# 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

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	For the	e 2020 calendar year, or tax year beginning JUL I, ∠U∠U and e	وnding J	UN 30, 2021	
В	Check if applicabl	C Name of organization		D Employer identifi	cation number
	Addre				
	Name chang	e Doing business as		13-35840	32
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1 4 1 4 4 4 4 4
Г	Ameno			H(a) Is this a group re	
F	Applic			for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{}$	Ταν.αν	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) o	or 527	1	list. See instructions
		te: NWW.NEW42.ORG	021	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	I Vear		State of legal domicile: NY
	art I	Summary	L Toal	or formation. 1300 N	Joiate of legal dofficile, 24 2
		Briefly describe the organization's mission or most significant activities: SEE \$	CHEDII	T.E.O.	
Governance	'	Briefly describe the organization's mission or most significant activities.		<u> </u>	
nar		Check this box if the organization discontinued its operations or dispos	ad of mare	than OEO/ of its not or	no ata
Ver	2			ı	30
Ĝ	3			·····	29
∞ಶ	"	Number of independent voting members of the governing body (Part VI, line 1b)			311
ţį		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			29
Activities		Total number of volunteers (estimate if necessary)			0.
Ą		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		
		Onat-Stations and sweets (Dath) (III See Als)		Prior Year 5,262,893.	Current Year 5,955,790.
ne	8	Contributions and grants (Part VIII, line 1h)		12,946,374.	10,365,158.
Revenue	9	Program service revenue (Part VIII, line 2g)		2,349.	805.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		142,382.	99,869.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,353,998.	16,421,622.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		11,830,622.	_
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		36,000.	0,223,009.
ē	16a	Professional fundraising fees (Part IX, column (A), line 11e)		30,000.	0.
Ä	_b	Total fundraising expenses (Part IX, column (D), line 25) 1,330,48		8,003,876.	6,007,868.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		19,870,498.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-1,516,500.	2,188,085.
<u>_ v</u>		Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Find Ralances		T	Ве	ginning of Current Year 46,201,671.	End of Year 45, 204, 408.
SSE	20	Total assets (Part X, line 16)		9,559,958.	6,374,610.
let /	21	Total liabilities (Part X, line 26)		36,641,713.	38,829,798.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		30,041,713.	30,029,190.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and etatom	ante and to the heet of m	v knowledge and belief it is
		thes of perjury, I declare that I have examined this return, including accompanying scriedules It, and complete. Declaration of preparer (other than officer) is based on all information of wh		•	y Kilowieuge allu bellet, it is
uuc	,	is, and complete. Declaration of preparer (other than officer) is based on an information of wif	iicii piepaiei	I I I I I I I I I I I I I I I I I I I	
0:-		Signature of officer		I Date	
Sig		RUSSELL GRANET, PRESIDENT		Duto	
He	re	Type or print name and title			
			11	Date Check	PTIN
Da:	ч	Print/Type preparer's name Preparer's signature	'	if	
Pai		FREDERICK MARTENS		self-employ	40 44==04=
	parer	Firm's name LUTZ AND CARR, CPAS LLP		Firm's EIN	13-1655065
US	Only	Firm's address 551 FIFTH AVENUE, SUITE 400		D. 21	2 607 2200
<del></del>		NEW YORK, NY 10176		Phone no.∠⊥	2-697-2299 X Ves No
N/I a	v the II	RS discuss this return with the preparer shown above? See instructions			I A I VAC I I NA

	1 990 (2020) THE NEW 42ND STREET, INC.	13-3584032	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		37
_	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:  SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	X No
_	If "Yes," describe these new services on Schedule O.	·	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services If "Yes," describe these changes on Schedule O.	?Yes	L <b>∆</b> No
4	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 10,733,693 · including grants of \$ ) (Reve	enue \$ 10,365,	158.
	IN 2020-21-THE NEW VICTORY THEATER'S 25TH ANNIVERSARY S		
	RETROFITTED ANNUAL PROGRAMS ONTO DIGITAL PLATFORMS, LAU	JNCHED NEW	
	PROGRAMS TO ADDRESS PROBLEMS PRECIPITATED BY COVID-19,		
	PRIORITIES TO HELP ADDRESS ISSUES OF ISOLATION, TRAUMA		
	RACISM WITHIN THE PERFORMING ARTS WORLD. CITTED TO THE		
	WELLBEING OF NEW YORK STUDENTS, FAMILIES AND ARTISTS, 1		
		REE OF CHARGE	то
	FAMILIES AND SCHOOLS.		
	NEW 42 CONTINUED NEW VICTORY ARTS BREAK, A FREE, WEEKLY	Z. WEB-BASED	
	PERFORMING ARTS ENGAGEMENT PROGRAM, WHICH WAS LAUNCHED WHEN SCHOOLS AND THEATERS WERE (SEE SCHEDULE O FOR CO	IN MARCH OF	2020
4b	(Code:) (Expenses \$		
40	(Code) (Expenses \$	enue \$	,
4c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$	)

4d Other program services (Describe on Schedule O.)

including grants of \$ 10,733,693. Total program service expenses

) (Revenue \$

Form **990** (2020)

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## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	110		122
u	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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			, v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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# Form 990 (2020) THE NEW 42ND STREE Part IV | Checklist of Required Schedules (continued)

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22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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," answer lines 24b through 24d and complete			X
h	Schedule K. If "No," go to line 25a	24a 24b		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			. v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		X
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 51		
O_	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
200	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		1
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt 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			ᆜ
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 59			
b	Lines the number of Forms w-24 included in line 1a. Lines -0- in not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1c	х	
	(gambling) winnings to prize winners?	10		

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2a Statements, 160 for the calendary over arriching with or within they ware covered by this return 2 a 31.1 b  b If all least one is reported on line 2a, did the organization file all required federal employment tax returne?  Note: If the sum of lines 1 and 2a is greater than 50,00 um give per capitated to yellow eight on the 10 and 10				Yes	No
b If a least one is reported on line 2a, did the organization file alrequired federal employment tax returns?  Note: If the sum of lines is and 2 as greater than 250, you may be required to e-file (see instructions)  3	2a				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a		filed for the calendar year ending with or within the year covered by this return 2a 311			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b If 1'Yes', has it filed a Form 9807 for this year of 1'Wo' to file 3b, growing an explanation on Schedule O.  4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly a foreign country (such as a bank account, provide an explanation on Schedule O.  5c If 1'Yes' to the free fame of the freeign country.  5c If 1'Yes' to the Sar of Sh, did the foreign country (such as a bank account, provided an explanation of the freeign country.  5c If 1'Yes' to the Sar of Sh, did the foreign country.  5c If 1'Yes' to line Sar of Sh, did the organization for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  5c If 1'Yes' to line Sar of Sh, did the organization for Fine 788867 to 1'Yes' to line Sar of Sh, did the organization the organization that it was or is a party to a prohibited tax shelter transaction?  5c If 1'Yes' to line Sar of Sh, did the organization the form 88867 to 1'Yes', did the organization to fix deductible?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c).  6c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7c Organizations that may receive deductible contributions under section 170(c).  8d If 'Yes, 'indicate the number of Forms 8882 field during the year  6 Did the organization received an ontity the donor of the value of the goods or services provided?  7c If If Yes, 'indicate the number of Forms 8882 field during the year  6 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1986 or the organization received a contribution of a contribution of a contribution of a contribution of a contribution	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b If Yes, "has it filed a Form 990 T for this year? If "No" to file 3b, provide an explanation on Schedule O  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?  4b If "Yes," enter the name of the foreign country   Securities account, or other financial accounts (FBAR).  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization a party to a prohibited tax shelter transaction?  6c Did any taxable party notify the organization file Form 888877.  6c Did was 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?  6c Did the organization that may receive deductible contributions an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d Did the organization several payment in excess of \$15 made party as contribution and party for goods and services provided?  7c Did the organization express any expression and party for goods and services provided to the payor?  7a X  7b Did the organization receive a payment in excess of \$15 made party as a contribution of quanty and party for goods and services provided to the payor?  7a If Did the organization received an ocriticulation of underly, to pay premiums on a personal benefit contract?  7c X  7d Did the organization received an ocriticulation of underly, to pay premiums on a personal benefit contract?  7e If Did the organization received an ocriticulation of underly, to pay premiums on a personal benefit contract?  7d Did the organization received an ocriticul		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A any time during the calendary year, dot 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)?  b If "Yes," enter the name of the foreign country ▶  5a Was the organization party to a prohibited tax whether transaction?  5b Was the organization that it was or is a party to a prohibited tax whether transaction?  5c If "Yes" to lie So or 5b, did the organization the ferm 88867?  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 schariable contributions?  6b Wes the organization related to tax deductible schariable contributions?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  a Did the organization stat any precive deductible contributions under section 170(c).  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  a Did the organization state any exceive deductible contributions under section 170(c).  b If "Yes," inclinate the number of Forms 8222 filed during the year  c Did the organization sell, exchange, or otherwise dispose of tangitie personal property for which it was required to the Form 82827.  c Did the organization, during the year pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7c X  f Did the organization neceeved a contribution of qualified intellectual property, did the organization file a Form 1989 or Forms 8222 filed during the year  1 If the organization receeved a contribution of a possible organization and participation organization and particip	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
the interval of the contributions of the financial account, or other financial account)?  b if 1'Yes, 'reter 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 shefter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction at any time during the tax year.  5c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17?  6c Does the organization shall have a contributions?  5c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17?  6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6d I 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organization stat many receive deductible contributions under section 170(c).  8 b If 'Yes,' did the organization notity the donor of the value of the goods or services provided?  7 b If 'Yes,' did the organization notity the donor of the value of the goods or services provided?  7 b If Yes,' did the organization oreived a business of \$75 made party as a contribution of organization service and contribution of the value of the goods or services provided?  7 b If the organization received a contribution of uniformative, to pay premiums on a personal benefit contract?  7 b If the organization received a contribution of uniformative, to pay premiums on a personal benefit contract?  7 c X  7 g If the organization received a contribution of uniformative, to pay premiums on a personal benefit contract?  7 b If the organization received a contribution of uniformative, to pay premiums on a personal benefit contract?  7 c X  7 g If the organization received a contribution of uniformative, to pay premium on a personal	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		
b If "Yes," enter the name of the foreign country ▶  Sae instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year?  5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line Sar of Sb, did the organization file Form 8868-7?  5c If "Yes" 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 Dese the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," did the organization norify the donor of the value of the goods or services provided?  9 If "Yes," did the organization norify the donor of the value of the goods or services provided?  10 If "Yes," inclinate the number of Forms 8282 filed during the year  2 If Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07  8 Sponsoring organization make a distribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07  10 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07  11 Section 501(c)(7) organizations maintaining donor advised funds. Did a chorn advised fund maintained by the sponsoring organization make a distribution to a chorn dovised fund maintained by the sponsoring organization make a distribution to a chorn of divisor, or related person?  10 Section 501(c)(7) organizations maintaining donor advised funds. Did a chorn advised f	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? 15 Is the organization subject to the section 4960 tax on payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see 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.	_				
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a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  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?  If "Yes," see 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.	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  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?  If "Yes," see 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.	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
organization is licensed to issue qualified health plans		Note: See the instructions for additional information the organization must report on Schedule O.			
c Enter the amount of reserves on hand 13c	b	Enter the amount of reserves the organization is required to maintain by the states in which the			
Did the organization receive any payments for indoor tanning services during the tax year?  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 X  16 "Yes," see 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  17 If "Yes," complete Form 4720, Schedule O.		organization is licensed to issue qualified health plans			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  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?  If "Yes," see 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.	С				
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excess parachute payment(s) during the year?  If "Yes," see 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?  If "Yes," complete Form 4720, Schedule O.	b		14b		
If "Yes," see 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.	15				
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.			15		X
If "Yes," complete Form 4720, Schedule O.					77
	16		16		X
		If "Yes," complete Form 4720, Schedule O.	_	000	(0000)

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 la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 29			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
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 in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website 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, ar	d finaı	ncial	
_	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MICHELE PAGNOTTA, VICE PRESIDENT, FINANCE - (646)223-3000			
	229 WEST 42ND STREET, NEW YORK, NY 10036-7299			

032006 12-23-20

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

<b>(A)</b> Name and title	(B) Average hours per	box	not c	heck ss pe	ition more rson i	than is bot	h an	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer		Highest compensated transplayer		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) FIONA HOWE RUDIN	1.00	7,		77				0.	0	0
CHAIR	1.00	Х		Х				0.	0.	0.
(2) SHAHARA AHMAD-LLEWELLYN	1.00	Х		х				0.	0.	0.
CO-VICE CHAIR  (3) MARC A. SPILKER	1.00	^		Λ				0.	0.	0.
(3) MARC A. SPILKER CO-VICE CHAIR	1.00	Х		х				0.	0.	0.
(4) ANDREW SOMMERS	1.00	^		Λ				0.	· ·	· ·
TREASURER	1.00	Х		Х				0.	0.	0.
(5) STEFANIE KATZ ROTHMAN	1.00			22				0.	•	<u> </u>
SECRETARY	1.00	x		Х				0.	0.	0.
(6) HERMAN A. BERLINER	1.00									
DIRECTOR		х						0.	0.	0.
(7) LYNNE BIGGAR	1.00									
DIRECTOR		х						0.	0.	0.
(8) LAURA O'DONOHUE	1.00									
DIRECTOR		Х						0.	0.	0.
(9) MAURICE DUBOIS	1.00									
DIRECTOR		Х						0.	0.	0.
(10) LILI FABLE	1.00									
DIRECTOR		Х						0.	0.	0.
(11) TIFFANY GARDNER	1.00									
DIRECTOR		Х						0.	0.	0.
(12) SHARON COPLAN HUROWITZ	1.00									
DIRECTOR		Х						0.	0.	0.
(13) BILL IRWIN	1.00								_	
DIRECTOR		Х						0.	0.	0.
(14) AMY JACOBS	1.00									
DIRECTOR		Х						0.	0.	0.
(15) SARAH LANE	1.00									_
DIRECTOR	1 00	Х						0.	0.	0.
(16) SAMMY LOPEZ	1.00	,,							_	_
DIRECTOR	1 00	Х				_	<u> </u>	0.	0.	0.
(17) GREG LIPPMANN	1.00	Х							0.	_
DIRECTOR 032007 12-23-20		Λ			<u> </u>			0.	0.	0. Form <b>990</b> (2020)

032007 12-23-20

Form 990 (2020) THE NEW	42ND ST	REI	ΞT,	, ]	INC	С.			13-3584	032	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)			(C				(D)	(E)		(F)	
Name and title	Average hours per week	box	not c unle	Posi heck i ss per d a di	more rson i	than s bot	h an	Reportable compensation from	Reportable compensation from related	an	timate nount o other	-
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org and	pensa om the anizati d relate inizatio	e on ed
(18) JOHN LITHGOW	1.00								_			•
DIRECTOR	1 00	Х						0.	0.			0.
(19) ISAAC MIZRAHI DIRECTOR	1.00	X						0.	0.			0.
(20) KATHERINE PECK	1.00								•			<del>••</del>
DIRECTOR		x						0.	0.			0.
(21) JULIO PETERSON	1.00											
DIRECTOR		Х						0.	0.			0.
(22) ELIOT RUBENZAHL	1.00											
DIRECTOR		Х						0.	0.			0.
(23) SARAH LONG SOLOMON DIRECTOR	1.00	Х						0.	0.			0.
(24) LEIGH BISHOP TAUB DIRECTOR	1.00	х						0.	0.			0.
(25) HENRY TISCH DIRECTOR	1.00	х						0.	0.			0.
(26) EDWARD F. TORRES	1.00							•	•			
DIRECTOR		х						0.	0.			0.
1b Subtotal							<u>►</u>	0.	0.			0.
c Total from continuation sheets to Part V	II, Section A						<b>&gt;</b>	2,253,908.	0.		9,3	
d Total (add lines 1b and 1c)								2,253,908.	0.	28	9,3	02.
2 Total number of individuals (including but r	not limited to th	ose	liste	ed at	oove	e) wh	no re	eceived more than \$100	0,000 of reportable			1.0
compensation from the organization										1	Vaa I	16 No
											Yes	NO
3 Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s			ey e	empl	oye	e, or	' hig	nest compensated emp	pioyee on	3	х	

Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PAUL WEISS RIFKIND WHARTON & GARRISON LLP, 1285 AVENUE OF THE AMERICAS, NEW YORK, NY	LEGAL FEES	437,725.
KASIRER, LLC 321 BROADWAY, 2ND FLOOR, NEW YORK, NY 10007	LOBBYING FEES	120,000.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 THE NEW	4ZND STI	KE.	ET.	, -	TM	٠.			13-358	4034
Part VII Section A. Officers, Directors, Tru	ustees, Key Eı	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)	Γ			C)			(D)	(E)	(F)
Name and title	Average			Pos	-	1		Reportable	Reportable	Estimated
Tame and the	hours	(c	heck				oly)	compensation	compensation	amount of
	per	(-	T	T	1		·,,	from	from related	other
	week					/ee		the	organizations	compensation
	(list any	ctor				oldm		organization	(W-2/1099-MISC)	from the
	hours for	rdire				ted e		(W-2/1099-MISC)		organization
	related	ste c	nste		l	ensa				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	ividu	iii ii	Officer	emp/	hest	Former			
	line)	ln	lus	₩0	, Ke	Hig	P.			
(27) ANN UNTERBERG	1.00							_	_	_
DIRECTOR		Х						0.	0.	0 .
(28) YEMI BENEDICT VATEL	1.00									
DIRECTOR		Х						0.	0.	0 .
(29) LUCINDA ZILKHA	1.00									
DIRECTOR		X						0.	0.	0.
(30) RUSSELL GRANET	40.00									
PRESIDENT		Х		Х				426,929.	0.	32,518
(31) CORA CAHAN	40.00									,
FORMER PRESIDENT		1					х	399,581.	0.	11,879
(32) ELIZABETH HINES (TO JUNE 2021)	40.00							700		,
VICE PRESIDENT, FINANCE		1		х				192,311.	0.	17,257.
(33) LISA POST	40.00			<del> </del>						2,,25,
CHIEF OPERATING OFFICER	1000	ł			x			247,725.	0.	47,208
(34) JESSICA BAKER VODOOR	40.00							247,725.	•	17,200
VICE PRESIDENT OPERATIONS	40.00	1			X			157,654.	0.	32,157.
(35) ELIZABETH CASHOUR	40.00							137,034.	0.	32,137
	40.00	1			x			155,064.	0.	34,747.
VICE PRESIDENT, DEVELOPMENT	40.00				Δ			133,004.	0.	34,747
(36) MARY ROSE	40.00	4				х		104 475	0.	25 420
DIRECTOR OF ARTISTIC PROGRAMMING	40 00					^		194,475.	0.	25,429
(37) LAUREN FITZGERALD	40.00	1				37		150 605	0	20 151
DIR OF MARKETING & COMMUNICATIONS	40 00					Х		152,695.	0.	20,151
(38) ROBIN LEEDS	40.00							112 010	0	22 450
DIRECTOR OF TICKET SERVICES	10.00					Х		113,210.	0.	33,459
(40) EDWARD STALLSWORTH	40.00	1				l		405 045	•	46 400
DIRECTOR OF OPERATIONS						Х		105,015.	0.	16,497.
(41) COURTNEY BODDIE	40.00									
VP OF EDUCATION & SCHOOL ENGAGEMENT						Х		109,249.	0.	18,000.
		1								
		1								
		1								
	1	_					_			
Total to Dart VIII Section A line 1-								2,253,908.		289,302.
Total to Part VII, Section A, line 1c								2,233,300.		200,502

Pa	rt \	/	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
S, G			Fundraising events 1c	1,491,791.				
ar E			Related organizations 1d					
ini,		е	Government grants (contributions) 1e	2,514,450.				
tio S		f	All other contributions, gifts, grants, and					
혈美			similar amounts not included above 1f	1,949,549.				
ont od C		_	Noncash contributions included in lines 1a-1f	24,921.				
<u>a</u>		h	Total. Add lines 1a-1f		5,955,790.			
				Business Code	10 215 210	10 215 242		
Program Service Revenue	2	а	RENTAL & OTHER PROJECTS	532000	10,315,840.	10,315,840.		
Ser.		b	BOX OFFICE RECEIPTS	711110	49,118.	49,118.		
wen S		C	EDUCATION SERVICES REVENUE	611710	200.	200.		
gra Re		d						
Pro		e f	All other program service revenue					
			Total. Add lines 2a-2f		10,365,158.			
	3	9	Investment income (including dividends, inter					
			other similar amounts)	· · · · · · · · · · · · · · · · · · ·	805.			805.
	4		Income from investment of tax-exempt bond	. Г				
	5		Royalties	· ▶ [				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
Ф		b	Less: cost or other basis					
nue			and sales expenses					
Revenue			· /					
ē	٥		Net gain or (loss)					
듐	ľ	u	including \$ 1,491,791. of					
_			contributions reported on line 1c). See					
			Part IV, line 18	0.				
		b	Less: direct expenses 8b	0.				
		С	Net income or (loss) from fundraising events	<b></b>	0.			
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a	ı				
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities	<b>&gt;</b>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a	+				
			Less: cost of goods sold10I	-				
		С	Net income or (loss) from sales of inventory					
ns	۱		MICCELL ANEOUS	Business Code	00.000			00.000
neo	11		MISCELLANEOUS	900099	99,869.			99,869.
ella		b						
Miscellaneous Revenue		q	All other revenue					
Σ			Total. Add lines 11a-11d		99,869.			
	12				16,421,622.	10,365,158.	0.	100,674.

032009 12-23-20

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

$\overline{}$	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 205 104	701 257	122 727	271 100
_	trustees, and key employees	1,285,184.	781,357.	132,727.	371,100
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	F 010 CF0	2 050 612	010 (02	424 250
7	Other salaries and wages	5,212,653.	3,958,612.	819,683.	434,358
8	Pension plan accruals and contributions (include	227 066	106 504	21 154	10 010
_	section 401(k) and 403(b) employer contributions)	227,966.	186,594.	31,154.	10,218
9	Other employee benefits	987,178.	779,021.		76,313
10	Payroll taxes	512,688.	396,432.	66,324.	49,932
11	Fees for services (nonemployees):				
		191,706.	115,523.	76,183.	
b	Legal	64,365.	115,545.	64,365.	
С.	•	120,400.		120,400.	
	Lobbying	120,400.		120,400.	
e	,				
f	Investment management fees				
g	,	752,613.	116,540.	599,708.	36,365
	column (A) amount, list line 11g expenses on Sch O.)	197,051.	197,051.	333,700.	30,303
12	Advertising and promotion	436,883.	295,597.	102,448.	38,838
13	Office expenses	430,003.	293,391.	102,440.	30,030
14	Information technology				
15	Royalties	1,048,919.	1,048,909.	10.	
16	Occupancy	5,468.	149.	1,196.	4,123
17	Travel	3,400.	147.	1,100	4,145
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,271,103.	2,271,103.		
23	Insurance	233,129.	209,816.	23,313.	
24	Other expenses. Itemize expenses not covered	,	.,, . = • •	.,.=31	
	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	OTHER PRODUCTION AND PR	534,072.	246,008.		288,064
b	ARTIST FEES	148,428.	127,250.		21,178
c	BOX OFFICE SALES EXPENS	3,731.	3,731.		, :-
d		- ,	,		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	14,233,537.	10,733,693.	2,169,355.	1,330,489
26	Joint costs. Complete this line only if the organization	-	-		<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	cudcational campaign and fundialising solicitation.				

### Part X Balance Sheet

		Dalance Sneet					
		Check if Schedule O contains a response or note	to an	line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1				1,859,283.	1	4,052,907.
	2	Savings and temporary cash investments			6,787,034.	2	5,963,418.
	3	Pledges and grants receivable, net			2,798,136.	3	2,311,730.
	4	Accounts receivable, net		1,836,847.	4	1,654,262.	
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described				6	
) ts	7	Notes and loans receivable, net			45.404	7	45.405
Assets	8	Inventories for sale or use			15,134.	8	15,107.
^	9	Prepaid expenses and deferred charges			260,852.	9	317,014.
	10a	Land, buildings, and equipment: cost or other		62 506 050			
		basis. Complete Part VI of Schedule D		63,596,052.	20 644 205		20 000 050
	b	Less: accumulated depreciation		32,706,082.	32,644,385.	10c	30,889,970.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			46 001 671	15	45 004 400
$\longrightarrow$	16	Total assets. Add lines 1 through 15 (must equa			46,201,671.	16	45,204,408.
	17	Accounts payable and accrued expenses			1,154,487.	17	904,446.
	18	Grants payable	834,579.	18	1 5// 515		
	19	Deferred revenue			034,379.	19	1,544,515.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
Liabilities	22	Loans and other payables to any current or form					
ii		trustee, key employee, creator or founder, substa					
Lia	00	controlled entity or family member of any of these			2,502,460.	22	2,502,460.
	23 24	Secured mortgages and notes payable to unrelated			2,146,700.	23 24	1,300,000.
	2 <del>4</del> 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay			2,140,700.	24	1,300,000.
	25	parties, and other liabilities not included on lines					
		of Schedule D	17-24)	. Complete Fait X	2,921,732.	25	123,189.
	26	Total liabilities. Add lines 17 through 25			9,559,958.	26	6,374,610.
$\dashv$	20	Organizations that follow FASB ASC 958, chec			270027200		0,0,-,0=0
Ses		and complete lines 27, 28, 32, and 33.	on mon				
anc	27				32,657,388.	27	36,202,518.
Bal	28	Net assets with donor restrictions			3,984,325.	28	2,627,280.
pu		Organizations that do not follow FASB ASC 95					· · ·
교		and complete lines 29 through 33.	-,				
S OF	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equ				30	
As	31					31	
					36,641,713.		38,829,798.
Net Assets or Fund Balances	32	Total net assets or fund balances		I	46,201,671.	32	45,204,408.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,42		
2	2 Total expenses (must equal Part IX, column (A), line 25)					37.
3						85.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36	,64	1,7	13.
5	Net unrealized gains (losses) on investments	5				
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,					,
	column (B))	10	38	,82	9,7	98.
Pai	rt XII Financial Statements and Reporting	•				
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	X Separate basis 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	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
-	Act and OMB Circular A-133?	•		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
	, , , , , , , , , , , , , , , , , , , ,				990	(2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

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

Open to Public Inspection

Employer identification number Name of the organization THE NEW 42ND STREET, INC. 13-3584032 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 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 university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

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

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

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5504584.	5566613.	4388912.	5262893.	5955790.	26678792.
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						
4	Total. Add lines 1 through 3	5504584.	5566613.	4388912.	5262893.	5955790.	26678792.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						957,881.
6	Public support. Subtract line 5 from line 4.						25720911.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	5504584.	5566613.	4388912.	5262893.	5955790.	26678792.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	844.	1,386.	4,755.	2,349.	805.	10,139.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	117,867.	143,538.	117,332.	91,601.	99,869.	570,207.
11							27259138.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12 63	,585,284.
13	First 5 years. If the Form 990 is for the					501(c)(3)	
	organization, check this box and stor						
Sec	ction C. Computation of Publ						
14	Public support percentage for 2020 (	line 6, column (f), c	livided by line 11,	column (f))		14	94.36 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	94.25 %
16a	33 1/3% support test - 2020. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this b	
	stop here. The organization qualifies	as a publicly supp	orted organization	·			►X
b	b 33 1/3% support test - 2019. 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 qual	ifies as a publicly	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstand	es test, check this	s box and <b>stop he</b>	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported	organization		
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	check a box on line			
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and <b>st</b>	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Ti	ne organization qu	alifies as a publicly	y supported organ	ization	
_18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	ns
	<del>_</del>						or 990-EZ) 2020

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

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

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

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
Sa		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	Part IV Supporting Organizations (continued)			
	( Community		Yes	No
11	1 Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described in lines 1	11b and		
	11c below, the governing body of a supported organization?	11a		
b	<b>b</b> A family member of a person described in line 11a above?	11b		
	c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 1	11c, provide		
	detail in <b>Part VI.</b>	11c		
Sec	ection B. Type I Supporting Organizations			
			Yes	No
1	1 Did the governing body, members of the governing body, officers acting in their official capacity, or n	nembership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the common supported organizations have the power to regularly appoint or elect at least a majority of the common supported organizations.			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported effectively operated, supervised, or controlled the organization's activities. If the organization had more			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the	<u> </u>		
2	2 Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain	in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that open	erated,		
	supervised, or controlled the supporting organization.	2		
Sec	ection C. Type II Supporting Organizations			
			Yes	No
1	, , , , , , , , , , , , , , , , , , , ,			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how or			
	or management of the supporting organization was vested in the same persons that controlled or man	-		
800	the supported organization(s).	1		
Sec	ection D. All Type III Supporting Organizations		1	·
	4 8:11	£11	Yes	No
1				
	organization's tax year, (i) a written notice describing the type and amount of support provided durin			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copy			
•	organization's governing documents in effect on the date of notification, to the extent not previously			
2	, , , , , , , , , , , , , , , , , , , ,			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in P			
2	the organization maintained a close and continuous working relationship with the supported organization.			
3				
	significant voice in the organization's investment policies and in directing the use of the organization income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization			
	supported organizations played in this regard.	3		
Sec	ection E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1		he veaksee instructions)		
' a		re yea(see man denoms).		
b				
c		overnmental entity (see instruction	ns).	
2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
а		poses of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI ide			
	those supported organizations and explain how these activities directly furthered their exempt purp			
	how the organization was responsive to those supported organizations, and how the organization det			
	that these activities constituted substantially all of its activities.	2a		
b	<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's invo	lvement,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," e	xplain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engage			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors,	or		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activi	ities of each		

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

c Excess from 2018d Excess from 2019e Excess from 2020

### **SCHEDULE C**

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

		01(c)(4), (5), or (6) organizat	tions: Complete Part III.					
Nam	ne of orga				E		lentificatio	
			42ND STREET, IN				-35840	32
Pa	rt I-A	Complete if the org	janization is exempt und	er section 501(c)	or is a section 52	7 organi	zation.	
2	Political	campaign activity expendit	ation's direct and indirect politication and		)			
Pa	rt I-B	Complete if the org	janization is exempt und	er section 501(c)(	3).			
1	Enter the	e amount of any excise tax	incurred by the organization und	er section 4955	)	<b>\$</b>		
2	Enter the	e amount of any excise tax	incurred by organization manage	ers under section 4955	·	<b>\$</b>		
3	If the org	ganization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?			Yes	No
4a	Was a c	orrection made?				L	Yes	└── No
		describe in Part IV.						
Pa	rt I-C	Complete if the org	janization is exempt und	er section 501(c),				
		• •	d by the filing organization for sec	·		<b>\$</b>		
2		0 0	ization's funds contributed to oth	J				
						<b>&gt;</b> \$		
3			. Add lines 1 and 2. Enter here a					
4	line 1/b	iliaa awaaninatina fila Fawa	4400 DOL for this was 2			*	Yes	T No
			<b>1120-POL</b> for this year?nployer identification number (Ell					└ No
5	made pa	ayments. For each organiza	tion listed, enter the amount paid omptly and directly delivered to a	d from the filing organizate separate political orga	ation's funds. Also ente anization, such as a sep	er the amo	unt of polition	cal
	political		additional space is needed, prov	1	1			
		(a) Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid fro filing organization's funds. If none, enter	s contri -0 pro deli po	Amount of butions recomptly and vered to a solitical organifical one, enter the solitical organifical	eived and directly eparate ization.

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

Schedule C (Form 990 or 990-EZ) 2020

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Sche	edule C (Form 990 or 990-EZ) 2020	THE NEW 42N	D STREET, I	NC.	13-3	584032 Page 2
Pai	rt II-A Complete if the orç section 501(h)).	ganization is exe	mpt under sectio	n 501(c)(3) and fi	led Form 5768 (el	ection under
<u>Δ</u> C		ition belongs to an affi	iliated group (and list in	Part IV each affiliated	d group member's nam	e address FIN
Α Ο	- 3	re of excess lobbying	* · ·	TT art TV cacit animatec	a group member a nam	c, address, Env,
B C	. — ' '	, 0	nd "limited control" pro	visions apply		
<u>U</u>	<u> </u>	ts on Lobbying Expe	·	ονιδιότιδ αρρίγ.	(a) Filing organization's	(b) Affiliated group totals
	(The term "expen	ditures" means amou	unts paid or incurred.	)	totals	totais
1a	Total lobbying expenditures to infl	uence public opinion (	grassroots lobbying)			
b	Total lobbying expenditures to infl	uence a legislative bo	dy (direct lobbying)		120,400.	
С	Total lobbying expenditures (add I	ines 1a and 1b)			120,400.	
d	Other exempt purpose expenditur	es			14,113,137.	
е	Total exempt purpose expenditure	es (add lines 1c and 1d	d)(b		14,233,537.	
f	Lobbying nontaxable amount. Ent	er the amount from th	e following table in bot	h columns.	861,677.	
	If the amount on line 1e, column (a) (	or (b) is: The lob	bying nontaxable am	ount is:		
	Not over \$500,000	20% of	the amount on line 1e.			
	Over \$500,000 but not over \$1,00	0,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
	Over \$1,000,000 but not over \$1,5	500,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
	Over \$1,500,000 but not over \$17	,000,000 \$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
	Over \$17,000,000	\$1,000,	000.			
	Grassroots nontaxable amount (er	otor 25% of line 1f)			215,419.	
_	Subtract line 1g from line 1a. If zer	,			0.	
	Subtract line 1f from line 1c. If zero				0.	
:	If there is an amount other than ze					
J		•	•		Г	Yes No
	reporting section 4911 tax for this	•	eraging Period Under		<u></u>	res no
	(Some organizations t	hat made a section 5		have to complete all	of the five columns b	elow.
		Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
	Calendar year	(-) 0017	(h) 0010	(-) 0010	(4) 0000	(a) Tatal

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	( <b>d)</b> 2020	(e) Total	
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	861,677.	3,861,677.	
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					5,792,516.	
<b>c</b> Total lobbying expenditures	84,150.	87,050.	108,150.	120,400.	399,750.	
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.	
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.	
f Grassroots lobbying expenditures					200 200 571 2000	

Schedule C (Form 990 or 990-EZ) 2020

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For i	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	o)
	e lobbying activity.	Yes	No	Amo	
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	I If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	on 501/o)//	<u> </u>	otion	
Га	501(c)(6).	011 50 1 (0)(	oj, ur se	Cuon	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members			III-A, lin	e 3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
c	Total		l _		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	•	4		
5	Taxable amount of lobbying and political expenditures (See instructions)				
Pa	rt IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	p list); Part II-/	A, lines 1	and 2 (See	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

### **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 Open to Public Inspection

Name of the organization

THE NEW 42ND STREET, INC.

**Employer identification number** 13-3584032

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar	Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		·
		(a) Donor advised funds	(	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in dor	nor advised fun	nds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds	s can be used	only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other	purpose confe	ring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Fo	rm 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recreated	ation or education)	vation of a histo	orically important land area
	Protection of natural habitat	Preserv	vation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in t	the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b				2b
С	Number of conservation easements on a certified historic st			2c
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminate	ed by the orgar	nization during the tax
	year ▶			
4	Number of states where property subject to conservation ea		<del></del>	
5	Does the organization have a written policy regarding the pe			
_	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, and enforc	cing conservati	on easements during the year
-	Associated and associated was also associated in the second and th			
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing t	conservation ea	asements during the year
	▶ \$ Does each conservation easement reported on line 2(d) abo	ve esticity the requirements of sec	ntion 170(b)(4)(E	D)/i)
8				
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservat			
3	balance sheet, and include, if applicable, the text of the foot		· ·	
	organization's accounting for conservation easements.	note to the organization's infancia	a statements ti	iat describes the
Par	t III Organizations Maintaining Collections of	of Art, Historical Treasure	s. or Other	Similar Assets.
	Complete if the organization answered "Yes" on Forn	•	•	
	If the organization elected, as permitted under FASB ASC 9	58. not to report in its revenue sta	tement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pu	·		
	service, provide in Part XIII the text of the footnote to its fina			·
b	If the organization elected, as permitted under FASB ASC 9			e sheet works of
	art, historical treasures, or other similar assets held for public			
	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 tre			
	the following amounts required to be reported under FASB A		,	
а	Revenue included on Form 990, Part VIII, line 1			. • \$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2020

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	er Simila	ar Ass	ets(contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	at make s	significant	use of it	s		
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progr	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how t	hey further t	he organizat	ion's exe	mpt purpo	se in Pa	art XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, h	istorical trea	sures, or oth	er simila	r assets	_			
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	ollection?			<u> </u>	Yes	□ No	o
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	e organizatio	n answered	"Yes" on	Form 990	), Part I\	/, line 9, o	r	
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	ssets not	included	_			
	on Form 990, Part X?							L	Yes	L No	0
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo							L	Yes	L No	0
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanati	on has been	provided on	Part XIII					
Pai	t V Endowment Funds. Complete it	f the organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line	10.				
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three y	ears bacl	(e) Fou	r years back	k
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment	•	%	•	,,						
b	Permanent endowment	%									
С	Term endowment	<del></del> %									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	ation th	at are held a	ınd administe	ered for t	he organiz	ation			
	by:	· ·					· ·			Yes No	 o
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									<u> </u>	_
Pai	t VI Land, Buildings, and Equipm										_
	Complete if the organization answered	d "Yes" on Form 990	), Part I	V, line 11a. S	See Form 990	0, Part X,	line 10.				
	Description of property	(a) Cost or o		1	or other		ccumulate	ed	(d) Boo	k value	_
		basis (investr			(other)		oreciation		` ,		
	Land	·	-		•						_
	Buildings			34,73	4,002.	18,0	054,83	12.	16,67	9,190	•
	Leasehold improvements				4,174.		595,5			8,642	
d	Equipment			-	0,215.		338,0			2,194	
	Other			-	7,661.		717,7			9,944	
	. Add lines 1a through 1e. (Column (d) must e		X, colui		-		-			<del>9,970</del>	

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.	D STREET, INC	13-	3584032 Page 3
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
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 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			100 100
(2) SECURITY DEPOSITS HELD			123,189.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			100 100
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		123,189.

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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...

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2020

Par	t XI F	Reconciliation of Revenue per Audited Financial State	ements With Reve	enue per Returr	١.
	C	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total rev	venue, gains, and other support per audited financial statements		1	16,421,622.
2	Amount	s included on line 1 but not on Form 990, Part VIII, line 12:			
		ealized gains (losses) on investments			
		d services and use of facilities			
		ries of prior year grants			
d	Other (D	Describe in Part XIII.)	2d		•
		es <b>2a</b> through <b>2d</b>			0.
3	Subtrac	t line <b>2e</b> from line <b>1</b>		3	16,421,622.
		s included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
		ent expenses not included on Form 990, Part VIII, line 7b			
		Describe in Part XIII.)	4b		0
		es <b>4a</b> and <b>4b</b>			0.
		venue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			16,421,622.
Par		Reconciliation of Expenses per Audited Financial Sta	-	enses per Retu	irn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line		<u> </u>	14 222 527
		penses and losses per audited financial statements		1	14,233,537.
		s included on line 1 but not on Form 990, Part IX, line 25:			
		d services and use of facilities			
		ar adjustments			
		sses			
		Describe in Part XIII.)	•		0.
		es 2a through 2d			14,233,537.
		t line 2e from line 1		3	14,233,337.
		s included on Form 990, Part IX, line 25, but not on line 1:	40		
		ent expenses not included on Form 990, Part VIII, line 7b			
		Describe in Part XIII.)	•	4c	0.
		es <b>4a</b> and <b>4b</b> penses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.			14,233,537.
		Supplemental Information.	/		
		escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; b; and Part XII, lines 2d and 4b. Also complete this part to provide any			7, 2,

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  THE NEW	42ND STREET, INC.					Employer ide 13-3584	ntification number 0.3.2
	Complete if the organization answe	ered "Y	'es" oı	n Form 990, Part IV, I	ine 1		
<ul> <li>Indicate whether the organization rais a Mail solicitations</li> <li>Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written of key employees listed in Form 990, P</li> <li>If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the</li> </ul>	sed funds through any of the following and solicitates and solicitates and solicitates are solicitated and solicitated and solicitated and solicitated are solicitated and solicitated and solicitated are solicitated and solicitated and solicitated are solicitated are solicitated and solicitated are solicitated are solicitated and solicitated are sol	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or cor contrib	ustodv	(iv) Gross receipts from activity	to (c	Amount paid r retained by) iundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
List all states in which the organization or licensing.	on is registered or licensed to solicit o		outions	s or has been notified	l it is	exempt from re	egistration
		_					

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

Schedule G (Form 990 or 990-EZ) 2020

	ıπ	of fundraising events. Complete if the	•	•		•
				(b) Event #2 FAMILY	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA BENEFIT		(total number)	col. <b>(c)</b> )
ine			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	1,468,226.	23,565.		1,491,791.
	2	Less: Contributions	1,468,226.	23,565.		1,491,791
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Ø	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
Pa	11 rt					
		\$15,000 on Form 990-EZ, line 6a.				
e e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c)
_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %  No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
9	En	ter the state(s) in which the organization condu	icts gaming activities.			
а	ls t	the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
0320	32 1	1-25-20			Schedule G (Fo	rm 990 or 990-EZ) 202

Schedule G (Form 990 or 990-EZ) 2020 THE NEW 42ND STREET, INC.	13-3584032 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 form	ned
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	<b>13a</b>   %
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	e? Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the of gaming revenue retained by the third party ▶\$	e amount
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>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or s	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) a 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	nd (v); and Part III, lines 9, 9b, 10b,

Schedule G	(Form 990 or 990-EZ)	$_{ m THE}$	NEW	42ND	STREET,	INC.	13-3584032 Page 4
Part IV	(Form 990 or 990-EZ) <b>Supplemental Infor</b>	mation	(continu	ed)			
<u> </u>							
•							

### **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.

INC.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

THE NEW 42ND STREET,

**Employer identification number** 13-3584032

			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			
	Independent compensation consultant  X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only 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:	_		v
a	The organization?	5a		X
b	Any related organization?	5b		Δ_
_	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:	0-		Х
a	The organization?	6a		X
D	Any related organization?	6b		
7	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	7		х
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		21
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	0		-22
3	Regulations section 53.4958-6(c)?	9		
	negulations section 33.4330°0(c)!	J		

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Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) RUSSELL GRANET	(i)	426,929.	0.	0.	10,222.	22,296.	459,447.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CORA CAHAN	(i)	399,581.	0.	0.	0.	11,879.	411,460.	0.
FORMER PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELIZABETH HINES (TO JUNE 2021)	(i)	192,311.	0.	0.	2,423.	14,834.	209,568.	0.
VICE PRESIDENT, FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LISA POST	(i)	247,725.	0.	0.	19,299.	27,909.	294,933.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JESSICA BAKER VODOOR	(i)	157,654.	0.	0.	9,747.	22,410.	189,811.	0.
VICE PRESIDENT OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ELIZABETH CASHOUR	(i)	155,064.	0.	0.	9,747.	25,000.	189,811.	0.
VICE PRESIDENT, DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARY ROSE	(i)	194,475.	0.	0.	12,759.	12,670.	219,904.	0.
DIRECTOR OF ARTISTIC PROGRAMMING	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LAUREN FITZGERALD	(i)	152,695.	0.	0.	8,481.	11,670.	172,846.	0.
DIR OF MARKETING & COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

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

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 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

QUZU
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE NEW 42ND STREET, INC.

Employer identification number 13-3584032

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE NEW 42ND STREET, INC. CATALYZES THE POWER OF PERFORMING ARTS TO

SPARK NEW PERSPECTIVES, INCUBATE NEW WORKS AND CREATE NEW OPPORTUNITIES

FOR US ALL. THROUGH THE NONPROFIT'S SIGNATURE PROJECTS, NEW 42 MAKES

EXTRAORDINARY PERFORMING ARTS A VITAL PART OF EVERYONE'S LIFE, FROM THE

EARLIEST YEARS ONWARD. THE ORGANIZATION ALSO STEWARDS SEVEN HISTORIC

THEATER PROPERTIES ON 42ND STREET, ENSURING THE LEGACY AND VITALITY OF

AMERICA'S MOST ICONIC THEATER DISTRICT.

FORM 990 PART III LINE 1, DESCRIPTION OF THE ORGANIZATION'S MISSION THE NEW 42ND STREET, INC. WAS ESTABLISHED IN 1990 BY NEW YORK CITY AND STATE AS A NON-PROFIT ORGANIZATION, AND WAS ENTRUSTED WITH 99-YEAR LEASES OF SEVEN HISTORIC THEATERS AND TWO INFILL PROPERTIES ON 42ND STREET BETWEEN 7TH AND 8TH AVENUES IN NEW YORK CITY. GUIDED BY THE OVERALL PUBLIC GOAL OF RETURNING 42ND STREET TO ITS FORMER STATUS AS A LIVELY CULTURAL AND ENTERTAINMENT DESTINATION, THE NEW 42ND STREET INC. OPERATES PROGRAMMING OUT OF TWO BUILDINGS UNDER ITS STEWARDSHIP: THE NEW VICTORY THEATER AND THE NEW 42ND STREET STUDIOS. THE NEW VICTORY THEATER IS NEW YORK CITY'S PREMIER THEATER FOR KIDS AND FAMILIES, WHICH PROVIDES SUBSTANTIAL EDUCATION, YOUTH DEVELOPMENT, NEW WORK DEVELOPMENT PROGRAMS TO THE COMMUNITY EACH YEAR. THE NEW 42ND STREET STUDIOS, COMPRISES A STATE-OF-THE-ART, 10-STORY REHEARSAL STUDIO FACILITY, AS WELL AS THE 199-SEAT BLACK BOX THEATER, THE DUKE ON 42ND STREET. THE NEW 42ND STREET HAS STRATEGICALLY SUBLEASED ITS REMAINING PROPERTIES TO ENSURE THE ONGOING VIBRANCY OF 42ND STREET'S HISTORIC THEATERS.

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

Schedule O (Form 990 or 990-EZ) 2020

2130 1

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CLOSED IN RESPONSE TO THE PANDEMIC. ARTS BREAK ALSO SHARED WORK BY NYC

ARTISTS WHO WERE DEVELOPING NEW PERFORMING ARTS SHOWS FOR KIDS AND

FAMILIES AS PART OF THE NEW VICTORY LABWORKS PROGRAM. ARTS BREAK

GARNERED 494,411 VIDEO VIEWS ON NEW VICTORY PLATFORMS IN 2020-21, AND

WAS SEEN BY THOUSANDS MORE FAMILIES ON PBS STATIONS ACROSS THE COUNTRY

THROUGH THE THEATER'S PARTNERSHIP WITH WNET.

IN SUMMER 2020, NEW 42'S POPULAR NEW VICTORY DANCE PROGRAM WAS

PRESENTED DIGITALLY FROM JULY 21 - AUGUST 11. NEW 42 PUBLISHED ONE OR

TWO 20-MINUTE VIDEOS PER WEEK, WITH EACH VIDEO FEATURING A DIFFERENT

DANCE COMPANY OR ARTIST. NEW VICTORY DANCE VIDEOS WERE VIEWED 6,966

TIMES THROUGHOUT THE 2020-21 SEASON. IN SUMMER 2020, NEW VICTORY

EDUCATION PROVIDED "VIRTUAL FIELD TRIPS" TO 720 YOUNG PEOPLE AT 16

PARTNER INSTITUTIONS, INCLUDING NYC DEPARTMENT OF EDUCATION SUMMER

SCHOOL PROGRAMS AND SUBSIDIZED DAY CAMPS. VIRTUAL FIELD TRIPS WERE

SUPPORTED BY 53 LIVE AND/OR PRE-RECORDED CLASSROOM WORKSHOPS. EDUCATION

PARTNERS ALSO RECEIVED NEW VICTORY SCHOOL TOOL RESOURCE GUIDES, WHICH

SHARED INFORMATION ABOUT NEW VICTORY DANCE COMPANIES, ARTISTS, AND

CHOREOGRAPHERS FEATURED, AND THE TYPES OF DANCE USED IN EACH SHOW.

IN AN EFFORT TO HELP DIVERSIFY THE FIELD OF PERFORMING ARTS FOR YOUNG

AUDIENCES, BEGINNING IN 2020-21, NEW VICTORY LABWORKS SPECIFICALLY

SERVED FOUR ARTISTS WHO IDENTIFY AS BLACK, INDIGENOUS AND/OR PEOPLE OF

COLOR (BIPOC). EACH ARTIST RECEIVED A FEE OF \$15,000, PROFESSIONAL

DEVELOPMENT OPPORTUNITIES, ACCESS TO FREE REHEARSAL SPACE AND MORE.

Name of the organization **Employer identification number** THE NEW 42ND STREET, INC. 13-3584032 DURING THE 2020-21 SEASON, NEW VICTORY EDUCATION PARTNERED WITH 102 NEW YORK CITY SCHOOLS TO PROVIDE 26,009 PRE-K - 12TH GRADE STUDENTS WITH INNOVATIVE, DIGITAL ARTS EDUCATION INITIATIVES THAT WERE STREAMED DIRECTLY INTO THEIR IN-PERSON AND/OR VIRTUAL CLASSROOMS. SCHOOL PARTNERS CAME FROM ALL FIVE NEW YORK CITY BOROUGHS, WITH SOME OUTER-BOROUGH SCHOOLS ABLE TO PARTICIPATE VIRTUALLY FOR THE FIRST TIME. NEW VICTORY TEACHING ARTISTS LED 366 SYNCHRONOUS VIRTUAL CLASSROOM WORKSHOPS TO ENCOURAGE THE CREATIVE EXPLORATION OF 7,320 STUDENTS. A LIBRARY OF 75+ ASYNCHRONOUS, MODULAR LESSON PLANS AND INSTRUCTIONAL VIDEOS WERE ALSO SHARED WITH HUNDREDS OF TEACHERS ACROSS NEW YORK CITY. NEW 42 YOUTH CORPS-COMPRISING THE USHER CORPS, COLLEGE CORPS AND FELLOWS CORPS-IS A CREATIVE YOUTH DEVELOPMENT PROGRAM OFFERING NEW YORKERS AGES 16+ A PATHWAY OF SUPPORT FROM HIGH SCHOOL, THROUGH COLLEGE, AND INTO PROFESSIONAL CAREERS. IN 2020-21, NEW 42 YOUTH CORPS SUPPORTED 59 HIGH SCHOOL AND COLLEGE-AGED YOUTH. YOUTH CORPS MEMBERS WERE PAID TO PARTICIPATE IN VIRTUAL JOB TRAINING, PROFESSIONAL DEVELOPMENT AND MENTORSHIP SESSIONS. SOME MEMBERS ALSO HELPED CREATE DIGITAL CONTENT FOR NEW VICTORY ARTS BREAK AND NEW VICTORY DANCE. IN TOTAL, YOUTH CORPS MEMBERS WERE PAID FOR A COLLECTIVE 9,076 HOURS. THE 10-STORY NEW 42ND STREET STUDIOS BUILDING COMPRISES 14 STATE-OF-THE-ART REHEARSAL STUDIOS, THE DUKE ON 42ND STREET BLACK BOX

STATE-OF-THE-ART REHEARSAL STUDIOS, THE DUKE ON 42ND STREET BLACK BOX

THEATER, AND OFFICE SPACES FOR NEW 42. THE STUDIOS BUILDING PLAYS A

VITAL ROLE IN THE PERFORMING ARTS COMMUNITY, AND TYPICALLY SERVES

14,000 ARTISTS FROM NOT-FOR-PROFIT ORGANIZATIONS AND COMMERCIAL

BROADWAY, OFF-BROADWAY AND TOURING PRODUCTIONS EACH YEAR. IN 2020-21,

NEW 42ND STREET STUDIOS LARGELY REMAINED SHUTTERED DUE TO COVID-19.

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2130 1

Name of the organization THE NEW 42ND STREET, INC.

Employer identification number 13-3584032

AS LANDLORD TO COMMERCIAL AND NONPROFIT CULTURAL INSTITUTIONS

SUB-LEASING FIVE HISTORIC PROPERTIES ON 42ND STREET, NEW 42 ALSO WORKED

HAND-IN-HAND WITH ITS TENANTS DURING THIS CHALLENGING TIME TO

COLLECTIVELY BUILD TOWARDS THE REVITALIZATION OF TIMES SQUARE, NEW YORK

CITY AND THE PERFORMING ARTS INDUSTRY.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF FORM 990 IS REVIEWED BY THE PRESIDENT, VP OF FINANCE AND CONTROLLER. FORM 990 IS PROVIDED TO THE EXECUTIVE COMMITTEE, AUDIT & FINANCE COMMITTEE, AND FULL BOARD PRIOR TO SUBMISSION TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICTS OF INTEREST ARE DISCLOSED ANNUALLY BY THE MEMBERS OF THE BOARD OF DIRECTORS. THESE DISCLOSURES ARE EVALUATED BY THE AUDIT AND FINANCE

COMMITTEE, WHICH MAKES RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE MAY RATIFY A RECOMMENDATION OR THEY MAY REJECT IT, IN WHICH CASE THE PRESIDENT OR THE CHAIRMAN OF THE BOARD MAY BRING THE MATTER TO THE FULL BOARD OF DIRECTORS FOR THEIR DECISION.

FORM 990, PART VI, SECTION B, LINE 15A:

A COMPENSATION SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE HIRES AN INDEPENDENT FIRM TO PERFORM ANALYSIS OF THE PRESIDENT'S COMPENSATION PACKAGE BASED ON GEOGRAPHICAL AND INDUSTRY COMPARABILITY DATA. THE OBJECTIVE IS TO ENCOURAGE TENURE, MOTIVATE THE ACHIEVEMENT OF SHORT AND LONG-TERM GOALS AND PROVIDE A PACKAGE COMPARABLE WITH INDUSTRY STANDARDS. AN ANALYSIS REPORT OF FINDINGS AND RECOMMENDATIONS IS PRESENTED TO THE SUBCOMMITTEE, WHICH HAS

RESPONSIBILITY FOR NEGOTIATING AND SETTING THE PROPOSED SALARY SCHEDULE FOR
032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

Name of the organization  THE NEW 42ND STREET, INC.	Employer identification number 13-3584032
MULTI-YEAR CONTRACT RENEWAL AND THEN RECOMMENDING A PACKA	GE TO THE
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE CONTRA	CT IS REVIEWED BY
LEGAL COUNSEL.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST.	