efil	e Pu	<mark>iblic Visi</mark>	al Render	ObjectId	: 2023013593	49306540 - Sı	ubmissio	n: 2023-0	5-15	T	<u>[N: 13-3297197</u>
	00	20	R	eturn of (	Organizati	on Exempt	t From	Incom	e Tax	(	OMB No. 1545-0047
Form	9:	<b>J</b> U			U	f the Internal Rev				tions)	2021
						umbers on this for					2021
Denartr	nent of	f the Treasury	•	Go to <u>www.ir</u>	s.gov/Form990	for instructions	and the la	atest inform	nation.		Open to Public
		nue Service									Inspection
A F	or th	ne 2021 ca			eginning 07-01-	2021 , and end	ling 06-30	-2022			
		applicable:	C Name of orga The New Scho						D Employ	er identif	ication number
_		change hange							13-329	7197	
O Ini		-	Doing busines	ss as					-		
		rn/terminated							E Telephon	e number	
		ed return ion pending	Number and s 66 West 12th		if mail is not deliver	red to street address)	) Room/suit	e	(646) 9	09-3667	
-			City or town,	state or province,	, country, and ZIP or	foreign postal code			- (010) 5	00 0007	
			New York, NY			5 1			<b>G</b> Gross re	ceipts \$ 9	17,208,173
				l address of prir	ncipal officer:			H(a) Is th	is a group re	turn for	
			Dwight A McI 66 West 12th	n Street					rdinates?		🗌 Yes 🗹 No
<b>7</b> To			New York, NY						all subordinat ded?	es	🗆 Yes 🗌 No
		mpt status:	✓ 501(c)(3)		)◀(insert no.) 〔	4947(a)(1) or [	527		o," attach a l		
JW	ebsi	te: 🕨 WW	W.NEWSCHOC	DL.EDU				H(C) Grou	p exemption	number	•
				ΩΩ	Association 🗍 Oth			L Year of form	ation: 1919	M State	of legal domicile: NY
K Forr	n of c	organization:	Corporatio	n ∪ Irust ∪	Association U Otr	ner 🖻					5
Pá	art I	Sumi	mary								
	1	Briefly des	cribe the orga	nization's missi	on or most signifi	cant activities: ENTS TO UNDERS					
Сe									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
			50001E11,741	D THUS MAKE	THE WORLD A BE	TTER AND MORE J	UST PLACE				
Jan				D THUS MARE	THE WORLD A BE	TTER AND MORE J	UST PLACE				
veman				D THUS MAKE	THE WORLD A BE	TTER AND MORE J	UST PLACE				
Governan		Check this	s box 🕨 🗌							2	21
k Governance	3	Number o	s box ▶ □ If voting meml	bers of the gove	erning body (Part	VI, line 1a)				3	31
ties & Governan	3 4	Number o Number o	s box ► of voting meml of independent	bers of the gove	erning body (Part rs of the governin	VI, line 1a) ng body (Part VI, lir	 ne 1b) .			4	30
tivities & Governan	3	Number o Number o Total num	s box of voting meml of independent aber of individu	bers of the gove voting membe uals employed i	erning body (Part rs of the governin n calendar year 2	VI, line 1a) ng body (Part VI, lir 021 (Part V, line 2	 ne 1b) .				
Activities & Governan	3 4 5 6	Number o Number o Total num Total num	s box of voting memled of independent ober of individu	bers of the gove voting membe uals employed i eers (estimate if	erning body (Part rs of the governin n calendar year 2 f necessary) .	VI, line 1a) ng body (Part VI, lir 021 (Part V, line 2 	ne 1b) . a)	· · · · · · · · · · · · · · · · · · ·		4 5	30 6,201 109
Activities & Governan	3 4 5 6 7a	Number o Number o Total num Total num Total unre	s box of voting meml of independent ober of individu ober of volunte elated business	bers of the gove voting membe uals employed i eers (estimate it s revenue from	erning body (Part rs of the governin n calendar year 2 f necessary) Part VIII, column	VI, line 1a) ng body (Part VI, lir 021 (Part V, line 2	ne 1b) . a)	· · · · · · · · · · · · · · · · · · ·		4 5 6	30 6,201
Activities & Governan	3 4 5 6 7a	Number o Number o Total num Total num Total unre	s box of voting meml of independent ober of individu ober of volunte elated business	bers of the gove voting membe uals employed i eers (estimate it s revenue from	erning body (Part rs of the governin n calendar year 2 f necessary) Part VIII, column	VI, line 1a) ng body (Part VI, lir 021 (Part V, line 2  (C), line 12	ne 1b) . a)		 ior Year	4 5 6 7a	30 6,201 109 721,957
Activities &	3 4 5 6 7a	Number o Number o Total num Total num Total unre Net unrela	s box of voting member of independent aber of individu aber of volunte elated business ated business	bers of the gove voting membe uals employed i eers (estimate if s revenue from taxable income	erning body (Part rs of the governin n calendar year 2 f necessary) Part VIII, column	VI, line 1a) ng body (Part VI, lin 021 (Part V, line 2  (C), line 12 , Part I, line 11 .	ne 1b) . a)			4 5 6 7a 7b	30 6,201 109 721,957 72,961
Activities &	3 4 5 7a b	Number of Number of Total num Total num Total unre Net unrela	s box	bers of the gove voting membe uals employed i eers (estimate if s revenue from taxable income ts (Part VIII, line	erning body (Part rs of the governin n calendar year 2 f necessary) Part VIII, column f from Form 990-T	VI, line 1a) ng body (Part VI, lin 021 (Part V, line 2  (C), line 12 , Part I, line 11 .	ne 1b) . a)			4 5 6 7a 7b	30 6,201 109 721,957 72,961 <b>Current Year</b>
Activities &	3 4 5 7a b 8 9 10	Number of Number of Total num Total num Total unre Net unrela Contributi Program s Investme	s box of voting member of independent ober of individu ober of volunte elated business ated business ions and grant service revenu nt income (Pa	bers of the gove voting membe uals employed i eers (estimate if s revenue from taxable income taxable income s (Part VIII, line rt VIII, column (	erning body (Part rs of the governin n calendar year 2 f necessary) . Part VIII, column from Form 990-T e 1h) e 2g) A), lines 3, 4, and	VI, line 1a) ng body (Part VI, lin 021 (Part V, line 2  (C), line 12 (C), line 11 .   d 7d )	ne 1b) . a) 		43,723,9	4 5 6 7a 7b 946 816	30 6,201 109 721,957 72,961 <b>Current Year</b> 55,910,574
Revenue Activities & Governan	3 4 5 7a b 8 9 10 11	Number of Number of Total num Total num Total unrel Net unrel Contributi Program s Investme Other rev	s box of voting member of independent ober of individu ober of volunte elated business ated business ated business ions and grant service revenu nt income (Part enue (Part VIII	bers of the gove voting membe uals employed i eers (estimate if s revenue from taxable income taxable income s (Part VIII, line e (Part VIII, line rt VIII, column ( , column (A), li	erning body (Part rs of the governin n calendar year 2 f necessary) . Part VIII, column from Form 990-T e 1h) e 2g) A), lines 3, 4, and nes 5, 6d, 8c, 9c,	VI, line 1a) ng body (Part VI, lin 021 (Part V, line 2  (C), line 12 , Part I, line 11 .  17d ) 10c, and 11e)	ne 1b) . a)		43,723,9 411,506,8 -215,2 13,383,8	4 5 6 7a 7b 046 316 205 370	30 6,201 109 721,957 72,961 <b>Current Year</b> 55,910,574 551,351,899 5,060,589 13,136,187
Activities &	3 4 5 6 7a b 8 9 10 11 12	Number of Number of Total num Total num Total unrel Net unrel Contributi Program s Investme Other rev Total reve	s box of voting member of independent ober of individu ober of volunte elated business ated business ated business ated business enue (Part VIII enue (Part VIII enue add line	bers of the gove voting membe uals employed i eers (estimate if s revenue from taxable income taxable income taxable income taxable income t VIII, line rt VIII, column ( , column (A), li s 8 through 11	erning body (Part rs of the governin n calendar year 2 f necessary) . Part VIII, column from Form 990-T e 1h) e 2g) A), lines 3, 4, and nes 5, 6d, 8c, 9c, (must equal Part	VI, line 1a) ng body (Part VI, lin 021 (Part V, line 2  (C), line 12 7, Part I, line 11 .  10c, and 11e) VIII, column (A), li	ne 1b) . .a)   		43,723,9 411,506,8 -215,7 13,383,8 468,399,4	4 5 6 7a 7b 7b 316 205 370 427	30 6,201 109 721,957 72,961 <b>Current Year</b> 55,910,574 551,351,899 5,060,589 13,136,187 625,459,245
Activities &	3 4 5 6 7 a b 8 9 10 11 12 13	Number of Number of Total num Total num Total unre Net unrela Contributi Program s Investme Other rev Total reve Grants an	s box      box      constant of independent of independent of individu ober of volunte elated business ated business ions and grant service revenu nt income (Part enue (Part VIII enue—add lines id similar amo	bers of the gove voting membe uals employed i eers (estimate if s revenue from taxable income taxable income s (Part VIII, line e (Part VIII, line rt VIII, column (A), li s 8 through 11 unts paid (Part	erning body (Part rs of the governin n calendar year 2 f necessary) . Part VIII, column from Form 990-T (a 1h) (a 2g) A), lines 3, 4, and nes 5, 6d, 8c, 9c, (must equal Part)	VI, line 1a) ng body (Part VI, lin 021 (Part V, line 2  (C), line 12 (C), line 11 .   1 7d ) 10c, and 11e) VIII, column (A), li nes 1–3 )	ne 1b) . a)      		43,723,9 411,506,8 -215,2 13,383,8	4 5 6 7a 7b 7b 316 205 370 427	30 6,201 109 721,957 72,961 <b>Current Year</b> 55,910,574 551,351,895 5,060,585 13,136,187 625,459,245 165,217,547
Revenue Activities &	3 4 5 6 7 a b 8 9 10 11 12 13 14	Number of Number of Total num Total num Total unrel Net unrel Net unrel Contributi Program s Investme Other rev Total reve Grants an Benefits p	s box of voting member of independent ober of individu ober of volunte elated business ated business ions and grant service revenu nt income (Part enue (Part VIII enue—add lines obaid to or for n	bers of the gove voting membe uals employed i eers (estimate it s revenue from taxable income es (Part VIII, line e (Part VIII, line t VIII, column (A), li s 8 through 11 unts paid (Part I	erning body (Part rs of the governin n calendar year 2 f necessary) . Part VIII, column from Form 990-T e 1h) e 2g) A), lines 3, 4, and nes 5, 6d, 8c, 9c, (must equal Part IX, column (A), lin X, column (A), lin	VI, line 1a) ng body (Part VI, lin 021 (Part V, line 2  (C), line 12    10c, and 11e) VIII, column (A), lin nes 1–3 ) re 4)	ne 1b) . a)   		43,723,9 411,506,8 -215,2 13,383,8 468,399,4 151,621,9	4 5 6 7a 7b 7b 205 310 3205 370 4227 598	30 6,201 109 721,957 72,961 <b>Current Year</b> 55,910,574 551,351,899 5,060,589 13,136,187 625,459,249 165,217,547
Revenue Activities &	3 4 5 6 7 a b 8 9 10 11 12 13 14 15	Number of Number of Total num Total num Total unrel Net unrel Contributi Program s Investme Other rev Total reve Grants an Benefits p Salaries,	s box of voting member of independent ober of individu ober of volunte elated business ated business ated business ated business ons and grant service revenu nt income (Par enue (Part VIII enue—add lines of similar amo baid to or for n other compens	bers of the gove voting membe uals employed i eers (estimate if s revenue from taxable income taxable income s (Part VIII, line e (Part VIII, line t VIII, column ( l, column (A), li s 8 through 11 unts paid (Part nembers (Part I sation, employe	erning body (Part rs of the governin n calendar year 2 f necessary) . Part VIII, column from Form 990-T e 1h) e 2g) A), lines 3, 4, and nes 5, 6d, 8c, 9c, (must equal Part IX, column (A), lin X, column (A), lin ee benefits (Part I)	VI, line 1a) ng body (Part VI, lin 021 (Part V, line 2  (C), line 12 7, Part I, line 11 . 10c, and 11e) VIII, column (A), lin nes 1–3 ) K, column (A), line	ne 1b) . a)                                       		43,723,9 411,506,8 -215,7 13,383,8 468,399,4	4 5 6 7a 7b 7b 205 310 3205 370 4227 598	30 6,201 109 721,957 72,961 <b>Current Year</b> 55,910,574 551,351,899 5,060,589 13,136,187 625,459,249 165,217,547 ( 260,949,324
Revenue Activities &	3 4 5 6 7 a b 7 a 8 9 10 11 12 13 14 15 16;	Number of Number of Total num Total num Total unrel Net unrel Net unrel Program s Investme Other rev Total reve Grants an Benefits p Salaries, of Professio	s box   s box   s box   s box   s bor of independent ber of individu ber of volunte elated business ated business ated business ions and grant service revenu nt income (Part VIII enue—add line; ad similar amo baid to or for n other compens nal fundraising	bers of the gove voting membe uals employed i eers (estimate if s revenue from taxable income taxable income taxable income to (Part VIII, line rt VIII, column ( l, column (A), li s 8 through 11 unts paid (Part nembers (Part I sation, employe g fees (Part IX,	erning body (Part rs of the governin n calendar year 2 f necessary) . Part VIII, column from Form 990-T e 1h) e 2g) A), lines 3, 4, and nes 5, 6d, 8c, 9c, (must equal Part IX, column (A), lin X, column (A), lin ee benefits (Part I) column (A), line 1	VI, line 1a) ng body (Part VI, lin 021 (Part V, line 2  (C), line 12 7, Part I, line 11 .  10c, and 11e) VIII, column (A), lin nes 1–3 ) K, column (A), line .1e)	ne 1b) . a)                                       		43,723,9 411,506,8 -215,2 13,383,8 468,399,4 151,621,9	4 5 6 7a 7b 7b 205 310 3205 370 4227 598	30 6,201 109 721,957 72,961 <b>Current Year</b> 55,910,574 551,351,899 5,060,589 13,136,187 625,459,249 165,217,547
Activities &	3 4 5 6 7 a b 8 9 10 11 12 13 14 15 16; b	Number of Number of Total num Total num Total unrel Net unrela Contributi Program s Investme Other rev Total reve Grants an Benefits p Salaries, of Professio Total fundra	s box    by	bers of the gove voting membe uals employed i eers (estimate if s revenue from taxable income (Part VIII, line (Part VIII, line (Part VIII, column (A), li s 8 through 11 unts paid (Part nembers (Part I sation, employe g fees (Part IX, column	erning body (Part rs of the governin n calendar year 2 f necessary) . Part VIII, column from Form 990-T e 1h) e 2g) A), lines 3, 4, and nes 5, 6d, 8c, 9c, (must equal Part IX, column (A), lin X, column (A), lin ee benefits (Part I) column (A), line 1 (D), line 25) 3,811	VI, line 1a) ng body (Part VI, lin 021 (Part V, line 2  (C), line 12 (C), line 12 (C), line 12 (C), line 12 (C), line 12 (C), and 12 10c, and 11e) VIII, column (A), line (A), column (A), line (1e)	ne 1b) . a)                                 		43,723,9 411,506,8 -215,2 13,383,8 468,399,4 151,621,9 222,350,6	4 5 6 7a 7b 7b 205 370 205 370 205 370 205 370 205 370 205 370 205 370 205 370 205 370 205 370 205 370 205 370 205 370 205 205 205 205 205 205 205 205 205 20	30 6,201 109 721,957 72,961 <b>Current Year</b> 55,910,574 551,351,899 5,060,589 13,136,187 625,459,245 165,217,547 ( 260,949,324 (
Revenue Activities &	3 4 5 6 7 a b 7 a b 10 11 12 13 14 15 16 i b 17	Number of Number of Total num Total num Total unrel Net unrel Other rev Total reve Grants an Benefits p Salaries, of Professio Total fundra Other exp	s box of voting meml of independent ober of individu ober of volunte elated business ated business ions and grant service revenu nt income (Part enue (Part VIII enue—add lines d similar amou paid to or for n other compens nal fundraising aising expenses (Part IX	bers of the gove voting membe uals employed i eers (estimate it s revenue from taxable income e (Part VIII, line e (Part VIII, line t VIII, column (A), li s 8 through 11 unts paid (Part nembers (Part I sation, employe g fees (Part IX, column C, column (A), li	erning body (Part rs of the governin n calendar year 2 f necessary) . Part VIII, column from Form 990-T e 1h) e 2g) A), lines 3, 4, and nes 5, 6d, 8c, 9c, (must equal Part IX, column (A), lin X, column (A), lin e benefits (Part I) column (A), line 1 (D), line 25) 3,811 ines 11a-11d, 11f	VI, line 1a) ng body (Part VI, lin 021 (Part V, line 2  (C), line 12  	ne 1b) . a)                                 		43,723,9 411,506,8 -215,7 13,383,8 468,399,4 151,621,9 222,350,6 165,329,7	4           5           6           7a           7b           205           310           598           545           545           545	30 6,201 109 721,957 72,961 <b>Current Year</b> 55,910,574 551,351,895 5,060,585 13,136,187 625,459,245 165,217,547 (2260,949,324 (200,964,960)
Revenue Activities &	3 4 5 6 7 a b 7 a b 10 11 12 13 14 15 16 i 5 17 18	Number of Number of Total num Total num Total num Net unrela Contributi Program s Investme Other rev Total reve Grants an Benefits p Salaries, of Professio Total fundra Other exp Total expe	s box of voting member of independent ober of individu ober of volunte elated business ated business ated business ions and grant service revenu nt income (Par enue (Part VIII enue—add lines d similar amo baid to or for n other compens nal fundraising aising expenses (Part IX enses. Add lines	bers of the gove voting membe uals employed i eers (estimate it s revenue from taxable income taxable income s (Part VIII, line e (Part VIII, column ( l, column (A), li s 8 through 11 unts paid (Part I sation, employe g fees (Part IX, column c, column (A), li es 13–17 (must	erning body (Part rs of the governin n calendar year 2 f necessary) . Part VIII, column from Form 990-T e 1h) 2 2g) A), lines 3, 4, and nes 5, 6d, 8c, 9c, (must equal Part IX, column (A), lin X, column (A), lin te benefits (Part IX column (A), line 1 (D), line 25) 3,811 nes 11a–11d, 11f : equal Part IX, col	VI, line 1a) ng body (Part VI, lin 021 (Part V, line 2  (C), line 12 (C), line 12 Part I, line 11 .  10c, and 11e) VIII, column (A), lin nes 1–3 ) Ne 4) X, column (A), line 1,591 -24e) lumn (A), line 25)	ne 1b) . a)                                 		43,723,9 411,506,8 -215,2 13,383,8 468,399,4 151,621,9 222,350,6	4 5 6 7a 7b 205 205 205 205 205 205 205 205 205 205	30 6,201 109 721,957 72,961 <b>Current Year</b> 55,910,574 551,351,899 5,060,589 13,136,187 625,459,249 165,217,547 (2 260,949,324 (2 200,964,960 627,131,831
Explenses Revenue Activities &	3 4 5 6 7 a b 7 a b 10 11 12 13 14 15 16 i 5 17 18	Number of Number of Total num Total num Total num Net unrela Contributi Program s Investme Other rev Total reve Grants an Benefits p Salaries, of Professio Total fundra Other exp Total expe	s box of voting member of independent ober of individu ober of volunte elated business ated business ated business ions and grant service revenu nt income (Par enue (Part VIII enue—add lines d similar amo baid to or for n other compens nal fundraising aising expenses (Part IX enses. Add lines	bers of the gove voting membe uals employed i eers (estimate it s revenue from taxable income taxable income s (Part VIII, line e (Part VIII, column ( l, column (A), li s 8 through 11 unts paid (Part I sation, employe g fees (Part IX, column c, column (A), li es 13–17 (must	erning body (Part rs of the governin n calendar year 2 f necessary) . Part VIII, column from Form 990-T e 1h) e 2g) A), lines 3, 4, and nes 5, 6d, 8c, 9c, (must equal Part IX, column (A), lin X, column (A), lin e benefits (Part I) column (A), line 1 (D), line 25) 3,811 ines 11a-11d, 11f	VI, line 1a) ng body (Part VI, lin 021 (Part V, line 2  (C), line 12 (C), line 12 Part I, line 11 .  10c, and 11e) VIII, column (A), lin nes 1–3 ) Ne 4) X, column (A), line 1,591 -24e) lumn (A), line 25)	ne 1b) . a)                                 	· · · ·	43,723,9 411,506,8 -215,2 13,383,8 468,399,4 151,621,9 222,350,6 222,350,6 165,329,3 539,301,9	4           5           6           7a           7b           205           310           320           320           320           320           320           320           320           320           321           322           323           324           325           3212	30 6,201 109 721,957 72,961 <b>Current Year</b> 55,910,574 551,351,895 5,060,585 13,136,187 625,459,245 165,217,547 (2260,949,324 (200,964,960)
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has

Signature of officer          Natalie J D Pressey AVP & Con         Type or print name and title         Print/Type preparer's nar         Firm's name         Firm's name         CROWN         Firm's address         A85 Les         New Yo         discuss this return with the         Drk Reduction Act Notice         D21)         Statement of Program         Check if Schedule O contai         describe the organization's         HOOL WAS BORN OUT OF A         HE QUALITIES THAT HAVE         e organization undertake an         or Form 990 or 990-EZ?	me E LLP xington Avenue ork, NY 100172 preparer show , see the sep mession: a COMMITMEN	619 wn above? (: parate instr Accomplisi e or note to a	see instructions) uctions. Page 2 hments any line in this Part	Ca III	t. No. 11282Y	35-0921680 2) 572-5500 . ✓ Yes □ No Form <b>990</b> (20 Pac
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e organization cease conduc		e significant o	changes in how it co	onducts, any prog	gram	
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be the organization's progra 1 501(c)(3) and 501(c)(4) of venue, if any, for each prog	organizations a	are required				
) (Expen			including grants of \$		) (Revenue \$	503,196,842)
IC PROGRAM: THE UNIVERSITY SITY AWARDS BACCALAUREATE						RVICE ACTIVITIES. THE 885 DEGREE STUDENTS AND 4,6
GREE STUDENTS. THE UNIVERS						REAS OF EDUCATION, LEARNING
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) (Expen	ses \$	165,217,547	including grants of \$	165,217,	547 ) (Revenue \$	)
	RECEIVED AT LE	EAST ONE FOR	M OF INSTITUTIONAL	OR PUBLIC SCHOLA	ARSHIPS, GRANTS,	LOANS, OR WORK STUDY
) (Expen	ses \$	124.974.765	including grants of \$		) (Revenue \$	1,940,843)
IONAL SUPPORT: THE UNIVERS	ITY'S EDUCATIO	ONAL SUPPORT	PROGRAM IS COMPO	SED OF ACADEMIC	SUPPORT AND STU	IDENT SERVICES. ACADEMIC
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) (Fynen	ses \$	58,286,279	including grants of ¢		) (Revenue ¢	48,305,010 )
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program services (Describe	in Schedule (	D.)				
ises \$ 58,286,2	279 includin	ng grants of	\$	) (Revenu	ie \$	48,305,010)
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			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🗐	2	Yes	
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		No
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	Yes	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .	5		
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? <i>If "Yes," complete Schedule D</i> ,Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗐	8	Yes	
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> 🗐	10	Yes	
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🗐	11a	Yes	
	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? <i>If "Yes," complete Schedule D, Part VII</i> 2	11b	Yes	
	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🗐	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🛚 😒	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	Yes	
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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule F, Parts II and IV</i>	15		No
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		No
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.	17		No
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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		No

Form 990 (2021)

# Part IV 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	Yes	
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	Yes	
24a	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? <i>If</i> " <i>Yes," answer lines 24b through 24d and complete Schedule K. If</i> " <i>No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . $\ .$	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\ldots$ .	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
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? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $\ldots$ 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Var	
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   14,586		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . <b>1b</b> 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ľ	(gambling) winnings to prize winners?	1c	Yes	

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Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country: ►FR , GM			
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	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		No
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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		
		7.1		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>			
11 a	Section 501(c)(12) organizations. Enter:         Gross income from members or shareholders         Image: Comparison of the state			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	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		No
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		No
				110

17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?
If "Yes," complete Form 6069.

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Form 990 (2021)         Part VI       Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruct Check if Schedule O contains a response or note to any line in this Part VI         Section A. Governing Body and Management         1a         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 in Schedule O.	ctions.	·	Page <b>6</b>
Part VI       Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruct. Check if Schedule O contains a response or note to any line in this Part VI         Section A. Governing Body and Management         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 in Schedule O.	ctions.	·	)
lines       8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruct Check if Schedule O contains a response or note to any line in this Part VI       Section A. Governing Body and Management         1a       Enter the number of voting members of the governing body at the end of the tax year       1a         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 in Schedule O.       1a	ctions.	·	_
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 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 in Schedule O. <b>1a</b>	31	1	<b>•</b>
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 in Schedule O.	31		_
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 in Schedule O.	31	Yes	No
body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent <b>1b</b>	30		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee?	y other 2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct su of officers, directors or trustees, or key employees to a management company or other person?	upervision 3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was file	ed?. 4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6 Did the organization have members or stockholders?	. 6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one members of the governing body?			No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholde persons other than the governing body?	rs, or <b>7b</b>		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the the following:	year by		
a The governing body?	8a	Yes	
f b Each committee with authority to act on behalf of the governing body?	8b	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at th organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	ne . 9		No
Section B. Policies (This Section B requests information about policies not required by the Internal	Revenue Coo	le.)	
		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	10a		No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, aff and branches to ensure their operations are consistent with the organization's exempt purposes?	filiates, <b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before fil form?	ling the <b>11a</b>	Yes	
${f b}$ Describe on Schedule O the process, if any, used by the organization to review this Form 990			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give conflicts?	12b	Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describes the second schedule O how this was done	ibe on <b>12c</b>	Yes	
<b>13</b> Did the organization have a written whistleblower policy?	13	Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	. 14	Yes	
15 Did the process for determining compensation of the following persons include a review and approval by indepersons, comparability data, and contemporaneous substantiation of the deliberation and decision?	endent		
a The organization's CEO, Executive Director, or top management official	. 15a	Yes	
<b>b</b> Other officers or key employees of the organization	. 15b	Yes	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	ha <b>16a</b>		No
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its part in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's status with respect to such arrangements?			

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section

501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

□ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O)

19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest
	policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: Natalie J D Pressey 66 WEST 12TH STREET NEW YORK, NY 10011 (646) 909-3667 20

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			– Pa	ige 1	7 -					
Form 990 (2021)			1.4	ge .						
Part VII Compensation of Officers	, Directors,	ruste	es, K	ley	Em	ploy	ees	s, Highest Comp	ensated Employ	Page <b>7</b>
and Independent Contra				-						
Check if Schedule O contains a Section A. Officers, Directors, Tru										U
<b>1a</b> Complete this table for all persons require						-		-		rganization's tax
year. • List all of the organization's <b>current</b> offi										-
of compensation. Enter -0- in columns (D), (I	, ,		•				lais	or organizations), re	gardiess of amount	
• List all of the organization's <b>current</b> key								, ,		
<ul> <li>List the organization's five current higher who received reportable compensation (box 5 organization and any related organizations.</li> </ul>										),000 from the
<ul> <li>List all of the organization's former offic of reportable compensation from the organization</li> </ul>						ensat	ed e	employees who rece	ived more than \$10	0,000
<ul> <li>List all of the organization's former dire organization, more than \$10,000 of reportable</li> </ul>	ctors or truste	es that	recei	ved,	, in t					2
See the instructions for the order in which to	list the persons	above.								
Check this box if neither the organization	n nor any relate	d organi	izatio	n co	mpe	ensate	ed ar	ny current officer, di	rector, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours		ne bo	x, u 1 off	: che nles icer	s pers and a	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) (able Estimated sation amount of other lated compensation ations from the 099- organization and
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	organization and related organizations
(1) Dwight A McBride	60.0	v		x				015 044		C04 200
President		Х		^				815,044	0	604,206
(2) ELLIOT STEIN	1.0	х		x				0	0	0
VICE CHAIR		^		^				U	0	0
(3) FRANCI J BLASSBERG	1.0	х		v				0	0	0
VICE CHAIR		^		х				U	0	0
(4) LINDA E RAPPAPORT	1.0	х		х				0	0	0
CHAIR		~		~					5	5
(5) SUSAN L FOOTE	1.0	х		х				0	0	0
VICE CHAIR		^		^				0	0	0
(6) ANTHONY J MANNARINO	1.0	х						0	0	0
TRUSTEE		^						0	0	0
(7) BETH RUDIN DEWOODY	1.0	х						0	0	0
TRUSTEE		^						0	0	0
(8) BEVIS LONGSTRETH	1.0	х						0	0	0
TRUSTEE		^						0	0	0
(9) CHARLES R PERRIN	1.0	х						0	0	0
TRUSTEE		^						0	0	0
(10) CHRISTOPHER J CASTANO	1.0	x						0	0	0

TRUSTEE		~			Ĭ	Ĭ	Ť
(11) CRAIG BERNECKER	1.0	х				0	0
TRUSTEE		^			U.S.	0	0
(12) DANIEL T MOTULSKY	1.0						0
TRUSTEE		х			U	0	C
(13) DOMINIQUE BLUHDORN	1.0	х				0	0
TRUSTEE		^				U	0
(14) DOUGLAS D DURST	1.0	х				0	0
TRUSTEE		^			U	U	0
(15) JANE DEFLORIO	1.0	х			0	0	0
TRUSTEE		^			U U	0	0
(16) JEFFREY GURAL	1.0	х				0	0
TRUSTEE		^			0	0	0
(17) JOSEPH R GROMEK	1.0	x				0	0
TRUSTEE		^			0	0	0
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(A) Name and title	(B) Average hours per week (list any hours for related		ne bo	ox, u n off	: che nles icer	s pers and a	son	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			related organizations	
(18) JOSHUA SAPAN TRUSTEE	1.0	×						0	0	0	
(19) KAY UNGER TRUSTEE	1.0	×						0	0	0	
(20) LILIAN SHIAO-YEN WU TRUSTEE	1.0	×						0	0	0	
(21) MICHAEL J JOHNSTON TRUSTEE	1.0	×						0	0	0	
(22) NANCYE GREEN TRUSTEE		×						0	0	0	
(23) ROBERT H MUNDHEIM TRUSTEE		×						0	0	0	
(24) SHEILA C JOHNSON TRUSTEE		×						0	0	0	
(25) STANLEY P SILVERSTEIN TRUSTEE		×						0	0	0	
(26) STEVEN H BLOOM TRUSTEE		×						0	0	0	
(27) SUSAN U HALPERN TRUSTEE	1.0	×						0	0	0	
(28) Ted GoldThorpe TRUSTEE		×						0	0	0	
(29) TIMOTHY L PORTER	1.0	х						0	0	0	

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

1.0 1.0 40.0 40.0 40.0	×						0	0	0
1.0 40.0 40.0									
40.0	×								
40.0 40.0	····^						0	0	0
40.0							0	0	
40.0			х				479,593	0	61,591
			~				200,000	0	01,351
			х				289,246	0	54,117
40.0			^				209,240	0	54,117
10.0			v				470.226	0	20.053
			х				479,236	0	20,057
10.0									
40.0	••••		х				139,058	0	15,155
40.0			v				277.544		56.007
			х				277,544	U	56,097
40.0			х				251,484	0	27,247
40.0			х				604.440	0	25,960
40.0									
40.0			х				252,210	0	16,001
40.0				х			259,417	0	28,200
40.0				х			295,280	0	19,527
				~			230/200	•	15/02/
40.0				x			326 107	0	31,941
				~			520,107	5	51,511
40.0				v			550.028	0	38,400
				^			550,920	0	50,400
40.0				v			270,890	0	EE 909
				^			279,880	U	55,808
40.0								_	
					х		318,204	0	50,636
40.0									
					х		345,220	0	53,868
10.0									
40.0					х		320,414	0	27,770
					х		316,549	0	31,020
40.0					х		316,742	0	31,075
				$\square$		$\vdash$			
40.0						v	262.026	0	54,235
						^	202,020	0	54,255
0.0						х	301,703	0	512
						х	254,799	0	28,028
40.0						х	258,018	0	49,951
40.0						х	325,047	0	55,695
							,		,
				_	•				
									1,437,097
	40.0 40.0 40.0 40.0 40.0 40.0 40.0 40.0	40.0 40.0 40.0 40.0 40.0 40.0 40.0 40.0	40.0         40.0 </td <td><math display="block"> \begin{array}{c ccccccccccccccccccccccccccccccccccc</math></td> <td>40.0       x         40.0       x         <td< td=""><td>40.0       x       x         40.0       x       x</td><td>40.0       x       x       x         40.0       x       x       x       x         <td< td=""><td>40.0       x</td><td>40.0       x</td></td<></td></td<></td>	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	40.0       x         40.0       x <td< td=""><td>40.0       x       x         40.0       x       x</td><td>40.0       x       x       x         40.0       x       x       x       x         <td< td=""><td>40.0       x</td><td>40.0       x</td></td<></td></td<>	40.0       x       x         40.0       x       x	40.0       x       x       x         40.0       x       x       x       x <td< td=""><td>40.0       x</td><td>40.0       x</td></td<>	40.0       x	40.0       x

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 334

<ul> <li>4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual</li> <li>5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for</li> </ul>	Yes	No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for	Yes	
	Yes	
services rendered to the organization? If "Yes," complete Schedule J for such person		No

#### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Compass Group USA Inc	Food Service	4,116,294
PO Box 91337 Chicago, IL 606931337		
Perfect Parties by Robin Inc	Events Consultation	2,715,712
21 Woodstone Circle Short Hills, NJ 07078		
East End Advisors LLC	Consulting	2,184,168
East End Advisors LLC 610 Fifth Avenue-Suite 506 New York, NY 10020		
Qwest Contracting Corp	Contractor	2,088,304
153 W 27th Street Suite 502 New York, NY 100016257		
H Brickman & Sons	Contractor	2,039,197
55 1st Avenue New York, NY 100039400		
2 Total number of independent contractors (including but not limited to those I compensation from the organization ► 150	isted above) who received more than \$100,000 of	
		Form <b>990</b> (2021)

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Check if Schedule O contains a response or note to any line in this Part VIII       (B)       (C)       (D)         (A)       Total revenue       Related or exempt function       Unrelated revenue       Rever excluded tax under	Part VIII	Statement of Rev	/enue					
(A)     (B)     (C)     (D)       Total revenue     Related or exempt function     Unrelated business revenue     Reven exclude tax under s12 -       Pederated campaigns     1a       Contributions, of the Greents revenue     1b       OtherAmt     1b       DtherAmt       Similar AffoldHedrasing events     1c       1,168,191     1d       d Related organizations     1d       e Government grants (contributions), 21,699,945     1f       33,042,438     1f       g Noncash contributions included in lines 1a - 1f		Check if Schedule O	contains a res	ponse or note to any	/ line in this Part VIII			🗆
Contributions,   Cifts, Grants,   Ind   Implementship dues 1b   DitherAmt   Similar   Similar   Ind   Ind			_			(B) Related or exempt function	Unrelated business	(D) Revenue excluded from tax under sectior 512 - 514
DtherAmt   inflor   inflor   inflor   inflor   1,168,191   d Related organizations   1d     e Government grants (contributions)   1e   21,699,945   f All other contributions, gifts, grants, and similar amounts not included above   33,042,438   g Noncash contributions included in lines 1a - 1f:\$   1g     1,527,404	Contributions,		1a					
infiolitytig/raising events Ic         1,168,191         d Related organizations         1d         e Government grants (contributions)         1e         21,699,945         f All other contributions, gifts, grants, and similar amounts not included above         33,042,438         g Noncash contributions included in lines 1a - 1f:\$         1g         1,527,404         h Total. Add lines 1a-1f	OtherAmt	ip dues	1b					
e Government grants (contributions) 1e 21,699,945 f All other contributions, gifts, grants, and similar amounts not included above 1f 33,042,438 g Noncash contributions included in lines 1a - 1f:\$ 1g 1,527,404 h Total. Add lines 1a-1f	Roundraisin		1c					
21,699,945       f       All other contributions, gifts, grants, and similar amounts not included above       33,042,438       g       Noncash contributions included in lines 1a - 1f:\$       1,527,404       h       Total. Add lines 1a-1f	d Related or	ganizations	1d					
f All other contributions, gifts, grants, and similar amounts not included above       33,042,438       g Noncash contributions included in lines 1a - 1f:\$       1,527,404       h Total. Add lines 1a-1f		,	1e					
g       Noncash contributions included in lines 1a - 1f:\$         1,527,404         h       Total. Add lines 1a-1f	f All other cor and similar a	tributions, gifts, grants,	1f					
1,527,404 <b>h Total.</b> Add lines 1a-1f								
<b>h Total.</b> Add lines 1a-1f	g Noncash cor lines 1a - 1f	itributions included in :\$	1g					
22,210,214				•				
BUSIDESS LOOP					I	I		
2a TUITION & FEES         611210         498,694,779         498,694,779				Business Code	498 694 779	498 694 779		

lenu	J AUX ENTERPRISE REV	/			611310	48,305,010	48,305,010		
Service Revenu	COMMERCIAL CONTR	ACTS			611210	4,114,618	4,114,618		
Nice					611310				
	SVC OF EDUCATIONA	L DEF	PΤ		611310	237,488	237,488		
Program	3								
2						0	0	0	0
	f All other program					Ŭ	0	Ŭ	0
_	<b>Total.</b> Add lines 2				551,351,895				
	Investment income similar amounts)		uding dividend	s, int	erest, and other	78,535		-420,793	499,328
4	Income from invest	ment	t of tax-exemp	: bon	d proceeds	71,747			71,747
5	Royalties			•					
		l,	(i) Real		(ii) Personal				
6	<b>a</b> Gross rents	6a	11,787	,977					
Ь	Less: rental expenses	6b							
с	Rental income or (loss)	6c	11,787	977	0				
	<b>d</b> Net rental income					11,787,977			11,787,977
			(i) Securitie	s	(ii) Other				
7	a Gross amount from sales of assets other than inventory	7a	170,961	,445	124,920,000				
b		7b	171,040	,745	119,930,393				
с	Gain or (loss)	7c	-79	,300	4,989,607				
	<b>d</b> Net gain or (loss)			•	🕨	4,910,307		1,142,750	3,767,557
Mevenue	a Gross income from fu (not including \$ contributions reported See Part IV, line 18	1, d on li	168,191 of ine 1c).	Ba	35,200				
	<b>b</b> Less: direct expen	ses		3b	777,790				
ner	<b>c</b> Net income or (los	s) fro	om fundraising	ever	nts	-742,590			-742,590
	Gross income from See Part IV, line 19		-	9a					
	<b>b</b> Less: direct expen			ЭЬ					
	<b>c</b> Net income or (los	s) fro	om gaming act	vitie	s 🕨				
10	<b>Da</b> Gross sales of invertex returns and allowation of the second	entor inces		0a					
	<b>b</b> Less: cost of good	s sol	d 1	0b					
-	c Net income or (los Miscellaneo			entoi					
1	1aJOURNAL/CONFER				Business Code 611310	529,410	529,410		
	<b>b</b> INDIRECT COST R	ECO	VERY	-	611310	1,561,390	1,561,390		
	c			+-					
	<b>d</b> All other revenue			+-		0	0	0	0
	e Total. Add lines 1	1a-1	1d	.'-	🕨	2 000 000			
1	2 Total revenue. Se	ee in	structions .			2,090,800			
1					-	625,459,245	553,442,695	721,957	15,384,019

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Form 990 (2021)

# Page **10**

Section 501(c)(3) and 501(c)(4) organizations must co	Simplete all columns.	All other organizatio	ns must complete colt	
Check if Schedule O contains a response or note to an	y line in this Part IX			🗆
Do not include amounts reported on lines 6b, 'b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	165,217,547	165,217,547		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	9,886,744	3,776,922	5,476,406	633,41
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,897,234	1,707,449	189,785	
7 Other salaries and wages	189,903,802	161,871,849	26,001,043	2,030,91
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,259,181	13,766,198	2,316,803	176,18
9 Other employee benefits	29,200,891	28,739,945	229,881	231,06
10 Payroll taxes	13,801,472	11,582,641	2,050,482	168,34
11 Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	813,185	169,254	643,931	
<b>c</b> Accounting	125,000		125,000	
<b>d</b> Lobbying	941		941	
e Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	12,962,988		12,962,988	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	19,139,115	11,736,785	7,161,455	240,87
12 Advertising and promotion	4,094,694	1,392,714	2,693,896	8,08
13 Office expenses	17,436,904	14,924,116	2,453,395	59,39
14 Information technology	5,454,085	2,372,066	2,936,273	145,74
15 Royalties	744,381	368,535	375,846	
16 Occupancy	60,639,078	56,597,970	4,041,108	
<b>17</b> Travel	1,859,126	1,583,244	242,533	33,34
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	279,807	243,364	28,334	8,10
20 Interest	25,043,394	22,850,863	2,192,531	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,600,607	22,885,209	4,715,398	
23 Insurance	2,212,452	353,524	1,844,195	14,73
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a BAD DEBT EXPENSE	5,473,299		5,473,299	
<b>b</b> CONTRACT SERVICE FEE	7,611,355	7,611,355		
c LIBRARY	2,062,099	2,059,862	2,237	
d FOOD SERVICE & CATERING	3,564,325	3,237,607	269,069	57,64
e All other expenses	3,848,125	2,562,922	1,281,470	3,73
25 Total functional expenses. Add lines 1 through 24e	627,131,831	537,611,941	85,708,299	3,811,59

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► □ if following SOP 98-2 (ASC 958-720).		
		E 000 (2024)

Form 990 (2021)

------ Page 11 ---

Part X	Balance Sheet								
	Check if Schedule O contains a response or not	te to any line	in this Part IX .			🗆			
	· · · · ·	·		<b>(A)</b> Beginning of year		<b>(B)</b> End of year			
1	Cash-non-interest-bearing			4,135,625	1	4,797,79			
2	Savings and temporary cash investments .	321,436	2	250,965					
з	Pledges and grants receivable, net	30,124,791	3	27,796,800					
4	Accounts receivable, net	counts receivable, net							
5	Loans and other receivables from any current of trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial contrib		0	5	(			
6	Loans and other receivables from other disquali section 4958(f)(1)), and persons described in section 4958(f)(1)).			0	6	(			
7	Notes and loans receivable, net			217,406	7	144,589			
ssels					8				
ss g	Prepaid expenses and deferred charges		. ⊢	12,775,816	9	11,193,687			
10	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,095,812,331						
	<b>b</b> Less: accumulated depreciation	10b	287,952,992	714,927,652	10c	807,859,339			
11	·			248,011,457	11	157,334,872			
12		🗖	238,837,594	12	286,972,659				
13		Investments—other securities. See Part IV, line 11							
14	1 5 ,		14						
15		409,835,644	15	389,920,210					
16		1,684,598,012	16	1,709,557,575					
17			68,224,661	17	71,026,973				
18		· · ·	18	, ,					
19		21,548,030	19	11,406,356					
20		_	573,282,085	20	698,341,868				
24	•	edule D	,	21					
		0	22	C					
3 23	Secured mortgages and notes payable to unrela	tios	Ű	23					
24		•			23				
25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24		428,403,536	25	371,563,545				
26	Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 .	-	1,091,458,312	26	1,152,338,742				
				1,001,100,012	20	1,102,000,112			
27	Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33. Net assets without donor restrictions	✓ and	333,393,090	27	312,114,265				
28	Net assets with donor restrictions	[	259,746,610	28	245,104,568				
Net Assets of Fund Balances 22 28 29 20 20 20 20 20 20 20 20 20 20	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	here▶ □ and 		29					
2 30	Paid-in or capital surplus, or land, building or eq	quipment fund	1		30				
8S 31	Retained earnings, endowment, accumulated in	come, or othe	er funds		31				
E 32				593,139,700	32	557,218,833			
10.		1,684,598,012	33	1,709,557,575					

	n 990 (2021)			Page <b>12</b>
Pa	Reconcilliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	 	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	625	,459,245
2	Total expenses (must equal Part IX, column (A), line 25)	2	627	,131,831
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	,672,586
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) $\ .$	4	593	,139,700
5	Net unrealized gains (losses) on investments	5	-33	,654,117
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-594,164
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	557	,218,833
Pá	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		 	
			Yes	No

1	Accounting method used to prepare the Form 990: Cash Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No						
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:									
	Separate basis       Consolidated basis       Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes							
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:									
	□ Separate basis									
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes							
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.									
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes							
		F	orm <b>99</b>	<b>)</b> (2021)						

Form 990 (2021)	
Additional Data	Return to Form

**Software ID:** 21014044

efil	e Put	olic Visual	Render	ObjectId: 2	20230135934930	6540 - Subm	ission: 2023-	05-15	TIN: 13-3297197
		ULE A		Public	Charity Statu	s and Pu	blic Suppo	ort	OMB No. 1545-0047
(For	m 990)		Con		rganization is a sect	ion 501(c)(3)	organization or		2021
		he Treasury			4947(a)(1) nonexe Attach to Form				
Interna	l Revenu	e Service		Go to <u>www.irs</u>	<u>.gov/Form990</u> for in	nstructions an	d the latest info	ormation.	Open to Public Inspection
	e of th ew Scho	ne organiza	tion					Employer identi	fication number
The N	ew scho	501						13-3297197	
	rt I				us (All organization t it is: (For lines 1 thro			See instructions.	
1					sociation of churches	5 ,	, ,	(A)(i).	
2					1)(A)(ii). (Attach Sch			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3					vice organization desc	-		iii).	
4		•	•		ed in conjunction with			-	. Enter the hospital's
			and state:		, , , , , , , , , , , , , , , , , , ,				
5					t of a college or unive	sity owned or c	perated by a gov	ernmental unit des	cribed in <b>section</b>
6				mplete Part II.)	governmental unit de	scribed in <b>secti</b>	on $170(h)(1)(A$	)(v)	
7			,	5	5				eral public described in
	$\cup$	section 17	70(b)(1)(A)	(vi). (Complete	Part II.)		2	ine of from the ger	
8			,		n 170(b)(1)(A)(vi).	<b>、</b>	,		
9					escribed in <b>170(b)(1)</b> ee instructions. Enter				college or university or a
10					(1) more than 331/3%				
		investment	income and	unrelated busin					e organization after June
11		•			emplete Part III.) I exclusively to test fo	r public safety. !	See section 509	(a)(4).	
12				•					the purposes of one or
	$\Box$	more publi	cly supported	organizations of		09(a)(1) or se	ection 509(a)(2)	). See section 50	<b>9(a)(3).</b> Check the box
а		Type I. A	supporting or	ganization oper	ated, supervised, or c	ontrolled by its	supported organiz	zation(s), typically	by giving the supported
				er to regularly a tions A and B.		ority of the dired	ctors or trustees o	of the supporting o	ganization. <b>You must</b>
b		Type II. A manageme	supporting o ent of the sup	rganization sup	ervised or controlled i ation vested in the sar				
с	$\square$		-	V, Sections A a integrated. A s	and C. Supporting organizatio	n operated in co	onnection with, ar	nd functionally inte	grated with, its
А	0		5	, ,	ions). You must com				-
u	$\Box$	functionally	/ integrated.	The organizatio	n generally must satis	fy a distribution	requirement and		ganization(s) that is not equirement (see
е	$\square$		,	-	t IV, Sections A and ved a written determin	•		pe I, Type II, Type	III functionally
		integrated,	or Type III n	on-functionally	integrated supporting	organization.			
f g									
		lame of supp	ported	(ii) EIN	(iii) Type of	(iv) Is the org	ganization listed	(v) Amount of	(vi) Amount of
		organizatio	n		organization (described on lines	in your gover	ning document?	monetary support (see instructions	
					<ol> <li>10 above (see instructions))</li> </ol>				
						Yes	No		
Tota	I								
		work Reduc or 990-EZ.	tion Act Not	ice, see the I	nstructions for	Cat. No. 1128	5F	Schedu	ile A (Form 990) 2021
1 0111		01 990'EZ.							
					Pa	ge 2			
		(Form 990)							Page <b>2</b>
Pa	rt II				ations Described				)(1)(A)(vi) Jualify under Part III.
		If the o	rganization		ify under the tests l				aunty under Fait III.
	ection	A. Public	Support	1		- I			

	enual year fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	( <b>d)</b> 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").	36,697,218	36,684,403	31,866,449	43,723,946	55,910,574	204,882,590
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
-	The value of services or facilities furnished by a governmental unit to						0
4	the organization without charge <b>Total.</b> Add lines 1 through 3	36,697,218	36,684,403	31,866,449	43,723,946	55,910,574	204,882,590
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						15,689,703
6	<b>Public support.</b> Subtract line 5 from line 4.						189,192,887
	ection B. Total Support						
	lendar year • fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4.	36,697,218	36,684,403	31,866,449	43,723,946	55,910,574	204,882,590
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,657,602	19,128,408	16,390,431	12,659,815	12,359,052	81,195,308
9	Net income from unrelated business activities, whether or not the business is regularly carried on	361,026	110,528	0	0	72,961	544,515
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	137,880	99,030	82,547	31,800	35,200	386,457
11	<b>Total support.</b> Add lines 7 through 10						287,008,870
12		etc. (see instructi	ions)			12	2,453,244,264
13	First 5 years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organ	ization, check
	this box and <b>stop here</b>					▶□	
	ection C. Computation of Publ Public support percentage for 2021 (I		-	column (f))		14	65.92 %
	Public support percentage for 2020 S					15	64.86 %
	33 1/3% support test-2021. If the						
b	and <b>stop here.</b> The organization qua <b>33</b> 1/3% <b>support test—2020.</b> If the	ne organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 1	/3% or more, chec	k this
17a	box and <b>stop here.</b> The organizatio <b>10%-facts-and-circumstances tes</b> and if the organization meets the "fac	st—2021. If the o	rganization did not	t check a box on li	ne 13, 16a, or 16b	, and line 14 is 10	% or more, anization
b	meets the "facts-and-circumstances" <b>10%-facts-and-circumstances te</b> more, and if the organization meets	est—2020. If the of the "facts-and-cire	organization did no cumstances" test,	ot check a box on check this box and	line 13, 16a, 16b, d <b>stop here.</b> Expla	or 17a, and line 1 ain in Part VI how	5 is 10% or the organization
18	meets the "facts-and-circumstances <b>Private foundation.</b> If the organization						ÞU
	instructions						► 🗆
						Schedule A (	Form 990) 2021
			Dage 2	•			
			Page 3	)			
Sch	edule A (Form 990) 2021						Page <b>3</b>
I	Part III Support Schedule (Complete only if you the organization fails	u checked the bo	ox on line 10 of	Part I or if the o	organization faile	d to qualify und	er Part II. If
s	ection A. Public Support					·/	
Ca	lendar year fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1							

	membership fees received. (Do not
	include any "unusual grants.") .
2	Gross receipts from admissions,
	merchandise sold or services
	nerformed or facilities furnished in

	performed, or facilities furnished in
	any activity that is related to the
	organization's tax-exempt purpose
-	Conservation to force a still the still start and

	organization's tax exempt purpose
3	Gross receipts from activities that are
	we have the second the second se

	not an unrelated trade or business under section 513								
4	Tax revenues levied for the								
	organization's benefit and either paid								
5	to or expended on its behalf The value of services or facilities			-		-			
5	furnished by a governmental unit to								
	the organization without charge								
6	<b>Total.</b> Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
с	Add lines 7a and 7b.								
8	Public support. (Subtract line 7c								
	from line 6.)								
	ction B. Total Support		1			-			
	ndar year fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f	) Total	
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income						_		
U	(less section 511 taxes) from								
	businesses acquired after June 30,								
	1975.								
C 11	Add lines 10a and 10b. Net income from unrelated business								
11	activities not included on line 10b,								
	whether or not the business is								
	regularly carried on.								
12	Other income. Do not include gain or loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c,								
	11, and 12.) <b>First 5 years.</b> If the Form 990 is for the form 100 is for 100	he organization's	first second thir	d fourth or fifth	tax year as a sect	$1 = \frac{1}{100} = $	raaniz	ation ch	bock
14	this box and <b>stop here</b>								_
	ction C. Computation of Public	Support Perce	entage						
15	ction C. Computation of Public Public support percentage for 2021 (lir	Support Perce ne 8, column (f) d	entage ivided by line 13,	column (f))		15			
15 16	ction C. Computation of Public Public support percentage for 2021 (lin Public support percentage from 2020 S	Support Perce ne 8, column (f) d Schedule A, Part II	ivided by line 13, II, line 15	column (f))					
15 16 Se	ction C. Computation of Public Public support percentage for 2021 (lin Public support percentage from 2020 S ction D. Computation of Invest	Support Perce ne 8, column (f) d Schedule A, Part II ment Income	ivided by line 13, II, line 15 Percentage	column (f))		15 16			
15 16 Se 17	ction C. Computation of Public Public support percentage for 2021 (lir Public support percentage from 2020 S ction D. Computation of Invest Investment income percentage for 2020	Support Perce ne 8, column (f) d Schedule A, Part II ment Income 21 (line 10c, colu	entage ivided by line 13, II, line 15 Percentage mn (f) divided by	column (f))	(f))	15 16 17			
15 16 Se 17 18	ction C. Computation of Public Public support percentage for 2021 (lir Public support percentage from 2020 S ction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2	Support Perce ne 8, column (f) d Schedule A, Part II ment Income 21 (line 10c, colur 020 Schedule A,	ivided by line 13, II, line 15 <b>Percentage</b> mn (f) divided by Part III, line 17 .	column (f))	(f))	15 16 17 18			
15 16 Se 17	ction C. Computation of Public Public support percentage for 2021 (lir Public support percentage from 2020 S ction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2 33 1/3% support tests-2021. If the	Support Perce ne 8, column (f) d Schedule A, Part II ment Income 21 (line 10c, colur 020 Schedule A, organization did n	ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box	column (f)) 	(f))	15 16 17 18 n 33 1/3%, and	line 17	7 is not	
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15 16 Se 17 18 19a b 20 Schee Par 1 2	ction C. Computation of Public         Public support percentage for 2021 (lir         Public support percentage from 2020 S         ction D. Computation of Invest         Investment income percentage for 202         Investment income percentage from 2         33 1/3% support tests-2021. If the         more than 33 1/3%, check this box and         33 1/3% support tests-2020. If the         not more than 33 1/3%, check this box and         33 1/3% support tests-2020. If the         not more than 33 1/3%, check this box         Private foundation. If the organization         (Complete only if you checked a         box 12b, of Part I, complete Section         Complete only if you checked a         box 12b, of Part I, complete Section         Ction A. All Supporting Organization         Are all of the organization's supported         If "No," describe in Part VI how the su describe the designation. If historic an         Did the organization have any support         Support of 2021	Support Perce be 8, column (f) d Schedule A, Part II ment Income 21 (line 10c, colur 020 Schedule A, organization did n 1 stop here. The d e organization did and stop here. The con did not check a s a box on line 12 o ctions A and C. If is A and D, and co ations organizations listed upported organization the Part VI how the output	entage ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box of The organization qual not check a box of The organization qual not check a box of Page 4 Page 4 f Part I. If you ch you checked box omplete Part V.)	column (f))	(f))	15         16         17         18         n 33 1/3%, and         ation         s more than 33         ganization         s instructions .         schedule /         Sections A and         , D, and E. If y         ats?         ose,         der section         ion was	line 17  1/3% a  A (Form B. If y rou che	7 is not and line m 990) P rou chece ccked bo	18 is 2021 age 4 ked x
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	determination.	3b	
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
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.	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
с	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
		6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	7	
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 <b>Part VI</b> .	9a	
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9a 9b	
с	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a	
-	the organization had excess business holdings).	10b	

Schedule A (Form 990) 2021

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Sche	dule A (Form 990) 2021		F	Page 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
-		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		

# Section C. Type II Supporting Organizations

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

# 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? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>			
	organization maintaineu a ciose anu continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		

# Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): 1
  - **a** \_\_\_\_\_ The organization satisfied the Activities Test. Complete **line 2** below.
  - The organization is the parent of each of its supported organizations. Complete **line 3** below. b
  - **c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

#### 2 Activities Test. Answer lines 2a and 2b below.

2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <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>b</b> Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
_		2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No", provide details in Part VI.</i>	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its			
	supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3b		
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Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

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				3		
Ра	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( <i>explain in Part VI</i> ). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				

		1	1	
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in <b>Part VI</b></i> ):			
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 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	<b>Distributable Amount.</b> 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-i instructions)	ntegrat	ed Type III supporting organiza	tion (see

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

P	art V Type III Non-Functionally Integrated	I 509(a)(3) Supporting	Organizations (con	ntinued	)
S	ection D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers e excess of income from activity	exempt purposes of supported	organizations, in	2	
3	Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons	3	
4	Amounts paid to acquire exempt-use assets			4	
5	<b>5</b> Qualified set-aside amounts ( <i>prior IRS approval required - provide details in Part VI</i> )			5	
6	6 Other distributions (describe in <b>Part VI</b> ). See instructions			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	8 Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	10 Line 8 amount divided by Line 9 amount			10	
		<i>(</i> 1)	(ii)		(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributio Pre-2021	ns	Distributable Amount for 2021
1		(i) Excess Distributions	Underdistributio	ns	Distributable
	(see instructions)	(i) Excess Distributions	Underdistributio	ns	Distributable
2	(see instructions) Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i> ).	(i) Excess Distributions	Underdistributio	ns	Distributable
2 3 a	(see instructions) Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i> ). See instructions. Excess distributions carryover, if any, to 2021: From 2016	(i) Excess Distributions	Underdistributio	ns	Distributable
2 3 a	(see instructions) Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i> ). See instructions. Excess distributions carryover, if any, to 2021: From 2016. From 2017.	(i) Excess Distributions	Underdistributio	ns	Distributable
2 3 a t	(see instructions) Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i> ). See instructions. Excess distributions carryover, if any, to 2021: From 2016. From 2017. From 2017. From 2018.	(i) Excess Distributions	Underdistributio	ns	Distributable
2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(see instructions) Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i> ). See instructions. Excess distributions carryover, if any, to 2021: From 2016 From 2017 From 2018 From 2019	(i) Excess Distributions	Underdistributio	ns	Distributable
2 3 2 0 0	(see instructions) Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i> ). See instructions. Excess distributions carryover, if any, to 2021: From 2016 From 2017 From 2018 From 2019 From 2020	(i) Excess Distributions	Underdistributio	ns	Distributable
2 3 a b c c c f	(see instructions) Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i> ). See instructions. Excess distributions carryover, if any, to 2021: From 2016 From 2017 From 2018 From 2019 From 2020 Total of lines 3a through e	(i) Excess Distributions	Underdistributio	ns	Distributable
2 3 a t c c f f	(see instructions) Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i> ). See instructions. Excess distributions carryover, if any, to 2021: From 2016 From 2016 From 2017 From 2018 From 2019 From 2020 Total of lines 3a through e Applied to underdistributions of prior years	(i) Excess Distributions	Underdistributio	ns	Distributable
2 3 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(see instructions) Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i> ). See instructions. Excess distributions carryover, if any, to 2021: From 2016 From 2017 From 2018 From 2019 From 2020 Total of lines 3a through e Applied to underdistributions of prior years Applied to 2021 distributable amount	(i) Excess Distributions	Underdistributio	ns	Distributable
2 3 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(see instructions) Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i> ). See instructions. Excess distributions carryover, if any, to 2021: From 2016 From 2016 From 2017 From 2018 From 2019 From 2020 Total of lines 3a through e Applied to underdistributions of prior years	(i) Excess Distributions	Underdistributio	ns	Distributable
2 3 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(see instructions) Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i> ). See instructions. Excess distributions carryover, if any, to 2021: From 2016 From 2016 From 2017 From 2018 From 2019 From 2020 Total of lines 3a through e Applied to underdistributions of prior years Applied to 2021 distributable amount Carryover from 2016 not applied (see	(i) Excess Distributions	Underdistributio	ns	Distributable

	\$		
ā	<ul> <li>Applied to underdistributions of prior years</li> </ul>		
ł	• Applied to 2021 distributable amount		
C	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
ā	Excess from 2017.		
ł	Excess from 2018		
C	Excess from 2019		
C	Excess from 2020		
e	Excess from 2021		
		Sch	nedule A (Form 990) (2021)

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### Schedule A (Form 990) 2021

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

Facts And Circumstances Test			
Return Reference	Explanation		
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - GROSS INCOME FROM FUNDRAISING EVENTS, COLUMN A - 137880.0, COLUMN B - 99030.0, COLUMN C - 82547.0, COLUMN D - 31800.0, COLUMN E - 35200.0, COLUMN F - 386457.0;		

Schedule A (Form 990) 2021

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# **Additional Data**

**Return to Form** 

 Software ID:
 21014044

 Software Version:
 2021v4.2

efile Public Visual Ren	nder Objectld: 202301359349306540 - Submission: 2023-05-15		TIN: 13-3297197
Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990)       ► Attach to Form 990, 990-EZ, or 990-PF.         Department of the Treasury Internal Revenue Service       ► Go to www.irs.gov/Form990    for the latest information.			2021
Name of the organization The New School	1	Employer id	lentification number
		13-3297197	
Organization type (che	eck one):		
Filers of:	Section:		
Form 990 or 990-EZ	□ 501(c)( ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foun	dation	
	527 political organization		
Form 990-PF	$\Box$ 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation	วท	
	$\Box$ 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 other 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<sup>1</sup>/<sub>3</sub>% 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, II, and III.

**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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Cat. No. 30613X

Schedule B (Form 990) (2021)

Page 2

Schedule B (Form 990) (2021)

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person     Payroll     Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<ul> <li>Person</li> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash contributions.)</li> </ul>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<ul> <li>Person</li> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash contributions.)</li> </ul>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
·		\$	Person     Payroll     Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person       Payroll       Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person     Payroll     Noncash     (Complete Part II for noncash     contributions.)     Schedule B (Form 990) (2021)

Page 3

Schedule	B (Form 990) (2021)		Page 3
Name of or The New Se		Employer identification	n number
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

-			
		\$	
-		Ψ	
(a) No. from Part I		(C) (or estimate) instructions)	(d) Date received
-		\$	
(a) No. from Part I		(C) (or estimate) instructions)	(d) Date received
-		\$	
(a) No. from Part I		(C) (or estimate) instructions)	(d) Date received
-		\$	
(a) No. from Part I		(C) (or estimate) instructions)	(d) Date received
-		\$	
(a) No. from Part I		(C) (or estimate) instructions)	(d) Date received
-		\$	
			Schedule B (Form 990) (2021)
	Page 4		
Schedule I	3 (Form 990) (2021)		Page 4
Name of or		Employer ide	ntification number
The New So			
		13-3297197	

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
[	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Relationshi	p of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Relationshi	p of transferor to transferee
(a)	/b) Durnage of sift		(d) Description of how rift is hold

Part I	(b) Purpose of gift	(c) use of gift	(a) Description of now gift is neia
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Re	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. =	Transferee's name, address, and	(e) Transfer of gift	elationship of transferor to transferee
I			Schedule B (Form 990) (2021)

# **Additional Data**

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 Software ID:
 21014044

 Software Version:
 2021v4.2

efil	e Public Visual	Render	ObjectId: 2023013593	49306540 - Submission: 20	23-05-15	TIN: 13-3297197
SCH			Political Campaig	in and Lobbying Act	ivities	OMB No. 1545-0047
	n 990)	For Or	ganizations Exempt From In	come Tax Under section 501(	c) and section 527	2021
	nent of the Treasury Revenue Service	►Compl		ibed below. ►Attach to Form 99 for instructions and the latest i		Open to Public Inspection
Se S If the S If the (Prox Nan	ection 501(c)(3) org Section 501(c) (othe Section 527 organiz organization ans Section 501(c)(3) of Section 501(c)(3) of organization ans sy Tax) (see separ	ganizatior er than se zations: C swered "Y rganizatio rganizatio swered "Y rate instru 5), or (6) o	ns: Complete Parts I-A and B. Do n oction 501(c)(3)) organizations: Cor omplete Part I-A only. <b>'es" on Form 990, Part IV, Line 4</b> ns that have filed Form 5768 (elec ns that have NOT filed Form 5768 <b>'es" on Form 990, Part IV, Line 5</b>	, or Form 990-EZ, Part V, line 46 ( ot complete Part I-C. mplete Parts I-A and C below. Do no , or Form 990-EZ, Part VI, line 47 tion under section 501(h)): Comple (election under section 501(h)): Cc (Proxy Tax) (see separate instruct	ot complete Part I-B. (Lobbying Activities), te Part II-A. Do not com omplete Part II-B. Do not	<b>then</b> plete Part II-B. t complete Part II-A. <b>Z, Part V, line 35c</b>
Part	I-A Complet	te if the	organization is exempt une	der section 501(c) or is a se	ection 527 organiza	tion.
1 2	"political campaig	ın activitie	es."	political campaign activities in Part		
2 3				ons		
			organization is exempt une			
1				ion under section 4955	<b>•</b> •	
2		,	, 5	managers under section 4955	······································	
3				n 4720 for this year?		
- 4a	-					Yes No
b	If "Yes," describe					🗌 Yes 🗌 No
				der section 501(c), except s	ection 501(c)(3).	
1				for section 527 exempt function a	. , . ,	
2	Enter the amount	: of the fili	ng organization's funds contribute	d to other organizations for section	527 exempt	
3				here and on Form 1120-POL, line 1	-	
4	•			······································	Ψ.	🗌 Yes 🗌 No
5	Enter the names, organization mad of political contrib	addresse e paymen outions ree	s and employer identification numl ts. For each organization listed, er ceived that were promptly and dire	ber (EIN) of all section 527 political ater the amount paid from the filing ectly delivered to a separate politica is needed, provide information in l	l organizations to which 9 organization's funds. A al organization, such as	the filing lso enter the amount
(a) [	Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1						
2						
3						
4						
5						
6						
For Pa	aperwork Reduction	n Act Notic	e, see the instructions for Form 990	· Cat. No. 5	00845 Sche	dule C (Form 990) 2021
	-					· · · · · · · · · · · · · · · · · · ·

— Page 2 —

Schedule C (Form 990) 2021

Page 2

	Section SOT(11)).			
A	Check <b>b</b> if the filing organization belongs to an expenses, and share of excess lobbying	affiliated group (and list in Part IV each affiliated gexpenditures).	group member's nam	e, address, EIN,
в	Check $\blacktriangleright$ if the filing organization checked box $h$	A and "limited control" provisions apply.		
	Limits on Lobbying (The term "expenditures" means		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinio	on (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)		
с	Total lobbying expenditures (add lines 1a and 1b)			
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1c and	1 1d)		
f	Lobbying nontaxable amount. Enter the amount from columns.	n the following table in both		
	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.		
		<u></u>		
g	Grassroots nontaxable amount (enter 25% of line 1f	)		
h	Subtract line 1g from line 1a. If zero or less, enter -	Э		
i	Subtract line 1f from line 1c. If zero or less, enter -0			
j	If there is an amount other than zero on either line is section 4911 tax for this year?	, 5		🗌 Yes 🗌 No

#### 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> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	<b>(e)</b> Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
с	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					Form 990) 2021

Schedule C (Form 990) 2021

Page 3

#### Schedule C (Form 990) 2021 Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Part II-B Form 5768 (election under section 501(h)). (a) (b) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes | No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of: а Volunteers? ..... No Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ...... Yes b Media advertisements? ..... No С Mailings to members, legislators, or the public? ..... d No Publications or nublished or broadcast statements? No

~	i ablications, or published or broa	acuse statements.			1		
f	-	lobbying purposes?		No			
g	Direct contact with legislators, the	eir staffs, government officials, or a legislative body?	Yes				941
h	Rallies, demonstrations, seminars	s, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?			No	1		
j	Total. Add lines 1c through 1i					941	
2a	Did the activities in line 1 cause t	he organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any	tax incurred under section 4912			1		
с	If "Yes," enter the amount of any						
d	If the filing organization incurred	a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under section 501(c)(4), section 501(c)	(5), o	r sect	ion		
				-		Yes	No
1		ore) dues received nondeductible by members?		_	1		
2	, s	n-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to car	ry over lobbying and political expenditures from the prior year?			3		
1 2	answered "Yes." Dues, assessments and similar ar	OTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part mounts from members bying and political expenditures (do not include amounts of political	1				
	expenses for which the sectio						
а	Current year		2a				
b			2b				
С			2c				
3		ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
4	<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?						
5	Taxable amount of lobbying and p	5					
Pa	art IV Supplemental Info	ormation					
		Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); p, complete this part for any additional information.	Part II-	A, lines	1 and	d 2 (se	e
	Return Reference Explanation						
DES	Schedule C, Part II-B, Line 1 DETAILED       During Fiscal Year 2021-2022, The New School directly lobbied the offices of Se         DESCRIPTION OF THE LOBBYING       Gillibrand to include a Congressionally Directed Spending project in the FY23 La         ACTIVITY       School also directly lobbied the offices of New York State Senator Hoylman and         member Glick to support Bundy Aid funding in the FY23 New York State budget					e New	

#### Schedule C (Form 990) 2021

# **Additional Data**

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**Software ID:** 21014044 **Software Version:** 2021v4.2

efile Public Visua	al Render	ObjectId: 2023013	59349306540 - Submission: 202	3-05-1	.5	TIN: 13-3297197
SCHEDULE D		Sunnlemer	tal Financial Statements			OMB No. 1545-0047
Image: 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.       202         Department of the Treasury       Image: 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.       Open to P						2021 Open to Public
Internal Revenue Service Name of the organ		o to <u>www.irs.gov/Forn</u>	<u>1990</u> for instructions and the latest inf			Inspection ification number
The New School	12411011					
Part I Organi	zatione Mai	ntaining Donor Advi	sed Funds or Other Similar Funds	-	3297197	
			s" on Form 990, Part IV, line 6.		counts.	
			(a) Donor advised funds		(b) Funds a	nd other accounts
	•					
		ns to (during year)				
55 5		·				
<ul><li>5 Did the organiza</li></ul>	ation inform al	I donors and donor adviso	rs in writing that the assets held in donor clusive legal control?		funds are the	e 🗌 Yes 🗌 No
charitable purpo private benefit?	oses and not fo	or the benefit of the donor	onor advisors in writing that grant funds ca or donor advisor, or for any other purpose			
	vation Ease		s" on Form 990, Part IV, line 7.			
			nization (check all that apply).			
		public use (e.g., recreation		an histor	rically importa	ant land area
Protection	of natural hab	itat	Preservation of a	a certifie	ed historic stru	ucture
Preservation	on of open spa	ce				
			qualified conservation contribution in the f	orm of a	a conservatio	n
easement on th	,				Held at t	he End of the Year
				2a		
· •	•		c structure included in (a)	2b		
	ervation easen	nents included in (c) acqu	red after 7/25/06, and not on a historic	2c 2d		
		-	d, released, extinguished, or terminated b	y the or	ganization du	ring the
4 Number of state	s where prope	erty subject to conservation	n easement is located 🕨			
		written policy regarding the rvation easements it holds	e periodic monitoring, inspection, handlin	g of viol	ations,	Yes 🗌 No
6 Staff and volunt	eer hours dev	oted to monitoring, inspec	ting, handling of violations, and enforcing	conserv	ation easeme	
7 Amount of expe	nses incurred	in monitoring, inspecting,	handling of violations, and enforcing cons	ervation	easements d	luring the year
			above satisfy the requirements of section	170(h)(		Yes 🗌 No
balance sheet, a	and include, if		ervation easements in its revenue and exp footnote to the organization's financial sta ts.			es
Part III Organi	zations Mai	ntaining Collections	of Art, Historical Treasures, or Of s" on Form 990, Part IV, line 8.	her Si	milar Asse	ts.
historical treasu	res, or other s	imilar assets held for pub	C 958, not to report in its revenue statem ic exhibition, education, or research in fur ents that describes these items.			
	res, or other s	imilar assets held for pub	C 958, to report in its revenue statement ic exhibition, education, or research in fur			
(i) Revenue includ	led on Form 99	90, Part VIII, line 1			▶\$	
(ii)Assets included	in Form 990,	Part X			. ►\$	
			cal treasures, or other similar assets for fin ASC 958 relating to these items:	nancial <u>c</u>	gain, provide	the
a Revenue include	ed on Form 99	0, Part VIII, line 1			. ►\$	
<b>b</b> Assets included	in Form 990, I	Part X			. Þ\$	

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Cat. No. 52283D Schedule D (Form 990) 2021

				Page 2								
Schedule D	(Form 990) 2021											Daga <b>7</b>
Part III	Organizations Ma	intaining Coll	ections of Art	Histori	ical T	10251	ILAS OF	Other	Similar	Assats (c	ntinued)	Page <b>2</b>
3 Using	g the organization's acqu s (check all that apply):											
a 🗸	Public exhibition			d		Loan	or excha	ange prog	irams			
b _				e								
-	Scholarly research					Other	r					
с 🗌	Preservation for future	generations										
4 Provid Part >	ide a description of the o XIII.	rganization's coll	ections and explai	n how the	ey furtl	ner the	e organiz	ation's ex	empt purp	oose in		
	ng the year, did the organ ts to be sold to raise fund									🗌 Yes		No
Part IV	Escrow and Custo Complete if the org line 21.			orm 990	, Part	IV, lir	ne 9, or	reporte	d an amo			
	e organization an agent, ded on Form 990, Part X										0	
incluc						•••				🗌 Yes		No
<b>b</b> If "Ye	es," explain the arrangen	nent in Part XIII	and complete the	following	table:		Ι			Amount		
<b>c</b> Begin	nning balance						Î	1c				
<b>d</b> Addit	tions during the year							1d				
<b>e</b> Distri	ibutions during the year							1e				
<b>f</b> Endin	ng balance							1f				
2a Did th	he organization include a	an amount on For	m 990, Part X, lin	e 21, for	escrow	or cu	stodial a	ccount lia	bility?	. 🗌 Yes		No
	es," explain the arrangen									_		
Part V	Endowment Fund			explanae			<u>p </u>					
	Complete if the org	anization answ		orm 990	, Part	IV, lir	ne 10.					
			(a) Current year		Prior yea			ears back	(d) Three		e) Four ye	
	ning of year balance .		482,180,17		393,477			9,256,394		2,131,061		8,027,801
	butions	and losses	-46,630,50		7,899			6,440,704 4,006,730		5,411,074 7,938,691		,849,658 3,772,777
	vestment earnings, gains s or scholarships		14,269,70		12,541			2,570,801		2,391,043		,261,195
	expenditures for facilities		14,203,70	5	12,341	.,550	-	2,370,001	-	2,351,043	12	.,201,195
	ograms	5	5,585,73	1	3,871	,070		3,655,993		3,833,389	3	,257,980
<b>f</b> Admini	istrative expenses .											
g End of	year balance		421,187,18	6	482,180	),174	39	3,477,034	39	9,256,394	392	,131,061
	de the estimated percen d designated or quasi-en		nt year end baland 58.6 %	ce (line 1	g, colu	mn (a)	)) held a	s:				
b Perma	anent endowment 🕨	28.92 %										
<b>c</b> Term	endowment 🕨 12.4	8 %										
	percentages on lines 2a,		•									
	here endowment funds r nization by:	not in the possess	sion of the organiz	ation tha	t are h	eld an	d admini	istered fo	r the		Yes	No
-	Inrelated organizations									3a		No
(i) Ui	5									3a(	. /	No
	Related organizations .					2					b	
<b>(ii)</b> R	Related organizations . es" on 3a(ii), are the rela		s listed as required	d on Sche	aule R	•	• •		• •	. 3	-	
(ii) R b If "Ye		ited organization	•			•		<u> </u>	• •	. 3		
(ii) R b If "Ye	es" on 3a(ii), are the rela ribe in Part XIII the inter Land, Buildings, a	ited organizations inded uses of the and Equipmen	organization's end <b>t.</b>	lowment	funds.				 ~ 000 P		10	
(ii) R b If "Ye 4 Descr Part VI	es" on 3a(ii), are the rela ribe in Part XIII the inter	ited organizations inded uses of the and Equipmen	organization's end <b>t.</b> <u>ered "Yes" on Fo</u> er basis (b) Co	lowment	funds. , Part	IV, lir			m 990, P lepreciation	art X, line	10. ) Book valu	Je
(ii) R b If "Ye 4 Descr Part VI Descri	es" on 3a(ii), are the rela ribe in Part XIII the inter <b>Land, Buildings, a</b> Complete if the org iption of property	and end organizations and ed uses of the and equipment anization answ (a) Cost or othe	organization's end <b>t.</b> <u>ered "Yes" on Fo</u> er basis (b) Co	lowment orm 990	funds. ) <mark>, Part</mark> <sup>-</sup> basis (i	IV, lir other)				art X, line	) Book valı	
(ii) R b If "Ye 4 Descr Part VI Descri 1a Land	es" on 3a(ii), are the rela ribe in Part XIII the inter Land, Buildings, a Complete if the org iption of property	and end organizations and ed uses of the and equipment anization answ (a) Cost or othe	organization's end <b>t.</b> <u>ered "Yes" on Fo</u> er basis (b) Co	lowment orm 990	funds. , Part basis (1 98,20	<u>IV, lir</u> other) 07,431		umulated d	lepreciation	art X, line	) Book valu 9	8,207,431
(ii) R b If "Ye 4 Descr Part VI Descri 1a Land b Buildin	es" on 3a(ii), are the rela ribe in Part XIII the inter <b>Land, Buildings, a</b> Complete if the org iption of property	and end organizations and ed uses of the and equipment anization answ (a) Cost or othe	organization's end <b>t.</b> <u>ered "Yes" on Fo</u> er basis (b) Co	lowment orm 990	funds. , Part basis (6 98,20 872,89	IV, lir other) 07,431 03,083		umulated d	lepreciation 211,300,475	art X, line	) Book valu 9: 66	8,207,431 1,592,608
(ii) R b If "Ye 4 Descr Part VI Descri 1a Land b Buildin c Leaseh	es" on 3a(ii), are the rela ribe in Part XIII the inter Land, Buildings, a Complete if the org iption of property  ngs nold improvements	and end organizations and ed uses of the and equipment anization answ (a) Cost or othe	organization's end <b>t.</b> <u>ered "Yes" on Fo</u> er basis (b) Co	lowment orm 990	funds. , Part basis (1 98,20 872,89 82,31	<b>IV, lir</b> other) 07,431 93,083 35,045		umulated d	lepreciation 211,300,475 51,252,873	art X, line (d	) Book valu 9: 66 3	8,207,431 1,592,608 1,082,174
<ul> <li>(ii) R</li> <li>If "Yee</li> <li>4 Descrive</li> <li>Part VI</li> <li>Descrive</li> <li>Descrive</li> <li>Land</li> <li>Buildin</li> <li>Leaseh</li> <li>Equipment</li> </ul>	es" on 3a(ii), are the rela ribe in Part XIII the inter <b>Land, Buildings, a</b> Complete if the org iption of property	and end organizations and ed uses of the and equipment anization answ (a) Cost or othe	organization's end <b>t.</b> <u>ered "Yes" on Fo</u> er basis (b) Co	lowment orm 990	funds. , Part basis (1 98,2( 872,85 82,31 38,91	IV, lir other) 07,431 03,083		umulated d	lepreciation 211,300,475	art X, line (d	) Book valu 9: 66 3 1	8,207,431 1,592,608

Schedule D (Form 990) 202	1
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### Schedule D (Form 990) 2021

(1) Federal income taxes

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on H	Form 990 Part IV	ling 11h Soo For	rm 000 Part	t V line 12
(including name of security)	(b) Book value		(c) Method c	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other (A) INVESTMENTS - HEDGE FUNDS	153,556,13	1	F	
(B) INVESTMENTS - PRIVATE EQUITY	83,820,99	3	F	
(C) INVESTMENTS - REAL ASSETS	49,595,53	5	F	
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	286,972,65	9		
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on F	Form 990, Part IV.	line 11c. See Fo	rm 990. Par	t X. line 13.
(a) Description of investment		(b) Book value	(c) N	Aethod of valuation: nd-of-year market value
(1)				,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	Þ			
Part IX Other Assets. Complete if the organization answered 'Yes' on F	orm 000 Part IV/	ing 11d Coo Fou		t V line 1E
(a) Description	0111 990, Part IV, I	ine 110. See Foi	111 990, Pari	(b) Book value
(1)Funds Held By Bond Trustees				51,066,180
(2)Lease Assets (2)				338,854,030
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				389,920,210
Part X Other Liabilities. Complete if the organization answered 'Yes' on F	orm 990, Part IV I	ine 11e or 11f.S	ee Form 990	0, Part X, line 25.
1. (a) Description of l				(b) Book value

FEDERAL STUDENT LOAN ADVANCES	871,353
LEASE LIABILITIES	370,692,192
SHORT TERM DEBT	
	-
	+
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	371,563,545
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial state	

	organization's liability for uncertain tax positions under FIN	8 (ASC 740). Check here if the text of the footnote has been provided in Part XIII $\square$	~
--	--	--	---

Page 4

Schedule	D	(Form	990)	2021
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Part XI Reconciliation of Revenue per	Audited Financial Staten	ents	With Rever	nue per F	leturn.	Page <b>4</b>
Complete if the organization ans						
Total revenue, gains, and other support per a	udited financial statements .				1	
Amounts included on line 1 but not on Form 9	990, Part VIII, line 12:					
Net unrealized gains (losses) on investments		2a				
Donated services and use of facilities		2b				
Recoveries of prior year grants		2c				
Other (Describe in Part XIII.)		2d				
e Add lines <b>2a</b> through <b>2d</b>		•			2e	
Subtract line <b>2e</b> from line <b>1</b>					3	
Amounts included on Form 990, Part VIII, line	e 12, but not on line <b>1</b> :					
a Investment expenses not included on Form 9	90, Part VIII, line 7b 🛛 .	4a				
• Other (Describe in Part XIII.) • • • •		4b				
c Add lines <b>4a</b> and <b>4b</b>		•			4c	
Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must	equal Form 990, Part I, line 12.	).			5	
Part XII Reconciliation of Expenses pe			-	nses per	Return.	
Complete if the organization ans						
Total expenses and losses per audited financi		•		•	1	<u> </u>
Amounts included on line 1 but not on Form 9			i			
Donated services and use of facilities		2a			_	
Prior year adjustments		2b				
Other losses		2c			_	
d Other (Describe in Part XIII.)		2d				
Add lines 2a through 2d				•	2e	
Subtract line <b>2e</b> from line <b>1</b>		•		•	3	
Amounts included on Form 990, Part IX, line						
a Investment expenses not included on Form 9		4a				
• Other (Describe in Part XIII.) • • • •		4b			_	
<b>c</b> Add lines <b>4a</b> and <b>4b</b>					4c	
Total expenses. Add lines <b>3</b> and <b>4c.</b> (This mu	st equal Form 990, Part I, line 18	8.) .		•	5	
Part XIII Supplemental Information						
Provide the descriptions required for Part II, lines ines 2d and 4b; and Part XII, lines 2d and 4b. Also					t V, line 4; F	Part X, line 2; Part XI,
Return Reference			Ex	planation		
chedule D, Part III, Line 1a Collections of art - fina atement footnote	ncial The university's art collect sculptures that are held for items are cataloged, prese condition are performed b purchases and contributio consolidated balance shee contributed collection item increases in net assets wil	r the p rved, a y the u ns sinc ts. Pur s are r	urposes of pub and cared for. A niversity's cura e the universit chases of colle not reported as	olic exhibiti Activities v ators. The y's inceptic ction items contributi	on, education erifying thei art collection on, is not rec are recorde	n, and research. Each or r existence and assessin n, which was acquired t cognized as an asset in ed as expenses and

t - The mission of The New School art collection, in recognition of its historic commitment to art as a vehicle for sociopolitical change, is to advance the importance of art as an agent for personal and collective transformation. As a survivular recourse for all areas of study, the relative of the collection in

	conective transformation. As a curricular resource for all areas of study, the role of the collection is to conserve, interpret, and present works of art to the students, faculty, and greater community. New acquisitions support the vision of the university as an environment for innovative thinking and artistic experimentation. HISTORY OF THE COLLECTION The university's legacy of supporting the
	freedom of artistic expression began in 1931 with the commissioning of two historically significant mural cycles: Jose Clemente Orozco's A Call for Revolution and Universal Brotherhood, and Thomas Hart Benton's epic America Today. Over the years, the university has hosted a roster of accomplished artists, writers, dancers, designers, historians, social scientists, and philosophers, creating a flourishing laboratory for experimentation and innovation. As an institution that embraced such diverse figures as poet Robert Frost, anthropologist Margaret Meade, art historian Meyer Schapiro, and composer/conceptual artist John Cage, The New School has always stood at the forefront of self-discovery and visionary social, intellectual, and aesthetic experimentation. The New School art collection was established in 1960 with a grant from the Albert A. List Foundation. The Collection, grown to approximately 2,071 postwar and contemporary works of art, includes examples in almost all media by some of the most innovative and creative artists of our time. Installed throughout the university campus and transforming the public spaces into lively forums for examining contemporary art, the collection offers students and faculty a rare opportunity to engage with art on a daily basis, making it a distinctive component of their educational experience. The Icollection has continued its tradition of incorporating site-specific works into its public spaces.
Schedule D, Part V, Line 4 Intended uses of endowment funds	The university's endowment is comprised of 342 individual funds at June 30, 2022, established for a variety of purposes, including scholarships, professorships, faculty development, lectures, and research programs. The endowment consists of both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. Net assets associated with
	endowment funds, including funds functioning as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions. The university's individual endowment funds are pooled for investment purposes. The investment portfolio is managed to achieve a prudent long- term return. The university relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and
	dividends). The university targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints. The endowment assets are invested to provide a real total return that preserves the purchasing power of the endowment while generating an income stream to support the academic activities of
	the university. Actual returns may vary from this goal in any given year. The university's endowment spending policy is designed to provide a sustainable and predictable flow of funds to support annual operations. The spending policy is intended to balance current spending needs and to preserve the endowment's future purchasing power. The university applies a board specified spending rate to a
	moving average of endowment investment funds. The purpose of using a moving average is to smooth out any wide fluctuations in the market value. Endowment earnings in excess of the spending rate are added back to the principal of the endowment investments. Prior to fiscal year
	2012, the board specified spending rate was 5%. Beginning with fiscal year 2012, the spending rate was reduced to 4% using a "soft landing" approach. The fiscal year 2011 appropriation will be used as the annual appropriation until the investment portfolio increases sufficiently over time to result in an effective 4% spending rate. Thereafter, the 4% spending rate would be applied against the
	average of the previous 16 quarters' fair value of the endowment portfolio. Effective for fiscal year 2022 the board approved a new spending policy to eliminate the soft landing approach to achieve the 4% spending rate. Instead, the board approved a gradual approach to the 4% spending policy to be achieved over a 3 year period. For fiscal year 2022, all endowment funds will be appropriated
	at a 5% spend rate. For fiscal year 2023, all endowment funds will be appropriated at a 4.5% spend rate. For fiscal year 2024 all endowment funds will be appropriated at a 4% spend rate. The board reduced the number of previous quarters' market values used to calculate the appropriation from 16 to 12.
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The university is exempt from federal income taxes pursuant to Section 501(c)(3) of the Internal Revenue Code, except for any unrelated business income activities. The university recognizes the effects of income tax positions only if those positions are more likely than not of being sustained. The university evaluates, on an annual basis, the effects of any uncertain tax positions on its consolidated financial statements. The university has not identified or provided for any such positions as of June 30, 2022 and 2021
	Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

**Additional Data** 

**Return to Form** 

 Software ID:
 21014044

 Software Version:
 2021v4.2

SCHEDULE E	al Render	ObjectId: 202301359349306540 - Submission: 2023-05-15 TIN					197			
					OMB No. 1	4B No. 1545-004				
(Form 990)			tion answered "Yes" on Form 990,		20	21				
			orm 990-EZ, Part VI, line 48.	·	20					
Department of the Treesury			m 990 or Form 990-EZ.		Open t	o Dubl	ic			
Department of the Treasury Internal Revenue Service		► Go to www.irs.gov/Form	n990EZ for the latest information.		Inspec					
Name of the organizat The New School	ion			Employer iden	tification nu	umber				
Part I				13-3297197						
						YES	NO			
			oward students by statement in it		1	Yes				
brochures, catal	logues, and oth	er written communications with t	riminatory policy toward students he public dealing with student ad							
programs, and s	•				· · 2	Yes				
all times during newspaper or bi solicitation prog	its taxable yea roadcast media ram, in a way t	r in a manner reasonably expecte during the period of solicitation f hat makes the policy known to al	licy on its primary publicly access ed to be noticed by visitors to the for students, or during the registr Il parts of the general community art II.	e homepage, or throug ration period if it has r r it serves? If "Yes," pl	gh no lease	Yes				
	ng the racial co	mposition of the student body, fa	aculty, and administrative staff?		<u>4a</u>	Yes				
basis?			tance are awarded on a racially n		4b	Yes				
			written communications to the pu		4c	Yes				
			o solicit contributions?			Yes				
If you answered	"No" to any of	the above, please explain. If you	ı need more space, use Part II.							
5 Does the organi	zation discrimi									
<b>a</b> Students' rights	or privileges?	nate by race in any way with resp	ect to:							
<b>b</b> Admissions polic		nate by race in any way with resp			. <u>5</u> a		No			
c Employment of	cies?						No			
	faculty or admi	nistrative staff?	· · · · · · · · · · · · · · · · · · ·		. 5b 5c					
<b>d</b> Scholarships or	faculty or admi	nistrative staff?	· · · · · · · · · · · · · · ·		. 5b 5c		No			
e Educational poli	faculty or admi other financial cies?	nistrative staff?	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · ·	. 5b . 5c . 5d . 5e		No No No			
e Educational poli f Use of facilities?	faculty or admi other financial cies?		· · · · · · · · · · · · · · · · · ·	· · · · · · · · ·	5b 5c 5d 5e 5f		No No No No			
<ul><li>e Educational poli</li><li>f Use of facilities?</li><li>g Athletic program</li></ul>	faculty or admi other financial cies? ? ns?		· · · · · · · · · · · · · · · · ·	· · · · · · · · ·	5b 5c 5d 5e 5f 5g		No No No No			
<ul> <li>e Educational poli</li> <li>f Use of facilities?</li> <li>g Athletic program</li> <li>h Other extracurri</li> </ul>	faculty or admi other financial cies? ? ns? icular activities		· · · · · · · · · · · · · · · · · ·	· · · · · · · · ·	5b 5c 5d 5e 5f 5g		No No No No			
<ul> <li>e Educational poli</li> <li>f Use of facilities?</li> <li>g Athletic program</li> <li>h Other extracurri</li> <li>If you answered</li> </ul>	faculty or admi other financial cies? ? ns? icular activities I "Yes" to any o	nistrative staff?		· · · · · · · · · ·	5b 5c . 5d 5e 5f 5h		No No No No			
<ul> <li>e Educational poli</li> <li>f Use of facilities?</li> <li>g Athletic program</li> <li>h Other extracurri</li> <li>If you answered</li> <li>6a Does the organi</li> </ul>	faculty or admi other financial cies? ns? icular activities I "Yes" to any o	nistrative staff?	· · · · · · · · · · · · · · · · · ·	· · · · · · · · · · ·	5b 5c 5d 5e 5f 5g 5h	Yes	No No No No			
<ul> <li>e Educational poli</li> <li>f Use of facilities?</li> <li>g Athletic program</li> <li>h Other extracurri</li> <li>If you answered</li> <li>6a Does the organi</li> <li>b Has the organiz</li> <li>If you answered</li> <li>7 Does the organi</li> </ul>	faculty or admi other financial cies? ? ns? icular activities d "Yes" to any o zation receive a ation's right to d "Yes" to either zation certify th	nistrative staff?	<ul> <li></li></ul>		5b 5c 5d 5f 5f 5h 6a 6a	Yes	No No No No No			

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.				
Return Reference	Explanation			
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	The university's racially non discriminatory policy link is clearly titled on the homepage, is highly visible to the public and is available throughout the tax year. The policy is also included in all forms of advertisement media relating to the recruitment of students and employees.			
Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT	The university receives various forms of financial aid from the government to support financial assistance provided to the students. The types of government assistance the university receives includes the following: -Federal Pell Grant - Federal Supplemental Educational Opportunity Grant (SEOG) -Federal Direct Loan Program -Federal Work Study Program The university receives government funding to support its organized research programs. These governmental grants help to further the university's mission by supporting organized research efforts in the areas of education, training, and public services. The public agencies that support the university's research activities are: -National Science Foundation - Department of Health and Human Services -United States Department of Education -United States Department of Education and the Arts - The National Endowment for the Humanities			

Schedule E (Form 990) (2021)

# **Additional Data**

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 Software ID:
 21014044

 Software Version:
 2021v4.2

file Public Visual Render	Objectiu: 202		06540 - Submission:	2023-03-13	<b>TIN: 13-3297197</b> OMB No. 1545-0047						
CHEDULE F S	tatement of	ement of Activities Outside the United States									
Form 990)	Complete if the organi	zation answered "	line 14b, 15, or 16.	2021							
	piece in the organi		to Form 990.								
partment of the Treasury ernal Revenue Service	► Go to www.irs.	gov/Form990 for	instructions and the latest i	nformation.	Open to Public Inspection						
ame of the organization				Employer ide	ntification number						
ne New School				13-3297197							
Part I General Informa Form 990, Part IV,		Outside the	United States. Comple	ete if the organization a	answered "Yes" on						
		ntain records to	substantiate the amoun	t of its grants and							
-	r grantmakers. Does the organization maintain records to substantiate the amount of its grants and ner assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used										
to award the grants or ass	sistance?				🗌 Yes 🗌 No						
outside the United States.	ers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance and States.										
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent	(d) Activities conducted in	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in the region						
Central America and the Caribbean	0	0	Investments		125,265,105						
East Asia and the Pacific	0	0	Investments		6,977,700						
Central America and the Caribbean	0	6	Program Services	RECRUITING, RESEARCH	18,769						
Europe (Including Iceland an Greenland)	d 0		Program Services Program Services	RECRUITING, RESEARCH	651,333						
Middle East and North Africa	0			RECRUITING, RESEARCH	101,57						
North America (Canada & Me only)	exico 0	24	Program Services	RECRUITING, RESEARCH	412,86						
South America	0	14	Program Services	RECRUITING, RESEARCH	144,013						
South Asia	0	20	Program Services	RECRUITING, RESEARCH	81,94						
Sub-Saharan Africa	0	16	Program Services	RECRUITING, RESEARCH	252,710						
East Asia and the Pacific	0	55	Program Services	RECRUITING, RESEARCH	383,103						
<b>3a</b> Sub-total	ts to	223			134,289,121						
Part I	0				(						
c Totals (add lines 3a and 3b)	C	223			134,289,121						

— Page 2 -

Sch	Schedule F (Form 990) 2021 Page 2													
Pa	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.													
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)					
		1 1		İ	İ	İ	1		İ					

2 Enter total number exempt by the IR	er of recipient S, or for which	organizations listed an the grantee or coun	bove that are recogi sel has provided a s	nized as charities by t ection 501(c)(3) equi	the foreign country, r valency letter	recognized as tax-						
3 Enter total number	3 Enter total number of other organizations or entities											
							Schedule	F (Form 990) 2021				
				———— Page 3 —								

Schedule F (Form 990) 2021							Page <b>3</b>
Part III Grants and Oth				ed States. Complete if	f the organization ar	nswered "Yes" on Form 9	
Part III can be d (a) Type of grant or assistance	uplicated if additio (b) Region	onal space is r (c) Number of recipients	needed. (d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1	Sche	dule F (Form 990) 2021

Page 4 —

Page 5

🗹 Yes	No
🗆 Yes	🗹 No
Yes	□ <sub>No</sub>
Yes	No
Yes	No
□ <sub>Yes</sub>	No
(Form 990	) 2021
	<ul> <li>Yes</li> <li>Yes</li> <li>Yes</li> <li>Yes</li> </ul>

## Schedule F (Form 990) 2021 Part V Supplemental Info

t V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation
Schedule F, Part I, Line 3 Method used to account for expenditures on org's financial statements	CENTRAL AMERICA AND THE CARIBBEAN-Accrual; EAST ASIA AND THE PACIFIC-Accrual; EUROPE (INCLUDING ICELAND AND GREENLAND)-Accrual; MIDDLE EAST AND NORTH AFRICA-Accrual; NORTH AMERICA (CANADA & MEXICO ONLY)-Accrual; SOUTH AMERICA-Accrual; SOUTH ASIA-Accrual; SUB- SAHARAN AFRICA-Accrual
	Schedule F (Form 990) 202

**Additional Data** 

efile Public Visual Ro	ender	ObjectId: 202	230135	934930	6540 - Submission:	2023-05	-15	TIN: 13-3297197
SCHEDULE G		Supple	OMB No. 1545-0047					
(Form 990)	Coi	Fund		ng or ered "Yes"	Gaming Activi	ties 17, 18, or 19,	or if the	2021
Department of the Treasury Internal Revenue Service			► Atta	ch to Form	n \$15,000 on Form 990-EZ, l 990 or Form 990-EZ. instructions and the latest ir			Open to Public Inspection
Name of the organization The New School							Employer ide	entification number
Part I Fundraising	g Activit	t <b>ies.</b> Complete if	the orga	anization	answered "Yes" on F	orm 990, I	Part IV, line :	17.
		re not required to						
_	organizat	tion raised funds th	rough an		ollowing activities. Check			
a Mail solicitations				6	Solicitation of nor	n-governme	nt grants	
<b>b</b> Internet and ema	il solicitat	ions		1	f 🗌 Solicitation of gov	ernment gr	ants	
c D Phone solicitation	IS			ç	Gereial fundraisin	g events		
<b>d</b> 🗌 In-person solicita	tions							
					vidual (including officers, on with professional fund			es 🗌 No
<b>b</b> If "Yes," list the 10 h to be compensated a	ighest pai It least \$5	d individuals or ent ,000 by the organiz	ities (fun zation.	draisers)	pursuant to agreements	under whic	h the fundrais	er is
(i) Name and address of ir or entity (fundraise		(ii) Activity	fundrai custo cont	) Did ser have ody or crol of	(iv) Gross receipts from activity	(or ret fundrais	ount paid to ained by) eer listed in I. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
otal				.►				
<b>3</b> List all states in which licensing.	the organ	ization is registered	d or licens	sed to sol	icit contributions or has l	been notifie	d it is exempt	from registration or
For Paperwork Reduction Ac	ct Notice, s	see the Instructions	for Form	990 or 99	O-EZ. Cat. No.	. 50083H	S	chedule G (Form 990) 202
				— Pa	ige 2			
Schedule G (Form 990) 20	21							Page 2
Part II Fundraisin	ig Event				inswered "Yes" on For			, or reported more
		draising event co er than \$5,000.	חורוסעלו	ons and	gross income on Forn	11 990-EZ,	ines 1 and 6	DU. LIST EVENTS WITH

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		Parsons Fashion Benefit		(total number)	col. (c))
		(event type)	(event type)	(total number)	
11241					
nue					
Revenue					
2					
	1 Gross receipts	1,203,391			1,203,391
	<b>2</b> Less: Contributions	1,168,191			1,168,191
	<b>3</b> Gross income (line 1 minus line 2)	35,200	C	) (	35,200
	<b>4</b> Cash prizes				
s	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs	191,454			191,454
Stpe	7 Food and beverages	115,626			115,626
t t	<b>8</b> Entertainment	378,544			378,544
Dire	9 Other direct expenses	92,166			92,166
	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)		🕨	777,790
	<b>11</b> Net income summary. Subtract line 10	from line 3, column (d)		<b>.</b> ►	-742,590
Par	t III Gaming. Complete if the organ on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
е					
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	<ul><li>(d) Total gaming (add col.</li><li>(a) through col.(c))</li></ul>
Rev					·
	1 Gross revenue				· · · · · ·
Direct Expenses	2 Cash prizes				
Å	<b>3</b> Noncash prizes				
ect	4 Rent/facility costs				
ā	5 Other direct expenses				
		□ Yes%	□ Yes%	□ Yes%	
	6 Volunteer labor	🗌 No	🗌 No	🗌 No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)			
	8 Net gaming income summary. Subtrac	t line 7 from line 1, colum	n (d)		
9					
a	Enter the state(s) in which the organizati Is the organization licensed to conduct ga				Yes No
b	If "No," explain:				
10a	Were any of the organization's gaming lic	enses revoked, suspende	d or terminated during th	e tax year?	Yes No
b	If "Yes," explain:				
					1

Sche	dule G (Form 990) 2021					Pag	e <b>3</b>
11	Does the organization conduct g	aming activities with nonmembers	s?		· 🗌 Yes		
12		neficiary or trustee of a trust or a gaming?	member of a partnership or other	entity 	· O Yes		
13	Indicate the percentage of gami	ng activity conducted in:					
а	The organization's facility .			<b>13a</b>			%
b	An outside facility			<b>13b</b>			%
14	Enter the name and address of t	he person who prepares the organization of the	nization's gaming/special events bo	ooks and records:			
	Name 🕨 🛛						
15a b	Does the organization have a co revenue?	ntract with a third party from who	m the organization receives gamin anization ▶ \$	g 			
		ined by the third party $\blacktriangleright$ \$					
с	If "Yes," enter name and addres						
	Name 🕨						
	Address 🕨						
16	Gaming manager information:						
	Name 🕨						
	Gaming manager compensation	▶ \$					
	Description of services provided	▶					
	Director/officer	Employee	Independent contract	ctor			
17 a b	retain the state gaming license?		stributions from the gaming procee		· 🗌 Yes	No	
		ot activities during the tax year $\blacktriangleright$		•			
Pai			ions required by Part I, line 2b licable. Also provide any additio				
	Return Reference		Explanation				
		I		Schedule G (F	orm 990) 2	021	

**Additional Data** 

**Return to Form** 

The Vision of Carl and Solo Part I Information or Carl and Solo Part I Information or Carl and Solo Part I Information or assistance?       1::::::::::::::::::::::::::::::::::::	97197
Name of the organization       Employee' Identification number 13-3297197         Part I       General Information on Grants and Assistance       13-3297197         Part I       General Information maintain records to substantide the amount of the grants or assistance, the grantes' eligibility for the grants or assistance, and the selection criteria used to avaid the grants or assistance's. Complete If the organization's procedures for monitoring the use of grant funds in the United States.       Image: Complete If the organization answered "Yes" on Form 1900, Part IV, line 21, for any reception that received more than 55,000. Part II can be dupleted I additional space is needed.       (e) Amount of non- cash and others Assistance Omeganization of organization or government       (f) DEIN       (f) IR cested If additional space is needed.         (1)       Image: Complete II (Grant address of organization or government)       (f) IR cested I additional space is needed.       (g) Amount of non- cash assistance       (g) Description of noncash assistance       (h) Purpose of or assistance         (2)       Image: Complete II (Grant address of organization       (g) IR cested II address of noncash assistance       (h) Purpose of or assistance       (h) Purpose of or assistance         (3)       Image: Complete II address of organization       Image: Complete II address of noncash assistance       Image: Complete II address of organization       Image: Complete II address of noncash assistance       Image: Complete II address of organization       (h) Purpose of organization         (1)       Image: Complete II address	
Part I       General Information on Grants and Assistance         1       Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection refrets used to award the grants or assistance of grant funds in the United States.         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         (a) Name and address of organization and Dhera Assistance (Comments).       (b) Part IV, line 21, for any recipien that received more than \$5,000, Part II. can be duplicated if additional space is needed.       (c) Amount of cash organization and Dhera Assistance (Comments).       (c) Part DV endopsite (Fibre organization and Dhera Assistance).       (c) Part DV endopsite (Fibre organization and Dhera Assistance).       (c) Part DV endopsite (Fibre organization and Dhera Assistance).       (c) Part DV endopsite (Fibre organization and Dhera Assistance).       (c) Part DV endopsite (Fibre organization and Dhera Assistance).       (c) Part DV endopsite (Fibre organization and Dhera Assistance).       (c) Part DV endopsite (Fibre organization and Dhera Assistance).       (c) Part DV endopsite (Fibre organization and Dhera Assistance).       (c) Part DV endopsite (Fibre organization and Dhera Assistance).       (c) Part DV endopsite (Fibre organization and Dhera Assistance).       (c) Part DV endopsite (Fibre organization and Dhera Assistance).       (c) Part DV endopsite (Fibre organization and Dhera Assistance).       (c) Part DV endopsite (Fibre organization and Dhera Assistance).       (c) Part DV endopsite (Fibre organization and Dhera Assistance).       (c) Part DV endopsit	
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(b) EIN       (c) IR section of (f applicable)       (d) Amount of cash grant       (f) Method of valuation (book, FMV, appraisal, other)       (g) Description of or assistance       (h) Purpose of or assistance         (1)       Image: Im	No No
organization or government         III         (if applicable)         III         grant         cash assistance         (book, PMV, appraisal, other)         noncash assistance         or assistance           (1)         III         IIII         IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
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2       Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	
2       Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2	
Page 2	2021
	ige <b>2</b>
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	
(a) Type of grant or assistance       (b) Number of recipients       (c) Amount of cash grant       (d) Amount of noncash assistance       (e) Method of valuation (book, FMV, appraisal, other)       (f) Description of noncash assistance	ice
(1) SCHOLARSHIPS AND AWARDS         15192         165,217,547           (1)	
(2)	
(4) (5) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	
(7) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	
Return Reference Explanation	
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds. Grants and other assistance awarded to individuals in the U.S. represent student financial aid. Student financial aid awards are determined by the university's as academic achievement, financial need and other similar standards. Student financial services continuously monitors student eligibility for these awards. Student population of student financial aid applicants and provides services that do not discriminate on the basis of race, gender ethnicity, escual orientation, religion, dis or economic status. The university receives various forms of financial aid form the government to support financial assistance provided to the students. The type government assistance the university receives include the following: -Federal Pell Grant -Federal Supplemental Educational Opportunity Grant (SEOG) -Federal D Program -Federal Work Study Program The university receives government funding to support its organized research programs. These governmental grants help the university's mission by supporting organized research efforts in the areas of education, training, and public services. The public services that support the university receives united States Department of Education - Department of Veteran Affairs -The National Endowment for the Arts -The National Endowment for the Humanitie: Schedule I (Form 990) 2	t financial tion's isability, age es of Direct Loan p to further niversity's tment of es

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	n 990)	► Co	omplete if the orga	Compensa Anization answ Attack	Trustees, Key Employ ated Employees vered "Yes" on Form 1 to Form 990. instructions and the	990, Part IV,	line 23.	0	<b>20</b>	<b>)21</b>	alic
	ment of the Treasury I Revenue Service		30 to <u>www.irs.gov</u>	<u>/ Form990</u> 101	Instructions and the	atest morn	nation.	0		ectio	
Nar	me of the organiza New School	ation					Employer i	dentificat	ion nu	mber	
me	New School						13-3297197	7			
Pa	rt I Questi	ons Regard	ding Compensat	ion							
1a					f the following to or for y relevant information					Yes	No
	0	or charter tr companions	avel		Housing allowance or Payments for busines						
	0		gross-up payments		Health or social club o						
	Discretion	ary spending	account	<ul><li>✓</li></ul>	Personal services (e.g	., maid, chauff	feur, chef)				
b	If any of the box reimbursement	kes on Line 1 or provision o	a are checked, did t of all of the expense	he organization s described abo	follow a written policy ve? If "No," complete P	regarding payr Part III to expla	ment or ain		1b	Yes	
2	Did the organiza	tion require	substantiation prior	to reimbursing	or allowing expenses in	curred by all			2	Yes	
	directors, truste	es, officers, i	ncluding the CEO/Ex	ecutive Directo	r, regarding the items of	checked on Lin	ela?	• •	2	163	
3	organization's C used by a relate	EO/Executive	Director. Check all	that apply. Do r ensation of the	ed to establish the comp not check any boxes for CEO/Executive Director	methods					
	<b>—</b> ·	ation commit			Written employment of						
	-		ation consultant		Compensation survey						
	Form 990	of other orga	anizations		Approval by the board	d or compensat	tion commit	ee			
4	During the year, related organiza	did any pers tion:	on listed on Form 9	90, Part VII, Se	ction A, line 1a, with re	espect to the fil	ing organiza	tion or a			
а	Receive a severa	ance paymen	t or change-of-contr	ol payment? .					4a		No
b	Participate in, or	r receive payı	ment from, a supple	mental nonqual	ified retirement plan? .				4b	Yes	
с					nsation arrangement? . plicable amounts for eac		 III.		4c		No
	0-1-501(-)(2				must complete lines	F 0					
5	For persons liste	ed on Form 9		-	the organization pay or						
а	The organizatior	1?							5a		No
b	-								5b		No
	If "Yes," on line	5a or 5b, des	scribe in Part III.								
6	For persons liste compensation co	ed on Form 99 ontingent on	90, Part VII, Section the net earnings of:	A, line 1a, did	the organization pay or	accrue any					
а	The organization	n?							6a		No
b	Any related orga	anization? .							6b		No
	If "Yes," on line	6a or 6b, des	scribe in Part III.								
7	For persons liste payments not de	ed on Form 99 escribed in lir	90, Part VII, Section nes 5 and 6? If "Yes,	A, line 1a, did describe in Pa	the organization provid rt III	le any nonfixed	: 		7	Yes	
8	Were any amoun subject to the in in Part III .	nts reported iitial contract	on Form 990, Part V exception described	II, paid or accu I in Regulations	red pursuant to a contr section 53.4958-4(a)(3	act that was 3)? If "Yes," de	scribe		8		No
9					presumption procedure			section	9		<u> </u>
For I			otice, see the Inst			Cat. No. 5		chedule J	(Form	990)	2021

— Page 2 —

 

 Schedule J (Form 990) 2021

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

 For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2	2, 1099-MISC compensat	tion, and/or 1099-NEC	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 Dwight A McBride	(i)	607,443	100,000	107,601	298,265	305,941	1,419,250	0
President	(ii)	- 0	- 0	- 0	- 0	- 0	 0	- 0
2 Olatokumbo Shobowale	(i)	436,056	100,000	68,384	25,000	960	630,400	0
Executive Vice President of Business Operations	(ii)	- 0	- 0	- 0	- 0	- 0	 0	- 0
3 Anne Adriance	(i)	375,393	100,000	4,200	20,773	40,818	541,184	0
SVP for Marketing and Business Development	(ii)	- 0	- 0	- 0	- 0	- 0	 0	- 0
4 Jerry Cutler	(i)	361,900	100,000	17,336	19,250	807	499,293	0
SVP and General Counsel	(ii)	- 0	- 0	- 0	- 0	- 0	 0	- 0
5 Lin Zhou	(i)	256,987	0	20,557	15,500	40,597	333,641	0
SVP and Chief Information Officer	(ii)	-0	- 0	- 0	- 0	- 0	 0	- 0
6 Melanie Hart	(i)	250,565	0	919	12,750	14,497	278,731	0

Page **2** 

SVPEquity Inclusion and Social Justice Chief Diversity Officer	(ii)	- 0	- 0	- 0	- 0	- 0	 0	- 0
7 Jennifer Hobbs	(i)	288,771	0	475	16,250	37,867	343,363	0
SVP of Administration and Chief of Staff	(ii)	-	-	-	-	-		-
8 Renee White	(i)	0 204,852	0	0 47,358	0	0 16,001	0 268,211	0
Provost & Executive Vice President for				47,536			200,211	
Academic Affairs	(ii)	0	0	0	0	0	0	0
9 Jonah Nigh	(i)	138,886	0	172	11,173	3,982	154,213	0
Senior Vice President for Development 8 Alumni Engagement	<sup>k</sup> (ii)	- 0	- 0	-0	- 0	- 0	 0	- 0
10 Stephanie Browner	(i)	459,259	25,000	66,669	24,575	13,825	589,328	48,376
Interim Provost through 8/2021	(ii)	-	-					-
11 Rachel Schreiber		0 304,346	0	0 21,761	0 17,500	0 14,441	0 358,048	0
Dean	(i)	-		21,761	17,500	14,441		
	(ii)	0	- 0	- 0	- 0	- 0	 0	- 0
12 William Milberg	(i)	275,910	0	3,970	15,223	40,585	335,688	0
Dean	(ii)	- 0		- 0				- 0
13 Mary Watson	(i)	273,228	0	22,052	15,582	3,945	314,807	0
Dean	(ii)	-						
14 Jennifer Wilson		0 255,277	0	0	0	0	0	0
Acting Dean	(i)	255,277	2,500	1,640	13,750	14,450	287,617	0
Acting Dean	(ii)	0	- 0	- 0	- 0	- 0	0	- 0
15 Benjamin Lee	(i)	234,550	0	83,654	13,135	37,501	368,840	0
Faculty	(ii)	- 0	-	-	-	-		-
16 Deborah Gibb	(i)	251,251	0 50,000	0 15,298	0 13,750	0 17,270	0 347,569	0
Senior Managing Director New School	(ii)							
Ventures 17 Carol Kim		0 344,432	0	0	0	0	0	0
SV Provost Enrollment Management	(i)		0	788	16,250	37,618	399,088	0
SV Frovost Enrollment Hanagement	(ii)	0	-	- 0	- 0	- 0	0	- 0
18 Micheal Schober	(i)	314,755	0	1,987	14,500	16,575	347,817	0
SV Provost	(ii)	-	- 0	- 0				- 0
19 Darrick Hamilton	(i)	319,454	0	960	13,250	14,520	348,184	0
Faculty	(ii)							
20 David Van Zandt		0 287,197	0	0	0	0	0	0
Former President/Current Advisor	(i)	287,197	0	14,506	0	512	302,215	0
Former President/Current Advisor	(ii)	0	- 0	- 0	- 0	- 0	0	- 0
21 Joel Towers	(i)	227,348	0	30,670	12,222	37,729	307,969	0
Former Dean / Current Faculty Member	(ii)	- 0	-		-	-		-
22 Bryna Mary Sanger	(i)	247,052	0	0 14,974	0 13,940	0 40,295	0 316,261	0
SVP, Academic Affairs end	(ii)				-			
1.1.2021/Current Faculty Member 23 Helen Wussow		0	0	0	0	0	0	0
	(i)	252,179	0	2,620	13,635	14,393	282,827	0
Dean ended 9.2020/ Current Faulty Memebr	(ii)	0	- 0	- 0	- 0	- 0	 0	- 0
24 Richard Kessler	(i)	321,517	0	3,530	17,753	37,942	380,742	0
Dean	(ii)	- 0	-		-			-
		U	0	0	0	0	0 Schedule	0 1 (Form 990) 2021

Schedule J (Form 990) 2021

– Page 3 –

Schedule J (Form 990) 2021 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. **Return Reference** Explanation Schedule J, Part I, Line 1a Housing Campus housing was provided to the University President as a condition of employment for the convenience of the university, e.g. hosting faculty, staff, trustee, and fundraising events. President McBride's compensation includes \$290,528 for housing and personal services (such as utilities and property upkeep). This amount is included in Part II, Column D as a nontaxable benefit. Per contractual agreement, the following individuals received a taxable housing allowance as reported on Part II, Column b(iii): -Joel Towers \$29,100 -Benjamin Lee \$79,900 allowance or residence for personal use The President received personal services provided at the residence (such as utilities and property upkeep). This amount is included in Part II, Column D as a Schedule J, Part I, Line 1a Personal services nontaxable benefit. The following employees listed on the Form 990, Part VII-A and Schedule J, Part II participated in a supplemental non-qualified retirement plan 457 (f) and received deferred compensation/contributions to the supplemental non-qualified retirement plan: -Dwight A. McBride \$269,500 The following employees received 457(f) payouts as reported on Form 990, Part VII-A and Schedule J, Part II, Columns (B)(iii) and (F): Stephanie Browner \$48,376 Non-fixed performance bonus payments were provided to the following individuals as reported on Form 990, Part VII-A and Schedule J, Part II, Column(B)(ii): -Olatokumbo Shobowale\$100,000 -Annette Adriance \$100,000 -Dwight A. McBride \$100,000 -Jerry Cutler \$100,000 -Jennifer Wilson \$2,500 -Stephanie Browner \$25,000 Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan Schedule J, Part I, Line 7 Non-fixed payments

Schedule J (Form 990) 2021

**Additional Data** 

**Return to Form** 

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(			Complete if the c	organization answere explanations, and				Provide de	scriptions,			ZU	ZI			
Depar	tment of the Treasury	,	<b>bc</b>	🕨 Att	ach to Form 990	0.							o Publi ection	с		
Name	al Revenue Service of the organization		►Go t	o <u>www.irs.gov/Form</u>	990 for instructi	ions and th	ie latest infor	mation.		Employ	Employer identification number					
The M	lew School									13-329	97197					
Pa	rt   Bond Is	sues		-							-					
	(a) Issuer r	name	(b) Issuer EIN	(c) CUSIP #	(d) Date issue	issued (e) Issue price			(f) Description of purpose			efeased		) On half of		Pool ncing
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12				· · · · · ·			28,496,384								_	
13	Teal of substanti	ai completion .				Yes	No	Yes	015 No	201 Yes	6 No	Ye		No	_	
14	Were the bonds i	ssued as part of	a current refunding is	sue of tax-exempt			NO		NO	163		16	.5	NO	_	
14	bonds (or, if issue	ed prior to 2020	, a current refunding is	sue)?		Х		Х			Х				_	
15			an advance refunding	issue of taxable issue)?			х	х		х						
16							х	х		х					-	
17	Does the organiz	ation maintain a	dequate books and red	cords to support the fina	al allocation of	х		х		х					-	
_							at No. 501025	X		^	Caba	dula K (	(Farma (	90) 202	-	
FOF	aperwork Reduc	CION ACT NOTICE	e, see the instruction	ns for Form 990.		C.	at. No. 50193E				Sche	aule K	(Form :	90) 202	1	
				Page 2												
Sche	dule K (Form 990)	2021												Page <b>2</b>		
Pa	rt III Private	Business Use	2									1			_	
						Yes	A No	Yes	B No	C Yes	No	Ye	D	No	_	
1	Was the organiza	ation a partner ir	n a partnership, or a m	ember of an LLC, which	owned property	163	X	163	x	163	X	16	.5	NO	_	
				• • • • • • •			^		^		^				_	
2			s that may result in pr	ivate business use of bo	ond-financed		х	х		х						
3a			ervice contracts that ma	ay result in private busin	ness use of		Х		х		х				_	
b	If "Yes" to line 3a	a, does the organ	nization routinely enga	ge bond counsel or othe			+ +		1			1			-	
				relating to the financed private business use of b					<u> </u>						_	
с			• • • • • • • •		onu-mianceu		х		х		х					
d				ge bond counsel or othe	er outside				1						_	
		-	greements relating to												_	
4				vate business use by en ernment					0 %		0 %	0				
5			· · · · · · · · · · · · · · · · · · ·	vate business use as a r	-	ļ			2.70		- /				_	
5	unrelated trade o	or business activ	ity carried on by your o	organization, another se	ection 501(c)(3)				0 %		0 %	b				
		-			•										_	
6							0 %		0 %		0 %	b			_	
7		-	ivate security or payme	financed property to a		ļ	Х		х	├	х				_	
8a	nongovernmenta	l person other th	han a 501(c)(3) organi	zation since the bonds w	vere		х	х			х	1				
			entage of bond-finance	<ul> <li>ed property sold or dispertence</li> </ul>	osed of		1		7.00.0						_	
b c			-	ant to Regulations secti					7.28 %						-	
	and 1.145-2? .														_	
9	the issue are rem	nediated in accor	rdance with the require	ensure that all nonquali ements under	tied bonds of	х		х		x						
	Regulations sect	tions 1.141-12 a	nd 1.145-2?.												_	
Pai	t IV Arbitrag	je						в		с			D		_	
					Yes	A No	Yes	B No	) Y		No	Yes		No	-	
1				d Reduction and Penalty		x		x			x			-		
2	in Lieu of Arbitra If "No" to line 1,		g apply?		+		+	+ ^					-+		_	
a	Rebate not due y				x			x		<			-		_	
b	Exception to reba				~	х		X			х				-	
							1		1	1			1			

с	No rebate due?	Х	Х		Х	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed					
3	Is the bond issue a variable rate issue?	Х		Х	Х	

Schedule K (Form 990) 2021

	dule K (Form 990) 2021								Page <b>3</b>
Pa	rt IV Arbitrage (Continued)	1			_		_		
		Yes	A No	B Yes No		Yes	No	Yes	D No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	Tes	×	Tes	X	Tes	X	Tes	NO
b	Name of provider								
с	Term of hedge								
d	Was the hedge superintegrated?								
е	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		х		х		
b	Name of provider								
с	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		Х		х		Х		
7	Has the organization established written procedures to monitor the requirements of section 148?	х		х		х			
Pa	rt V Procedures To Undertake Corrective Action			•	•				•
			A		В		2		D
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	х		x		х			
Р	art VI Supplemental Information. Provide additional information for	or responses	to questions	s on Schedule	K. (See inst	ructions).			
	Return Reference			Explanation					
	edule K, Part III, Line 4 PART III, A portion of the 2016A issue financed the acquisition of 34-42 West 14th Street NY, NY. At the time of the property acquisition there were hold-over tenants that we occupy the building prior to conversion to use of the entire building solely by the taxpayer for its tax-exempt purposes and that will eliminate all private use. Thus during the reporting period covered by this filing, private business use of a portion of the 2016 bonds proceeds arises from such hold-over tenants and is reflected on Part III. Lines 4 and 6. Importantly, bond counsel determined and advised that there are no private security or payments attributable to the 2016A bond issue, reflected on Part III. Line 7.								
Sche	dule K, Part IV, Line 2c COLUMN B Issuer name: DORMITORY AUTHORITY OF THE S	STATE OF NEW	VYORK The ca	lculation for cor	nputing no reb	ate due was pe	rformed on 0	7/01/2021	

Schedule K (Form 990) 2021

Additional Data

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— Page 3 —

	l Render O			Submission: 2023-0		TIN: 13-3297	19/
CHEDULE M Form 990)		Ν	Ioncash Contri	butions		OMB No. 1545-0	047
epartment of the Treasury	Attach to Form	e organizatio n 990.	ons answered "Yes" on Fo 90 for the latest informat	9 or 30.	2021 Open to Pub		
ternal Revenue Service ame of the organizat	ion				Employeri	Inspection dentification number	
ame of the organizat	ion				Employer i	dentification number	Г
					13-3297197		
Part I Types	of Property				1		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) ethod of determining sh contribution amount	īS
1 Art—Works of art							
2 Art—Historical tr							
<ul> <li>Art—Fractional in</li> <li>Backs and public</li> </ul>							
<ul><li>4 Books and public</li><li>5 Clothing and hou goods</li></ul>							
6 Cars and other v							
7 Boats and planes							
8 Intellectual prope							
9 Securities—Public		Х	22	1,515,404	4 Selling cost	t	
0 Securities—Close	,						
Securities—Partr or trust interest							
2 Securities—Misce							-
.3 Qualified conserv contribution—Hi	vation storic						
<ul> <li>structures .</li> <li>Qualified conservice contribution—Of</li> </ul>	vation						
5 Real estate—Res							
6 Real estate—Cor	nmercial						
7 Real estate—Oth	er						
8 Collectibles .							
9 Food inventory							
<ul> <li>Drugs and medic</li> <li>Travid survey</li> </ul>							
<ol> <li>Taxidermy</li> <li>Historical artifact</li> </ol>							
<b>3</b> Scientific specim							
4 Archeological art							
Steinw	ау	Х	1	12,00	0 Selling cost	t	
<b>5</b> Other ► ( <u>Piano</u> )				,			
6 Other ► (	)						
7 Other►(	)						
28 Other ► (		the error :	tion during the towners for	contributions			
			tion during the tax year for , Part IV, Donee Acknowledd		29		
			. ,			Yes	No
						. 63	1

		004
b	If "Yes," describe the arrangement in Part II.	
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a
b	If "Yes," describe in Part II.	

33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
	describe in Part II.

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

Cat. No. 51227J

Schedule M (Form 990) (2021)

No

Yes

is reporting in Part I, col	<b>ation.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also by additional information.
Return Reference	Explanation
Schedule M, Part I SCHEDULE M, PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN SCHEDULE M, PART I, COLUMN (B).
	Schedule M (Form 990) (2021)

**Additional Data** 

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efile Public	Visual	Render	ObjectId: 202301359349306540 - Submission: 2023	TIN: 13-3297197					
SCHEDUL (Form 990) Department of the Trea	asury		Ipplemental Information to Form 990 or Complete to provide information for responses to specific ques Form 990 or 990-EZ or to provide any additional informat Attach to Form 990 or 990-EZ.	tions on on.	OMB No. 1545-0047				
Internal Revenue Serv Name of the org			Go to <u>www.irs.gov/Form990</u> for the latest information		Inspection ification number				
The New School	amzacioi			13-3297197					
Return			Explanation	10 010/10/					
Reference			Laplanation						
Form 990, Part III, Line 1 MISSION STATEMENT, CONTINUED	AND IN ACADE AND CI AND IN REQUIN COLLA CONTE MORE ARTS E IN THE THEOF SOCIET SOCIAL URBAN WILL B DEMAN HUMAN WHICH SCHOC WILL: * CULTU THAT D	HOW WE TEACH, NG STUDENTS' SOLVING PROBLEMS HESE PRINCIPLES IESE SHIFTS BLE CAREERS, AND O UNDERSTAND, A BETTER AND A SOUND LIBERAL SS AND LEADERSHIP CTICAL AND DBAL AND LOCAL E DESIGN AND DCRACY, OBALIZATION. WE THAT INCREASINGLY HEET SOCIAL AND ND ENVIRONMENT, ENDING THE NEW O CHANGE, THAT SE OF HUMANITY AND ITION, AN APPROACH LACE PROJECT- DUR NEW YORK CITY							
Form 990, Part III, Line 4d Description of other program services	(Expen: SERVIC		6,279 including grants of \$)(Revenue \$ 48,305,010) AUXILIARY REV	ENUE FOR DORMI	TORIES AND DINING				
Form 990, Part VI, Line 1a Delegate broad authority to a committee	meeting except Preside will fina or vote of the B	gs and is em to grant deg ent of the uni ncially bene of the Exect Board of Trus	ecutive Committee of the Board of Trustees. The Executive Committee convenes between Board of T is empowered by the bylaws to transact business and take action on behalf of The New School Board t degrees or to make removals from office. The Executive Committee reviews and approves compens the university upon the recommendation of the Compensation Committee of the Board of Trustees. No benefit from a compensation decision or other decision may be present at or otherwise participate in the Executive Committee. The Executive Committee members include the Chair of the Board of Trustees, of Trustees, the president of the university, and any trustee who serves as the Chair of a Board of Gover age within the university.						
Form 990, Part VI, Line 11b Review of form 990 by governing body			Committee of the Board of Trustees has been delegated responsibili and Risk Committee review, the 990 is distributed to the full Board of						
Form 990, Part VI, Line 12c Conflict of interest policy	designa may, fro prohibit decision Trustee consulti address interest provide relation In addit and/or f	ated staff an om time to ti is members ns in which I is and senio ing relations is the actual i laws. The p to the Office ships that m tion, the ann transactions ship with the	bolicy on conflicts of interest applies to all Board of Trustee members, d faculty. The policy recognizes that members of the university's Board me, be associated, either directly or indirectly, with companies doing of the Board of Trustees or its committees, and senior managers of the e or she (or an immediate family member) has a material financial in r management, the university requires an annual disclosure of signific hips with, entities doing business with the university. When such relat or perceived conflict to protect the best interest of the university and solicy also requires designated administrative and academic staff, and e of Human Resources a written certification that he/she is in complia hay represent a conflict of interest as defined by the letter or spirit of the ual certification requires disclosure of any activities, including outside which might appear or actually involve a conflict of interest with one's e university. Upon review of the circumstances surrounding the conflict e university. Upon review of the circumstances surrounding the conflict of a School or program. Key Employee Mem	d of Trustees and so business with the un terest. For members ant financial interes ionships exist, measure ensure compliance w I faculty to review th nce with the policy a te university policy of employment and pr s fiduciary, employm t or potential conflic	enior management niversity. The policy articipating in any s of the Board of t in, or employment or sures are taken to vith relevant conflict of e policy every year and and discloses any on conflicts of interest. ofessional relationships tent, or other t of interest involving a				

Additiona	al Data	orm
For Paperwork Reduc	uction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Fo	orm 990) 2021
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CHANGE IN VALUE OF SPLIT INTEREST - 5557; CHANGE IN POSTRETIREMENT BENEFITS - 871609; LOSS ON UNCOLLECTIBLE PLEDGES2557489; Debt Refinancing - 1086159;	
Form 990, Part VI, Line 19 Required documents available to the public	The university makes its governing documents, conflict of interest policy, Form 990 and financial statements available to the upon request. Also, Federal Form 990, which includes financial and other disclosures, is available on Guidestar.	e public
Form 990, Part VI, Line 15b Process to establish compensation of other employees	As noted above, the Compensation Committee annually reviews the list of university officers and key employees whose sa categorize them as highly compensated individuals under IRS pension provisions. The Compensation Committee did not c review and approval of compensation as outlined above during tax year 2022 due to scheduling conflicts but are scheduled review this information in the first quarter of 2023.	onduct a
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The Compensation Committee of the Board of Trustees is comprised of members of the Executive Committee selected by of the Board. The Compensation Committee reviews and approves compensation terms, salaries, and contracts (if appropriate deans and other officers prior to hire and for renewals and promotions. The foregoing shall include additional compensation benefits for the deans, and officers annually, such as housing allowances, boruses, severance packages, or any proposed benefits. The Committee is charged with assuring compliance with intermediate sanction procedures and requirements to tapplicable to any compensation. The Committee also recommends the compensation (including salary, benefits, and other remuneration) of the President of the university to the Executive Committee for review and approval. Further, the Committee charged with developing salary and benefits for incoming presidents and renewal of contracts for incumbent presidents for submission to the Executive Committee for approval. Additional duties of the Compensation Committee include reviewing compensation for comparable positions benchmarked against peer groups and hiring an executive compensation consultar regular basis. The Committee also reviews internal candidates proposed to serve as interim deans if needed, and annually the list of university employees whose salaries categorize them as highly compensated individuals under IRS pension prov Additional authority and duties are conferred upon the Compensation Committee in accordance with the needs and initiative Board of Trustees. Contemporaneous notes are taken to document the process.	iate), for ation and new he extent e is nt on a reviews isions.
	advisory committees, the Chief Legal Officer shall make a recommendation to the Chairman of the Board of Trustees and the President of the University as to whether the Chairman and the President should (i) determine the conflict situation or potential and approve the situation; (ii) determine the conflict situation or potential conflict situation; or (iii) refer the conflict of interest situation to a sub-committee of the Executive Committee of the Board of Trustees.	he ntial

**Software ID:** 21014044 **Software Version:** 2021v4.2

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efile Public Visual Rende	r ObjectId: 2023	013593	849306	540 - Sub	mission: 202	3-05-1	5							1	TIN: 13	-3297	/197
SCHEDULE R (Form 990)	► Com	plete if t	he orgar	nization ar	zations an Iswered "Yes" ( Attach to Fo	on Form rm 990.	990, Par	t IV, li	ne 33, 3	4, 35b, 30	5, or 37.				20	21	
Department of the Treasury Internal Revenue Service Name of the organization The New School		► G	o to <u>ww</u>	<u>w.irs.gov/</u>	Form990 for in			e lates	st inform		Employer		icatior		pen to Inspec		2
Part I Identification	of Disregarded Enti	ties. Cor	nplete if	the orga	nization answe	red "Yes	s" on Forr	n 990,	, Part IV		13-329719	97					
	(a) EIN (if applicable) of disregar				<b>(b)</b> Primary activ			( <b>c)</b> nicile (st	tate	(d) Total incom	(e) End-of-year assets			[	<b>(f)</b> Direct cont entit		
	f Related Tax-Exem pt organizations durin			ns. Compl	ete if the orgai	nization	answere	d "Yes	" on For	m 990, P	art IV, lin	e 34 be	cause	it had o	one or n	nore	
	(a) IN of related organization			Prim	(b) ary activity				(d) empt Code		(e) Public charity status (if section 501(c)(3))		Direct co		ntity (13)		512(b) ntrolled ity? No
(1)FREUNDE UND FORDERER VON T	HE NEW SCHOOL			FACILITATE	CONTRIBUTIONS	GM 5			501(c)(3) 2				THE NEW SCHOOL			Yes	
(2)TNS PARSONS				EDUCATION	AND RESEARCH	FR								THE NEW SCHOOL		Yes	
(3)ANATOL SHULKIN MEMORIAL SCH C/O THE NEW SCHOOL 79 FIFTH AVENUE 16TH FLOOR NEW YORK, NY 10003 13-3010477	IOLARSHIP			AWARDS SC ART & DESIG	HOLARSHIPS FOR GN		NY 501(c)(3)		PI	-		THE NEW SCHOOL		DL	Yes		
For Paperwork Reduction Act	Notice, see the Instru	ctions fo	r Form 9	90.		Ca	t. No. 501	35Y					Sch	edule R	(Form 9	90) 20	021
			— Page	e 2							_						
Schedule R (Form 990) 2021																Pag	e <b>2</b>
Part III Identification o	f Related Organizat					ete if th	e organiz	ation a	answere	d "Yes" o	n Form 9	90, Part	: IV, lii	ne 34, b	ecause	it had	
Name, addre	a) ess, and EIN of rganization		(b) Primary activity	(c) Legal domicil (state o foreigr country	(d) Direct e controlling or entity	(e) Predom income(r unrela excluded f under se	inant S elated, ited, i from tax ections	(f) hare of total ncome	(g) Share o end-of- year assets		(h) roprtionate ocations?	Code amor box	i) V-UBI unt in 20 of ule K-1 1065)	(j Gene mana part	ral or aging	(k Percer owne	ntage
						512-5	14)			Yes	No			Yes	No		
	f Related Organizat									n answere	ed "Yes" o	on Form	990,	Part IV,	line 34		
(a) Name, address, and E related organizatio	IN of		(b) ary activity		(c) Legal domicile (state or foreign country)	I	(d) Direct contro entity	olling T	(e) Type of ent C corp, S co or trust)	ity Share	(f) of total S come	<b>(g)</b> hare of en year assets		(h) Percen owner	tage	(i Section (13) cor enti Yes	512(b) htrolled
(1) Charitable remainder tructe (4)		Charitahlo	romaindor	truct	NV	h	The New Sch	iool Tr	net							Voc	

		1	 ii use	1	1	1	103	
C/O THE NEW SCHOOL 66 WEST 12TH STREET New York, NY 10011								
	Page 3			·	So	hedule R (Form 9	990) 20	021

Page 3

art V Transactions With Related Organizations. Complete if the organization answered "	res" on Form 990, Pa	art IV, line 34, 35	o, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	N
During the tax year, did the orgranization engage in any of the following transactions with one or more relate	d organizations listed ir	Parts II-IV?				+
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	-			1a		No
Gift, grant, or capital contribution to related organization(s)				1b		No
Gift, grant, or capital contribution from related organization(s)				1c		No
Loans or loan guarantees to or for related organization(s)				1d		No
Loans or loan guarantees by related organization(s)				1e		No
Dividends from related organization(s)				1f		N
Sale of assets to related organization(s)				1g		N
Purchase of assets from related organization(s)				1h		N
Exchange of assets with related organization(s)				<b>1</b> i		N
Lease of facilities, equipment, or other assets to related organization(s)				1j		N
						L.,
Lease of facilities, equipment, or other assets from related organization(s)				1k		N
Performance of services or membership or fundraising solicitations for related organization(s) $\ldots$				11		No
${f n}$ Performance of services or membership or fundraising solicitations by related organization(s)					Yes	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		N
Sharing of paid employees with related organization(s)				10	Yes	_
Reimbursement paid to related organization(s) for expenses				1p		N
Reimbursement paid by related organization(s) for expenses				1a		N
				-		+
Other transfer of cash or property to related organization(s)				1r		N
Other transfer of cash or property from related organization(s)				1s		Ν
If the answer to any of the above is "Yes," see the instructions for information on who must complete this	line, including covered	relationships and tra	ansaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ar	nount ii	nvolved	d
NS PARSONS	М	7,611,355	COST			

Schedule R (Form 990) 2021

Page **4** 

Schedule R (Form 990) 2021

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.

------ Page 4 ----

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	(e) Are all partners section 501(c)(3) organizations?		bartners Share of tion total e c)(3) income		(g) (h) are of of-year sets (h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	

										l			
										Sch	edule R (	Form 99	90) 2021
	Page 5												
Schedule R (Form 990) 2021													Page <b>5</b>
Part VII Supplemental Inform													
Provide additional informat	ion for responses to question	ons on Sche	dule R. See in	structions.									
Return Reference					E>	planation					Cabada	- D (5	n 990) 2021
											Schedu	E K (FOF	n 990) 2021
Additional Data	Additional Data Return to Form												o Form