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PUBLIC COPY

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A F</u>	or th	e 2021 calendar year, or tax year beginning OCT 1, 2021 and	enaing S	EP 30, 2022			
B c	heck if pplicab	C Name of organization		D Employer identifie	cation number		
X	Addre chang Name	NEW YORK RESTORATION PROJECT		40.00500			
	chang	Doing business as		13-39590	56		
	□Initial □return □Final	Number and street (or P.O. box if mail is not delivered to street address) 254 W. 31ST STREET, 14TH FL	Room/suite	E Telephone number			
	⊒return termir ated	ZJ4 W. JISI SIREEI, I4III FE		212-333-2552			
	ated Amen return	ded NEW YORK NY 10001		G Gross receipts \$ H(a) Is this a group re	7,434,713.		
\vdash	□Appli			for subordinates			
	tion pendi	SAME AS C ABOVE					
_				H(b) Are all subordinates in			
		empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) of te: \rightarrow WWW • NYRP • ORG	or 527	1 ′	list. See instructions		
_		··· •	I Veen	H(c) Group exemptio			
	art I	f organization: X Corporation Trust Association Other ► Summary	L Year	or formation: 1997 N	1 State of legal domicile: NY		
	1	Briefly describe the organization's mission or most significant activities: TO TI	RANSFO	RM UNDERSERV	/ED		
Activities & Governance		COMMUNITIES BY CREATING A GREENER, MORE S					
'n	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.		
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	21		
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)			21		
ა ა	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			67		
itie	6	Total number of volunteers (estimate if necessary)			2100		
댫	7 a			7a	0.		
ď	l	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
		,		Prior Year	Current Year		
_	8	Contributions and grants (Part VIII, line 1h)		5,555,379.	6,301,655.		
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		419,858.	236,245.		
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-337,082.	-451,369.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,638,155.	6,086,531.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,658,987.	4,155,387.		
Expenses	ı	Professional fundraising fees (Part IX, column (A), line 11e)		192,000.	265,781.		
ben	b	Total fundraising expenses (Part IX, column (D), line 25) 1,258,43	37.				
ŭ	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,247,713.	2,675,694.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,098,700.	7,096,862.		
	19	Revenue less expenses. Subtract line 18 from line 12		-460,545.	-1,010,331.		
or es				ginning of Current Year	End of Year		
Net Assets or	20	Total assets (Part X, line 16)		17,760,231.	16,607,787.		
Ass	21	Total liabilities (Part X, line 26)		2,073,864.	2,874,522.		
Net	22	Net assets or fund balances. Subtract line 21 from line 20		15,686,367.	13,733,265.		
Pa	rt II	Signature Block			- , ,		
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is		
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			3		
Sigi	n	Signature of officer		Date			
Her		LYNN B. KELLY, EXECUTIVE DIRECTOR					
1101	•	Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid		EVA MRUK EVA MRUK		08/14/23 if self-employ			
Prep		Firm's name PKF O'CONNOR DAVIES ADVISORY, LL			87-3231666		
-	Only	Firm's address 245 PARK AVENUE, 12TH FLOOR		I IIIII 2 EIIV	<u> </u>		
JJ6	Jilly	NEW YORK, NY 10167		Dhone no 21	2-286-2600		
Mar	the !	RS discuss this return with the preparer shown above? See instructions		I i ilolie ilo. 2 1	X Yes No		
ivia	uic I	no alcouce the return with the preparer shown above? See Instructions			100 110		

Page 2

Pal	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	. X
1	Briefly describe the organization's mission:	
	NATURE IS A FUNDAMENTAL RIGHT OF EVERY NEW YORKER. NYRP PARTNERS WITH	
	LOCAL COMMUNITIES, PUBLIC AGENCIES, AND THE PRIVATE SECTOR TO ACQUIRE	i,
	CREATE, MAINTAIN, AND PROGRAM PUBLIC OPEN SPACES. OUR SUSTAINED	
	PARTNERSHIP WITH COMMUNITIES PROMOTES STRONG SOCIAL TIES AND	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes [X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	b
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 4 , 899 , 495 • including grants of \$ 0 •) (Revenue \$	<u> </u>
	IN FISCAL YEAR 2022, NEW YORK RESTORATION PROJECT BROUGHT HISTORICALL	ıΥ
	UNDER-RESOURCED NEIGHBORHOODS RESOURCES THAT IMPACT LONG-STANDING	
	ENVIRONMENTAL AND SOCIAL INJUSTICES. THROUGH THE CREATION OF NEW	
	GARDENS, TREE GIVEAWAYS, AND THE SUSTAINED CARE AND PROGRAMMING OF	
	COMMUNITY GARDENS AND PUBLIC PARKS, WE AIMED TO CREATE GREATER GREEN	
	SPACE EQUITY CITYWIDE. CONTINUING OUR RESPONSE TO COVID-19 IN	
	LOW-INCOME COMMUNITIES, AS WELL AS AIDING THOSE COMMUNITIES IMPACTED	BY
	RISING INFLATION AND FOOD INSECURITIES, WE EXPANDED OUR URBAN	
	AGRICULTURE PROGRAM TO SUPPORT AND DEVELOP THE SKILLS FOR FAMILIES TO)
	GROW THEIR OWN FRESH FRUIT AND VEGETABLES AND MAXIMIZE THEIR YIELDS.	WE
	HAVE CONTINUED OUR COMMITMENT TO FREE HEALTH AND FITNESS PROGRAMS, IN	[
	ADDITION TO ARTS PROGRAMMING HOSTED IN THE COMMUNITY GARDENS AND PARK	S
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	4 000 405	
		20 (0001)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3		5		х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III			-23
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			3,7
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	_X_	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, , , a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		-23
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		Х	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Λ	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
۵.	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			17
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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		X

Form 990 (2021) NEW YORK RESTORATION PROJECT

Part IV Checklist of Required Schedules (continued)

22 X 23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X. Country 61, Imp. 27 If Yes, * Complete Schedule J. Parts I and 8, 4, or 1s, about compensation of the organization acument and former Officers, directors, furthered, we professed, and highest compensation of the organization acument and former Officers, directors, furthered, we professed, and highest compensation of the organization acument and former Officers, directors, furthered, we professed, and highest compensation of the parts of the year, that was issued after December 31, 2002? If Yes,* answer lines 2tb through 2td and complete Schedule II. If Yes, and the parts of the year, that was issued after December 31, 2002? If Yes,* answer lines 2tb through 2td and complete Schedule II. If Yes, and the year of the year, that was issued after December 31, 2002? If Yes,* answer lines 2tb through 2td and complete Schedule II. If Yes, and the year of Yes, and the year of Yes, and the year of Yes, and year of	1 0.11	Continued)		V	Na
Part X. column (A), line 2? (if "ves," compilers Schedule I, Parts I and III and ofference of ficeron, direction, trustees, key employees, and highest compensation of the organization's current and former officers, direction, trustees, key employees, and highest compensated employees? If "ves," compilete Schedule I, Part IV. 24a Dd the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," arrange lines 26b through 26d and complete Schedule IV. If "No." go to lime 25a 24b D Dd the organization meets any proceeds of fax exempt bonds beyond a temporary period exception? 24c D Dd the organization meets any proceeds of fax exempt bonds beyond a temporary period exception? 24d D D Dd the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d D Dd the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d D Dd the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d D Dd the organization and the san "on behalf of" issuer for bonds outstanding at any time during the year? 25d D Dd the organization and the san "on behalf of" issuer for bonds outstanding at any time during the year? 25d D Dd the organization and the san "on behalf of" issuer for bonds outstanding at any time during the year? 25d D Dd the organization and the san "on behalf of" issuer for bonds outstanding at any time during the year? 25d D Dd the organization and the san of the organization with an often san of the organization with an often san of the organization with an often san ofte	00	Did the association was at several base \$7,000 of association and the second association of a second in the second associations as		Yes	No
23 Did the organization answer "Yes" to Part VII, Section A, Jins 3, 4 or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 24 Jan 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? 25 Jan Did the organization makes as a view to the second of the last day of the year, that was issued after December 31, 2002? 26 Did the organization makes any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization makes any proceeds of tax-exempt bonds beyond a temporary period exception? 27 Did the organization as as an 'on behalf of' issuer for bonds outstanding at any time during they year to defease any tax-exempt bonds? 28 Section 501(5), 501(6)(4), and 501(6)(29) organizations. Did the organization are period of the organization are period on any of the organization period of the organization are period on any of the organizations prior Forms 990 or 990-EZ7 // **Nes.** complete Schedule**, Part I. 28 Did the organization are port any amount on Part X, lins 5 or 22, for reconsibles from or payables to any oursent or former officer, director, trustee, key employee, creator or founder, substantial contributor or 95% controlled antity or family member of any of these persons? If **Yes,** complete Schedule**, Part II. 28 Was the organization are provide a part or other assistance to any oursent or former officer, director, trustee, key employee, creator or founder, substantial contributor? If **Yes,** complete Schedule**, Part II. 28 Was the organization in provide a part or other assistance to any oursent or former officer, director, trustee, key and ourselves and ourselves persons? If **Yes,** complete Schedule**, Part II. 29 Did the org	22				v
and former officers, directors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule L, Part IV. 23 X S 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was sixued after December 31, 2002? If "Yes," answer fines 24b through 24d and complete Schedule K. If "No." to time 25s. 24b Did the organization maintain an exercise account other than a refunding series with any time during the year to defease any tax exempt bonds? 24c Did the organization maintain an exercise account other than a refunding series with any time during the year? 24d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section \$01(6)(3), \$01(6)(4), and \$51(6)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported any of the organization with a disqualified person in a prior year, and that the transaction has not been reported and part of the organization with a disqualified person in a prior year, and that the transaction has not been reported and year. If ye go organization reports are a prophyse, creator or founder, substantial contributor, or 39% controlled entity of ram been proported any or three persons? If year, complete Schedule L, Part IV. 25b Uses the organization reported any individual described in line 28a? If year, complete Schedule L, Part IV. 26c A 39% controlled entity of new than St.5,000 in non-cash contributions? If year, complete Schedule L, Part IV	00		22		
Schedule / Late day of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule K. H"No." go to line 25a. 24a 24b Ded 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? // "Yes," answer lines 24b through 24d and complete Schedule K. H"No." go to line 25a. 25a Ded the organization mission and a serior of the december 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule L Part I	23				
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? If "Yes," aroswer lines 24b through 24d and complete Schedule K. If "No." go to hire 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d d Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? 24d 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 lining the year? 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 in a prior year, and that the transaction was not been reported on any of the organizations prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 25a X 25b Lot the organization provide a grant or other assistance to any current or former office, director, visutes, key employee, creator or founder, substantial contributor, or 35% 25b Lot the organization provide a grant or other assistance to any current or former office, director, visutes, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity for family member of any of threes persons? If "Yes," complete Schedule L, Part II 25b L X 25c L X 25d L X 25		•		v	
stated day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a b) Did the organization meets any proceeds of tax exempt bonds beyond a temporary period exception? c) Did the organization meets any proceeds of tax exempt bonds beyond a temporary period exception? d) Did the organization maintain an escrow account other than a refunding escrow at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25S Section 50(Cigl, 50, 101(c)4), and 501(c)20 pagnizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I but the transaction has not been reported on any of the organization special tengaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I be 10 the organization aware that the graged 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 organizations prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part I I be 10 to organization perior 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 former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptionns): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptionns): a A current or former officer, director, trustee, key e	04-		23	Λ	
Schedule K. If "No." go to fine 25a	24a				
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c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-ewempt bonds? d Did the organization act as an 'on behalf off' issuer for bonds outstanding at any time during the year? 24d 28a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule I., Part I 25a X 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction with one or any of the organization is provided to a prior of the and any of the organization provided and prior of the part of the organization provided and part or of the ansistance to any current or former officer, director, fusetee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a \$5% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III 27 X X X X X X X X X	h				
any tax-exempt bonds? d Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25a X 25a X 2			240		
d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 255 Section 501(28), 501(24), and 501(24) a	C		240		
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 25b	ч				
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 X 27 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 III 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 35% controlled entity forduling an employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III) 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III) 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III) 29 A Complete Schedule L, Part III 29 A Signature of former officer, director, trustee, key employee, creator or founder, or substantial contributor? II 29 Yes, complete Schedule L, Part IV 28 A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 29 Yes, complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? II "Yes, complete Schedule M. 29 Did the organization receive more than \$25,000 in non-cash contributions? II "Yes, complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes, complete Schedule M. Part I. 31 Did the organization and II secknange, dispose of, or transfer more than 25% of its net assets?			24u		
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 980 or 990-E27 (if "Yes," complete Schedule L, Part I) 25 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 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule III, Part IV (Institution for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule III, Part IV 2880 X 28 A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule III, Part IV 280 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule III, Part IV 29 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule III, Part III 31 X 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule III 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule III	ZJa		252		x
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Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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, Iine 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 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 V I 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Note: All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			33		_X_
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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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 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 V 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c					<u> </u>
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Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 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 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V 10 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 11 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 12 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 12 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 12 c	b				
If "Yes," complete Schedule R, Part V, line 2 36		•	35b		<u> </u>
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 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	36				~~
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b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	4.	Enter the number reported in box 3 of Form 1006. Enter 0, if not applicable.		res	NO
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c			1		
(gambling) winnings to prize winners?		Effect the number of Forms wize included of time rat. Effect of inforcephicable	1		
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Form 990 (2021)

NEW YORK RESTORATION PROJECT

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

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 67						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		Х			
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	Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
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	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a						
a h							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b						
192	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	u					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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		Х			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						
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?	17					
	If "Yes," complete Form 6069.						

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

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 21							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5								
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х	-				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	X					
	Other officers or key employees of the organization	15b	Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶NY							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only) a	availal	ole				
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website X Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	LYNN B. KELLY - 212-333-2552							
	254 W. 31ST STREET, 14TH FL, NEW YORK, NY 10001							

Form **990** (2021)

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

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

X

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

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

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

Check this box if neither the organization n (A)	(B)			(()			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition		200	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	an	compensation	compensation	amount of
	week		cer an	d a di	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e e			ated		organization	(W-2/1099-MISC/	from the
	related	ıstee	truste		e e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t con		1099-NEC)		and related organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) LYNN B. KELLY	40.00		=	0		Τ ω	4			
EXECUTIVE DIRECTOR / SECRETARY	0.00			Х				344,625.	0.	1,000.
(2) CATHERINE HALL-BETTERTON	40.00							,	-	,
SVP, CHIEF OPERATING OFFICER	0.00				х			221,107.	0.	10,741.
(3) ERICA A. HELMS	40.00									
CHIEF ADVANCEMENT OFFICER	0.00				Х			223,125.	0.	0.
(4) GARY R. DEARBORN	40.00									
CHIEF OF CAPITAL	0.00				Х			169,140.	0.	35,857.
(5) MICHAEL E. YERDON	40.00									
SR DIRECTOR OF DEVELOPMENT	0.00					X		116,124.	0.	10,222.
(6) JEFFREY MANZER	40.00									
CONSULTANT / CFO (EFF. DEC 2021)	0.00			Х				126,221.	0.	0.
(7) BETTE MIDLER	5.00									
FOUNDER	0.01	Х		X		_		0.	0.	0.
(8) HELENA DURST	3.00	37		37					0	0
CO-CHAIR	0.01	Х		Х				0.	0.	0.
(9) DARCY A. STACOM CO-CHAIR	3.00	Х		х				0.	0.	0.
	3.00	Λ		Λ				0.	0.	0.
(10) VERED RABIA PRESIDENT	0.01	Х		х				0.	0.	0.
(11) DARRYL PARDI	3.00	Δ		Δ				0.	0.	0.
TREASURER (THRU MAY 2022)	0.01	Х		Х				0.	0.	0.
(12) ERHARD MARIUS	1.00							•	•	•
DIRECTOR, TREASURER (EFF. MAY 2022)	0.01	х		х				0.	0.	0.
(13) SAMUEL ASHNER	1.00							-	-	_
DIRECTOR	0.01	х						0.	0.	0.
(14) BETTY Y. CHEN	1.00									
DIRECTOR	0.01	Х						0.	0.	0.
(15) TODD DEGARMO	1.00									
DIRECTOR	0.01	Х						0.	0.	0.
(16) EDMUND D. HOLLANDER	1.00									
DIRECTOR	0.01	Х						0.	0.	0.
(17) WALTER HOOD	1.00	_							_	_
DIRECTOR	0.01	Х						0.	0.	0 . Form 990 (2021

Form **990** (2021)

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Part VII Section A. Officers, Directors,	Trustees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(da		Pos				Reportable	Reportable	6	Estimate	ed
	hours per	box	, unle	ss per	rson i	than o	an	compensation	compensation	a	amount	of
	week	offi	cer ar	nd a d	irecto	r/trus	tee)	from	from related		other	
	(list any	ector						the	organizations	co	mpensa	ation
	hours for	or dir	س ا			ted		organization	(W-2/1099-MISC/		from th	ie
	related	stee (ruste			Sensa		(W-2/1099-MISC/	1099-NEC)	- 1	ganizat	
	organizations	altrus	onal t		loyee	com g		1099-NEC)			nd relat	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			or	ganizati	ions
(18) MICHAEL KORS	, , , , , , , , , , , , , , , , , , ,	Ĕ	Ĕ	5	Ā.	훈	요					
DIRECTOR	1.00	х						0.	0			Λ
(19) MICHAEL LORBER	1.00	Λ						0.	U	•		0.
DIRECTOR	0.01	Х						0.	0			0.
(20) SHELLY MALKIN	1.00	Λ						0.	U	•		<u> </u>
DIRECTOR	0.01	Х						0.	0			0.
(21) JAMES L. NEDERLANDER	1.00	22						0.	0	+		
DIRECTOR	0.01	х						0.	0			0.
(22) BENJAMIN F. NEEDELL	1.00									1		
DIRECTOR	0.01	Х						0.	0	.		0.
(23) DAVID ROCKWELL	1.00											
DIRECTOR	0.01	Х						0.	0	•		0.
(24) JOSHUA SIREFMAN	1.00											
DIRECTOR	0.01	Х						0.	0			0.
(25) MIRIAM WHEELER	1.00	1										
DIRECTOR	0.10	Х						0.	0	•		0.
(26) SOPHIE VON HASELBERG	1.00	ļ							•			•
DIRECTOR	0.01	X						0.	0		-7 0	0.
1b Subtotal								1,200,342.	0		57,8	
c Total from continuation sheets to Pa								0.	0		- 7 0	0.
d Total (add lines 1b and 1c)								1,200,342.	0	• :	57,8	<u> </u>
2 Total number of individuals (including		ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			6
compensation from the organization	•										Yes	No
2. Did the examination list any former of	fficer director twict	aa 1		امسا			bia	haat aammanaatad ammi	laves on		163	NO
3 Did the organization list any former of			•	•	•		•	·	•	3		Х
line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> 4 For any individual listed on line 1a, is t										3		1
and related organizations greater than	•		•					•	· ·	4	Х	
5 Did any person listed on line 1a receiv												
rendered to the organization? If "Yes."										5		х
Section B. Independent Contractors												
Complete this table for your five higher	st compensated inc	lepe	nde	nt co	ontra	acto	s th	nat received more than \$	100,000 of compens	sation f	rom	
the organization. Report compensation	n for the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
(A) (B)										(C)		

(A) Name and business address	(B) Description of services	(C) Compensation
THOMAS CARDULLO INC, 2602 TOWNHOME WAY, HUNTINGTON STATION, NY 11746	CONSTRUCTION	218,635.
MCG, INC. 12 W 27TH ST, NEW YORK, NY 10001	IT SERVICES	102,226.
BUCKLEY HALL EVENTS 33 KATONAH AVE, KATONAH, NY 10536	EVENT PLANNING	101,481.

\$100,000 of compensation from the organization ► 3

SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2021)

verage hours per week ist any ours for elated inizations below line)	stee or director		(C Pos	C) ition			Compensated Employe (D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
verage hours per week ist any purs for elated inizations pelow line) 1.00 0.01 1.00	X Individual trustee or director	neck	Pos all t	ition that	app		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
per week ist any purs for elated inizations below line) 1.00 0.01 1.00	X Individual trustee or director	neck	all t	that	app		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
per week ist any burs for elated inizations below line) 1.00 0.01 1.00	X Individual trustee or director						from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ist any purs for elated unizations pelow line) 1.00 0.01 1.00	х	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
0.01									
1.00									
0.01	X						0.	0.	C
						_			
		1							

Form 990 (2021) NEW YOR
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any lin	e in this Part VIII			
		Check ii Genedale o contains a response o	THOLE TO ALTY IIII	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							SECTIONS 212 - 214
nts		a Federated campaigns1a					
ira Ou		b Membership dues 1b					
s, (Am		c Fundraising events 1c	2,301,502.				
äift	,	d Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contributions) 1e	344,480.				
i Si	1	f All other contributions, gifts, grants, and					
but		similar amounts not included above	3,655,673.				
ĒÖ		g Noncash contributions included in lines 1a-1f	44,653.				
Son		h Total. Add lines 1a-1f	•	6,301,655.			
			Business Code				
	2 :						
ξ							
er,		b					
m S		<u> </u>					
ar Be		d					
Program Service Revenue		e					
₾		f All other program service revenue					
_		g Total. Add lines 2a-2f					
	3	, , , , , , , , , , , , , , , , , , , ,					
		other similar amounts)		173,910.			173,910.
	4	Income from investment of tax-exempt bond pro	oceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
	- 1	b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	-	assets other than inventory 7a 709,862.	2,500.				
		b Less: cost or other basis	,				
ø		and sales expenses 7b 650,027.	0.				
ž		c Gain or (loss) 7c 59,835.	2,500.				
Revenue			-	62,335.			62,335.
ت ھ		d Net gain or (loss)	·····	02,333.			02,333.
ther	8	a Gross income from fundraising events (not					
ō		including \$ 2,301,502. of					
		contributions reported on line 1c). See	010 100				
		Part IV, line 188a	212,182.				
		b Less: direct expenses 8b	698,155.				
	•	c Net income or (loss) from fundraising events		-485,973.			-485,973.
	9 :	a Gross income from gaming activities. See					
		Part IV, line 199a					
	- 1	b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities	>				
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
	1	b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
			Business Code				
snc	11 :	a LICENSE FEE	900099	15,000.			15,000.
ine Due		b INSURANCE REFUND	900099	14,540.			14,540.
ella		c CC POINTS REDEMPTION	900099	2,844.			2,844.
Miscellaneous Revenue		d All other revenue	900099	2,220.			2,220.
Σ		e Total. Add lines 11a-11d		34,604.			
	12	Total revenue. See instructions	>	6,086,531.	0.	0.	-215,124.
	_					×.	· · · · · · · · · · · · · · · · · · ·

	t IX Statement of Functional Expense	es	.0201		737030 Fage 10
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon-				
	oot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1,177,561.	563,808.	266,961.	346,792.
6	trustees, and key employees Compensation not included above to disqualified	1,111,501.	303,000.	200,501.	340,7324
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,288,797.	1,755,800.	197,634.	335,363.
8	Pension plan accruals and contributions (include	,,,	,,	,	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	356,647.	229,677.	47,919.	79,051.
10	Payroll taxes	332,382.	221,642.	44,559.	66,181.
11	Fees for services (nonemployees):				
а	Management				
	Legal				
С	Accounting	36,000.		36,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	265,781.			265,781.
f	Investment management fees	33,823.		33,823.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	299,595.	165,076.	128,317.	6,202. 388.
12	Advertising and promotion	3,039.	1,552.	1,099.	
13	Office expenses	261,441.	153,409.	34,466.	73,566.
14	Information technology	142,341.	63,377.	35,779.	43,185.
15	Royalties	105 160	121 055	32,355.	20 052
16	Occupancy	195,162. 12,707.	131,855. 9,140.	2,414.	30,952. 1,153.
17	Travel	12,707.	9,140.	2,414.	1,133.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,606.	5,223.	2,031.	2,352.
20		30,748.	30,748.	2,031.	2,332.
21	Payments to affiliates	30,7100	30 / 7 10 0		
22	Depreciation, depletion, and amortization	777,315.	777,315.		
23	Insurance	252,042.	221,508.	23,692.	6,842.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)	,	,	.,	,
а	REPAIRS & MAINT.	234,871.	186,612.	48,259.	
b	VEHICLE EXPENSES	188,670.	188,670.	,	
c	FIELD LUNCHES/SUPPLIES	168,762.	168,762.		
d	MISCELLANEOUS	14,869.	11,793.	3,055.	21.
	All other expenses	14,703.	13,528.	567.	608.
25	Total functional expenses. Add lines 1 through 24e	7,096,862.	4,899,495.	938,930.	1,258,437.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Check here

if following SOP 98-2 (ASC 958-720)

Pa	rt X	Dalance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			236,865.	1	581,974.
	2	J 1 7		1,054,653.	2	935,886.	
	3	Pledges and grants receivable, net			145,843.	3	133,912.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substar	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	onsL		5	
	6	Loans and other receivables from other disqualifie	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described in	n sec	tion 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ą	9				352,708.	9	374,567.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	14,807,068.			
	b	Less: accumulated depreciation	10b	4,483,963.	11,003,406.	10c	10,323,105.
	11	Investments - publicly traded securities			4,906,141.	11	4,197,728.
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11	1			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	60,615.	15	60,615.		
Liabilities	16	Total assets. Add lines 1 through 15 (must equal			17,760,231.	16	16,607,787.
	17	Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities			173,965.	17	120,604.
	18					18	
	19				611,128.	19	817,230.
	20					20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to any current or former officer, director,					
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of these	perso	ons		22	
	23	Secured mortgages and notes payable to unrelate	ed thir	d parties	1,288,771.	23	1,936,688.
	24	Unsecured notes and loans payable to unrelated t	third p	parties		24	
	25	Other liabilities (including federal income tax, paya	ables '	to related third			
		parties, and other liabilities not included on lines 1	17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			2,073,864.	26	2,874,522.
"		Organizations that follow FASB ASC 958, check	k here	e ▶ X			
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.			10 001 100		0 055 456
<u>la</u>	27				10,821,190.	27	9,955,456.
B	28	Net assets with donor restrictions			4,865,177.	28	3,777,809.
ũ		Organizations that do not follow FASB ASC 958	B, che	eck here 🕨 📖			
Ē		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current funds				29	
Sei	30	Paid-in or capital surplus, or land, building, or equ				30	
t As	31	Retained earnings, endowment, accumulated inco			15 606 265	31	12 522 265
Se	32	Total net assets or fund balances			15,686,367.	32	13,733,265.
	33	Total liabilities and net assets/fund balances			17,760,231.	33	16,607,787.

Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 086		
2	Total expenses (must equal Part IX, column (A), line 25)	2				62.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	,010	0,3	31.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15	, 686	5,3	67.
5	Net unrealized gains (losses) on investments	5	-	-942	2,7	71.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	coluṃn (B))	10	13	733	3,2	<u>65.</u>
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		_X_
	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	X	<u> </u>
	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 X Consolidated basis Both consolidated and 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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		<u> </u>
				Form	990	(2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization NEW YORK RESTORATION PROJECT 13-3959056 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support		•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	. ,				• •	
	membership fees received. (Do not						
	include any "unusual grants.")	7352247.	9277537.	6430439.	5555379.	6301655.	34917257.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			6400400		6004655	0.404.505.5
	Total. Add lines 1 through 3	7352247.	9277537.	6430439.	5555379.	6301655.	34917257.
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,						1000004
	column (f)						1928394.
	Public support. Subtract line 5 from line 4.						32988863.
	• • • • • • • • • • • • • • • • • • • •						
	ndar year (or fiscal year beginning in)	(a) 2017 7352247.	(b) 2018 9277537.	(c) 2019 6430439.	(d) 2020 5555379.	(e) 2021	(f) Total 34917257.
	Amounts from line 4	1332241.	9211331.	0430439.	3333373.	0301033.	3491/23/-
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	346,510.	136,429.	135,353.	98,272.	173,910.	890,474.
_	and income from similar sources	340,310.	130,429.	133,333.	30,414.	1/3,910.	030,474.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	12,387.	10,471.	8,861.	41,056.	34.604.	107,379.
11	Total support. Add lines 7 through 10			0,00=0			35915110.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	
	First 5 years. If the Form 990 is for th				·		
	organization, check this box and stop here						
Sec	tion C. Computation of Public						,
14	Public support percentage for 2021 (li	ne 6, column (f), di	vided by line 11, o	column (f))		14	91.85 %
	Public support percentage from 2020					15	91.99 %
	6a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	check a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances tes	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		▶□
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th				•		. —
	organization meets the facts-and-circu		-				.
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

Schedule A (Form 990) 2021

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

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

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

132023 01-04-22

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
30		
20		
3c		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
0-		
9a		
01-		
9b		
0		
9c		
10a		
10b		

132024 01-04-21

Par	t 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 line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Seci	ion D. All Type III Supporting Organizations			Г
			Yes	No
	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	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructio	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	izations					
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mu		· ·					
Sect	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						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
с	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
_6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	inization (see				

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2017

b Excess from 2018

c Excess from 2019

d Excess from 2020

e Excess from 2021

7 Excess distributions carryover to 2022. Add lines 3j

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.)

(See Instructions.)	
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS IN	ICOME
2017 AMOUNT: \$	3,776.
2018 AMOUNT: \$	10,471.
2020 AMOUNT: \$	5,111.
2021 AMOUNT: \$	2,220.
	PTION
2017 AMOUNT: \$	8,611.
	2,844.
DEFINIDA	
2019 AMOUNT: \$	8,861.
2020 AMOUNT: \$	13,905.
INSURANCE FUND	
2020 AMOUNT: \$	22,040.
2021 AMOUNT: \$	14,540.
LICENSE FEE	
2021 AMOUNT: \$	15,000.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization NEW YORK RESTORATION PROJECT **Employer identification number** 13-3959056

organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of prants from (during year) Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, for far ny other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space Complete inse 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements included in (a) qualified conservation contribution in the form of a conservation easement in the last day of the tax year. Number of conservation easements included in (a) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P A mount of expenses incurred in the conservation easements is holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year P S Does each conservation easement reported on line 2(d) above satisfy
2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of or natural habitat Protection of natural habitat Protection of natural habitat Preservation of pen space 2 Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 7725/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located P 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year A staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 1 P S S S S
A Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements 2a c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements the organization sheet, and include, if applicable, the
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5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). □ Preservation of and for public use (for example, recreation or education) □ Preservation of a historically important land area □ Protection of natural habitat □ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year and the search of the tax year and the search of the search
are the organization's property, subject to the organization's exclusive legal control?
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for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible pirvate benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a protection of partural habitat Preservation of open space Preservation of conservation easement on the last day of the tax year. a Total number of conservation easements Preservation open space Preservation of a certified historic structure Preservation of certified historic structure Preservation of a certifi
Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easements in located Number of states where property subject to conservation easements in located Number of states where property subject to conservation easements in located Number of states where property subject to conservation easements in located Number of states where property subject to conservation easements in located Number of states where property subject to conservation easements in located Number of states where property subject to conservation easements in located Number of states where property subject to conservation easements in located Number of states where property subject to conservation easements in located Number of states where property subject to conservation easements in located Number of states where property subject to subject in the prop
Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Anount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year P \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes P In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization elected, as permitted under FASB ASC 958, not to report in its revenue state
Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year P
Protection of natural habitat
Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Number of conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Soes the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Namount of ex
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provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1 * \$
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide
the following amounts required to be reported under FASB ASC 958 relating to these items:
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$\Bigsim \frac{1}{2} = \fra

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

Schedule D (Form 990) 2021

Sche -		K RESTORATI						59056	
Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Ot	her S	imilar	Assets	3 (continu	ed)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that mak	ke signi	ficant us	se of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's	exempt	purpos	e in Part	XIII.	
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	sures, or other sin	nilar ass	sets			
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's col	llection?				Yes	☐ No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Yes'	on Fo	rm 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	s or other assets i	not incl	uded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a								
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo							Yes	No
	If "Yes," explain the arrangement in Part XIII.				•			_	
Par									
		(a) Current year	(b) Prior year	(c) Two years bad		Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance	3,444,622.	3,135,493.	3,052,13	3.	3,09	1,066.	5,7	53,533.
b	Contributions								
С	Net investment earnings, gains, and losses	-209,776.	459,129.	234,36	0.	111,018.			
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	160,537.	150,000.	151,00	0.	149,951.		2,6	62,467.
f	Administrative expenses		•	-					
g	End of year balance	3,074,309.	3,444,622.	3,135,49	3.	3,05	2,133.	3,0	91,066.
2	Provide the estimated percentage of the curre	ent vear end balance	(line 1g. column (a)) held as:	<u> </u>			,	<u> </u>
	Board designated or quasi-endowment	13.8200	%	,					
	Permanent endowment ► 86.1800	%							
	Term endowment ▶ .0000 9								
	The percentages on lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posses	•	tion that are held ar	nd administered fo	or the o	rganizat	tion		
	by:	3				5		Y	es No
	(i) Unrelated organizations							3a(i)	Х
	(ii) Related organizations							3a(ii)	Х
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as require	ed on Schedule R?						
4	Describe in Part XIII the intended uses of the							<u> </u>	
	Part VI Land, Buildings, and Equipment.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								
	Description of property	(a) Cost or ot	ther (b) Cost	or other	c) Accu	ımulated	4	(d) Book	value
	2 3 3 3 1 Property	basis (investm		(other)	,	ciation	_	(4) 5001	. 3.00
1a	Land	`	,	. ,					
	Buildings								
	Leasehold improvements		9	0,337.	9	0,33	7.		0.
	Equipment			5,466.		5,46			0.
u	Other		1/1 12		3 79			0 323	105

Schedule D (Form 990) 2021

10,323,105.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	STORATION PRO	JECT 1	3-3959056 Page
Part VII Investments - Other Securities.	on Form 000 Port IV line	11h Soo Form 000 Port V line 12	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	ad of year market value
(A) Et al. 1 and 1	(b) BOOK Value	(c) Method of Valuation. Cost of el	id-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 900 Part IV line	11c Soc Form 900 Part V line 13	
(a) Description of investment			ad of year market value
	(b) Book value	(c) Method of valuation: Cost or er	id-oi-year market value
<u>(1)</u>			
(2)			
(3)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	F 000 B+ IV I'	444 O Farra 000 Dark V Page 45	
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(h) Deale value
- 	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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

Schedule D (Form 990) 2021

(9)

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

Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	5,477,952.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-942,771.		
b	Donated services and use of facilities	2b	334,192.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-608,579.
3	Subtract line 2e from line 1			3	6,086,531.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		··· <u>·</u> ······	5	6,086,531.
Pai	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With	ı Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	7,431,054.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	224 100		
а	Donated services and use of facilities	2a	334,192.	-	
	Prior year adjustments	2b		-	
	Other losses	2c		-	
	Other (Describe in Part XIII.)				224 100
_	Add lines 2a through 2d			2e	334,192.
3	Subtract line 2e from line 1			3	7,096,862.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)				0.
	Add lines 4a and 4b			4c 5	7,096,862.
Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.			3	7,050,002.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V lines 1h	and 2h: Part V line 4	· Part \	X line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			, , , , , ,	λ, πιο Σ, τ αιτ λί,
PAF	RT V, LINE 4:				
A I	PORTION OF THE ENDOWMENT FUND IS DONOR REST	RICTE	D. THE AMO	UNT	IN EXCESS
<u>OF</u>	THE DONOR RESTRICTED ENDOWMENT IS BOARD RE	STRIC'	red. BOARD	RE	STRICTED
ENI	DOWMENT IS USED TO SUPPORT OPERATIONS.				
PAF	RT X, LINE 2:				
тнг	ORGANIZATION RECOGNIZES THE EFFECT OF INC	оме т	AX POSTTION	S O	NLY TF
		<u> </u>		D 0.	.,
THO	OSE POSITIONS ARE MORE LIKELY THAN NOT OF B	EING :	SUSTAINED.	MAN	AGEMENT
HAS	S DETERMINED THAT THE ORGANIZATION HAD NO U	NCERT	AIN TAX POS	ITI	ONS THAT
<u>JOW</u>	JLD REQUIRE FINANCIAL STATEMENT RECOGNITION	OR D	ISCLOSURE.	THE	

ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING

JURISDICTIONS FOR PRIOR PERIOD TO 2019.

Schedule D (Form 990) 2021	NEW YORK	RESTORATION	PROJECT	13-3959056	Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental Inform	mation /	-1)			g
Turt XIII Guppiementar imon	(continue	ea)			

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

NEW YORK RESTORATION PROJECT

Employer identification number 13-3959056

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants f X Solicitation of government grants X Internet and email solicitations X Phone solicitations g X Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) BUCKLEY HALL EVENTS - 33 EVENT FUNDRAISING & Yes No KATONAH AVENUE, KATONAH, NY Х CONSULTING 1,692,350 25,752 1,666,598. W. DOUGLAS WINGO, INC. - 350 EVENT FUNDRAISING & 7TH AVENUE, SUITE 1005, NEW CONSULTING Х 875,532 96,229 779,303. SUSAN COURTEMANCHE - 40 EVENT FUNDRAISING & POWDER HORN HILL ROAD CONSULTING Х 0. 20,000 -20,000. MK DIRECT MARKETING & COMMUNICATIONS, LLC - 612 DIRECT MAILING Х 0. 123,800 -123,800.

or licensing.	
Y	

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2021

2 302 101

265 781.

Total

2,567,882.

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			HULAWEEN	SPRING	NONE	` '
			GALA	PICNIC		(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne			(),),	(1)	(, , , , , , , , , , , , , , , , , , ,	
Revenue	1	Gross receipts	1,638,152.	875,532.		2,513,684.
	2	Less: Contributions	1,485,520.	815,982.		2,301,502.
	3	Gross income (line 1 minus line 2)	152,632.	59,550.		212,182.
	4	Cash prizes				
	5	Noncash prizes				
Senses	6	Rent/facility costs	74,135.	23,557.		97,692.
Direct Expenses	7	Food and beverages	318,846.	56,250.		375,096.
Ö	_	Entortoinment	93 993	30 110		131 002
	8	Entertainment	64 400	38,110. 29,192.		131,992. 93,375.
	9	Other direct expenses	•			698,155.
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li			······	-485,973.
Pa	ırt I	II Gaming. Complete if the organization		000 Part IV line 10 or r	reported more than	403,373.
		\$15,000 on Form 990-EZ, line 6a.	answered res entrem	1000, 1 41114, 11110 10, 01 1	oported more than	
		ψ.ο,οοο ο ο οοο <u></u> ,ο οα.		(b) Pull tabs/instant		(d) Total gaming (add
ine			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						() ()
Re	4	Gross revenue				
	•	dross revenue				
	2	Cash prizes				
ses	_	Oddin ph/200				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No No	
	7	Direct expense summary. Add lines 2 through				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condu				
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re				Yes No
i.	' 11	Yes," explain:				
	_					
	_					

Schedule G (Form 990) 2021

132082 10-21-21

Schedule G (Form 990) 2021 NEW YORK RESTORATION PROJECT 13	<u> </u>	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:	1 1	
a The organization's facility	13a	<u>%</u>
b An outside facility	13b	<u>%</u>
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
Address >		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
of gaming revenue retained by the third party \blacktriangleright \$		
c If "Yes," enter name and address of the third party:		
Name		
Address		
16 Gaming manager information:		
Name ▶		
Gaming manager compensation \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	3:	
(I) NAME OF FUNDRAISER: BUCKLEY HALL EVENTS		
. ,		
(I) ADDRESS OF FUNDRAISER: 33 KATONAH AVENUE, KATONAH, NY 10536		
(I) NAME OF FUNDRAISER: W. DOUGLAS WINGO, INC.		
(I) ADDRESS OF FUNDRAISER: 350 7TH AVENUE, SUITE 1005, NEW YORK,	<u>NY 10</u>	001
(I) NAME OF FUNDRAISER: SUSAN COURTEMANCHE		

Part IV Supplemental Information (continued)
(I) ADDRESS OF FUNDRAISER: 40 POWDER HORN HILL ROAD, WILTON, CT 06897
(I) NAME OF FUNDRAISER: MK DIRECT MARKETING & COMMUNICATIONS, LLC
(I) ADDRESS OF FUNDRAISER:
612 EAST JEFFERSON STREET, 2ND FLOOR, CHARLOTTESVILLE, VA 22902
PART I, LINE 2B, COLUMN (V):
SUSAN COURTEMANCHE INVOICES NEW YORK RESTORATION PROJECT AT A MONTHLY
RATE OF \$2,500 AS WELL AS PAYMENT FOR REIMBURSABLE EXPENSES.
BUCKLEY HALL EVENTS IS PAID IN MONTHLY INSTALLMENTS AND FOR REIMBURSABLE
EXPENSES. THE REIMBURSEMENT WAS BILLED SEPARATELY AT NO MARK-UP AND
RECEIPTS WERE PROVIDED IN ACCORDANCE TO THE AGREEMENT.
RECEILID WERE INOVIDED IN ACCORDANCE TO THE AGREEMENT.
THE AGREEMENT WITH MEMBERSHIP DEVELOPMENT AND ADVOCACY (MKDM) PROVIDES
FOR PAYMENT FOR SERVICES AT A MONTHLY AND PER-SERVICE RATE. REIMBURSABLE
EXPENSES ARE BILLED SEPARATELY AND AT COST.
W. DOUGLAS WINGO, INC. IS PAID IN MONTHLY INSTALLMENTS AND FOR
REIMBURSABLE EXPENSES. THE REIMBURSEMENT WAS BILLED SEPARATELY AT NO
MARK-UP AND RECEIPTS WERE PROVIDED IN ACCORDANCE TO THE AGREEMENT.

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

NEW YORK RESTORATION PROJECT

 $Employer\ identification\ number \\ 13-3959056$

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

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

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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LYNN B. KELLY	(i)	344,625.	0.	0.	0.	1,000.	345,625.	0.
EXECUTIVE DIRECTOR / SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CATHERINE HALL-BETTERTON	(i)	221,107.	0.	0.	0.	10,741.	231,848.	0.
SVP, CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ERICA A. HELMS	(i)	223,125.	0.	0.	0.	0.	223,125.	0.
CHIEF ADVANCEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) GARY R. DEARBORN	(i)	169,140.	0.	0.	0.	35,857.		0.
CHIEF OF CAPITAL	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							<u> </u>

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization NEW YORK RESTORATION PROJECT Employer identification number 13-3959056

Pai	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of det noncash contribut		la.
		applicable		Form 990, Part VIII, line 1g	noncash contribut	ion amount	.S
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications	X		2,069.	COST		
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	3	42,584.	AVG SELLING	PRICE	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()			<u> </u>			
29	Number of Forms 8283 received by the organiz	-				0	
	for which the organization completed Form 828	33, Part V, L	onee Acknowledg	ement 29			1
20-	Division the constitution of the constitution			autodia Daut I liana di Hausua		Yes	No
30a	During the year, did the organization receive by must hold for at least three years from the date						
	exempt purposes for the entire holding period?		•	•		200	х
L						30a	<u> </u>
31	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	olicy that ro	acuires the review	of any nonstandard contribut	rions?	31	х
	Does the organization have a gift acceptance p					31	125
uza			_	· ·		32a	x
b	If "Yes," describe in Part II.					JZU	
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	for which column (a) is chec	cked.		
-	describe in Part II.	2.3 (0) 101	,po or proporty	.s. mish solalili (a) lo olloc			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Schedule M (Form 990) 2021

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

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

Name of the organization NEW YORK RESTORATION PROJECT	Employer identification number 13-3959056
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
COLLECTIVE ACTION. WE ASPIRE TO EXPAND OUR FOOTPRINT AND I	MPACT IN ALL
FIVE BOROUGHS TO MAKE A SAFER, HEALTHIER, AND HAPPIER CITY	•
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	TS:
WE MAINTAIN AND SUPPORT.	
FORM 990, PART VI, SECTION B, LINE 11B:	
AN INDEPENDENT ACCOUNTING FIRM PREPARES THE FORM 990 AND T	HE FORM 990 IS
THEN REVIEWED BY THE ORGANIZATION'S AUDIT COMMITTEE. A COP	Y OF THE FINAL
FORM 990 IS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING.	
FORM 990 DART VI SECTION B LINE 12C.	

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THAT COVERS ALL BOARD AND KEY PERSONS. OFFICERS, ALONG WITH AN ANNUAL DISCLOSURE FORM MEMBERS, ALL COVERED INDIVIDUALS ARE REQUIRED TO DISCLOSE ANY CHANGES OF INTEREST OR TRANSACTIONS THAT MAY BE A POTENTIAL CONFLICT DURING THE YEAR. THE INDEPENDENT BOARD MEMBERS REVIEW ANY POTENTIAL CONFLICTS AND DETERMINE WHETHER ANY ACTUAL CONFLICT EXISTS. ANY INTERESTED BOARD MEMBER IS RECUSED FROM PARTICIPATING AND VOTING ON THE DISCUSSIONS AND DECISIONS INVOLVING SUCH CONFLICT.

FORM 990, PART VI, SECTION B, LINE

15A: IN DETERMINING COMPENSATION FOR THE ORGANIZATION'S EXECUTIVE DIRECTOR, AN INDEPENDENT COMPENSATION CONSULTANT CONDUCTS A SALARY REVIEW USING

COMPARABLE DATA OF SIMILARLY SIZED ORGANIZATIONS IN THE NON-PROFIT SECTOR. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Name of the organization NEW YORK RESTORATION PROJECT

Employer identification number 13-3959056

THE CONSULTANT CONFIRMS OR SUBSTANTIATES THE PROPOSED SALARY THROUGH

EMPLOYMENT AGENCIES. BASED ON THE CONSULTANT'S FINDINGS, THE INDEPENDENT

BOARD MEMBERS REVIEW AND APPROVE THE OFFICERS COMPENSATION. THE PROCESS AND

DECISIONS ARE DOCUMENTED CONTEMPORANEOUSLY.

15B: IN DETERMINING COMPENSATION FOR THE ORGANIZATION'S OFFICERS AND KEY
EMPLOYEES, AN INDEPENDENT COMPENSATION CONSULTANT CONDUCTS SALARY REVIEWS
USING COMPARABLE DATA OF SIMILARLY SIZED ORGANIZATIONS IN THE NON-PROFIT
SECTOR. THE CONSULTANT CONFIRMS OR SUBSTANTIATES THE PROPOSED SALARIES
THROUGH EMPLOYMENT AGENCIES. BASED ON THE CONSULTANT'S FINDINGS, THE
INDEPENDENT BOARD MEMBERS REVIEW AND APPROVE THE OFFICERS' COMPENSATION.
THE PROCESS AND DECISIONS ARE DOCUMENTED CONTEMPORANEOUSLY. IN FISCAL YEAR
2021, AN INDEPENDENT EXECUTIVE SEARCH FIRM WAS ENGAGED TO IDENTIFY, SCREEN,
AND GUIDE INTERVIEWS FOR CANDIDATES FOR CHIEF FINANCIAL OFFICER AS WELL AS
DETERMINE THE APPROPRIATE COMPENSATION LEVEL. THE HIRING DECISION WAS MADE
IN FY22 BY A COMMITTEE OF SENIOR STAFF AND BOARD MEMBERS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, FINANCIAL STATEMENTS, AND FORM 990 AVAILABLE UPON REQUEST. IN

ADDITION, THE FORM 990 IS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES

OF WEBSITES.

PART VII, SECTION A, LINE 1A

JEFFREY MANZER WAS PAID IN THE CAPACITY OF AN INDEPENDENT CONTRACTOR

THROUGH DECEMBER 2021. HE WAS EMPLOYED AS THE CHIEF FINANCIAL OFFICER

SINCE DECEMBER 2021.

Schedule O (Form 990) 2021	Page 2
Name of the organization NEW YORK RESTORATION PROJECT	Employer identification number 13-3959056
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILI	TY FOR THE
AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN	INDEPENDENT
ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEA	AR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

NEW YORK RESTORATION PROJECT

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

13-3959056

Part I Identification of Disregarded Entities. Complet	e if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	ome End-of-yea	I .	Direct co	f) ontrolling tity)
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	on answered "Yes" on Form 990	0, Part IV, line 34,	because it had one	e or more rela	ated tax-exen	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direct co	(f) ontrolling ntity	Section 5 contr	rolled ity?
NEW YORK GARDEN TRUST - 13-4101785 254 WEST 31ST STREET NEW YORK, NY 10001	REAL ESTATE HOLDING	NEW YORK	501(C)(2)		NEW YORK RESTORATION		Yes	No
NEW TORK, NI TOUT	REAL ESTATE NOUDING	NEW TORK	301(C)(2)		PROJECT		_ A	

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling		Share of total	Share of	Disproportionate		Code V-UBI	General or	Percentage ownership
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under excluded from tax under assets allocations? amount 20 of Sc		amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership			
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?	
		country)		2				Yes	No
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Schedule R (Form 990) 2021

Part V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 34, 35b, or 36.
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Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х				
		1b		Х				
С	Gift, grant, or capital contribution from related organization(s)	1c		X				
		1d		Х				
f	Dividends from related organization(s)	1f		Х				
g	Sale of assets to related organization(s)	1g		Х				
i								
j		1j		Х				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х				
k Lease of facilities, equipment, or other assets from related organization(s) 1k I Performance of services or membership or fundraising solicitations for related organization(s) 1l m Performance of services or membership or fundraising solicitations by related organization(s) 1m								
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х				
		10		Х				
р	Reimbursement paid to related organization(s) for expenses	1p		Х				
		1q		X				
r	Other transfer of cash or property to related organization(s)	1r		Х				
		1s		X				
b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organizat								

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat allocatio	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) Percentage ownership