted under FASB ASC 958, not to repo<br>of art, historical treasures, or other similar assets held for public exhibiti | on, education.    | or research in furtherance of public     |
|        | service, provide in Part XIII the text of the footnote to its financial statements t  | that describes t  | hese items.                              |
| b      |   |                   |  |
|        | art, historical treasures, or other similar assets held for public exhibition, ec   | lucation, or res  | search in furtherance of public service, |
|        | provide the following amounts relating to these items:  |                   |  |
|        | (i) Revenue included on Form 990, Part VIII, line 1   |                   |  |
| •      | (ii) Assets included in Form 990, Part X  |                   |  |
| 2      | If the organization received or held works of art, historical treasures, or   |                   | assets for financial gain, provide the   |
| _      | following amounts required to be reported under FASB ASC 958 relating to the  |                   |  |
| a<br>b | Revenue included on Form 990, Part VIII, line 1   |                   |  |
|        |   |                   | · · · · · · · · · · · · · · · · · · ·    |

Schedule D (Form 990) 2020

MAKE THE ROAD NEW YORK

|            |  | E THE ROAD NEW            | YORK          |   |                         |             | 11-3                 | 344389        |            |
|------------|--|---------------------------|---------------|---|-------------------------|-------------|----------------------|---------------|------------|
| -          | dule D (Form 990) 2020   |                           |               | <del></del>                             |                         |             | <u> </u>             |               | Page 2     |
|            | rt III Organizations Maintaini                                       | -                         |               |   |                         |             |                      |               |            |
| 3          | Using the organization's acquisitio                                  |                           | ther record   | ds, check                               | any of t                | ne follow   | ing that make s      | ignificant u  | se of its  |
|            | collection items (check all that appl                                | y):                       |               | ٦.                                      |                         |             |                      |               |            |
| a          | Public exhibition  |                           | d             | -                                       | or exchang              | je prograr  | n                    |               |            |
| b          | Scholarly research   |                           | e             | Other                                   |                         |             |                      |               |            |
| С          | Preservation for future gener  |                           |               |   |                         |             |                      |               |            |
| 4          | Provide a description of the organ                                   | ization's collections     | and expla     | in how t                                | hey furthe              | er the org  | ganization's exen    | npt purpose   | e in Part  |
| _          | XIII.  |                           |               |   |                         |             |                      |               |            |
| 5          | During the year, did the organizatio                                 |                           |               |   |                         |             |                      |               | <b></b>    |
|            | assets to be sold to raise funds rath                                |                           | ined as pai   | rt of the c                             | organizatio             | on's collec | tion?                | Yes           | No         |
| Pa         | rt IV Escrow and Custodial A   |                           |               | - 000 F                                 |                         |             |                      |               |            |
|            | Complete if the organiza   | tion answered "Yes        | s" on Forn    | n 990, F                                | art IV, IIn             | e 9, or re  | eported an amo       | ount on Fo    | m          |
| 4          | 990, Part X, line 21.  |                           |               |   |                         |             | - () (               |               |            |
| 1 <b>a</b> | Is the organization an agent, trust                                  |                           |               |   |                         |             |                      |               |            |
|            | included on Form 990, Part X?  |                           |               |   |                         | • • • • •   |                      | Yes           | No         |
| b          | If "Yes," explain the arrangement in                                 | h Part XIII and comp      | lete the foll | owing tac                               |                         |             | <b>A</b>             |               |            |
| -          |  |                           |               |   |                         |             | Amou                 | Int           |            |
| c          | Beginning balance  |                           |               |   |                         |             |                      |               |            |
| d          | Additions during the year  |                           |               |   |                         |             |                      |               |            |
| e          | Distributions during the year  |                           |               |   |                         |             |                      |               |            |
| 1          | Ending balance<br>Did the organization include an am                 |                           |               |   |                         |             | a a a unt liability? | Yes           | No         |
| 2a         |  |                           |               |   |                         |             | •                    |               |            |
|            | If "Yes," explain the arrangement in <b>rt V</b> Endowment Funds.    | Part All. Check he        | re ii the ex  | planation                               | nas been                | provided    |                      |               | •          |
| Pa         | rt V Endowment Funds.<br>Complete if the organiza                    | tion answered "Ver        | s" on Forr    | m 000 E                                 | Part IV/ lin            | o 10        |                      |               |            |
|            |  | (a) Current year          | (b) Prior     |   | (c) Two ye              |             | (d) Three years back |               | /ears back |
|            |  | 10,934,581.               | 10,013        |   |                         | 9,964.      | 3,070,085            |               | 87,951.    |
| 1a         | Beginning of year balance  | 6,197,489.                |               | 5,319.                                  |                         | 7,875.      | 6,673,834            |               | 49,346.    |
| b          | Contributions  | 0,197,109.                | 5,050         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1,55                    | 1,015.      | 0,0,0,0,001          | . 2,5         | <u> </u>   |
| С          | Net investment earnings, gains,                                      |                           |               |   |                         |             |                      |               |            |
|            | and losses   |                           |               |   |                         |             |                      |               |            |
|            | Grants or scholarships   |                           |               |   |                         |             |                      |               |            |
| е          | Other expenditures for facilities                                    | 6,607,384.                | 4.715         | 5,475.                                  | 4.70                    | 4,102.      | 2,623,955            | 3.3           | 67,212.    |
|            | and programs   |                           | , -           | ,                                       | , -                     | ,           | , ,                  | ,.            |            |
| f          | Administrative expenses  | 10,524,686.               | 10,934        | 1,581.                                  | 10,01                   | 3,737.      | 7,119,964            | . 3,0         | 70,085.    |
| g          | End of year balance  |                           |               |   |                         |             |                      |               |            |
| 2<br>a     | Provide the estimated percentage<br>Board designated or quasi-endowm |                           | %             | e (inte Ty,                             | column (a               |             |                      |               |            |
| b          | Permanent endowment  | %                         | - ''          |   |                         |             |                      |               |            |
| c          | Term endowment ▶ 100.0000  |                           |               |   |                         |             |                      |               |            |
|            | The percentages on lines 2a, 2b, a                                   |                           | 00%.          |   |                         |             |                      |               |            |
| 3a         | Are there endowment funds not in                                     |                           |               | tion that                               | are held a              | nd admin    | istered for the      |               |            |
|            | organization by:   | ·                         | 0             |   |                         |             |                      | Ŷ             | es No      |
|            | (i) Unrelated organizations  |                           |               |   |                         |             |                      | 3a(i)         | X          |
|            | (ii) Related organizations   |                           |               |   |                         |             |                      |               | X          |
| b          | If "Yes" on line 3a(ii), are the relate                              |                           |               |   |                         |             |                      |               |            |
| 4          | Describe in Part XIII the intended u                                 | ses of the organizat      | ion's endov   | vment fur                               | nds.                    |             |                      | ·             |            |
| Ра         | rt VI Land, Buildings, and Equ                                       | ipment.                   | . –           |   |                         |             |                      |               |            |
|            | Complete if the organiza   |                           | 1             |   |                         | 1           |                      |               |            |
| _          | Description of property  | (a) Cost or (<br>(investr |               |   | or other basis<br>ther) |             | cumulated eciation   | (d) Book valu | 1e         |
| 1a         | Land   |                           |               | 6,0                                     | 47,538                  | •           |                      | 6,04          | 7,538.     |
| b          | Buildings  |                           |               | 9                                       | 40,319                  | . 1         | 99,362.              | 74            | 0,957.     |
| с          | Leasehold improvements   |                           |               |   | 56,948                  | . 4         | 25,610.              | 23            | 1,338.     |
| d          | Equipment.   |                           |               | 7                                       | 80,980                  |             | 10,458.              |               | 0,522.     |
| e          | Other  |                           |               |   | 91,401                  |             | 90,938.              |               | 0,463.     |
| Tota       | I. Add lines 1a through 1e. (Column                                  |                           | 990, Part 2   | X, columi                               | n (B), line             | 10c.)       |                      | 8,99          | 0,818.     |

Schedule D (Form 990) 2020

JSA 0E1269 1.000

| Part VII          | Investments - Other Securities.<br>Complete if the organization answered | d "Yes" on Form 990 | ), Part IV, line 11b. See Form 990, P                 | art X, line 12.       |
|-------------------|--|---------------------|---|-----------------------|
|                   | (a) Description of security or category<br>(including name of security)  | (b) Book value      | (c) Method of valuation<br>Cost or end-of-year market | :                     |
| (1) Financi       | al derivatives   |                     |   |                       |
| (2) Closely       | held equity interests  |                     |   |                       |
| (3) Other         |  |                     |   |                       |
| (A)               |  |                     |   |                       |
| (B)               |  |                     |   |                       |
| (C)               |  |                     |   |                       |
| (D)               |  |                     |   |                       |
| (E)               |  |                     |   |                       |
| (F)               |  |                     |   |                       |
| (G)               |  |                     |   |                       |
| (H)               |  |                     |   |                       |
| . ,               | n (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨                |                     |   |                       |
| Part VIII         |  |                     |   |                       |
|                   | Complete if the organization answered                                    |                     |   |                       |
|                   | (a) Description of investment  | (b) Book value      | (c) Method of valuation<br>Cost or end-of-year market |                       |
|                   |  |                     |   |                       |
| <u>(1)</u>        |  |                     |   |                       |
| (2)               |  |                     |   |                       |
| (3)               |  |                     |   |                       |
| (4)               |  |                     |   |                       |
| (5)               |  |                     |   |                       |
| (6)               |  |                     |   |                       |
| (7)               |  |                     |   |                       |
| (8)               |  |                     |   |                       |
| (9)               |  |                     |   |                       |
|                   | n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨                |                     |   |                       |
| Part IX           | Other Assets.  |                     |   |                       |
|                   | Complete if the organization answered                                    | d "Yes" on Form 990 | ), Part IV, line 11d. See Form 990, P                 | art X, line 15.       |
|                   | (a) De   | escription          |   | (b) Book value        |
| (1)               |  |                     |   | . ,                   |
| (2)               |  |                     |   |                       |
| (3)               |  |                     |   |                       |
|                   |  |                     |   |                       |
| (4)               |  |                     |   |                       |
| (5)               |  |                     |   |                       |
| (6)               |  |                     |   |                       |
| (7)               |  |                     |   |                       |
| (8)               |  |                     |   |                       |
| (9)               |  |                     |   |                       |
|                   | umn (b) must equal Form 990, Part X, col. (B)                            | line 15.)           | <u></u>   |                       |
| Part X            | Other Liabilities.   |                     |   |                       |
|                   | Complete if the organization answered line 25.                           | d "Yes" on Form 990 | ), Part IV, line 11e or 11f. See Form                 | 990, Part X,          |
| 1.                |  | otion of liability  |   | <b>(b)</b> Book value |
| . ,               | ral income taxes   |                     |   |                       |
| <u> </u>          | IRE LEASE PAYABLE  |                     |   | 123,425.              |
| (3)               |  |                     |   |                       |
| (4)               |  |                     |   |                       |
| (5)               |  |                     |   |                       |
| (6)               |  |                     |   |                       |
|                   |  |                     |   |                       |
| (7)               |  |                     |   |                       |
| (7)               |  |                     |   |                       |
| (7)<br>(8)<br>(9) |  |                     |   |                       |

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

| Schedu | le D (Form 990) 2020  |         | Page <b>4</b> |
|--------|---|---------|---------------|
| Part   | XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  | n.      |               |
| 1      | Total revenue, gains, and other support per audited financial statements  | 1       |               |
| 2      | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |         |               |
| а      | Net unrealized gains (losses) on investments  |         |               |
| b      | Donated services and use of facilities  |         |               |
| с      | Recoveries of prior year grants   |         |               |
| d      | Other (Describe in Part XIII.)  |         |               |
| е      | Add lines 2a through 2d   | 2e      |               |
| 3      | Subtract line 2e from line 1  | 3       |               |
| 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.)  |         |               |
| С      | Add lines <b>4a</b> and <b>4b</b>   | 4c      |               |
| 5      | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   | 5       |               |
| Part   | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | ırn.    |               |
| 1      | Total expenses and losses per audited financial statements  | 1       |               |
| 2      | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |         |               |
| а      | Donated services and use of facilities  |         |               |
| b      | Prior year adjustments  |         |               |
| С      | Other losses  |         |               |
| d      | Other (Describe in Part XIII.)  |         |               |
| e      | Add lines 2a through 2d   | 2e      |               |
| 3      | Subtract line <b>2e</b> from line <b>1</b>  | 3       |               |
| 4      | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |         |               |
| a      | Investment expenses not included on Form 990, Part VIII, line 7b 4a   |         |               |
| b      | Other (Describe in Part XIII.)  |         |               |
| c      | Add lines 4a and 4b   | 4c      |               |
| 5      | Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ).   | 5       |               |
|        | XIII Supplemental Information.  |         |               |
|        | le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F  |         | Part X, line  |
| 2; Par | t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforn  | nation. |               |

SEE PAGE 5

Part XIII Supplemental Information (continued) FORM 990, SCHEDULE D, PART X, LINE 2 MRNY IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION FILES TAX RETURNS IN THE US FEDERAL JURISDICTION AND NEW YORK. THE ORGANIZATION FOLLOWS THE ACCOUNTING PRONOUNCEMENT RELATING TO UNCERTAIN TAX POSITIONS. THERE ARE NO INCOME TAX RELATED PENALTIES AND INTEREST IN THE PERIODS REPORTED IN THESE FINANCIAL STATEMENTS.

| SCHEDULE G   | Supplemental  | Information Re                                 | garding                      | Fundra                                    | ising or Gamin                                    | g Activities   | OMB No. 1545-0047                                       |
|--|---|--|------------------------------|---|---|--|---|
| (Form 990 or 990-EZ)   | Complete if t   | the organization answer organization entered n | ed "Yes" on<br>nore than \$1 | Form 990, F<br>5,000 on Fo                | Part IV, line 17, 18, or 1<br>rm 990-EZ, line 6a. | 9, or if the   | 2020  |
| Department of the Treasury<br>Internal Revenue Service         |   | ► Attach<br>So to www.irs.gov/Form             |                              | ) or Form 99<br>uctions and               |   |  | Open to Public<br>Inspection                            |
| Name of the organization                                       |   |  |                              |   |   | Employer identification  |   |
| MAKE THE ROAD N  | EW YORK   |  |                              |   |   | 11-3344389   |   |
|  | ng Activities. Comp<br>-EZ filers are not re  | -  |                              |   | Yes" on Form 99                                   | 0, Part IV, line 1   | 7.  |
| 1 Indicate whethe  | r the organization rai  | sed funds through a                            | any of the                   | following                                 | activities. Check a                               | all that apply.  |   |
| a 🔄 Mail solicita  | itions  | е  | Solic                        | citation of                               | non-government g                                  | rants  |   |
| <b>b</b> Internet and  | d email solicitations   | f  |                              |   | government grants                                 | 3  |   |
| c Phone solic  |   | g  | Spec                         | cial fundra                               | ising events                                      |  |   |
| d 🔄 In-person s  |   |  |                              |   |   |  |   |
| b If "Yes," list the   | ation have a written o<br>es listed in Form 990<br>10 highest paid indi<br>least \$5,000 by the | ), Part VII) or entity ividuals or entities    | in connec                    | tion with p                               | professional fundra                               | ising services?  | Yes No<br>fundraiser is to be                           |
| (i) Name and add<br>or entity (fi                              |   | (ii) Activity                                  | custody o                    | draiser have<br>or control of<br>outions? | (iv) Gross receipts from activity                 | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col. (i) | (vi) Amount paid to<br>(or retained by)<br>organization |
|  |   |  | Yes                          | No  |   |  |   |
| 1  |   |  |                              |   |   |  |   |
| 2  |   |  |                              |   |   |  |   |
| 3  |   |  |                              |   |   |  |   |
| 4  |   |  |                              |   |   |  |   |
| 5  |   |  |                              |   |   |  |   |
| 6  |   |  |                              |   |   |  |   |
| 7  |   |  |                              |   |   |  |   |
| 8  |   |  |                              |   |   |  |   |
| 9  |   |  |                              |   |   |  |   |
| 10   |   |  |                              |   |   |  |   |
|  |   |  |                              |   |   |  |   |
| Total         3       List all states in registration or light | which the organiza  | tion is registered o                           | r licensed                   | ▶<br>d to solicit                         | contributions or                                  | has been notified  | it is exempt from                                       |
|  |   |  |                              |   |   |  |   |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 0E1281 1.000 GQM4ZZ M998 11/2/2021 5:20:41 PM V 20-7.5F Schedule G (Form 990 or 990-EZ) 2020

| Sch                    | edule G (Form 990 or 990-EZ) 2020   |   |   |                  | Page <b>2</b>                                    |
|------------------------|---|---|---|------------------|--|
| Pa                     | art II Fundraising Events. Complet<br>more than \$15,000 of fundra<br>events with gross receipts gree | aising event contributi                           |   |                  |  |
|                        |   | (a) Event #1<br>GALA                              | (b) Event #2                                  | (c) Other events | (d) Total events<br>(add col. (a) through        |
|                        |   | (event type)                                      | (event type)                                  | (total number)   | col. (c))  |
| Revenue                | 1 Gross receipts  | 213,399.  |   |                  | 213,399.   |
| R                      | 2 Less: Contributions   | 185,908.  |   |                  | 185,908.   |
|                        | 3 Gross income (line 1 minus<br>line 2)   | 27,491.   |   |                  | 27,491.  |
|                        | 4 Cash prizes   |   |   |                  |  |
|                        | 5 Noncash prizes  |   |   |                  |  |
| sesue                  | 6 Rent/facility costs   |   |   |                  |  |
| <b>Direct Expenses</b> | 7 Food and beverages  | 195.  |   |                  | 195.   |
| Direc                  | 8 Entertainment   | 950.  |   |                  | 950.   |
|                        | 9 Other direct expenses   | 26,346.   |   |                  | 26,346.  |
|                        | <ul><li>10 Direct expense summary. Add lin</li><li>11 Net income summary. Subtract lin</li></ul>      | es 4 through 9 in colu<br>ne 10 from line 3. colu | mn (d)  |                  | 27,491.  |
| Pa                     | Gaming. Complete if the org<br>\$15,000 on Form 990-EZ, lin   | anization answered ""                             |   |                  | reported more than                               |
| Revenue                |   | <b>(a)</b> Bingo                                  | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Rev                    | 1 Gross revenue   |   |   |                  |  |
| enses                  | 2 Cash prizes   |   |   |                  |  |
| zpen                   | 3 Noncash prizes  |   |   |                  |  |
| Direct Exp             | 4 Rent/facility costs   |   |   |                  |  |
|                        | 5 Other direct expenses   |   |   |                  |  |
|                        | 6 Volunteer labor   | Yes %   | │   | Yes%             |  |
|                        | 7 Direct expense summary. Add lin   | es 2 through 5 in colu                            | mn (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?
b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 Yes No
 b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2020

►

JSA

| MAKE | THE | ROAD | NEW | YORK |
|------|-----|------|-----|------|
|------|-----|------|-----|------|

|       | FIARE THE ROAD NEW TORR   | TT 22-     | 11309  |        |
|-------|---|------------|--------|--------|
| Sched | lule G (Form 990 or 990-EZ) 2020  |            |        | Page 3 |
| 11    | Does the organization conduct gaming activities with nonmembers?  |            | Yes    | No     |
| 12    | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enti |            |        |        |
|       | formed to administer charitable gaming?   |            | Yes    | No     |
| 13    | Indicate the percentage of gaming activity conducted in:  |            |        |        |
| a     | The organization's facility   | 13a        |        | %      |
|       | An outside facility   |            |        | %      |
| 14    | Enter the name and address of the person who prepares the organization's gaming/special events bool         |            |        | ///    |
| 17    | records:  | to una     |        |        |
|       |   |            |        |        |
|       | Name 🕨  |            |        |        |
|       | Name  |            |        |        |
|       | Address   |            |        |        |
|       |   |            |        |        |
| 15 a  | Does the organization have a contract with a third party from whom the organization receives                | aamina     |        |        |
|       | revenue?  |            | Yes    | No     |
| b     | If "Yes," enter the amount of gaming revenue received by the organization ► \$                              | and the    |        |        |
| ~     | amount of gaming revenue retained by the third party $\triangleright$ \$                                    |            |        |        |
| c     | If "Yes," enter name and address of the third party:  |            |        |        |
| U     |   |            |        |        |
|       | Name ►  |            |        |        |
|       |   |            |        |        |
|       | Address   |            |        |        |
|       |   |            |        |        |
| 16    | Gaming manager information:   |            |        |        |
|       |   |            |        |        |
|       | Name  |            |        |        |
|       |   |            |        |        |
|       | Gaming manager compensation ► \$  |            |        |        |
|       |   |            |        |        |
|       | Description of services provided  |            |        |        |
|       |   |            |        |        |
|       | Director/officer Employee Independent contractor  |            |        |        |
|       |   |            |        |        |
| 17    | Mandatory distributions:  |            |        |        |
| а     | Is the organization required under state law to make charitable distributions from the gaming pr            | oceeds to  | )      |        |
|       | retain the state gaming license?  |            | Yes    | No     |
| b     | Enter the amount of distributions required under state law to be distributed to other exempt org            |            |        |        |
|       | or spent in the organization's own exempt activities during the tax year 🕨 \$                               |            |        |        |
| Par   |   |            |        |        |
|       | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition                 | onal infor | mation |        |
|       | (see instructions).   |            |        |        |
|       |   |            |        |        |

Schedule G (Form 990 or 990-EZ) 2020

|   |                |                                    | Assistance t                |                                       | •   | -                                     | OMB No. 1545-0047                     |
|---|----------------|------------------------------------|-----------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|
| (Form 990) Governments, and Individuals in the United States<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.                            |                |                                    |                             |                                       |   |                                       |                                       |
| Com   | plete if the o | -                                  |                             |                                       | , line 21 or 22.  |                                       | 2020<br>Open to Public                |
| Department of the Treasury  |                |                                    | ttach to Form 990           |                                       |   |                                       | Inspection                            |
| Internal Revenue Service  | ► Go           | to www.irs.gov                     | /Form990 for the I          | atest information                     | 1.  |                                       |                                       |
| Name of the organization  |                |                                    |                             |                                       |   | Employer identifica                   |                                       |
| MAKE THE ROAD NEW YORK  |                |                                    |                             |                                       |   | 11-33443                              | 89                                    |
| Part I General Information on Grants and  | d Assistanc    | e                                  |                             |                                       |   |                                       |                                       |
| <ol> <li>Does the organization maintain records to su<br/>the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's process</li> </ol> | s or assistanc | xe?                                |                             |                                       |   |                                       | X Yes No                              |
| Part II Grants and Other Assistance to D  | omestic Or     | ganizations ar                     | nd Domestic Gov             | vernments. Com                        | plete if the organiz  | ation answered "                      | Yes" on Form 990,                     |
| Part IV, line 21, for any recipient the   | hat received   | more than \$5                      | ,000. Part II can b         | be duplicated if a                    | additional space is r                                       | needed.                               |                                       |
| 1 (a) Name and address of organization<br>or government   | (b) EIN        | (c) IRC section<br>(if applicable) | (d) Amount of cash<br>grant | (e) Amount of non-<br>cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance |
| (1) CYPRESS HILLS LOCAL DEVELOPMENT CORP  |                |                                    |                             |                                       |   |                                       |                                       |
| 625 JAMAICA AVENUE BROOKLYN, NY 11208   | 11-2683663     | 501(C)(3)                          | 60,000.                     |                                       |   |                                       | YOUTH ORGANIZING                      |
| (2) ALLIANCE FOR GREATER NEW YORK   |                |                                    |                             |                                       |   |                                       | WORKPLACE JUSTICE                     |
| 50 BROADWAY, 29TH FL NEW YORK, NY 10004   | 20-0559291     | 501(C)(3)                          | 80,000.                     |                                       |   |                                       | ORGANIZING                            |
| (3) CHURCHES UNITED FAIR HOUSING  |                |                                    |                             |                                       |   |                                       |                                       |
| 7 MARCUS GARVEY BLVD BROOKLYN, NY 11206   | 26-4698161     | 501(C)(3)                          | 15,000.                     |                                       |   |                                       | HOUSING ORGANIZING                    |
| (4) PUBLIC POLICY & EDUCATION FUND OF NEW YORK  |                |                                    |                             |                                       |   |                                       | WORKPLACE JUSTICE                     |
| 94 CENTRAL AVE ALBANY, NY 12206   | 13-3364209     | 501(C)(3)                          | 75,000.                     |                                       |   |                                       | ORGANIZING                            |
| (5) MAKE THE ROAD ACTION  |                |                                    |                             |                                       |   |                                       | WORKPLACE JUSTICE                     |
| 449 TROUTMAN STREET BROOKLYN, NY 11237  | 27-1408443     | 501(C)(4)                          | 130,000.                    |                                       |   |                                       | ORGANIZING                            |
| (6) NEW YORK COMMUNITIES FOR CHANGE   |                |                                    |                             |                                       |   |                                       | WORKPLACE JUSTICE                     |
| 1 METROTECH CENTER N BROOKLYN, NY 11201   | 27-1359103     | 501(C)(4)                          | 47,500.                     |                                       |   |                                       | ORGANIZING                            |
| (7) NORTHWEST BRONX COMMUNITY & CLERGY COALITIO   |                |                                    |                             |                                       |   |                                       |                                       |
| 103 E 96TH ST. BRONX, NY 10468  | 13-2806160     | 501(C)(3)                          | 60,000.                     |                                       |   |                                       | YOUTH ORGANIZING                      |
| (8) ROCKAWAY YOUTH TASK FORCE   |                |                                    |                             |                                       |   |                                       |                                       |
| 1920 MOTT AVENUE FAR ROCKAWAY, NY 11691   | 45-4926515     | 501(C)(3)                          | 60,000.                     |                                       |   |                                       | YOUTH ORGANIZING                      |
| (9) FIFTH AVENUE COMMITTEE INC  | _              |                                    |                             |                                       |   |                                       |                                       |
| 621 DEGRAW ST BROOKLYN, NY 11217  | 11-2475743     | 501(C)(3)                          | 90,000.                     |                                       |   |                                       | HEALTH PROGRAMS                       |
| (10) NEW YORK LEGAL ASSISTANCE GROUP  | _              |                                    |                             |                                       |   |                                       | IMMIGRATION LEGAL                     |
| 7 HANOVER SQ NEW YORK, NY 10004   | 13-3505428     | 501(C)(3)                          | 75,715.                     |                                       |   |                                       | SERVICES                              |
| (11) UNLOCAL INC  | 4              |                                    |                             |                                       |   |                                       | IMMIGRATION LEGAL                     |
| 45 W 29 ST NEW YORK, NY 10001   | 41-2278265     | 501(C)(3)                          | 89,562.                     |                                       |   |                                       | SERVICES                              |
| (12) COMMUNITIES RESIST INC   |                |                                    |                             |                                       |   |                                       |                                       |
| 109 SOUTH 5TH STREET BROOKLYN, NY 11249   | 84-1899350     | 501(C)(3)                          | 15,000.                     |                                       |   |                                       | HOUSING ORGANIZING                    |
| 2 Enter total number of section 501(c)(3) and   | 0              | 0                                  |                             |                                       |   |                                       | •                                     |
| 3 Enter total number of other organizations listed in the line 1 table  |                |                                    |                             |                                       |   |                                       |                                       |

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| SCHEDULE I Grants and Other Assistance to Organizations,     |                 |                                    |                             |                                       |   |                                       | OMB No. 1545-0047                     |
|--|-----------------|------------------------------------|-----------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|
| (Form 990) Governments, and Individuals in the United States |                 |                                    |                             |                                       |   |                                       | 2020                                  |
| Com  | plete if the o  | rganization ans                    | wered "Yes" on F            | orm 990, Part IV                      | , line 21 or 22.  |                                       |                                       |
| Department of the Treasury                                   |                 | ► A                                | ttach to Form 990           |                                       |   |                                       | Open to Public                        |
| Internal Revenue Service                                     | ► Go            | to www.irs.gov                     | /Form990 for the I          | atest informatior                     | 1.  |                                       | Inspection                            |
| Name of the organization                                     |                 |                                    |                             |                                       |   | Employer identificat                  | ion number                            |
| MAKE THE ROAD NEW YORK                                       |                 |                                    |                             |                                       |   | 11-334438                             | 39                                    |
| Part I General Information on Grants and                     | d Assistanc     | e                                  |                             |                                       |   |                                       |                                       |
| 1 Does the organization maintain records to s                | ubstantiate th  | he amount of the                   | e grants or assista         | nce, the grantees                     | eligibility for the grant                                   | ts or assistance, and                 |                                       |
| the selection criteria used to award the grant               |                 |                                    | -                           | -                                     |   |                                       | X Yes No                              |
| 2 Describe in Part IV the organization's proceed             |                 |                                    |                             |                                       |   |                                       |                                       |
| Part II Grants and Other Assistance to D                     |                 | 5                                  | •                           |                                       | nlete if the organiz  | vation answered "V                    | les" on Form 990                      |
|  |                 | -                                  |                             |                                       |   |                                       | es on on 530,                         |
| Part IV, line 21, for any recipient the                      | nat received    | more man 55                        | ,000. Part II can t         |                                       | •   |                                       |                                       |
| 1 (a) Name and address of organization<br>or government      | (b) EIN         | (c) IRC section<br>(if applicable) | (d) Amount of cash<br>grant | (e) Amount of non-<br>cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance |
| (1) EL PUENTE  |                 |                                    |                             |                                       |   |                                       |                                       |
| 211 SOUTH 4TH STREET BROOKLYN, NY 11211                      | 11-2614265      | 501(C)(3)                          | 15,000.                     |                                       |   |                                       | HOUSING ORGANIZING                    |
| (2) FISAL POLICY INSTITUTE                                   |                 |                                    |                             |                                       |   |                                       | WORKPLACE JUSTICE                     |
| 1 LEAR JET LANE, SUITE 1A LATHAM, NY 12110                   | 14-1737256      | 501(C)(3)                          | 20,000.                     |                                       |   |                                       | ORGANIZING                            |
| (3) JEWS FOR RACIAL & ECONOMIC JUSTICE INC                   |                 |                                    |                             |                                       |   |                                       | WORKPLACE JUSTICE                     |
| 330 SEVENTH AVE, STE. 1901                                   | 13-3694790      | 501(C)(3)                          | 30,000.                     |                                       |   |                                       | ORGANIZING                            |
| (4) LOCAL INITIATIVES SUPPORT                                |                 |                                    |                             |                                       |   |                                       |                                       |
| 28 LIBERTY ST NEW YORK, NY 10005                             | 13-3030229      | 501(C)(3)                          | 20,000.                     |                                       |   |                                       | HEALTH PROGRAMS                       |
| (5) MAKE THE ROAD STATES, INC                                |                 |                                    |                             |                                       |   |                                       |                                       |
| 301 GROVE ST BROOKLYN, NY 11237                              | 84-3988830      | 501(C)(3)                          | 140,000.                    |                                       |   |                                       | ORGANIZING                            |
| (6) TIDES CENTER   |                 |                                    |                             |                                       |   |                                       | WORKPLACE JUSTICE                     |
| 540 PRESIDENT STREET, BROOKLYN, NY 11215                     | 94-3213100      | 501(C)(3)                          | 8,000.                      |                                       |   |                                       | ORGANIZING                            |
| (7) TRANSNATIONAL VILLAGES NETWORK                           | _               |                                    |                             |                                       |   |                                       | WORKPLACE JUSTICE                     |
| 366 E 146TH STREET BRONX, NY 10455                           | 82-2237105      | 501(C)(3)                          | 8,000.                      |                                       |   |                                       | ORGANIZING                            |
| _(8)   | -               |                                    |                             |                                       |   |                                       |                                       |
| (9)  | _               |                                    |                             |                                       |   |                                       |                                       |
| (10)   |                 |                                    |                             |                                       |   |                                       |                                       |
|  |                 |                                    |                             |                                       |   |                                       |                                       |
| (11)   | -               |                                    |                             |                                       |   |                                       |                                       |
| (12)   | -               |                                    |                             |                                       |   |                                       |                                       |
| 2 Enter total number of section 501(c)(3) and                |                 | <br>organizations lis              | tod in the line 1 tot       |                                       |   | L                                     | 17.                                   |
|  |                 |                                    |                             |                                       |   |                                       | 2.                                    |
| 3 Enter total number of other organizations lis              | ted in the line |                                    |                             |                                       |   | •••••                                 | ۷.                                    |

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

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

| (a) Type of grant or assistance       | (b) Number of recipients | (c) Amount of cash grant | <b>(d)</b> Amount of non-cash assistance | <b>(e)</b> Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------------|--------------------------|--------------------------|--|--|--|
| YOUTH STIPENDS                        | 9.                       | 10,808.                  |  |  |  |
|                                       |                          | 10,0001                  |  |  |  |
|                                       |                          |                          |  |  |  |
| 3                                     |                          |                          |  |  |  |
| i i i i i i i i i i i i i i i i i i i |                          |                          |  |  |  |
|                                       |                          |                          |  |  |  |
|                                       |                          |                          |  |  |  |
| ,                                     |                          |                          |  |  |  |

FORM 990, SCHEDULE I, PART I

MAKE THE ROAD NEW YORK, INC EXECUTES EITHER A CONTRACT FROM THE FUNDER OR

A MEMORANDUM OF UNDERSTANDING WHICH DEFINES THE GRANT TERM, AWARD AMOUNT,

PROGRAM DELIVERABLES AND SUPPORTING DOCUMENTATION THAT NEEDS TO BE

PROVIDED TO MAKE THE ROAD NEW YORK, INC IN ORDER TO RECEIVE PAYMENT FOR A

GRANT. THE GRANT MANAGER MONITORS THE RELATIONSHIP WITH THE GRANT

RECIPIENT TO MAKE SURE THEY ARE COMPLIANT BEFORE REQUESTS FOR PAYMENT ARE

SENT TO THE FINANCE DEPARTMENT. THE FINANCE DEPARTMENT ALSO VERIFIES THAT

ALL DOCUMENTS SUBMITTED ARE SUBSTANTIAL AND ADHERE TO THE FINANCIAL

GUIDELINES.

JSA

Page 2

| SCHEDULE J Compensation Information |  |  |   |                         | OMB No.        | 1545-0 | 047  |
|-------------------------------------|--|--|---|-------------------------|----------------|--------|------|
| (Forn                               | n 990)   | For certain Officers, Dire   | ectors, Trustees, Key Employees, and Highest  |                         | ୬ଜ             | 20     |      |
|                                     |  |  | mpensated Employees<br>on answered "Yes" on Form 990, Part IV, line 2                             | 23.                     | ZU             | ZU     | J    |
|                                     | Partment of the Treasury ► Attach to Form 990. |  |   |                         |                |        | olic |
|                                     | Revenue Service<br>of the organization         | Go to www.irs.gov/Forms  | 990 for instructions and the latest information.  | Employer identification |                | ectio  | n    |
|                                     | E THE ROAD                                     | NEW YORK   |   | 11-334438               |                |        |      |
| Part                                | Question                                       | s Regarding Compensation   |   |                         |                |        |      |
|                                     |  |  |   |                         |                | Yes    | No   |
| 1a                                  |  |  | ovided any of the following to or for a pers  |                         | ۱ 🗌            |        |      |
|                                     |  |  | provide any relevant information regarding  |                         |                |        |      |
|                                     |  | ss or charter travel   | Housing allowance or residence for  |                         |                |        |      |
|                                     |  | or companions  | Payments for business use of perso  |                         |                |        |      |
|                                     |  | emnification and gross-up payments                                   | Health or social club dues or initiation  |                         |                |        |      |
|                                     | Discretio                                      | onary spending account   | Personal services (such as maid, ch   | auffeur, chef)          |                |        |      |
| b                                   | or reimburse                                   | ment or provision of all of the ex                                   | ne organization follow a written policy re<br>openses described above? If "No," com               | plete Part III to       | <b>)</b>       |        |      |
| 2                                   | explain  |  |   | incurred by a           | 1b             |        |      |
| 2                                   | •  |  | <ul> <li>to reimbursing or allowing expenses</li> </ul> D/Executive Director, regarding the items | •                       |                |        |      |
|                                     |  |  |   |                         | 2              |        |      |
| 2                                   |  |  |   | *ha                     | -              |        |      |
| 3                                   |  |  | on used to establish the compensation of<br>at apply. Do not check any boxes for metho            |                         |                |        |      |
|                                     |  |  | e CEO/Executive Director, but explain in P  |                         |                |        |      |
|                                     |  | nsation committee  | Written employment contract   |                         |                |        |      |
|                                     | · · ·  | dent compensation consultant   | X Compensation survey or study  |                         |                |        |      |
|                                     |  | 00 of other organizations  | Approval by the board or compensa   | ation committee         |                |        |      |
| 4                                   | During the ye organization of                  | ar, did any person listed on Form 990,<br>or a related organization: | Part VII, Section A, line 1a, with respect to   | o the filing            |                |        |      |
| а                                   |  |  | ayment?   |                         | 4a             |        | Х    |
| b                                   | Participate in                                 | or receive payment from a supplemen                                  | tal nonqualified retirement plan?   |                         | 4b             |        | Х    |
| С                                   | Participate in                                 | or receive payment from an equity-bas                                | sed compensation arrangement?   |                         | 4c             |        | Х    |
|                                     | If "Yes" to an                                 | y of lines 4a-c, list the persons and p                              | rovide the applicable amounts for each it   | em in Part III.         |                |        |      |
|                                     |  |  |   |                         |                |        |      |
| _                                   | -  |  | rganizations must complete lines 5-9.   |                         |                |        |      |
| 5                                   | compensatior                                   | n contingent on the revenues of:                                     | ion A, line 1a, did the organization pa   |                         |                |        |      |
| -                                   |  |  |   |                         | 5a             |        | X    |
| b                                   |  |  |   |                         | 5b             |        | X    |
| F                                   |  | e 5a or 5b, describe in Part III.                                    | ion A line to did the propriation of  | v or ocorio on          | ,              |        |      |
| 6                                   |  | n contingent on the net earnings of:                                 | ion A, line 1a, did the organization pa   | iy of accrue any        | /              |        |      |
| а                                   |  |  |   |                         | 6a             |        | x    |
| a<br>b                              |  |  |   |                         | 6b             |        | X    |
| ~                                   | -  | e 6a or 6b, describe in Part III.                                    |   |                         |                |        |      |
| 7                                   |  |  | on A, line 1a, did the organization prov  | ide any nonfive         | 4              |        |      |
| •                                   |  |  | escribe in Part III   |                         | <sup>•</sup> 7 |        | х    |
| 8                                   |  |  | paid or accrued pursuant to a contract the  |                         |                |        |      |
|                                     |  |  | Regulations section 53.4958-4(a)(3)? If   |                         | e              |        |      |
|                                     |  | -  |   |                         | 8              |        | X    |
| 9                                   | If "Yes" on I                                  | ine 8, did the organization also fol                                 | low the rebuttable presumption proced   | lure described ir       | ו              |        |      |
|                                     | Regulations s                                  | ection 53.4958-6(c)?   | <u> </u>  |                         | 9              |        |      |

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

#### Page 2

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

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

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

|                        | L    | (B) Breakdown o          | W-2 and/or 1099-MI                     | SC compensation                                  | (C) Retirement and             | (D) Nontaxable | (E) Total of columns | (F) Compensation   |
|------------------------|------|--------------------------|--|--|--------------------------------|----------------|----------------------|--|
| (A) Name and Title     |      | (i) Base<br>compensation | (ii) Bonus & incentive<br>compensation | <b>(iii)</b> Other<br>reportable<br>compensation | other deferred<br>compensation | benefits       | (B)(i)-(D)           | in column (B) reported<br>as deferred on prior<br>Form 990 |
| DEBORAH AXT            | (i)  | 131,381.                 | 0.                                     | 0.   | 3,978.                         | 27,508.        | 162,867.             | 0  |
| 1CO EXECUTIVE DIRECTOR | (ii) | 0.                       | 0.                                     | 0.   | 0.                             | 0.             | 0.                   | 0  |
| JAVIER VALDES          | (i)  | 130,510.                 | 0.                                     | 0.   | 3,801.                         | 24,673.        | 158,984.             | 0  |
| 2CO EXECUTIVE DIRECTOR | (ii) | 0.                       | 0.                                     | 0.   | 0.                             | 0.             | 0.                   | 0  |
|                        | (i)  |                          |  |  |                                |                |                      |  |
| 3                      | (ii) |                          |  |  |                                |                |                      |  |
|                        | (i)  |                          |  |  |                                |                |                      |  |
| 4                      | (ii) |                          |  |  |                                |                |                      |  |
|                        | (i)  |                          |  |  |                                |                |                      |  |
| 5                      | (ii) |                          |  |  |                                |                |                      |  |
|                        | (i)  |                          |  |  |                                |                |                      |  |
| 6                      | (ii) |                          |  |  |                                |                |                      |  |
|                        | (i)  |                          |  |  |                                |                |                      |  |
| 7                      | (ii) |                          |  |  |                                |                |                      |  |
|                        | (i)  |                          |  |  |                                |                |                      |  |
| 8                      | (ii) |                          |  |  |                                |                |                      |  |
|                        | (i)  |                          |  |  |                                |                |                      |  |
| 9                      | (ii) |                          |  |  |                                |                |                      |  |
|                        | (i)  |                          |  |  |                                |                |                      |  |
| 10                     | (ii) |                          |  |  |                                |                |                      |  |
|                        | (i)  |                          |  |  |                                |                |                      |  |
| 11                     | (ii) |                          |  |  |                                |                |                      |  |
|                        | (i)  |                          |  |  |                                |                |                      |  |
| 12                     | (ii) |                          |  |  |                                |                |                      |  |
|                        | (i)  |                          |  |  |                                |                |                      |  |
| 13                     | (ii) |                          |  |  |                                |                |                      |  |
|                        | (i)  |                          |  |  |                                |                |                      |  |
| 14                     | (ii) |                          |  |  |                                |                |                      |  |
|                        | (i)  |                          |  |  |                                |                |                      |  |
| 15                     | (ii) |                          |  |  |                                |                |                      |  |
|                        | (i)  |                          |  |  |                                |                |                      |  |
| 16                     | (ii) |                          |  |  |                                |                |                      |  |

Schedule J (Form 990) 2020

# Part III Supplemental Information

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

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

# Supplemental Information to Form 990 or 990-EZ

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

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



Department of the Treasury Internal Revenue Service Name of the organization MAKE THE ROAD NEW YORK

Employer identification number

FORM 990, PART VI, SECTION B, LINE 11B MAKE THE ROAD'S INDEPENDENT CPA PREPARES THE RETURN AND IT IS REVIEWED BY ONE OF ITS CO-EXECUTIVE DIRECTORS, ITS CONTROLLER AND ITS OUTSIDE CONTRACTED ACCOUNTANT. THE RETURN IS THEN REVIEWED IN DETAIL WITH THE BOARD FINANCE COMMITTEE AND SENT TO THE FULL BOARD.

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

A DIGITAL COPY OF THE DOCUMENTS IS KEPT ON THE FILE SERVER AND CAN BE PRINTED AT ANY OF THE ORGANIZATION'S LOCATIONS UPON REQUEST BY A VISITOR.

#### FORM 990, PART VI, SECTION A, LINE 7A

A MAJORITY OF OUR BOARD OF DIRECTOR SEATS ARE FILLED BY DEMOCRATICALLY ELECTED BOARD MEMBERS. EVERY 3 YEARS ELECTIONS ARE HELD IN EACH OF THE ORGANIZATION'S STANDING MEMBERSHIP COMMITTEES TO ELECT 1 BOARD SEAT PER COMMITTEE.MEMBERS ARE DEFINED AS THOSE WHO ELECT TO PAY DUES WHICH ARE CURRENTLY SET AT \$20 PER YEAR.

FORM 990, PART VI, SECTION B, LINE 12C THE ORGANIZATION DOES HAVE A WRITTEN CONFLICT OF INTEREST POLICY, AND, OFFICERS/DIRECTORS/TRUSTEES ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS ANNUALLY.

FORM 990, PART III, LINE 4C HEALTH PROGRAMS - THE HEALTH DEPARTMENT PROMOTES THE HEALTH AND

| Schedule O (Form 990 or 990-EZ) 2020 | Pag                            |
|--------------------------------------|--------------------------------|
| Name of the organization             | Employer identification number |
| MAKE THE ROAD NEW YORK               | 11-3344389                     |

WELL-BEING OF COMMUNITY MEMBERS. THEY ADVOCATE FOR IMPROVED ACCESS TO HEALTHCARE FOR IMMIGRANTS AND PROVIDE HEALTH SERVICES TO COMMUNITY MEMBERS. THE HEALTH DEPARTMENT COMBINES ONE-ON-ONE ASSISTANCE, HELPING INDIVIDUALS AND FAMILIES NAVIGATE THE HEALTH SYSTEM AND APPLY FOR HEALTH INSURANCE; OPERATES TWO FOOD PANTRIES, AND CREATES A SAFE SPACE WHERE TGNCIQ COMMUNITY MEMBERS CAN OBTAIN NECESSARY HEALTH INFORMATION. THE DEPARTMENT ALSO LEADS CAMPAIGNS AT THE CITY AND STATE LEVEL TO INCREASE ACCESS TO CARE AND COVERAGE FOR IMMIGRANTS IN NEW YORK.

FORM 990, PART XI, LINE 9

OTHER CHANGES: CHANGE IN BENEFICIAL INTEREST IN TRUST \$3,732.

FORM 990, PART III, LINE 4A

FORM 990, PART III, LINE 4A

HIGH QUALITY LEGAL AND HEALTH ACCESS SERVICES, AND WORK TO CHANGE UNJUST SYSTEMS THROUGH IMPACT LITIGATION, POLICY DESIGN, AND WORKING SIDE-BY-SIDE WITH MEMBERS AND ORGANIZERS ON ADOPTION OF THOSE POLICIES. OUR LEGAL TEAM WORKS IN THE AREA OF EMPLOYMENT, IMMIGRATION LAW, HOUSING AND BENEFITS AND TGNCIQ RIGHTS, HELPING TO TACKLE CRISES LIKE AN IMPENDING EVICTION OR AN ORDER OF DEPORTATION. OUR HEALTH TEAM WORKS TO PROVIDE ASSISTANCE SO THAT COMMUNITY MEMBERS CAN ACCESS HEALTHCARE SERVICES, AVOID CRUSHING MEDICAL DEBT AND ACCESS NUTRITION. THANKS TO THE TRUST WE BUILD WITH COMMUNITY MEMBERS, WE ARE OFTEN ABLE TO AVERT CRISES BEFORE THEY SPIRAL OUT OF CONTROL AND ENSURE THAT ALL MEMBERS OF A FAMILY GET SERVICES THEY NEED TO THRIVE OVER THE LONG TERM. OUR ATTORNEYS AND ADVOCATES TAKE THE KNOWLEDGE OF OVERARCHING ISSUES

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GLEANED FROM THOUSANDS OF INDIVIDUAL CASES AND USE THEM TO DESIGN ENFORCEABLE AND FAR-REACHING POLICIES, WORKING SIDE-BY-SIDE WITH COMMUNITY MEMBERS AND ORGANIZERS TO SECURE THEIR ADOPTION. WE ALSO MONITOR GOVERNMENT AGENCIES TO ENSURE GOOD IMPLEMENTATION, PROVIDING REAL-TIME, ON-THE-GROUND FEEDBACK.

FORM 990, PART III, LINE 4B

FORM 990, PART III, LINE 4A

HIGH QUALITY LEGAL AND HEALTH ACCESS SERVICES, AND WORK TO CHANGE UNJUST SYSTEMS THROUGH IMPACT LITIGATION, POLICY DESIGN, AND WORKING SIDE-BY-SIDE WITH MEMBERS AND ORGANIZERS ON ADOPTION OF THOSE POLICIES. OUR LEGAL TEAM WORKS IN THE AREA OF EMPLOYMENT, IMMIGRATION LAW, HOUSING AND BENEFITS AND TGNCIQ RIGHTS, HELPING TO TACKLE CRISES LIKE AN IMPENDING EVICTION OR AN ORDER OF DEPORTATION. OUR HEALTH TEAM WORKS TO PROVIDE ASSISTANCE SO THAT COMMUNITY MEMBERS CAN ACCESS HEALTHCARE SERVICES, AVOID CRUSHING MEDICAL DEBT AND ACCESS NUTRITION. THANKS TO THE TRUST WE BUILD WITH COMMUNITY MEMBERS, WE ARE OFTEN ABLE TO AVERT CRISES BEFORE THEY SPIRAL OUT OF CONTROL AND ENSURE THAT ALL MEMBERS OF A FAMILY GET SERVICES THEY NEED TO THRIVE OVER THE LONG TERM. OUR ATTORNEYS AND ADVOCATES TAKE THE KNOWLEDGE OF OVERARCHING ISSUES GLEANED FROM THOUSANDS OF INDIVIDUAL CASES AND USE THEM TO DESIGN ENFORCEABLE AND FAR-REACHING POLICIES, WORKING SIDE-BY-SIDE WITH COMMUNITY MEMBERS AND ORGANIZERS TO SECURE THEIR ADOPTION. WE ALSO MONITOR GOVERNMENT AGENCIES TO ENSURE GOOD IMPLEMENTATION, PROVIDING REAL-TIME, ON-THE-GROUND FEEDBACK.

PAGE 47

FORM 990, PART III, LINE 4D YOUTH POWER PROJECT & SCHOOL PROGRAMS - WE SUPPORT AND EMPOWER YOUNG

PEOPLE TO BECOME CRITICAL THINKERS AND EFFECTIVE LEADERS IN THE FIGHT FOR DIGNITY AND JUSTICE. WE GIVE YOUTH TOOLS TO SHAPE THEIR OWN FUTURE AND THE FUTURE OF THEIR COMMUNITY. EVERY YEAR WE REACH 3,000 WORKING CLASS IMMIGRANTS YOUTH AND YOUTH OF COLOR WITH INNOVATIVE PEER-LED COLLEGE ACCESS SUPPORT, CREATIVE ARTS AND MEDIA PROGRAMS, YOUTH-FOCUSES POLITICAL EDUCATION AND MORE. IN THIS WAY, WE ADDRESS THE OVERLAPPING CRISES OF UNDER-RESOURCED SCHOOLS, BIASED SCHOOL DISCIPLINE, AN LACK OF ACCESS TO COLLEGE AND CAREER OPPORTUNITIES THAT HARM OUR COMMUNITIES.OUR YOUTH-LED ORGANIZING CAMPAIGNS HAVE HELPED REFORM BIASED POLICING, MADE SCHOOLS MORE INCLUSIVE AND SUPPORTIVE, AND ELEVATED THE STRUGGLE OF IMMIGRANT STUDENTS TO GET INTO COLLEGE. OUR YOUTH MEMBERS ARE LEADERS OF SOME OF THE CITY AND STATE'S MOST VIBRANT AND EFFECTIVE CAMPAIGNS ON IMMIGRANT RIGHTS, CRIMINAL JUSTICE AND MORE.

FORM 990, PART VI, SECTION A, LINE 2 ANA MARIA ARCHILLA, ANDREW FRIEDMAN, AND OONA CHATTERJEE HAVE A FAMILY RELATIONSHIP.

| FORM 990, PART III, LINE 4D - OTHER PROGRAM S | SERVICES | ATTACAMENT I |         |
|---|----------|--------------|---------|
| DESCRIPTION                                   | GRANTS   | EXPENSES     | REVENUE |
| SCHOOL BASED PROGRAMS                         | 10,374.  | 1,060,596.   | 39,815. |
| YOUTH EDUCATION                               | 180,434. | 1,032,351.   | 2,150.  |
| ADULT EDUCATION                               | 0.       | 2,298,313.   | 6,688.  |
| TOTALS  | 190,808. | 4,391,260.   | 48,653. |

| Schedule O (Form 990 or 990-EZ) 2020      |                         | Page <b>2</b>                  |
|---|-------------------------|--------------------------------|
| Name of the organization                  |                         | Employer identification number |
| MAKE THE ROAD NEW YORK                    |                         | 11-3344389                     |
|   |                         | ATTACHMENT 2                   |
| FORM 990, PART X - PREPAID EXPENSES AND I | DEFERRED CHARGES        |                                |
| DESCRIPTION                               | BEGINNING<br>BOOK VALUE | ENDING<br>BOOK VALUE           |
| PREPAID & OTHER CURRENT ASSETS            | 78,537.                 | 173,204.                       |
| TOTALS                                    | 78,537.                 | 173,204.                       |

FORM 990, PART X - DEFERRED REVENUE

| DESCRIPTION      |        | BEGINNING<br>BOOK VALUE | ENDING<br>BOOK VALUE |
|------------------|--------|-------------------------|----------------------|
| DEFERRED REVENUE |        |                         | 113,761.             |
|                  | TOTALS |                         | 113,761.             |

ATTACHMENT 3

OMB No. 1545-0047

Open to Public

Inspection

20

2

Employer identification number

11-3344389

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

MAKE THE ROAD NEW YORK

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

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

# Part II

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

| (a)<br>Name, address, and EIN of related organization |                    | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile (state<br>or foreign country) | (d)<br>Exempt Code section | <b>(e)</b><br>Public charity status<br>(if section 501(c)(3)) | <b>(f)</b><br>Direct controlling<br>entity | (g<br>Section 5<br>contr<br>enti | olled |
|---|--------------------|--------------------------------|---|----------------------------|---|--|----------------------------------|-------|
|   |                    |                                |   |                            |   |  | Yes                              | No    |
| (1) CHILDREN'S GROVE PARK                             | 11-3641439         |                                |   |                            |   |  |                                  |       |
| 301 GROVE STREET                                      | BROOKLYN, NY 11237 | BOTANICAL ORG                  | NY  | 501(C)(3)                  | 7   | N/A  |                                  | Х     |
| (2) MRNY QALICB, INC.                                 | 82-5474031         |                                |   |                            |   |  |                                  |       |
| 301 GROVE STREET                                      | BROOKYLN, NY 11237 | COMMUNITY ORG                  | NY  | 501(C)(3)                  | 7   | N/A  |                                  | Х     |
| (3)   |                    |                                |   |                            |   |  |                                  |       |
|   |                    |                                |   |                            |   |  |                                  |       |
| (4)   |                    |                                |   |                            |   |  |                                  |       |
|   |                    |                                |   |                            |   |  |                                  |       |
| (5)   |                    |                                |   |                            |   |  |                                  |       |
|   |                    |                                |   |                            |   |  |                                  |       |
| (6)   |                    |                                |   |                            |   |  |                                  |       |
|   |                    |                                |   |                            |   |  |                                  |       |
| (7)   |                    |                                |   |                            |   |  |                                  |       |
|   |                    |                                |   |                            |   |  |                                  |       |

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

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

Page **2** 

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

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

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

| (a)<br>Name, address, and EIN of related organization | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile<br>(state or foreign<br>country) | <b>(d)</b><br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp, or trust) | (f)<br>Share of total<br>income | <b>(g)</b><br>Share of<br>end-of-year assets | (i)<br>Sectior<br>512(b)(1<br>controlle<br>entity?<br>Yes No |
|---|--------------------------------|---|--|---|---------------------------------|--|--|
| (1)   |                                |   |  |   |                                 |  |  |
| (2)   |                                |   |  |   |                                 |  |  |
| (3)   |                                |   |  |   |                                 |  |  |
| (4)   |                                |   |  |   |                                 |  |  |
| (5)   |                                |   |  |   |                                 |  |  |
| (6)   |                                |   |  |   |                                 |  |  |
| (7)   |                                |   |  |   |                                 |  |  |

Schedule R (Form 990) 2020

| JSA                         |           |            |           |
|-----------------------------|-----------|------------|-----------|
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Schedule R (Form 990) 2020

|  |                              |                             |                           | Pag    |
|--|------------------------------|-----------------------------|---------------------------|--------|
| rt V Transactions With Related Organizations. Complete if the organization answered                    | "Yes" on Form 990, Par       | t IV, line 34, 35b, or 36.  |                           |        |
| te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.                  |                              |                             |                           | Yes    |
| During the tax year, did the organization engage in any of the following transactions with one or more | re related organizations lis | ted in Parts II-IV?         |                           |        |
| Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.       |                              |                             |                           |        |
| Gift, grant, or capital contribution to related organization(s)  |                              |                             |                           |        |
| Gift, grant, or capital contribution from related organization(s).                                     |                              |                             | 10                        |        |
| Loans or loan guarantees to or for related organization(s)   |                              |                             |                           |        |
| Loans or loan guarantees by related organization(s)  |                              |                             |                           |        |
| Dividends from related organization(s)   |                              |                             | 1f                        |        |
| Sale of assets to related organization(s)  |                              |                             |                           |        |
| Purchase of assets from related organization(s)  |                              |                             | 1h                        | -      |
| Exchange of assets with related organization(s).   |                              |                             |                           |        |
| Lease of facilities, equipment, or other assets to related organization(s)                             |                              |                             |                           |        |
| Lease of facilities, equipment, or other assets from related organization(s)                           |                              |                             | 1k                        | x      |
| Performance of services or membership or fundraising solicitations for related organization(s)         |                              |                             |                           |        |
| Performance of services or membership or fundraising solicitations by related organization(s)          |                              |                             |                           |        |
| Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)          |                              |                             | · · · · · ·               |        |
| Sharing of paid employees with related organization(s)   |                              |                             | · · · · · ·               |        |
|  |                              |                             |                           |        |
| Reimbursement paid to related organization(s) for expenses.  |                              |                             | 1p                        |        |
| Reimbursement paid by related organization(s) for expenses   |                              |                             | 1q                        |        |
|  |                              |                             |                           |        |
| Other transfer of cash or property to related organization(s)  |                              |                             | 1r                        | X      |
| Other transfer of cash or property from related organization(s).                                       |                              |                             | 1s                        |        |
| If the answer to any of the above is "Yes," see the instructions for information on who must complete  | te this line, including cove | red relationships and trans | saction threshole         | ds.    |
| (a)  | (b)                          | (c)                         | (d)                       |        |
| Name of related organization   | Transaction<br>type (a-s)    | Amount involved             | Method of de<br>amount in |        |
|  |                              |                             |                           | voiveu |
|  |                              |                             |                           |        |
|  |                              |                             |                           |        |
|  |                              |                             |                           |        |
|  |                              |                             |                           |        |
|  |                              |                             |                           |        |
|  |                              |                             |                           |        |
|  |                              |                             |                           |        |
|  |                              |                             |                           |        |

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Schedule R (Form 990) 2020

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

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

| (a)<br>Name, address, and EIN of entity | (b) (c<br>Primary activity Legal du<br>(state or<br>coun |   | income (related,<br>unrelated, excluded<br>from tax under | income (related,<br>unrelated, excluded<br>from tax under |    | 501(c)(3)<br>organizations? |  | <b>(f)</b><br>Share of<br>total income | (f) (g)<br>are of Share of<br>income end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |     | (i)<br>Code V - UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |  | (k)<br>Percentag<br>ownership |
|---|--|---|---|---|----|-----------------------------|--|--|--|---|-----|---|---|--|-------------------------------|
|   |  |   | sections 512 - 514)                                       | Yes   | No |                             |  | Yes                                    | No   |   | Yes | No  |   |  |                               |
| (1)                                     |  | _ |   |   |    |                             |  |  |  |   |     |   |   |  |                               |
| (2)                                     |  | _ |   |   |    |                             |  |  |  |   |     |   |   |  |                               |
| (3)                                     |  | _ |   |   |    |                             |  |  |  |   |     |   |   |  |                               |
| (4)                                     |  | _ |   |   |    |                             |  |  |  |   |     |   |   |  |                               |
| (5)                                     |  | _ |   |   |    |                             |  |  |  |   |     |   |   |  |                               |
|   |  | _ |   |   |    |                             |  |  |  |   |     |   |   |  |                               |
|   |  | _ |   |   |    |                             |  |  |  |   |     |   |   |  |                               |
|   |  | _ |   |   |    |                             |  |  |  |   |     |   |   |  |                               |
|   |  | _ |   |   |    |                             |  |  |  |   |     |   |   |  |                               |
| 10)                                     |  | _ |   |   |    |                             |  |  |  |   |     |   |   |  |                               |
| 11)                                     |  | _ |   |   |    |                             |  |  |  |   |     |   |   |  |                               |
| 12)                                     |  | _ |   |   |    |                             |  |  |  |   |     |   |   |  |                               |
| 13)                                     |  | _ |   |   |    |                             |  |  |  |   |     |   |   |  |                               |
| 14)                                     |  | _ |   |   |    |                             |  |  |  |   |     |   |   |  |                               |
| 15)                                     |  | _ |   |   |    |                             |  |  |  |   |     |   |   |  |                               |
| 16)                                     |  |   |   |   |    |                             |  |  |  |   |     |   |   |  |                               |

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 Part VII
 Supplemental Information

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

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