# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service			Go to www.irs.gov/Form990 for instructions and the lates	•	Open to Public Inspection
Α	For th	e 2022 calend	ar year, or tax year beginning $JUL \ 1$ , $\ 2022$ and ending	<u>J</u> UN 30, 2023	
В	Check if applicab	le: C Name of	organization	D Employer identificat	tion number
	Addre	THE	NEW 42ND STREET, INC.		
	Name		usiness as	13-3584032	2
	Initial	Number	ite E Telephone number		
	Final	(646)223-3	3000		
	termii ated	n_	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	27,257,148.
	Amer		YORK, NY 10036	H(a) Is this a group retu	rn
	Appli		nd address of principal officer: RUSSELL GRANET	for subordinates?	Yes X No
	pendi	SAME	AS C ABOVE	H(b) Are all subordinates inclu	ded? Yes No
<u> </u>	Tax-ex	empt status:		527 If "No," attach a lis	t. See instructions
	Websi		NEW42.ORG	H(c) Group exemption r	
		f organization:	X Corporation Trust Association Other L Ye	ear of formation: 1988 M S	itate of legal domicile: ${f NY}$
Ρ	art I	Summary			
ø	1	Briefly describ	e the organization's mission or most significant activities: SEE SCHEI	DULE O	
Governance					
ern	2	Check this bo			
Š	3	Number of vot		28	
<del>م</del>	4			27	
ies	5		of individuals employed in calendar year 2022 (Part V, line 2a)		349
Activities &	6			27	
Act				0.	
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	Prior Year	0.
					Current Year 6,792,672.
ne	8		and grants (Part VIII, line 1h)	13,054,257. 10,954,292.	16,587,322.
Revenue	9		ce revenue (Part VIII, line 2g)	2,605.	10,587,522.
Be			come (Part VIII, column (A), lines 3, 4, and 7d)	73,433.	92,884.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,084,587.	23,576,562.
—	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,004,307.	23,570,502.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	1		to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A), lines 5-10)	11,001,824.	11,995,046.
Expenses	160	Brofossional fr	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) <u>1,477,360.</u>	0.	0.
Sen	104	Total fundraia	and aising lees (Part IX, column (A), line (1), $1 477 360$ .		0.
Ă	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	8,339,242.	9,049,650.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,341,066.	21,044,696.
	19		expenses. Subtract line 18 from line 12	4,743,521.	2,531,866.
JC		10001001001055		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 20	Total assets (F		49,391,490.	52,293,407.
Ass	20		(Part X, line 26)	5,818,171.	6,038,670.
Net	22		fund balances. Subtract line 21 from line 20	43,573,319.	46,254,737.
	art II				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date								
-	RUSSELL GRANET, PRESIDENT									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN					
Paid	FREDERICK MARTENS			if self-employed	P00298107					
Preparer		AS LLP		Firm's EIN 13-	1655065					
Use Only	Firm's address 551 FIFTH AVENUE,	SUITE 400								
	NEW YORK, NY 1017		Phone no. $212 -$	697-2299						
May the I	May the IRS discuss this return with the preparer shown above? See instructions									
232001 12-	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)									

		42ND STREET, INC.	13-3584032 <sub>Pag</sub>
Par	t III Statement of Program Ser	-	
1	Briefly describe the organization's missio	sponse or note to any line in this Part III	L
•	SEE SCHEDULE O		
2	Did the organization undertake any signif	ficant program services during the year which were	e not listed on the
-			
	If "Yes," describe these new services on		
3		or make significant changes in how it conducts, an	ny program services? Yes X
	If "Yes," describe these changes on Sche		
4		vice accomplishments for each of its three largest ions are required to report the amount of grants ar	
	revenue, if any, for each program service		
4a		398,731. including grants of \$	) (Revenue \$ 16,587,322
			F LIVE PERFORMANCES SINCE
			14, 2022, WITH AUDIENCES NEW VICTORY THEATER. THE
		SEASON FEATURED NINE PROD	
	COUNTRIES, REPRESENT	ING A WIDE RANGE OF CULTU	RAL PERSPECTIVES. THE
			INCLUDING MODERN TAKES O
		ES, PERCUSSION, CIRCUS, P THE RETURN OF THEATER MA	
			TRONS IN STORIES OF HOPE,
		IMPORTANCE OF FINDING YO	-
		FAMILIES TO DISCOVER THE	
		MING ARTS. (CONTINUED ON	
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$
		<u> </u>	
4d	Other program services (Describe on Sch	nedule O.)	
	·	including grants of \$ ) (Re	evenue \$ )
4e	Total program service expenses	16,398,731.	Form <b>990</b> (2
32001	2 12-13-22	SEE SCHEDULE O FOR CON	
,2002		2	
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Form 990 (2022)

THE NEW 42ND STREET, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	- 23	
U	similar amounts as defined in Rev. Proc. 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? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	21	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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		v	
h	Schedule D, Parts XI and XII	12a	Х	
D	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	120		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
-	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	40		x
20-2	complete Schedule G, Part III	19 20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
.0	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	x	
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>	23		
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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%			
	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			
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		X
а	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "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	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
81	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
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? <i>If "Yes," complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
85a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			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	36		
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 78		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	
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<i>c</i> ^		<b>01</b>	2 0	1
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Form	990 (2022) THE NEW 42ND STREET, INC.		13-3584	032	Р	age <b>5</b>				
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	)								
					Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a	349		Х					
b	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
3a	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?									
b	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action	?	5b		Х				
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he org	anization solicit							
	any contributions that were not tax deductible as charitable contributions?			6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribu									
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices p	provided to the payor?	7a	Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х					
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	vas rec	uired							
	to file Form 8282?			7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	tract?		7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation f	ile a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer	d by th	e							
	sponsoring organization have excess business holdings at any time during the year?			8						
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:		I							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	Ι	I							
a	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? 	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	<b>Note:</b> 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		1							
	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	13c				X				
14a				14a						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun excess parachute payment(s) during the year?	eratior	or	15		y				
	excess paracoure paymentis) outpot the Vear/			15		ıΛ				

If "Yes," see the instructions and file Form 4720, Schedule N.

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities 17

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that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.

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Form **990** (2022)

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#### THE NEW 42ND STREET, INC.

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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.

<u></u>						Σ
Sec	tion A. Governing Body and Management				V.	
1	Enter the number of victing members of the governing body at the and of the tay year	1.40	2	R	Yes	1
Ia	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		4		
	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.		2	7		
	Enter the number of voting members included on line 1a, above, who are independent			4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					
	officer, director, trustee, or key employee?			2		L
3	Did the organization delegate control over management duties customarily performed by or under t					
	of officers, directors, trustees, or key employees to a management company or other person?			3		L
4	Did the organization make any significant changes to its governing documents since the prior Form	990 v	/as filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?		5		
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or					
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					T
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y			1.0		t
	The governing body?	-	-	8a	x	
					X	┢
	Each committee with authority to act on behalf of the governing body?			8b		╀
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		L
bec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revent	le Code.)			r
					Yes	╞
	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		L
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy bef	ore filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
l2a	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 ris	se to co	nflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	T
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 appro					t
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	-	-			
_				45.	x	
	The organization's CEO, Executive Director, or top management official			15a	~	
b	Other officers or key employees of the organization			15b		-
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a			
	taxable entity during the year?			16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anizati	on's			
	exempt status with respect to such arrangements?			16b		
iec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\_{ m NY}$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990,	and 99	0-T (section 501(c)	3)s only	) avail	ał
	for public inspection. Indicate how you made these available. Check all that apply			, ,	,	
	Own website X Another's website X Upon request Other (explained and the contract of the contra	in on S	chedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflic	t of interest policy, a	nd fina	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 b	ooks a	and records			
	MICHELE PAGNOTTA, VICE PRESIDENT, FINANCE - (646)					
	229 WEST 42ND STREET, NEW YORK, NY 10036-7299					
32004	6 12-13-22			Form	990	(2
500	6					,-
60	513 759420 2130 2022.05090 THE NEW 42ND S	TRF	ET, INC.	21	30	
			-,			_

Part VII	Compensation of Officers,	Directors, Tr	rustees, Key	y Employees,	Highest Co	ompensated
	Employees, and Independe	ent Contracto	ors			

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 the instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week			uuu				from	from related	other
	(list any hours for	directo				-		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	l trust	ial tru		oyee	ompe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	cer.	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	High	Forr			
(1) FIONA HOWE RUDIN	1.00									
CHAIR	1 00	X		Х				0.	0.	0.
(2) SHAHARA AHMAD-LLEWELLYN	1.00									
CO-VICE CHAIR		Х		Х				0.	0.	0.
(3) MARC A. SPILKER	1.00									
CO-VICE CHAIR		Х		Х				0.	0.	0.
(4) TIFFANY GARDNER	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) ANDREW SOMMERS	1.00									
TREASURER	1 00	X		Х				0.	0.	0.
(6) STEFANIE KATZ ROTHMAN	1.00									•
SECRETARY	1 00	X		Х				0.	0.	0.
(7) YEMI BENEDICT-VATEL	1.00									
DIRECTOR	1 00	X						0.	0.	0.
(8) HERMAN A. BERLINER	1.00							0		0
DIRECTOR	1 00	X						0.	0.	0.
(9) LYNNE BIGGAR	1.00							0		0
DIRECTOR	1 00	X						0.	0.	0.
(10) LILI FABLE	1.00							0.	0	0
DIRECTOR	1.00	X						0.	0.	0.
(11) NEIL GUPTA	1.00	v						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(12) SHARON COPLAN HUROWITZ DIRECTOR	1.00	x						0.	0.	0.
(13) BILL IRWIN	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(14) AMY JACOBS	1.00							0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(15) GREG LIPPMANN	1.00								•	<u></u>
DIRECTOR	1.00	x						0.	0.	0.
(16) JOHN LITHGOW	1.00							0.	•	<u></u>
DIRECTOR	1.00	x						0.	0.	0.
(17) SAMMY LOPEZ	1.00	1						0.	••	<u>0.</u>
DIRECTOR		x						0.	0.	0.
		127						. 0.	0.	Form <b>990</b> (2022)
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13-3584032 Page 8

Part VII Section A.	Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st (	Compensated Employe	es (continued)			
	(B) (C)						(D)	(E)		(F)			
Name	Average	(do	not c	Pos heck		<b>ا</b> than than	one	Reportable	Reportable	e Estimated		ed	
		hours per	box	, unle	ss pe	erson	is bot pr/trus	h an	compensation	compensation		amount	
		week (list any	<u> </u>		luau		Jiruus	lee)	from	from related		other	
		hours for	irecto						the	organizations		compensa	
		related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC 1099-NEC)	<i>;</i> /	from th organiza	
		organizations	ruste	l trus		ee	mpen		1099-NEC)	1033-1120)		and relation	
		below	Individual trustee or director	Institutional trustee	_	nploy	ist col	5	10001120)			organizat	
		line)	Indivi	In stitu	Officer	Key employee	Highest compensated employee	Form				0	
(18) ISAAC MIZRAHI	I	1.00				-							
DIRECTOR			X						0.		0.		Ο.
(19) LAURA O'DONOH	IUE	1.00											
DIRECTOR			X						0.		0.		Ο.
(20) KATHERINE PEC	CK	1.00											
DIRECTOR			X						0.		0.		0.
(21) ELIOT RUBENZA	AHL .	1.00											
DIRECTOR			X						0.		0.		0.
(22) LEIGH BISHOP	TAUB	1.00											
DIRECTOR			X						0.		0.		Ο.
(23) HENRY TISCH		1.00											
DIRECTOR			X						0.		0.		Ο.
(24) ANN UNTERBERG	}	1.00											
DIRECTOR			X						0.		0.		0.
(25) NICOLE WEISS		1.00											
DIRECTOR			X						0.		0.		0.
(26) CHRISTINE ZAG	SARINO	1.00											
DIRECTOR			X						0.		0.		0.
1b Subtotal									0.		0.		0.
c Total from contir	nuation sheets to Part V	I, Section A							2,217,338.			158,5	
d Total (add lines 1	lb and 1c)								2,217,338.		0.	158,5	59.
2 Total number of ir	ndividuals (including but n	ot limited to th	nose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportable			
compensation fro	m the organization												19
											_	Yes	No
3 Did the organizati	on list any <b>former</b> officer,	director, trust	ee, I	key e	emp	loye	e, or	' hig	phest compensated emp	loyee on			
line 1a? If "Yes," o	complete Schedule J for s	uch individual									L	3 X	
	listed on line 1a, is the su									the organization			
and related organ	izations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J i	for such individual		L	4 X	
5 Did any person lis	ted on line 1a receive or a	accrue comper	nsat	ion f	rom	i any	y unr	elat	ted organization or indivi	dual for services			
	rganization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son .					5	X
Section B. Independe													
1 Complete this tab	le for your five highest co	mpensated ind	depe	ende	ent c	onti	racto	ors	that received more than	\$100,000 of comp	ensat	ion from	
the organization.	Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithi	n the organization's tax y	/ear.			
	(A)								(B)		0	(C)	
	Name and business							_	Description of s	ervices	Cor	mpensatio	)n
	A COMPANY LLO		- <b></b>			-	~ ~ 1					100 0	
	STREET, FL 2,	NEW YOR	KK.	, ſ	NΥ	T		19	ARTIST FEES			192,8	80.
NOUVEAU PRODUCTIONS								1 - 4 0					
							154,0	00.					
THE PLAZA CPS5 LLC, 770 FIFTH AVENUE, 3RD							1 4 0 1	0.4					
FL, NEW YORK, NY 10019 EVENT CATERING 140,124.							24.						
KASIRER, LLC							1 2 0 0						
							120,0	00.					
HUMARESO LLC			· ·	204	. 0							110 4	0 F
	NUE, VERO BEA							_	PAYROLL CONS			110,4	.05.
	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 <b>6</b>												
	pensation from the organi		ידי	<u></u>	רית ב		-	ч	FFTS			orm <b>990</b> (	(2000)
			1	101		- 01					FC	JIII <b>330</b> (	,2022)
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Part VII Section A. Officers, Directors, Tru			Jyee			iigii	631			(5)
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position (check all that apply)						Reportable	Reportable	Estimated
	hours	(C	necr	( all 1	inat	app I	iy)	compensation from	compensation from related	amount of other
	per week					e		the	organizations	compensatior
	(list any	tor				i ploye		organization	(W-2/1099-MISC)	from the
	hours for	direc				ed em		(W-2/1099-MISC)	(/	organization
	related	tee or	istee			en sate				and related
	organizations	l trus	nal tri		oyee	om pe				organizations
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			
	line)	Indi	Inst	Officer	Key	Hig	Богг			
(27) LUCINDA ZILKHA	1.00									
DIRECTOR		Х						0.	0.	0
(28) RUSSELL GRANET	40.00									
PRESIDENT		х		Х				564,450.	0.	35,123
(29) CORA CAHAN	40.00									
FORMER PRESIDENT							х	196,021.	0.	0
(30) LISA POST	40.00									
CHIEF OPERATING OFFICER (THROUGH 10/				x				261,547.	0.	20,687
(31) MICHELE PAGNOTTA	40.00							,		
VICE PRESIDENT, FINANCE				x				192,850.	0.	2,466
(32) ELIZABETH CASHOUR	40.00									_/
VICE PRESIDENT, DEVELOPMENT					x			202,296.	0.	15,531
(33) MARY ROSE	40.00									
DIRECTOR OF ARTISTIC PROGRAMMING	10.00					x		227,670.	0.	16,777
(34) LAUREN FITZGERALD	40.00							227,070.	•	10,777
VP OF MARKETING & COMMUNICATIONS	40.00					x		124,893.	0.	12,473
(35) LINDSEY BULLER MALIEKEL	40.00							124,055.	•	12,475
VP OF EDUCATION & PUBLIC ENGAGEMENT						x		151,545.	0.	18,153
	40.00							101,040.	0.	10,155
(36) COURTNEY BODDIE	40.00					x		151,528.	0.	10 150
VP OF EDUCATION & SCHOOL ENGAGEMENT	40.00					^		151,520.	0.	18,152
(37) TAYLOR VINCENT	40.00					x		144,538.	0	10 107
DIR IT, CYBER SEC. & INFRASTRUCTURE						^		144,550.	0.	19,197
		1								
		1								
	•	•	•	•	•	•	•			
otal to Part VII, Section A, line 1c								2,217,338.		158,559

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Form 990 (2022
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 Form 990 (2022)
 THE NEW 42ND STREET, INC.

 Part VIII
 Statement of Revenue

			Check if Schedule O co	onta	lins a r	response	or note to any lin	e in this Part VIII			
								<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512 - 514
ts t	1	а	Federated campaigns			1a					
nun			Membership dues		····· -	1b					
An G			Fundraising events		····· +	1c	1,083,101.				
ar /			<b>-</b> · · · · · ·		Г	1d					
s, 0			Government grants (contril			1e	3,617,552.				
Contributions, Gifts, Grants and Other Similar Amounts			All other contributions, gifts, g								
the			similar amounts not included a			1f	2,092,019.				
i di di		g	Noncash contributions included in li			1g \$	28,164.				
aG		h	Total. Add lines 1a-1f					6,792,672.			
							Business Code				
e	2	а	RENTAL & OTHER PROJE	CTS			532000	15,108,467.	15108467.		
evi		b	BOX OFFICE RECEIPTS				711110	1,478,855.	1,478,855.		
Program Service Revenue		с									
ran Sev		d									
Log F		е									
<u>م</u>		f	All other program service re	even	nue						
		g	Total. Add lines 2a-2f					16,587,322.			
	3		Investment income (includi	ng c	divider	nds, inter	est, and				
			other similar amounts)				103,420.			103,420.	
	4		Income from investment of			• •					
	5		Royalties	·····							
				.	(I)	Real	(ii) Personal				
				6a							
			· ··· -	6b							
			·····	6c							
			Net rental income or (loss).	 T		curities	(ii) Other				
		а	Gross amount from sales of		.,		.,				
			assets other than inventory Less: cost or other basis	7a	3,5	52,521.	,				
e		D		7b	35	52,257.					
Other Revenue		~		7c	5,5	264					
Sev			Net gain or (loss)					264.			264.
er			Gross income from fundraising					•			
Gth	U		including \$ 1,0								
-			contributions reported on I								
			Part IV, line 18				128,329.				
		b	Less: direct expenses								
			Net income or (loss) from fu					٥.			
			Gross income from gaming								
			Part IV, line 19								
		b	Less: direct expenses								
		с	Net income or (loss) from g	jamir	ng act	ivities					
	10	а	Gross sales of inventory, le	ess re	eturns	;					
			and allowances			10a	3				
		b	Less: cost of goods sold			10k	þ				
		с	Net income or (loss) from s	ales	of inv	entory					
sr							Business Code				
eor	11	а	MISCELLANEOUS				900099	92,884.			92,884.
Miscellaneous Revenue		b					ļ				
Rev		С									
Ĭ			All other revenue					00.001			
		е	Total. Add lines 11a-11d					92,884.	16507300		106 560
0000	12		Total revenue. See instruction	IS .				23,576,562.	16587322.	0.	196,568. Form <b>990</b> (2022)
23200	9 12-	13	-22								10111 330 (2022)

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Part IX Statement of Functional Expenses

THE NEW 42ND STREET, INC.

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

Check if Schedule O contains a respor Do not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations		сдроново	gonoral oxpenses	0,001363
and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic				
individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors,				
trustees, and key employees	1,188,987.	612,551.	127,950.	448,486
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,335,424.	6,645,258.	1,215,384.	474,782
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	354,023.	272,730.	65,289.	16,004
9 Other employee benefits	1,368,132.	1,008,878.	239,102.	120,152
10 Payroll taxes	748,480.	550,090.	130,450.	67,940
11 Fees for services (nonemployees):				
a Management				
<b>b</b> Legal	17,307.	7,777.	9,530.	
c Accounting	79,180.		79,180.	
<b>d</b> Lobbying	120,000.		120,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,853.		14,853.	
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch 0.)	1,083,538.	325,411.	484,127.	274,000
12 Advertising and promotion	867,726.	865,203.	2,523.	
13 Office expenses	948,536.	275,378.	632,310.	40,848
14 Information technology				
15 Royalties				
16 Occupancy	1,606,416.	1,606,406.	10.	
17 Travel	56,293.	26,349.	18,503.	11,441
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials $\dots$				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	- 102 20-			
<b>22</b> Depreciation, depletion, and amortization	2,196,607.	2,196,607.		
23 Insurance	290,236.	261,212.	29,024.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column (A),				
amount, list line 24e expenses on Schedule O.)	1 110 005	1 11 0 0 0 0		
a ARTIST FEES	1,116,885.	1,116,885.		~ ~ ~ ~ ~ ~
b OTHER PRODUCTION AND PR	641,917.	617,840.	370.	23,707
c BOX OFFICE SALES EXPENS	10,156.	10,156.		
d				
e All other expenses	01 01 000		- 1 6 6 6 6 5 1	4 488 040
<b>25 Total functional expenses</b> . Add lines 1 through 24e	21,044,696.	16,398,731.	3,168,605.	1,477,360
<b>26 Joint costs.</b> Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2022

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Form 990 (2022)

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	4,508,340.	1	2,140,910.
	2	Savings and temporary cash investments	10,574,731.	2	272,335.
	3	Pledges and grants receivable, net	2,296,847.	3	4,757,753. 630,527.
	4	Accounts receivable, net	916,016.	4	630,527.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ets	7	Notes and loans receivable, net	1.6.694	7	
Assets	8	Inventories for sale or use	16,631.	8	5,379.
◄	9	Prepaid expenses and deferred charges	418,152.	9	666,051.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 67,271,224.			
	b	Less: accumulated depreciation 10b 37,132,802.	30,660,773.	10c	30,138,422.
	11	Investments - publicly traded securities		11	9,554,110.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	0	14	
	15	Other assets. See Part IV, line 11	0.	15	4,127,920.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	49,391,490.	16	52,293,407.
	17	Accounts payable and accrued expenses	1,671,538.	17	1,445,147.
	18	Grants payable	1 500 715	18	1 77/ 100
	19	Deferred revenue	1,523,715.	19	1,774,182.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
bilid		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia		controlled entity or family member of any of these persons	2,502,460.	22	2,502,460.
	23	Secured mortgages and notes payable to unrelated third parties	2,302,400.	23	2,302,400.
	24 05	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
			120,458.	25	316,881.
	26		5,818,171.	26	6,038,670.
	20	Organizations that follow FASB ASC 958, check here		20	
ses		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	40,074,419.	27	41,682,573.
Bal	28	Net assets with donor restrictions	3,498,900.	28	4,572,164.
pu		Organizations that do not follow FASB ASC 958, check here			
, Fu		and complete lines 29 through 33.			
s ol	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	43,573,319.	32	46,254,737.
	33	Total liabilities and net assets/fund balances	49,391,490.	33	52,293,407.
					Eorm <b>990</b> (2022)

Form **990** (2022)

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Form	1990 (2022) THE NEW 42ND STREET, INC.	13-35	84032	Page	12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			C		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,576			
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,044	1,690	<u>b.</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	2,531			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	43,573			
5	Net unrealized gains (losses) on investments	5	149	9,552	2.	
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	46,254	l,73'	7.	
Pa	rt XII Financial Statements and Reporting			_		
	Check if Schedule O contains a response or note to any line in this Part XII			L		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.		Yes N	10	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	2	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:					
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	e basis,				
	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	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<b>3</b> a	2	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits					
			Earm	<b>990</b> (20	100	

Form **990** (2022)

232012 12-13-22

13 11160513 759420 2130 2022.05090 THE NEW 42ND STREET, INC. 2130\_\_\_1

Department of the Treasury

Internal Revenue Service

(Form 990)

# 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
I	2022
	Open to Public Inspection
Employer	identification number

## Name of the organization

	THE	NEW 42ND S	TREET, INC.				1	3-3584032		
Part I	Reason for Public	Charity Status.	All organizations must c	omplete th	nis part.) S	See instruction	S.			
The orga	anization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)					
1	A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(*	1)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		pital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	¬ · · ·					-	(iii). Enter	the hospital's name,		
	city, and state:	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state:								
5	An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	init descrik	oed in		
	section 170(b)(1)(A)(iv). (0		<b>č</b>	•						
6	A federal, state, or local go	vernment or governm	nental unit described in a	section 17	70(b)(1)(A)	(v).				
7 X							he general	public described in		
	section 170(b)(1)(A)(vi). (C	omplete Part II.)		-			-			
8	A community trust describe		1)(A)(vi). (Complete Par	t II.)						
9	An agricultural research or				ed in conju	unction with a	land-grant	college		
	or university or a non-land-				-		-	-		
	university:	, , ,	,		· ·			, ,		
10	An organization that norma	Ilv receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons. members	nip fees. a	nd gross receipts from		
	activities related to its exer									
	income and unrelated busi									
	See section 509(a)(2). (Co		· · · · · · · · · · · · · · · · · · ·			,	0	,		
11	An organization organized	• •	ively to test for public sa	fety. See	section 50	09(a)(4).				
12	An organization organized	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to ca	arry out the	e purposes of one or		
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 5	509(a)(3).	Check the box on		
	lines 12a through 12d that									
a [	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	/ giving		
	the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (	of the dire	ctors or truste	es of the s	supporting		
	organization. You must o		• • • •							
ь	Type II. A supporting org	-		tion with it	s support	ed organizatio	n(s), by ha	aving		
	control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	oported		
	organization(s). You mus	t complete Part IV,	Sections A and C.							
с [	Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	lly integrat	ed with,		
	its supported organizatio	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.				
<b>d</b> [	Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its suppo	ted organ	ization(s)		
	that is not functionally inf	egrated. The organiz	ation generally must sat	tisfy a dist	ribution re	quirement and	d an attent	iveness		
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	<b>V</b> .				
e [	Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III			
	functionally integrated, o	r Type III non-functio	nally integrated support	ing organi:	zation.					
<b>f</b> Er	nter the number of supported	organizations								
g Pr	ovide the following information	about the supporte	d organization(s).							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of		(vi) Amount of other		
	organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)		
Total								1		

	A (Form 990)	) 202
Part II	Suppor	t Sc

THE NEW 42ND STREET, INC. 13-3584032 Page 2 ule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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 supplify under the tests listed below, places example Devi III.)

fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support				i	i	•	
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	4388912.	5262893.	5955790.	13054257.	6792672.	35454524.	
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	4388912.	5262893.	5955790.	13054257.	6792672.	35454524.	
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)						1897382.	
_6	Public support. Subtract line 5 from line 4.						33557142.	
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	4388912.	5262893.	5955790.	13054257.	6792672.	35454524.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources $\dots$	4,755.	2,349.	805.	2,605.	103,420.	113,934.	
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.)	117,332.	91,601.	99,869.	73,433.	92,884.	475,119.	
	Total support. Add lines 7 through 10						36043577.	
	Gross receipts from related activities,		,				,919,819.	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)		
_	organization, check this box and stor							
	ction C. Computation of Publ						02 10	
	Public support percentage for 2022 (					14	93.10 %	
	Public support percentage from 2021						92.99 %	
<b>16</b> a	33 1/3% support test - 2022. If the o							
	stop here. The organization qualifies							
b	33 1/3% support test - 2021. If the o							
	and <b>stop here.</b> The organization qual							
17a	10% -facts-and-circumstances tes							
	and if the organization meets the fact			-	-	VI how the organiz	zation	
	meets the facts-and-circumstances te	-		• • • •	-			
b	10% -facts-and-circumstances tes	•					10% or	
	more, and if the organization meets the							
	organization meets the facts-and-circ							
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a			
	Schedule A (Form 990) 2022							

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## THE NEW 42ND STREET, INC.

#### 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.)

Section A Public Support

	ction A. Public Support	(-) 0010	(1-) 0010	(=) 0000	(-1) 0001	(-) 000	
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
•	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disgualified persons						
h	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third.	fourth, or fifth tax	year as a section	501(c)(3) ord	ganization,
	check this box and <b>stop here</b>	0			·····		<u> </u>
Sec	ction C. Computation of Publ						
15	Public support percentage for 2022 (	ine 8, column (f), (	divided by line 13,	column (f))		15	
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	
Sec	ction D. Computation of Inve	stment Incom	e Percentage	)			
17	Investment income percentage for 20	22 (line 10c, colur	nn (f), divided by	ine 13, column (f))		17	
18	Investment income percentage from 2					18	
19a	a 33 1/3% support tests - 2022. If the						d line 17 is not
	more than 33 1/3%, check this box a						
b	<b>33 1/3% support tests - 2021.</b> If the						1/3%. and
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-09-22	dia not oneon a	<u>207 01 mic 14, 18</u>				edule A (Form 990) 20
-0204				16		Cont	
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### THE NEW 42ND STREET, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2022

Yes No

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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e A (Form 990) 2022 THE NEW 42ND STREET, IN	IC .
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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		-	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year. (i) a written notice describing the type and amount of support provided during the prior tax			

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

supported organizations played in this regard.

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

1	Check the box next to the method that the	e organization used	to satisfy the Integral Part	Test during the yea(see instructions).
---	---	---------------------	------------------------------	--

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** L The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	ons).
•		٠.

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** 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.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard*.
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3b | | | Schedule A (Form 990) 2022

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2a

2b

За

No

Yes

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instructions).

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

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		
			1 <b>T</b> III II	

#### Section A - Adjusted Net Income

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

THE NEW 42ND STREET, INC.

(B) Current Year

(optional)

(A) Prior Year

Schedule A (Form 990) 2022

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(contine</sub>	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the				
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

Part VI	Supplemental Info	rmation. Prov	vide the expl	lanations re	auired by	Part II	line 10. F	Part II. line 17	a or 17h: Part	III. line 12 <sup>.</sup>
	Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and	1, 2, 3b, 3c, 4b, , lines 2 and 3; I	4c, 5a, 6, 9a Part IV, Sect	a, 9b, 9c, 11 ion E, lines	a, 11b, a 1c, 2a, 2t	nd 11c; 5, 3a, ar	Part IV, S nd 3b; Pa	Section B, lin t V, line 1; Pa	es 1 and 2; Pa art V, Section B	rt IV, Section C, 3, line 1e; Part \
	(See instructions.)									
32028 12-09-2	22								Schedu	e A (Form 990)
					21					

SCHEDULE C (Form 990)	Po	litical Campaign a	and Lobbyin	g Activities		OMB No. 1545-0047
(10111330)	For Orga	anizations Exempt From Incom	e Tax Under section	501(c) and section 5	27	
Department of the Treasury	Complete i	f the organization is described	below. Attach to F	orm 990 or Form 99	0-EZ.	Open to Public
Internal Revenue Service	Go	to www.irs.gov/Form990 for in	nstructions and the la	test information.		Inspection
-		Form 990, Part IV, line 3, or Fo		ne 46 (Political Camp	oaign Act	ivities), then
<ul> <li>Section 501(c) (other</li> </ul>	r than section 50	1(c)(3)) organizations: Complete	Parts I-A and C below	. Do not complete Pa	rt I-B.	
<ul> <li>Section 527 organiz</li> </ul>		,				
		Form 990, Part IV, line 4, or Fo				
	-	have filed Form 5768 (election ur				
	-	nave NOT filed Form 5768 (electi				
Tax) (See separate inst		Form 990, Part IV, line 5 (Prox	y Tax) (See separate i	instructions) or Forn	n 990-ez	, Part V, line 35C (Proxy
,		ions: Complete Part III.				
Name of organization	,, (, 5	I			Employe	r identification number
	THE NEW	42ND STREET, IN	с.		1	L3-3584032
Part I-A Comple	ete if the org	anization is exempt und	er section 501(c)	or is a section 5	27 orga	anization.
· · · · · · · · · · · · · · · · · · ·						
1 Provide a description	on of the organiz	ation's direct and indirect politica	al campaign activities i	n Part IV.		
		ures			\$	
3 Volunteer hours for	political campai	gn activities				
		anization is exempt und				
		incurred by the organization und				
		incurred by organization manage				
		n 4955 tax, did it file Form 4720 t				Yes No
						Yes No
b If "Yes," describe in		anization is exempt und	$\frac{1}{2}$	except section	501(0)(	3)
-		by the filing organization for sec		•		•
		ization's funds contributed to oth			φ	
exempt function ac			-		\$	
	ion expenditures	. Add lines 1 and 2. Enter here a	nd on Form 1120-POI		¥	
•	•				\$	
		1120-POL for this year?				Yes No
		ployer identification number (EI				ne filing organization
made payments. Fo	or each organiza <sup>.</sup>	tion listed, enter the amount paic	d from the filing organiz	ation's funds. Also er	nter the a	mount of political
		omptly and directly delivered to a		•	eparate s	egregated fund or a
political action com	mittee (PAC). If a	additional space is needed, prov	ide information in Part	IV.		
<b>(a)</b> Name	9	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's co er-0	(e) Amount of political ntributions received and promptly and directly delivered to a separate political organization. If none, enter -0
For Paperwork Reduct	ion Act Notice,	see the Instructions for Form 9	990 or 990-EZ.		Sche	edule C (Form 990) 2022

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Sche			ND STREET,			584032 Page 2					
Pa	rt II-A Complete if the org	ganization is ex	empt under secti	on 501(c)(3) and fi	led Form 5768 (el	ection under					
	section 501(h)).										
Α (	Check 🔲 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,										
	expenses, and share of excess lobbying expenditures).										
B	Check if the filing organization checked box A and "limited control" provisions apply.										
	Limi (The term "expen	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals								
1a	Total lobbying expenditures to infl	uence public opinio	n (grassroots lobbying)								
b	Total lobbying expenditures to infl	uence a legislative l	ody (direct lobbying)		120,000.						
с	Total lobbying expenditures (add l	ines 1a and 1b)	, , , , ,		120,000.						
d	Other exempt purpose expenditur				20,924,696.						
е					21,044,696.						
f	Lobbying nontaxable amount. Ent				1,000,000.						
	If the amount on line 1e, column (a) of		obbying nontaxable a								
	Not over \$500.000	( )	of the amount on line 1								
	Over \$500,000 but not over \$1,00	0.000 \$100	,000 plus 15% of the ex	cess over \$500.000.							
	Over \$1,000,000 but not over \$1,5		,000 plus 10% of the ex								
	Over \$1,500,000 but not over \$17	,	,000 plus 5% of the exc	.,,,							
	Over \$17,000,000		00,000.								
		<b>•</b> ••,••									
g	Grassroots nontaxable amount (er	nter 25% of line 1f)			250,000.						
h	Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.						
i	Subtract line 1f from line 1c. If zero	o or less, enter -0-			0.						
j	If there is an amount other than ze	ero on either line 1h	or line 1i, did the organ	zation file Form 4720							
	reporting section 4911 tax for this	year?				Yes No					
		4-Year	Averaging Period Unde	r Section 501(h)							
	(Some organizations t		n 501(h) election do no arate instructions for		of the five columns b	elow.					
		Lobbying Ex	penditures During 4-Y	ear Averaging Period							
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> Total					

Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	( <b>d)</b> 2022	<b>(e)</b> Total
2a Lobbying nontaxable amount	1,000,000.	861,677.	1,000,000.	1,000,000.	3,861,677.
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					5,792,516.
<b>c</b> Total lobbying expenditures	108,150.	120,400.	120,000.	120,000.	468,550.
<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					

Schedule C (Form 990) 2022

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# 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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b	)
	e lobbying activity.	Yes	No	Amo	unt
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)?				
b	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				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	, or se	ction	
	501(c)(6).				
				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?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior year?	3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR (I	b) Part	III-A, lin	e 3, is
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
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 exce	SS			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group I	ist); Part II-A,	lines 1 a	and 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-A, LINE 1 AND 2, LOBBYING ACTIVITIES:				
TH	E ORGANIZATION ENGAGED A LOBBYIST TO REPRESENT THE C	RGANIZ	ATIO	N BEFC	RE
TH	E EXECUTIVE AND LEGISLATIVE GOVERNMENT BRANCHES OF E	вотн тн	EST	ATE AN	ID
TH	E CITY OF NEW YORK TO SECURE FUNDING FOR THE ORGANIZ	ATION'	S CA	PITAL	AND
PRO	OGRAMMATIC NEEDS.				

232043 11-08-22

Schedule C (Form 990) 2022

SCHEDULE D

#### (Form 990)

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.

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

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Nume of the organizatio	Name	of the	organizatio
-------------------------	------	--------	-------------

Nam	e of the organization THE NEW 42ND STRE	ET INC.	Employer identification number 13-3584032
Pa			
га	organization answered "Yes" on Form 990, Part IV,		S OF ACCOUNTS. Complete if the
		(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 i		sed funds
Ŭ	are the organization's property, subject to the organization	5	
6	Did the organization inform all grantees, donors, and dono		
•	for charitable purposes and not for the benefit of the dono		
Pa			
1	Purpose(s) of conservation easements held by the organiz	•	,
	Preservation of land for public use (for example, recr		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic		
d	Number of conservation easements included in (c) acquire		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred,		
	year		
4	Number of states where property subject to conservation	easement is located	
5	Does the organization have a written policy regarding the p	periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easement	s it holds?	Yes 🔄 No
6	Staff and volunteer hours devoted to monitoring, inspectin	ng, handling of violations, and enforcing cor	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, ha	andling of violations, and enforcing conservation	ation easements during the year
8	Does each conservation easement reported on line 2(d) ab		
-	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserv		
	balance sheet, and include, if applicable, the text of the for	othote to the organization's financial staten	nents that describes the
Da	organization's accounting for conservation easements. t III Organizations Maintaining Collections	of Art Historical Treasures or (	ther Similar Assets
1 0	Complete if the organization answered "Yes" on Fo		Viner Olimital Assets.
12	If the organization elected, as permitted under FASB ASC		and balance sheet works
Ia	of art, historical treasures, or other similar assets held for p	, ,	
	service, provide in Part XIII the text of the footnote to its fir	, ,	
b	If the organization elected, as permitted under FASB ASC		
b	art, historical treasures, or other similar assets held for put		
		Sic exhibition, education, of research in fun	nerance of public service,
	<ul><li>provide the following amounts relating to these items:</li><li>(i) Revenue included on Form 990, Part VIII, line 1</li></ul>		æ
			•
2	If the organization received or held works of art, historical t	treasures, or other similar assets for financi	
-	the following amounts required to be reported under FASE		a gan, provido

a Revenue included on Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

232051 09-01-22

Schedule D (Form 990) 2022

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30 2022.05090 THE NEW 42ND STREET, INC.

	dule D (Form 990) 2022 THE NEW	42ND STRE			easures.	or Oth			58403 ets(contin		age <b>2</b>
3	Using the organization's acquisition, accessi										
	collection items (check all that apply):	,	,	,	5		5				
а	Public exhibition	c	1 L	Loan or exc	hange progr	am					
b	Scholarly research	e									
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how t	hey further t	he organizat	ion's exe	empt purp	ose in Pa	art XIII.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be m	aintained as part of	the orga	anization's co	ollection?			C	Yes		No
Pa	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered	"Yes" or	n Form 99	0, Part IV	/, line 9, oi	•	
1a	Is the organization an agent, trustee, custod		diary for	contribution	s or other a	ssets no	t included	1			
Ĩ	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
-	······································								Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Pa	t V Endowment Funds. Complete i										
		(a) Current year	(b) F	Prior year	(c) Two yea	irs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions								_		
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance				<u> </u>						
2	Provide the estimated percentage of the cur	rent year end baland		ig, column (a	a)) neid as:						
a L	Board designated or quasi-endowment Permanent endowment	%	_%								
b		%									
С	The percentages on lines 2a, 2b, and 2c sho	· -									
30	Are there endowment funds not in the posse	-	ration th	at are held a	and administ	arad for	tha				
Ja	organization by:	ssion of the organiz	ation th	at are neiu a			uie		1	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	ired on §	Schedule R?	•				3b		
4	Describe in Part XIII the intended uses of the				•••••						
Pa	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 99	0, Part l'	V, line 11a. S	See Form 99	0, Part X	, line 10.				
	Description of property	(a) Cost or o basis (investi			t or other (other)		Accumulat		<b>(d)</b> Boo	k valu	e
1a	Land										
	Buildings			34,91	3,893.	19,	988,7	78.	14,92	5,1	15.
	Leasehold improvements			25,65	6,135.	11,	429,6	22.	14,22	6,5	13.
	Equipment			-	6,415.	-	750,5			5,8	
	Other			2,35	4,781.	1,	963,8			0,9	
	. Add lines 1a through 1e. (Column (d) must e		X, colui	mn (B), line 1	10c.)				30,13	8,4	22.

Schedule D (Form 990) 2022

232052 09-01-22

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-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	l-of-vear 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"		11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" (a) (1) ACCRUED SUBLEASE INCOME		11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" (a) (1) ACCRUED SUBLEASE INCOME (2)		11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" (a) (1) ACCRUED SUBLEASE INCOME (2) (3)		11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" (a) (1) ACCRUED SUBLEASE INCOME (2) (3) (4)		11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" (a) (1) ACCRUED SUBLEASE INCOME (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" (a) (1) ACCRUED SUBLEASE INCOME (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" (a) (1) ACCRUED SUBLEASE INCOME (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" (a) (1) ACCRUED SUBLEASE INCOME (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d. See Form 990, Part X, line 15.	4,127,920
Complete if the organization answered "Yes" (a) (1) ACCRUED SUBLEASE INCOME (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description	11d. See Form 990, Part X, line 15.	4,127,920
Complete if the organization answered "Yes" (a) (1) ACCRUED SUBLEASE INCOME (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		4,127,920
Complete if the organization answered "Yes" (a) (1) ACCRUED SUBLEASE INCOME (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (b) Pareisition of "bet"	Description		4,127,920
Complete if the organization answered "Yes" (a) (1) ACCRUED SUBLEASE INCOME (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	Description		4,127,920
Complete if the organization answered "Yes" (a) (1) ACCRUED SUBLEASE INCOME (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description		4,127,920 4,127,920 4,127,920
Complete if the organization answered "Yes" (a) (1) ACCRUED SUBLEASE INCOME (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS HELD	Description		4,127,920 4,127,920 4,127,920
Complete if the organization answered "Yes" (a) (1) ACCRUED SUBLEASE INCOME (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS HELD (3)	Description		4,127,920 4,127,920 4,127,920
Complete if the organization answered "Yes" (a) (1) ACCRUED SUBLEASE INCOME (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS HELD (3) (4)	Description		4,127,920 4,127,920 4,127,920
Complete if the organization answered "Yes" (a) (1) ACCRUED SUBLEASE INCOME (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS HELD (3) (4) (5)	Description		4,127,920 4,127,920 4,127,920
Complete if the organization answered "Yes" (a) (1) ACCRUED SUBLEASE INCOME (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS HELD (3) (4) (5) (6)	Description		4,127,920 4,127,920 4,127,920
Complete if the organization answered "Yes" (a) (1) ACCRUED SUBLEASE INCOME (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS HELD (3) (4) (5) (6) (7)	Description		4,127,920 4,127,920 4,127,920
Complete if the organization answered "Yes" (a) (1) ACCRUED SUBLEASE INCOME (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS HELD (3) (4) (5) (6)	Description		4,127,920 4,127,920 4,127,920
Complete if the organization answered "Yes" (a) (1) ACCRUED SUBLEASE INCOME (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS HELD (3) (4) (5) (6) (7)	Description		4,127,920

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2022

232053 09-01-22

# Schedule D (Form 990) 2022 THE NEW 42ND STREET, INC. 13-3584032 Page 3

Part VII Investments - Other Securities.

Schedule D (Form 990) 2022	THE NEW 42ND S	STREET,	INC.		1	13-	3584032	Page <b>4</b>
Part XI Reconciliation	n of Revenue per Audited	d Financial	Statements V	/ith Revenu				
Complete if the or	ganization answered "Yes" on Fe	orm 990, Part	IV, line 12a.					
1 Total revenue, gains, and	other support per audited finan	cial statement	S			1	23,711	,261.
2 Amounts included on line	e 1 but not on Form 990, Part VII	I, line 12:			Γ			
a Net unrealized gains (loss	ses) on investments		2a	149	,552.			
	e of facilities							
	grants							
	III.)							
						2e		,552.
	1					3	23,561	,709.
	rm 990, Part VIII, line 12, but not							
a Investment expenses not	t included on Form 990, Part VIII	, line 7b	4a	14	,853.			
<b>b</b> Other (Describe in Part X	III.)		4b					
c Add lines <b>4a</b> and <b>4b</b>						4c		,853.
	3 and 4c (This must equal Form	990 Part I lin	e 12)			5	23,576	,562.
5 Total revenue. Add lines						-		
5 Total revenue. Add lines	n of Expenses per Audite					Retu		
5 Total revenue. Add lines		ed Financia	al Statements				irn.	
5 Total revenue. Add lines Part XII Reconciliation Complete if the or 1 Total expenses and losse	n of Expenses per Audite ganization answered "Yes" on Fe es per audited financial statement	e <b>d Financia</b> orm 990, Part its	al Statements V IV, line 12a.	With Expen	ses per l	Retu		
5 Total revenue. Add lines Part XII Reconciliation Complete if the or 1 Total expenses and losse 2 Amounts included on line	n of Expenses per Audite ganization answered "Yes" on Fr es per audited financial statemer e 1 but not on Form 990, Part IX,	ed Financia orm 990, Part its line 25:	al Statements V IV, line 12a.	With Expen	ses per l		irn.	
5 Total revenue. Add lines Part XII Reconciliation Complete if the or 1 Total expenses and losse 2 Amounts included on line	n of Expenses per Audite ganization answered "Yes" on Fe es per audited financial statement	ed Financia orm 990, Part its line 25:	al Statements V IV, line 12a.	With Expen	ses per l		irn.	
<ul> <li>5 Total revenue. Add lines</li> <li>Part XII Reconciliation</li> <li>Complete if the or</li> <li>1 Total expenses and losse</li> <li>2 Amounts included on line</li> <li>a Donated services and us</li> </ul>	n of Expenses per Audite ganization answered "Yes" on Fr es per audited financial statemer e 1 but not on Form 990, Part IX,	ed Financia orm 990, Part hts line 25:	IV, line 12a.	With Expen	ses per l		irn.	
5 Total revenue. Add lines Part XII Reconciliation Complete if the or 1 Total expenses and losse 2 Amounts included on line a Donated services and us b Prior year adjustments	n of Expenses per Audite ganization answered "Yes" on Frees per audited financial statement to 1 but not on Form 990, Part IX, e of facilities	ed Financia orm 990, Part its line 25:	IV, line 12a.	With Expen	ses per l		irn.	
5 Total revenue. Add lines Part XII Reconciliation Complete if the or 1 Total expenses and losse 2 Amounts included on line a Donated services and us b Prior year adjustments c Other losses	n of Expenses per Audite ganization answered "Yes" on Fe es per audited financial statemen a 1 but not on Form 990, Part IX, e of facilities	ed Financia orm 990, Part its line 25:	IV, line 12a. 2a 2b 2c	With Expen	ses per l		irn.	,843.
<ul> <li>5 Total revenue. Add lines</li> <li>Part XII Reconciliation Complete if the or</li> <li>1 Total expenses and losse</li> <li>2 Amounts included on line</li> <li>a Donated services and us</li> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part X)</li> <li>e Add lines 2a through 2d</li> </ul>	n of Expenses per Audite ganization answered "Yes" on Fi sper audited financial statemer a 1 but not on Form 990, Part IX, e of facilities	ed Financia orm 990, Part tts line 25:	al Statements V IV, line 12a. 2a 2b 2c 2d	With Expen	ses per l		rn. 21,029	,843.
<ul> <li>5 Total revenue. Add lines</li> <li>Part XII Reconciliation Complete if the or</li> <li>1 Total expenses and losse</li> <li>2 Amounts included on line</li> <li>a Donated services and us</li> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part X)</li> <li>e Add lines 2a through 2d</li> </ul>	n of Expenses per Audite ganization answered "Yes" on Fe es per audited financial statemen e 1 but not on Form 990, Part IX, e of facilities	ed Financia orm 990, Part tts line 25:	al Statements V IV, line 12a. 2a 2b 2c 2d	With Expen	ses per l	1	irn.	,843.
<ul> <li>5 Total revenue. Add lines</li> <li>Part XII Reconciliation</li> <li>Complete if the or</li> <li>1 Total expenses and losse</li> <li>2 Amounts included on line</li> <li>a Donated services and us</li> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part X)</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line</li> <li>4 Amounts included on For</li> </ul>	n of Expenses per Audite ganization answered "Yes" on Fr es per audited financial statemer e 1 but not on Form 990, Part IX, e of facilities III.) 1 m 990, Part IX, line 25, but not c	ed Financia orm 990, Part tts line 25:	IV, line 12a. 2a 2b 2c 2d	With Expen	ses per l	1 2e	rn. 21,029	,843.
<ul> <li>5 Total revenue. Add lines</li> <li>Part XII Reconciliation</li> <li>Complete if the or</li> <li>1 Total expenses and losse</li> <li>2 Amounts included on line</li> <li>a Donated services and us</li> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part X)</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line</li> <li>4 Amounts included on For</li> </ul>	n of Expenses per Audite ganization answered "Yes" on Fe es per audited financial statemer e 1 but not on Form 990, Part IX, e of facilities	ed Financia orm 990, Part tts line 25:	IV, line 12a. 2a 2b 2c 2d	With Expen	ses per l	1 2e	rn. 21,029	,843.
<ul> <li>5 Total revenue. Add lines</li> <li>Part XII Reconciliation Complete if the or</li> <li>1 Total expenses and losse</li> <li>2 Amounts included on line</li> <li>a Donated services and us</li> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XI</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line</li> <li>4 Amounts included on For</li> <li>a Investment expenses not</li> </ul>	n of Expenses per Audite ganization answered "Yes" on Fr es per audited financial statemer e 1 but not on Form 990, Part IX, e of facilities III.) 1 m 990, Part IX, line 25, but not c	ed Financia orm 990, Part its line 25: on line 1: , line 7b	al Statements V IV, line 12a. 2a 2b 2c 2d 2d	With Expen	ses per l	1 2e	rn. 21,029 21,029	,843. 0. ,843.
<ul> <li>5 Total revenue. Add lines</li> <li>Part XII Reconciliation Complete if the or</li> <li>1 Total expenses and losse</li> <li>2 Amounts included on line</li> <li>a Donated services and us</li> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XI</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line</li> <li>4 Amounts included on For</li> <li>a Investment expenses not</li> <li>b Other (Describe in Part XI</li> <li>c Add lines 4a and 4b</li> </ul>	n of Expenses per Audite ganization answered "Yes" on Fe as per audited financial statemen a 1 but not on Form 990, Part IX, e of facilities III.) 1 m 990, Part IX, line 25, but not of t included on Form 990, Part VIII III.)	ed Financia orm 990, Part tits line 25: on line 1: , line 7b	IV, line 12a. 2a 2b 2c 2d 4a 4b	With Expen	, 853.	1 2e 3 4c	rn. 21,029 21,029 21,029	,843. 0. ,843.
<ul> <li>5 Total revenue. Add lines</li> <li>Part XII Reconciliation Complete if the or</li> <li>1 Total expenses and losse</li> <li>2 Amounts included on line</li> <li>a Donated services and us</li> <li>b Prior year adjustments</li> <li>c Other losses</li> <li>d Other (Describe in Part XI</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line</li> <li>4 Amounts included on For</li> <li>a Investment expenses not</li> <li>b Other (Describe in Part XI</li> <li>c Add lines 4a and 4b</li> </ul>	n of Expenses per Audite ganization answered "Yes" on Fi se per audited financial statemen e 1 but not on Form 990, Part IX, e of facilities III.) 1 m 990, Part IX, line 25, but not of t included on Form 990, Part VIII III.) s 3 and 4c. (This must equal Forr	ed Financia orm 990, Part tits line 25: on line 1: , line 7b	IV, line 12a. 2a 2b 2c 2d 4a 4b	With Expen	, 853.	1 2e 3	rn. 21,029 21,029	,843. 0. ,843.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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Schedule D (Form 990) 2022

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SCHEDULE G	Suppleme	ntal Information Regarding	, Fun	drais	ing or Gaming	Activ	vities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on				or 19,	or if the	2022
	C	organization entered more than \$1 Attach to Form 990 o						Open to Public
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instru				n.		Inspection
Name of the organization								entification number
Part I Fundrais		• <b>42ND STREET</b> , <b>INC</b> .		(00" 0	a Farm 000 Dart IV/	line 1	<u>13-3584</u>	
	complete this par		erea r	es o	1 Form 990, Part IV, 1	ine i	r. Form 990-E	z mers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations blicitations on have a written o ted in Form 990, P ) highest paid indiv	f Solicita g Special or oral agreement with any individua Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra l (inclue	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees,	Ye:	
.,	nd address of individual entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity			tò (o f	Amount paid r retained by) undraiser ed in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization		
			Yes	No				
			1					
Total 3 List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solicit	contrik	outions	s or has been notified	d it is (	exempt from I	registration
or licensing.								

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

Schedule G (Form 990) 2022

232081 10-27-22

Sch	edu	ile G (Form 990) 2022 THE NEW	42ND STREET	, INC.	13-	3584032 Page 2				
Pa	Part II         Fundraising Events.         Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.									
			(a) Event #1 GALA BENEFIT	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through				
e			(event type)	(event type)	(total number)	col. <b>(c)</b> )				
Revenue	1	Gross receipts	1,211,430.			1,211,430.				
	2	Less: Contributions	1,083,101.			1,083,101.				
	3	Gross income (line 1 minus line 2)	128,329.			128,329.				
	4	Cash prizes								
s	5	Noncash prizes								
kpense	6	Rent/facility costs								
Direct Expenses	7	Food and beverages	128,329.			128,329.				
Ō										

	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			128,329.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			0.
Pa	rt II	<b>Gaming.</b> Complete if the organization a	answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
				(b) Dull tabe/instant		(d) Total camina (add

Revenue		<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
SS	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
Direct E	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	5 in column (d)			
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
	Enter the state(s) in which the organization conducts the organization licensed to conduct gaming act of "No," explain:	tivities in each of these	states?		Yes No
	Were any of the organization's gaming licenses really of the organ				Yes No
2320	 32 10-27-22			Sche	dule G (Form 990) 2022

35 2022.05090 THE NEW 42ND STREET, INC. 2130\_\_\_1

Schedule G (Form 990) 2022 THE	NEW 42ND	STREE1	, INC.		<u>13-</u> 3	584032	Page
11 Does the organization conduct gaming a						Yes	
<b>12</b> Is the organization a grantor, beneficiary							
to administer charitable gaming?						Ves	
13 Indicate the percentage of gaming activit							
a The organization's facility						13a	
<ul> <li>b An outside facility</li> <li>14 Enter the name and address of the personal descent facility</li> </ul>						13b	
Linter the name and address of the perso	in who prepares th	ie organization	r s garning/sp				
Name							
Address							
<b>15a</b> Does the organization have a contract wi	th a third party from	m whom the o	organization re	ceives gaming revenue?		Yes	
<b>b</b> If "Yes," enter the amount of gaming reve of gaming revenue retained by the third p			n \$	and the	amount		
c If "Yes," enter name and address of the t							
	in a party.						
Name							
Address							
<b>16</b> Gaming manager information:							
Name							
Gaming manager compensation \$							
5 5 1		-					
Description of services provided							
<ul> <li>17 Mandatory distributions:</li> <li>a Is the organization required under state la retain the state gaming license?</li> <li>b Enter the amount of distributions required</li> </ul>					ont in the	Yes	
organization's own exempt activities duri		s be distribut	ed to other exi	empt organizations or sp	ent in the		
Part IV Supplemental Informatio			uired by Part I	, line 2b, columns (iii) and	d (v); and Pa	rt III, lines 9	9b, 1
15b, 15c, 16, and 17b, as applica			•		( )/	,	
32083 10-27-22					Schedu	ule G (Form	990) 2
	_		36			-	-
60513 759420 2130	2022	.05090	THE NEW	42ND STREET	, INC.	213	0

	Schedule G	a (Form 990)
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Part IV Supplemental Information	On (continued)
	Schedule G (Form
32084 04-01-22	37
.60513 759420 2130	2022.05090 THE NEW 42ND STREET, INC. 2130

(Form 990)       For certain Officers, Directors, Trustees, Key Employees, and Highest Complete if the organization Attact to Form 900. Derived the set information.       Duration         Determine of the feature feature feature feature membership for the set information.       Employer identification number THE NEW 42ND STREET, INC.       Employer identification number 1.3 - 35.8 40.3.2.         Part I       Questions Regarding Complexities To any only on the following to or for a parson listed on Form 900. The New 42ND STREET, INC.       Imployer identification number 1.3 - 35.8 40.3.2.         Part I       Questions Regarding Complexities To any only on the following to or for a parson listed on Form 900. The information of proseup payments       Imployer identification number (Imployer identification number)         Imployer information of proseup payments       Imployer identification number (Imployer identification number)       Imployer identification number (Imployer identification number)         Imployer information of proseup payments       Imployer identification number (Imployer identification number)       Imployer identification number (Imployer identification number)         Imployer identification number if any of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or nimbunsement or provision of all of the supprisonal set identification number if any of the organization or anial domina gammes and sorred by all directors, trustees, and officers, including the CEO/Executive Director, the exployer identification number if any of the organization or anial dome gammes in the number of any and in the supprisonal dison of the CEO/Executive Director, the exployer isona	SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-00	47
Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.     Attach to Form 990.     Complete if the organization     THE NEW 42ND STREET, INC.     Employee identification number     13 – 358 40 32     Part II.     Auter to Form 990.     Auter to Form 990.     THE NEW 42ND STREET, INC.     Issue to make the set of the organization     THE NEW 42ND STREET, INC.     Issue to make the set of the organization     THE NEW 42ND STREET, INC.     Issue to make the set of the organization     THE NEW 42ND STREET, INC.     Issue to make the set of the organization provided any of the following to or for a person listed on Form 900,     Part II.     Part I			-		20	22	)
Department         Attach to Form 990.         Open to Public           Name of the organization         THE NEW 42ND STREET, INC.         Employer identification number           13 - 358 40.32         THE NEW 42ND STREET, INC.         Strengthewn 54000000000000000000000000000000000000	•	,	Compensated Employees		ΖU		<b>=</b>
Internet formation         Inspection           THE NEW 42ND STREET, INC.         Employer identification number 13 - 3584032           Part II         Questions Regarding Compensation           Is Check the appropriate box(es) if the organization provide any of the following to or for a person listed on Form 980, Part II, Section A, line 12, complete Fart III to rowide any relevant information regarding these items.         Image the organization and gross-up payments           Is Check the appropriate box(es) if the organization provide any relevant information regarding these items.         Image the organization and gross-up payments           Is an other travel         Image the organization follow a written policy regarding payment or reinbursement or provision of all of the expenses described above? If "No", complete Part III to explain         10           2         Indicate which, if any, of the following the organization tollow a written policy regarding payment or reinbursement or provision of all of the explaining the tems to exclude the organization's CEO/Executive Director, creating the tems tocked on line 1a?         2           3         Indicate which, if any, of the following the organization used to establish the compensation committee         11           IX         Compensation complete Part III to explain         2           3         Indicate which, if any, of the following the organization used to establish compensation committee         11           IX         Companization complete Part III to explain in Part III.         X proval by the board or compensatio	_				Open to	Publ	ic
Name of the organization         Employer identification number 13 - 3584032           Part I         Questions Regarding Compensation         Yes         No <ul></ul>					Inspe	ction	
Part I       Questions Regarding Compensation         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.       Image: Complete Part III to provide any relevant information regarding these items.         Image: Instant to the second complete Part III to provide any relevant information regarding these items.       Image: Complete Part III to provide any relevant information regarding these items.       Image: Complete Part III to provide any relevant information regarding these items.         Image: Instant to require basic to personal resolutions of the organization relevance or residence of personal resolutions of the organization relevance or residence installant relevance is clearch as an indicate.       Image: Complete Part III to explain and the explain and participation is the relevance in relevance or relevance or participation is a relevance or participation is a cellulation or relevance or participation is a relevance or participation is a cellulation provided and participation is a relevance or participation is a cellulation provide or relevance or participation is a relevance or participation or a new cellulation consultant is apply. Do not relevance is the organization array relevance or participation or a set as a supplemental norqualified retirement plan?       Image: Addition and addition and provide the applicable amounts for each item in Part III.         Auring the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization requerement?       Image: Add	Nan	ne of the organization		Employer id	entificatio	on nu	mber
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.       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.       Yes       No         1a       Indemnification and gross-up payments       Health or social club dues or initiation foes       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 provide any relevant written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No", complete Part III to provide any relevant written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No", complete Part III to provide any relevant written part III.       Ito the organization is a complete Part III.       Ito the payment or charter tax       Ito the organization is a complete Part III.       Ito the organization is a complete Part III.       Ito the expenses in committee       Ito the expenses in committee       Ito the organization is a complete Part III.       Ito the payment is complete Part III.				13-3	58403	2	
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, Ine 1a. Compute Part III to provide any relevant information regarding these items.           Impact Alass or charter travel         Housing allowance or residence for personal use Parsent for companions         Payments for business use of personal residence in travel for companions         Payments for business use or personal residence in travel for companions         Payments for business use or personal residence in travel for companions         Payments for business use or personal residence in travel for companions         Payments for business use or personal residence in the appropriate payment or provision of all of the expenses described above? If "No," complete Part III to explain         1b           2         Indicate which, if any, of the following the organization rough or allowing express incurred by all directors, trustees, and officers, including the CEO/Executive Director, tregarding 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 to establish compensation or molitat         X         2           11         X         Compensation second by the boad or compensation committee         2         1b           2         Uning 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:         2         2           4         During the year, did any person listed on Form 990, Part VII,	Pa	rt I Question	s Regarding Compensation				
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Comparison of Comparison						Yes	No
Image: Second	1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Forn	n 990,			
Image: Travel for companions       Payments for business use of personal residence         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Travel for companions         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for the companication requires substantiation pror to reimbursing or allowing expenses incurred by all directors, travel travel for momentations       2         Image: Travel for companions       Travel for companions       Travel for companions         Image: Travel for companions       Travel for companions       Travel for companions         Image: Travel for companions       Travel for companions       Travel for companions         Image: Travel fo		Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
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, but explain in Part III.       2         Image: Compensation committee       Image: Compensation consultant       2         Image: Compensation consultant       Image: Compensation committee       3         Image: Device payment from an equity-based compensation arrangement?       4a       X         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:       4a       X         6 Participate in or receive payment from an equity-based compensation arrangement?       4a       X         7 Presons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the rest ensity of the standischore in Part III.       5b       X      <		First-class or c	harter travel Housing allowance or residence for perso	onal use			
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 incured 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 to establish compensation or net electroburs Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       X       Compensation committee       2         3       Indicate which, if any, of the following the organization were or study       X       Compensation committee       2         X       Compensation committee       X       Written employment contract       3       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?       4a       X         6       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         6       Participate in or cecive payment from a supolemental nonqualified retirement plan? <td< td=""><td></td><td>Travel for com</td><td>panions</td><td>esidence</td><td></td><td></td><td></td></td<>		Travel for com	panions	esidence			
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 committee       2         3       Indicate which, if any, of the following the organization:       2       2         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:       3       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:       4a       X         4       During the year, did any person and provide the applicable amounts for each item in Part III.       4b       X         6       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or a		Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
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 comsultate       2         Image: Compensation committee       Image: Compensation survey or study       2         Image: Compensation committee       Image: Compensation survey or study       2         Image: Compensation committee       Image: Compensation survey or study       2         Image: Compensation committee       Image: Compensation survey or study       2         Image: Compensation committee       Image: Compensation survey or study       2         Image: Compensation committee       Image: Compensation survey or study       2         Image: Compensation committee       Image: Compensation survey or study       2         Image: Compensation committee       Image: Compensation survey or study       2         Image: Compensation committee       Image: Compensation survey or study       2         Image: Compensation committee       Image: Compensation survey or study		Discretionary s	spending account Personal services (such as maid, chauffe	ur, chef)			
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 comsultate       2         Image: Compensation committee       Image: Compensation survey or study       2         Image: Compensation committee       Image: Compensation survey or study       2         Image: Compensation committee       Image: Compensation survey or study       2         Image: Compensation committee       Image: Compensation survey or study       2         Image: Compensation committee       Image: Compensation survey or study       2         Image: Compensation committee       Image: Compensation survey or study       2         Image: Compensation committee       Image: Compensation survey or study       2         Image: Compensation committee       Image: Compensation survey or study       2         Image: Compensation committee       Image: Compensation survey or study       2         Image: Compensation committee       Image: Compensation survey or study							
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.       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       3         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:       4a       X         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 payment from a supplemental nonqualified retirement plan?       4a       X         4       During the year, did any person and provide the applicable amounts for each item in Part III.       4b       X         5       Participate in or receive payment from a supplemental companization pay or accrue any compensation contingent on the revenues of:       5a       X         5       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:       5a       X	b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
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.         Image: Compensation committee       Image: Compensation committee         Image: Compensation committee       Image: Compensation committee     <		reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		. 1b		
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 committee       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization 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:       Image: Add the organization pay or accrue any compensation contingent on the revenues of:       Image: Add the organization pay or accrue any compensation contingent on the revenues of:       Image: Add the organization pay or accrue any compensation contingent on the net earnings of:       Image: Add the organization pay o	2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
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.       Image: Compensation of the CEO/Executive Director, but explain in Part III.         Image: Compensation of the CEO/Executive Director, but explain in Part III.       Compensation committee       Image: Compensation committee         Image: Compensation committee       Image: Compensation survey or study       Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation arrangement?       Image: Compensation committee         Image: Compensation:       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation:       Image: Compensation committee		trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
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.       Image: Compensation of the CEO/Executive Director, but explain in Part III.         Image: Compensation of the CEO/Executive Director, but explain in Part III.       Compensation committee       Image: Compensation survey or study         Image: Compensation committee       Image: Compensation survey or study       Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation and campeid-based compensation arrangement?       Image: Compensation         Image: Compensation:       Image: Compensation committee       Image: Compensation committee       Image: Compensation         Image: Compensis isted on Form 990, Part VII, Section A, line 1a, did							
establish compensation of the CEO/Executive Director, but explain in Part III.       X       Compensation committee       X       Written employment contract         X       Independent compensation consultant       X       Compensation survey or study       X       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:       4a       X         a       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         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         ft "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III.       6       5a       X         b       Any related organization?       5a       X       X         ft "Yes" to nine 5a or 5b, describe in Part III.       5b       X       X         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:       5a       X         a The organization?       5a       X       X       bay related organization?       6a       X         ft "Yes"	3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization?	s			
X       Compensation committee       X       Written employment contract         X       Independent compensation consultant       X       Compensation survey or study         X       Form 990 of other organizations       X       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a       Receive a severance payment or change of control payment?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       6a       X         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:       5a       X         a       The organization?       5a       X       5b       X         ft "Yes" on line 5a or 5b, describe in Part III.       6b       X       6b       X         b       Any related organization?		CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	tion to			
Independent compensation consultant       Image: Compensation survey or study         Image: Compensation survey of other organizations       Image: Compensation survey or study         Image: Compensation or a related organizations       Image: Compensation survey or study         Image: Compensation or a related organization:       Image: Compensation or a related organization:         Image: Compensation or a related organization:       Image: Compensation organization:         Image: Compensation or receive payment from an supplemental nonqualified retirement plan?       Image: Compensation arrangement?         Image: Compensation or a related organization or a related organization or a related organization arrangement?       Image: Compensation arrangement?         Image: Compensation or receive payment from an equity-based compensation arrangement?       Image: Compensation arrangement?         Image: Compensation or the revenues of:       Image: Compensation pay or accrue any compensation contingent on the revenues of:         Image: Compensation?       Image: Compensation pay or accrue any compensation contingent on the revenues of:         Image: Compensation?       Image: Compensation pay or accrue any compensation contingent on the retermings of:         Image: Compensation?       Image: Compensation pay or accrue any compensation contingent on the retermings of:         Image: Compensation?       Image: Compensation pay or accrue any compensation contingent on the retermings of:         Image: Compensation?		establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
Image: Section Section Section A section A section A section A section B and		X Compensation	a committee X Written employment contract				
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:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4a       X         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:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         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:       6a       X         a       The organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X		X Independent of	compensation consultant Compensation survey or study				
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organization or a related organization:       4a       X         a 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         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a.c., list the persons and provide the applicable amounts for each item in Part III.       4c       X         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:       5a       X         a The organization?       5a       X       1         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       5a       X         a The organization?       6a       X         b Any related organization?       6a       X         b Any related organization?       6b       X         b Any related organization?       6b       X         b Any related organization?       6b       X         b Any related organization?							
a 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         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         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:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         lf "Yes" on line 5a or 5b, describe in Part III.       6a       X         b Any related organization?       6a       X         lf "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       7       X         9 Any related organization?       6a       X         b Any related organization?       6a       X         b Any related organization?       6a       X         b Any related organization?       6a       X         f "Yes" on line 6a or 6b, describe in Part	4	During the year, did	I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         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:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X		•					
c       Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         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:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       5b       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. </td <td>а</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	а						
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Control of Co	b					X	L
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: <ul> <li>a</li> <li>The organization?</li> <li>5a</li> <li>X</li> <li>b</li> <li>Any related organization?</li> <li>ff "Yes" on line 5a or 5b, describe in Part III.</li> <li>6</li> <li>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:</li></ul>	С				<b>4c</b>		
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:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9		If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
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:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9							
contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9	_						
a The organization?       5a       X         b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         contingent on the net earnings of:       6b       X         a The organization?       6b       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	5			on			
b       Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9		•					v
If "Yes" on line 5a or 5b, describe in Part III.       Image: Section 1 and the section 2 and the	a	Ine organization?			. <u>5</u> a		
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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	b				5b		
contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	-						
a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	6	-		on			
b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9		•					v
If "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9	a	The organization?			6a		
<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li> <li>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</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, d</li></ul>	b				6b		
not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	_			_			
<ul> <li>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</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> </ul>	7				_		v
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	~				. 7		
9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in         Regulations section 53.4958-6(c)?       9	8	•					v
Regulations section 53.4958-6(c)?	~				8		
( /	9						

232111 10-18-22

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 2022.05090 THE NEW 42ND STREET, INC. 2130\_1

#### 13-3584032

#### 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>(B)</b> Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RUSSELL GRANET	(i)	564,450.	0.	0.	16,369.	18,754.	599,573.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) CORA CAHAN	(i)	196,021.	0.	0.	0.	0.	196,021.	120,417.
	ii)	0.	0.	0.	0.	0.	0.	0.
(3) LISA POST	(i)	261,547.	0.	0.	12,921.	7,766.	282,234.	0.
CHIEF OPERATING OFFICER (THROUGH 10/	ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHELE PAGNOTTA	(i)	192,850.	0.	0.	2,466.	0.	195,316.	0.
VICE PRESIDENT, FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELIZABETH CASHOUR	(i)	202,296.	0.	0.	9,957.	5,574.	217,827.	0.
VICE PRESIDENT, DEVELOPMENT	ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARY ROSE	(i)	227,670.	0.	0.	11,203.	5,574.	244,447.	0.
DIRECTOR OF ARTISTIC PROGRAMMING	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LINDSEY BULLER MALIEKEL	(i)	151,545.	0.	0.	7,468.	10,685.	169,698.	0.
VP OF EDUCATION & PUBLIC ENGAGEMENT (	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) COURTNEY BODDIE	(i)	151,528.	0.	0.	7,467.	10,685.	169,680.	0.
VP OF EDUCATION & SCHOOL ENGAGEMENT (	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) TAYLOR VINCENT	(i)	144,538.	0.	0.	4,295.	14,902.	163,735.	0.
DIR IT, CYBER SEC. & INFRASTRUCTURE (	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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.

#### PART1, LINE 4B:

#### RUSSELL GRANET-DEFERRED COMPENSATION UNDER SUPPLEMENTAL NONQUALIFIED

PLAN - \$20,500

Schedule J (Form 990) 2022

#### **SCHEDULE M** (Form 990)

<b>Noncash Contributions</b>
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OMB No. 1545-0047 2022

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information

**Open to Public** . Inspection

	e of the organization THE NEW 42ND	) STREE	T, INC.		Employer ident 13-3			
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of de noncash contribu		•	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2	28,164.	QUOTED MARK	ET	VAL	UE
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
12	trust interests Securities - Miscellaneous							
12	Qualified conservation contribution -							
13								
14	Historic structures Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17								
18	Real estate - Other							
19	Collectibles							
20	Food inventory Drugs and medical supplies							
20								
22	Taxidermy Historical artifacts							
23	Scientific specimens							
23 24	Archeological artifacts							
25								
26	/							
27								
28	Other () Other ()							
29	Number of Forms 8283 received by the organ	I ization durin	l a the tax year for a					
25	for which the organization completed Form 82						0	
	for which the organization completed rolling	.00,1 art v, L		<b>20</b>			Yes	No
30a	During the year, did the organization receive b	w contributio	on any property re	norted in Part I, lines 1 throu	ah 28 that it		103	
000	must hold for at least 3 years from the date of	-	• • • •		-			
	5		,	, i		30a		х
h	exempt purposes for the entire holding period If "Yes," describe the arrangement in Part II.	•				004		
31	Does the organization have a gift acceptance	nolicy that n	equires the review	of any nonstandard contribu	itions?	31	х	
	Does the organization have a gift acceptance Does the organization hire or use third parties	•	-	•				
JZd			-			32a		x
h	contributions? If "Yes," describe in Part II.					JZa		
33	If the organization didn't report an amount in o	column (c) fo	r a type of proport	w for which column (a) is cho	acked			
00	describe in Part II			y is which country a is the	onou,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

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Page **2** Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

13-3584032

Schedule M (Form 990) 2022 232142 09-09-22 42 11160513 759420 2130 2022.05090 THE NEW 42ND STREET, INC. 2130\_\_\_1

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



13-3584032

THE NEW 42ND STREET, INC.

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

THE NEW 42ND STREET, INC. CONNECTS KIDS AND THEIR FAMILIES ACROSS NYC

TO WORLD-CLASS PERFORMANCES, ESSENTIAL EDUCATION PROGRAMS AND CREATIVE

COMMUNITIES THAT PUSH CULTURE FORWARD. THROUGH THE NONPROFIT'S

SIGNATURE PROJECTS, NEW VICTORY AND NEW 42 STUDIOS, NEW 42 PURSUES ITS

MISSION TO MAKE 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, AND 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022 232211 10-28-22

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Name of the organization

#### THEATERS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: IN TOTAL, THE THEATER WELCOMED 40,180 KIDS AND FAMILIES INTO THE HISTORIC NEW VICTORY THEATER TO 126 PUBLIC SHOWS IN THE 2022-23 SEASON.

IN ADDITION TO OFFERING A WONDERFUL SEASON OF LIVE SHOWS, THE NEW VICTORY WAS THRILLED TO SHARE THE 2022-23 SEASON DIGITALLY THROUGH RECORDED PERFORMANCES AVAILABLE TO STREAM VIA THE THEATER'S WEBSITE. AS AUDIENCES SLOWLY RETURNED TO LIVE ENTERTAINMENT, OUR DIGITAL PRESENTATIONS ALLOWED OUR WORK TO REMAIN ACCESSIBLE TO THOSE WHO COULD NOT VISIT THE THEATER IN-PERSON. FIVE OF THE NINE SHOWS WERE AVAILABLE TO HOUSEHOLDS AND EDUCATION PARTNERS TO STREAM, GARNERING JUST OVER 200 VIEWS FROM FAMILIES AS FAR AWAY AS SINGAPORE AND AUSTRALIA. DURING THE 2022-23 SEASON, NEW 42 CONTINUED TO CENTER ACCESSIBLE PERFORMING ARTS PROGRAMS FOR ALL, DEVELOPING 11 NEW EPISODES OF OUR POPULAR ONLINE PERFORMING ARTS SERIES, NEW VICTORY ARTS BREAK, SHARED WITH PUBLIC AUDIENCES AND CLASSROOMS FOR A TOTAL OF 53,000 VIEWS.

IN THE 2022-23 SEASON, NEW VICTORY EDUCATION PARTNERED WITH 138 SCHOOLS FROM ACROSS NEW YORK CITY, PROVIDING 14,934 PRE-K THROUGH 12TH GRADE STUDENTS AND THEIR CHAPERONES WITH ACCESS TO 29 WEEKDAY EDUCATIONAL MATINEES HELD THROUGHOUT THE SEASON AT A DISCOUNTED RATE OF \$2 A TICKET. IN ADDITION, THE EDUCATION PROGRAM CONDUCTED 706 FREE, IN-PERSON CLASSROOM WORKSHOPS LED BY TWO-MEMBER TEAMS OF NEW VICTORY TEACHING ARTISTS, AND A SERIES OF CULTURALLY-RESPONSIVE, EARLY CHILDHOOD ARTS EDUCATION RESOURCE GUIDES TO PROMOTE ARTISTIC INQUIRY AND CREATIVITY WITHIN CURRICULUM WHILE PROVIDING TEACHERS WITH 202212 10-28-22 44 11160513 759420 2130 2022.05090 THE NEW 42ND STREET, INC. 2130 1

Name of the organization THE NEW 42ND STREET, INC.	Employer identification number 13-3584032
PROFESSIONAL DEVELOPMENT OPPORTUNITIES. FIVE OF THE NINE	LIVE
PRESENTATIONS WERE AVAILABLE FOR SCHOOLS TO STREAM FROM T	HEIR
CLASSROOM, PROVIDING OPPORTUNITIES FOR STUDENTS UNABLE TO	MAKE THE TRIP

IN SUMMER 2022, NEW VICTORY DANCE WELCOMED AUDIENCES BACK FOR LIVE PRESENTATIONS FEATURING EIGHT TALENTED ARTISTS AND DANCE COMPANIES BASED IN NEW YORK CITY. EACH PRESENTATION WAS COMPLETE WITH INTERSTITIALS LED BY NEW VICTORY TEACHING ARTISTS THAT ENCOURAGED VIEWERS TO GET UP AND MOVE. NEW VICTORY DANCE PARTNERED WITH 40+ SCHOOLS, SUMMER CAMPS, AND OTHER CHILD EDUCATION PROGRAMS TO SHARE THE BEAUTY OF DANCE WITH 739 STUDENTS.

DURING THE 2022-23 SEASON, THE NEW 42 YOUTH CORPS PROGRAM SERVED A TOTAL OF 54 YOUNG NEW YORKERS AGED 16+ THROUGH 14,200 HOURS OF PAID EMPLOYMENT, JOB TRAINING AND MENTORSHIP. THE THREE BRANCHES OF THE NEW 42 YOUTH CORPS INCLUDE THE NEW VICTORY USHERS, THE COLLEGE CORPS USHERS AND THE NEW 42 FELLOWS.

 NEW VICTORY LABWORKS IS AN ARTIST RESIDENCY PROGRAM SUPPORTING ARTISTS

 WHO IDENTIFY AS BLACK, INDIGENOUS, PEOPLE OF COLOR, IN THEIR CREATIVE

 PROCESS AND PROFESSIONAL DEVELOPMENT AS THEY PUSH THE BOUNDARIES OF

 WHAT CAN BE INCLUDED IN THE CANON OF THEATER FOR YOUNG AUDIENCES. IN

 FY23, NEW VICTORY LABWORKS SUPPORTED A COHORT OF SIX ARTISTS EXCITED TO

 CREATE ART FOR CHILDREN AND FAMILY AUDIENCES. ARTISTS RECEIVED A

 SUBSTANTIAL FEE, REHEARSAL SPACE, RESOURCES, DRAMATURGICAL FEEDBACK AND

 PROFESSIONAL DEVELOPMENT RESOURCES. THE 2022-23 LABWORKS COHORT ARTISTS

 SHOWCASED AN ARRAY OF ARTISTIC DISCIPLINES, INCLUDING MUSICAL THEATER,

 2022/12 10-28-22
 Schedule O (Form 990) 2022

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 2022.05090 THE NEW 42ND STREET, INC. 2130 1

Name of the organization

THE NEW 42ND STREET, INC.

PLAYWRITING, PUPPETRY AND MORE.

IN ITS FIRST FULL YEAR, THE BRING YOUR FAMILY TO THE NEW VICTORY PROGRAM, IN PARTNERSHIP WITH THE NEW YORK CITY HOUSING AUTHORITY ("NYCHA"), SUCCESSFULLY OFFERED 1,007 COMPLIMENTARY TICKETS NEW VICTORY PRESENTATIONS TO 228 DISTINCT NYCHA HOUSEHOLDS CITYWIDE. TO EXPAND ENGAGEMENT, WE HAVE WORKED WITH THE HIGH LINE AND POLO GROUNDS TO BRING ARTS ACTIVITIES TO PUBLIC SITES AND HAVE SENT NEW VICTORY EDUCATION STAFF TO SELECT NYCHA HOUSING SITES TO BRING FREE, FAMILY-FRIENDLY ARTS ACTIVITIES TO NEW YORKERS RIGHT WHERE THEY LIVE AND PLAY. THE 10-STORY NEW 42ND STREET STUDIOS BUILDING COMPRISES 14 STATE-OF-THE-ART REHEARSAL STUDIOS, THE DUKE ON 42ND STREET BLACK BOX THEATER, AND THE ADMINISTRATIVE OFFICE SPACES FOR NEW 42 AND THEATER FOR YOUNG AUDIENCES ("TYA/USA"). REFERRED TO BY THE NEW YORK TIMES AS "BROADWAY'S SECRET LABORATORY", THE STUDIOS BUILDING PLAYS A VITAL ROLE IN THE PERFORMING ARTS COMMUNITY, SERVING 14,000 ARTISTS ANNUALLY FROM NOT-FOR-PROFIT ORGANIZATIONS AND REGIONAL PRODUCTIONS TO COMMERCIAL BROADWAY, OFF-BROADWAY, AND TOURING PRODUCTIONS. TO DATE, THE STUDIOS HAVE HOUSED 1000 NONPROFIT AND COMMERCIAL COMPANIES, INCLUDING 820 BROADWAY PLAYS AND MUSICALS SUCH AS LEOPOLDSTADT, THE PIANO LESSON, INTO THE WOODS AND MORE. AS LANDLORD TO COMMERCIAL AND NONPROFIT CULTURAL INSTITUTIONS SUB-LEASING FIVE HISTORIC PROPERTIES ON 42ND STREET, NEW 42 CONTINUED TO WORK HAND-IN-HAND WITH ITS TENANTS AS WE SLOWLY RETURN TO PRE-PANDEMIC LEVELS OF ENGAGEMENT TO COLLECTIVELY BUILD TOWARDS THE REVITALIZATION OF TIMES SQUARE, NEW YORK CITY, AND THE PERFORMING ARTS INDUSTRY.

232212 10-28-22

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Name of the organization THE NEW 42ND STREET, INC.	Employer identification numbe
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 COMMI	TTEE, AUDIT &

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 MULTI-YEAR CONTRACT RENEWAL AND THEN RECOMMENDING A PACKAGE TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE CONTRACT IS REVIEWED BY LEGAL COUNSEL.

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

AVAILABLE UPON REQUEST.

232212 10-28-22

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