Department of the Treasury

A For the 2015 calendar year, or tax year beginning

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

07/01, **2015**, and ending

-	no uot	enter	sociai	security	numpe	rs on	this	torm as	s it may	pe mad	e pubi	K
						_					_	

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

ı	OMB No. 1545-0047
	2015

Open to Public

Inspection

В	Check if	C Name of organization	-37.0			D Employer ne	. 4. 5	adin law		
_		NEW YORK HARBOR FOUNDATION, I	.NC.			27-291	8478			
F	char	nge Doing business as	-11-1-1	T						
	Nam	Number and street (or P.O. box if mail is not delivered to	street address)	Room/suite	- 1	E Telephone nu				
L		al return 10 SOUTH STREET, SLIP 7				(212) 45	8-080	0		
	term	City or town, state or province, country, and ZIP or foreig	n postal code		ı					
L	retu	neded NEW YORK, NY 10004				G Gross receipts			6 , 520	
L	Appl pend	aing	L. FISHER			H(a) Is this a grown subordinates		Yes	XN	
********		SAME AS C ABOVE				H(b) Are all subord		17 Yes	. N	
<u>L</u>	Tax-e	xempt status: X 501(c)(3) 501(c) () ◀ (inse	ert no.) 4947(a)(1)	or 52	27	If "No," attac	h a list. (se	e instructions)		
J	Webs	site: > WWW.NYHARBOR.ORG				H(c) Group exem	ption numbe	er 📂		
K	Form	of organization: X Corporation Trust Association	Other >	L Year o	of formati	_{on:} 2010 M	State of le	gal domicile	e: NY	
	art I			***************************************						
	1	Briefly describe the organization's mission or most signification						RIES OU	JT	
٩	<u> </u>	ACTIVITIES THAT IMPROVE THE AWAREN		ISTENCE	AND	CONDITION	4			
Governance	<u> </u>	OF, AND ACCESS, TO NEW YORK HARBOR								
Ā	2	Check this box ▶ ☐ if the organization discontinued it	s operations or dispos	ed of more the	an 25%	of its net asset	3.			
		Number of voting members of the governing body (Part VI,	line 1a)				3		12.	
م د	4	Number of independent voting members of the governing	body (Part VI, line 1b)				4		11.	
<u>:</u>	5	Total number of individuals employed in calendar year 201	5 (Part V, line 2a)				5		18.	
Activities &	6	Total number of volunteers (estimate if necessary)					6		300.	
Ā	7a	Total unrelated business revenue from Part VIII, column (C)	, line 12				7a		0.	
		Net unrelated business taxable income from Form 990-T, li					7b		0.	
						Prior Year		Current	Year	
Œ	, 8	Contributions and grants (Part VIII, line 1h)				1,955,16	7.	2,884	4,580	
Revenue	9	Program service revenue (Part VIII, line 2g)		61,98	6.	260	235			
Şe	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d			6,06		(5,556		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10	c, and 11e)			-56,74			3,081	
	12	Total revenue - add lines 8 through 11 (must equal Part VII	I, column (A), line 12).	,		1,966,46			9,452.	
	13	Grants and similar amounts paid (Part IX, column (A), lines			552,42		282	2,747		
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.		0			
es di	15	Salaries, other compensation, employee benefits (Part IX, c				656,99			3,825	
SU	16 a	Professional fundraising fees (Part IX, column (A), line 11e)				89,08	7.	86	5,000	
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	221,680) , 						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e	») <i>.</i>			655,53		1,058,125.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, colum	ın (A), line 25)			1,954,04	5.	2,380),697.	
	19	Revenue less expenses. Subtract line 18 from line 12				12,41	9.	808	3 , 755.	
To S	2				Beginn	ing of Current Y		End of Ye		
Set	20	Total assets (Part X, line 16)				1,313,89			1,690.	
Net Assets Fund Ralanc	21	Total liabilities (Part X, line 26)				212,58			,296	
		Net assets or fund balances. Subtract line 21 from line 20.				1,101,31	1.	1,899	3,394.	
	art II.	Signature Block				~		,-,-		
Ur	ider pei ie. corre	nalties of perjury, I declare that I have examined this return, includi ect, and complete. Declaration of preparer (other than officer) is based	ng accompanying sched d on all information of wh	ules and stater ich preparer ha	ments, an is anv kno	d to the best of owledge.	my know	ledge and t	pelief, it is	
				, ,		Ĭ				
Siç	nn	Signature of officer	9.11			 Date	,			
He	-	Signature of officer				Date				
•••										
		Type or print name and title	atura	Date			; PTIN			
Pai	ď	Print/Type preparer's name Preparer's sign	alui 4	Date		Check	"	001027	60	
	parer	JAMES J REILLY	DONNETTY			self-employe	1	001837	עס	
	e Only	Firm's name CONDON O'MEARA MCGINTY &		Firm's EIN ▶ 13-3628255 Phone no. 212-661-7777						
		Firm's address DONE BATTERY PARK PLAZA, NEW YORK, NY				Phone no. 2			1	
_		RS discuss this return with the preparer shown above? (see					2	Yes	No	
En	Pane	rwork Paduction Act Notice can the congrete instructions.						Form #9	U (2015)	

ai	IV Checklist of Required Schedules		7.010	
			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	17	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	16	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	'
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	- 8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		.	
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or		l	
	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 temporarily restricted			
	endowments, permanent endowments, or 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	
D	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more		Ì	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			**
4	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X_
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		$\frac{X}{X}$
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
٠	the organization's separate of 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			X
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		Λ.
_a	Schedule D, Parts XI and XII	120	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	23	·
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	·	<u>x</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>x</u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	***		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	Х
5	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
	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
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
			aan /	0045

Page 4

Part	Checklist of Required Schedules (continued)		1	
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this requirement. Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	#Op		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization for		Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	_21_	Λ	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	Х	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Δ	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		Х
24-	employees? If "Yes," complete Schedule J	23		
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	ŀ		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	2.70	·····	
C	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
25 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
, ,	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		İ	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	an Jasabi Ming Tanan		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	el pro gazero de como como	very loger SECTOR	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			v
•-	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	951		
••	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	20		Х
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		^
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ĺ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	,,		Х
20	Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	Х	ĺ
	19? Note. All Form 990 filers are required to complete Schedule O.		990	(2015
		1 00111		15010

Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	2 1 1	<u> </u>	. X
		ALCOHOLD STATE	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	W		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			41°.
	reportable gaming (gambling) winnings to prize winners?	1c	X	
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 18	100000000000000000000000000000000000000	X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Λ	
α_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
h	If "Yes," enter the name of the foreign country: ▶			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	2000	22.10.25
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70	X	
L	and services provided to the payor?	7a 7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.0		
·	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year		(14)	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	A PARTITION OF THE	X
		7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Viceor Postero
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	militation 1000 and copied continuations more and an incidence and incid			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		i ji	
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		***************************************
	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.	75.4		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	CONSTRUCTION OF THE PARTY OF TH	024504
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	- 1		
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
JSA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 0 1.000	14b	990	(201E
5E104	01.000 0731HV M261	COIII		AGE
				-

NEW YORK HARBOR FOUNDATION, INC. 27-2918478 Form 990 (2015) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? . . X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body?....... Are any governance decisions of the organization reserved to (or subject to approval by) members, X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body?..... Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο Yes X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 Did the organization have a written whistleblower policy?.... 13 X 14 Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶.

17

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply.

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

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

State the name, address, and telephone number of the person who possesses the organization's books and records: Nanna Ronguillo, 10 South Street, SLIP 7 New York, NY 10004 212-458-0800 20

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar ye organization's tax year.

- ithin the
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of mount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization	nor any related	orga	niza	tior	CO	mpen	sate	ed any current offic	er, director, or trus	stee.	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Former Highest employe Key emp Officer Institutic Individue or direct						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1)MURRAY L. FISHER	40.00										
PRESIDENT		Х		X				76,456.	0.	9,941.	
(2)BRAD BURNHAM	1.00										
CHAIRMAN		X		Х				0.	0.	0 .	
(3)L. MERCEDES TECH	1.00										
TREASURER		X		X	ļ		<u> </u>	0.	0.	<u> </u>	
(4)JAMES F. LIMA SECRETARY	1.00	Х		х	*			0.	0.	0.	
(5)PHLIPPE SAVOY	1.00			-							
BOARD MEMBER		X						0.	0.	0.	
(6)ANNE E. BEAUMONT	1.00								i		
BOARD MEMBER		Х						0.	0.	0.	
(7)CARTER H. STRICKLAND, JR. BOARD MEMBER	1.00	Х						0.	0.	0.	
(8)CHRIS MOLE	1.00	^_						0.	0.		
BOARD MEMBER		Х						0.	0.	0.	
(9)SOPHIA C. KOVEN	1.00										
BOARD MEMBER		X						0.	0.	0.	
(10)JAYNI CHASE	1.00			ĺ							
BOARD MEMBER		Х						0.	0.	0.	
(11)JOHN DE CRUZ	1.00										
BOARD MEMBER		Х						0.	0.	<u> </u>	
(12) JAMES C. DESIMONE	1.00							- :-			
BOARD MEMBER		X						0.	0.	<u> </u>	
(13)											
(14)											

-

Part VII Section A. Officers, Directors, T		ey En	пріс			and i	HIG			yees (1
(A)	(B)			•	C) sition			(D) Reportable	(E) Report	- اماد	(F)
Name and title	Average hours per	(do	not c			e than c	one	compensation	com en a		Estimated 7 amount of
	week (list any					is both		from	rela		other
	hours for related	011100	7 -			tor/trust		the	organiza		compensation from the
•	organizations	divi	stitu	Officer	Key employee	ighe adgre	Forme	organization (W-2/1099-MISC)	(V V-2/1099	-Mide)	organization
•	below dotted	dual	tion	"	mplc	yee st o	4	(** 271000 Miloo)			and related
	line)	Individual trustee or director	al tri		уее	mg					organizations
		tee	Institutional trustee			Highest compensated employee					
			"			<u>ē</u>		-			
17.54 (A.)	-										
					ļ						
		-									
		ļ			<u> </u>						
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	<u>.</u>										
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		┨									
TO THE RESIDENCE OF THE PARTY O	_		╁╾								
		1									
			l								
	-†	1							·		
		· · · ·									
	-†- 	1									
1b Sub-total						***************************************		76,456.		0.	9,941.
c Total from continuation sheets to Part VII,							•	. 0.		0.	0.
d Total (add lines 1b and 1c)							>	76,456.		0.	9,941.
2 Total number of individuals (including but no		hose	liste	d al	bov	e) who	o re	ceived more than	\$100,000	of	
reportable compensation from the organizati	on 🕨	0	•								
											Yes No
3 Did the organization list any former off	icer, directo	or, or	tru	ıste	e,	кеу с	emp	loyee, or highest	compens	sated	Some Street
employee on line 1a? If "Yes," complete Sche	dule J for su	ch ind	ivid	ual							3 X
4 For any individual listed on line 1a, is the	sum of rep	ortat	ole d	com	per	satio	n ai	nd other compens	sation from	the	
organization and related organizations o											N. C.
individual											4 X
5 Did any person listed on line 1a receive of											5 X
for services rendered to the organization? If "	res," compie	te Scr	ieau	iie J	TOF	sucn	per	son		<u></u>	5 X
Section B. Independent Contractors		ndone	d	+		traata	4	bot sees in a	#h #40	2 000	
1 Complete this table for your five highest co compensation from the organization. Report											
year.	oomponee.			-	., ., .,	, ·		maning man or ma	(0.9		
(A)							Т	(B)			(C)
(A) Name and business a	ddress						-	Description of se	rvices	(Compensation
NONE							\top	-			
							+				
							\top				
							1				
							1				
2 Total number of independent contractors	including bu	ut not	t lin	ite	d to	thos	e li	isted above) who	received		
more than \$100,000 in compensation from						}.		•		tana a	

Par	Part VIII Statement of Revenue										
	AND DECEMBER	Check if Schedule O contains a res	sponse or note to a	4		1					
		Kengalai (Pilitaga) aksi aksi 200 ka manata		(A) Total revenue	(B) Related or	(C)	(D)				
				Total levellee	exempt	business	excluded from tax				
					function revenue		The er sections 112-514				
(0.40											
Contributions, Gifts, Grants and Other Similar Amounts	1a	i oderated dampaigns	<u>a</u>	71 E SA SERVICE	1925 6 9 6 6 6		_				
5 5	b	mamount of the state of the sta	b								
ifts, rr A	C	1 ditaraising events	c 508,215.								
aje Bila	d	Tretated organizations	d 610 305								
Siis	е	Covernment grants (contributions):	e 610,385.								
but	f	All other contributions, gifts, grants,	f 1,765,980.								
Öğ			······			1675 (1000)					
ခြင်	9	Noncash contributions included in lines 1a-1f: \$		2,884,580.							
- e	h	Total. Add lines 1a-1f	Business Code	2,700,750.							
Program Service Revenue	a	GOVERNOR'S OFFICE OF STORM RECOVERY	900099	252,885.	252,885.						
Re	2a	PROGRAM SERVICE FEES	900099	7,350.	7,350.						
rice.	b			,							
Ser.	4						***				
E	u										
gra	f	All other program service revenue									
7	g	Total. Add lines 2a-2f		260,235.							
	3	Investment income (including div	idends, interest,								
		and other similar amounts)		3,946.			3,946.				
	4	Income from investment of tax-exempt to		0.			wasa				
	5	Royalties	<u></u> ▶	0.							
		(i) Real	(ii) Personal				area arabata				
	6a	Gross rents									
	b	Less: rental expenses									
	С	Rental income or (loss)					e desired				
	d	()		0.							
	7a	Gross amount from sales of (i) Securitie		42.0							
		assets other than inventory 63,5	548.		1.5						
	b	Less: cost or other basis			Programme and the						
		and sales expenses 60,5			4		0.00				
	C	Oals of (1055)	510.	2,610.		Colored Colore	2,610.				
	. a	Net gain or (loss)		2,610.			2,010				
зпе	8a	Gross income from fundraising events (not including \$ 508,215.									
evel		ovonto (not morading 4					1000				
r R		of contributions reported on line 1c). See Part IV, line 18	207,333.								
Other Revenue	b	Less: direct expenses	I								
O	C	Net income or (loss) from fundraising even		11,203.			11,203.				
	9a	Gross income from gaming activities.		5.74							
	-	See Part IV, line 19	. a		1500000						
	b	Less: direct expenses	1								
	С	Net income or (loss) from gaming activi	ties. <u></u> ▶	0.							
	10a	Gross sales of inventory, less				100					
		returns and allowances	a			A STATE OF THE STA					
	b	Less: cost of goods sold	. b								
-	C	Net income or (loss) from sales of inventor	<u>ry ▶</u>	0.							
-		Miscellaneous Revenue	Business Code								
	11a	OTHER INCOME	900099	26,878.	26,878.						
	b				-						
	С										
	ď	All other revenue									
	· e	Total. Add lines 11a-11d		26,878.	riil research and						

JSA 5E1051 1,000

Part IX Statement of Functional Expenses

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

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

Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C Management and general expenses	(I) Fundraising Expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	266,896.	266,896.							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	15,851.	15,851.	us Para della alla alla alla della estata Para para della companya della compa						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.	:		ndor, d. da. 2., medicado, estado de la composição de la					
4	Benefits paid to or for members	0.			ngg ne yezh proezh an yez y Egezha. Est al alzh nivezh					
5	Compensation of current officers, directors, trustees, and key employees	86,397.	67,540.	11,410.	7,447.					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.								
7	Other salaries and wages	705,427.	551,949.	91,317.	62,161.					
	Pension plan accruals and contributions (include	0.		*						
۵	section 401(k) and 403(b) employer contributions)	110,257.	85,608.	16,777.	7,872.					
9 10	Other employee benefits	51,744.	40,176.	L 2	3,695.					
11	·			,						
	Management	0.								
	Legal	0.	· · · · · · · · · · · · · · · · · · ·							
	Accounting	72,330.		72,330.						
	Lobbying	30,000.		30,000.	,					
	Professional fundraising services. See Part IV, line 17.	86,000.	of books a hapone (15 % Lange) (15 % Lange) Section for Color (15 % Lange) (15 % Lange)		86,000.					
	Investment management fees	1,454.		1,454.						
	Other. (If tine 11g amount exceeds 10% of line 25, column									
Ŭ	(A) amount, list line 11g expenses on Schedule O.) ATCH 1.	509,709.	480,164.	4,649.	24,896.					
12	Advertising and promotion	0.								
13	Office expenses	33,310.	14,889.	7,268.	11,153.					
14	Information technology	0.								
15	Royalties	0.		. ,						
16	Occupancy	0.								
17	Travel	68,507.	53,201.	12,294.	3,012.					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	. 0.		·	•					
19	Conferences, conventions, and meetings	0,								
20	Interest	0.								
21	Payments to affiliates	0.								
22	Depreciation, depletion, and amortization ,	21,900.		21,900.						
23	Insurance	29,000.	4,583.	11,512.	12,905.					
24	Other expenses, Itemize expenses not covered	i - Kalouga dega operacija opio decidos (s). 2000-100 - Spanika markona (s).	tice (e.g., eschool diserval publication) at pure like interpretation and particles		TEGANTEANTE AZE O TEGANTE A TAMBO PARA PARA PARA PARA PARA PARA PARA PAR					
	above (List miscellaneous expenses in line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
	PROGRAM	241,626.	241,567.	59.						
~	OTHER EXPENSES	29,569.	12,877.	14,153.	2,539.					
_	FACILITIES & EQUIP. RENTAL	15,244.	14,808.	436.						
_	MARINE FUEL	3,355.	3,355.							
	All other expenses	2,121. 2,380,697.	2,056.	65.	201 (00					
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	2,300,091.	1,855,520.	303,497.	221,680.					
	following SOP 98-2 (ASC 958-720)	0.								
JSA	52 1 000				Form 990 (2015)					

Page **11**

Form 990 (2015)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X. Beginning of year 57,2 41,415. 408,979. 601,634. Savings and temporary cash investments 2 993,941. 283,939. Pledges and grants receivable, net 3 0. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 0. n organizations (see instructions). Complete Part II of Schedule L 0. 0. Notes and loans receivable, net _______. 7 0. Λ. 235,653. 273,275. 10a Land, buildings, and equipment: cost or 153,770. other basis. Complete Part VI of Schedule D 10a 48,015. 127,655. 105,755. b Less: accumulated depreciation. | 10b | 10c 200,379. 128,670. 11 11 Investments - publicly traded securities 0. 12 12 ٥. 0. 13 13 Investments - program-related. See Part IV, line 11 0. 0. 14 14 0. 0.1 15 15 Other assets. See Part IV, line 11 2,144,690. 1,313,891. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 127,580. 190,296. 17 Accounts payable and accrued expenses 0. 18 18 Grants payable 55,000. 85,000. 19 19 Deferred revenue 0. 0. 20 20 0. Ω. Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and 0. 0. disqualified persons. Complete Part II of Schedule L......... 22 0. 0. Secured mortgages and notes payable to unrelated third parties 23 23 Ō. 0. 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 0. Ω. of Schedule D 25 245,296. 212,580. 26 26 Total liabilities. Add lines 17 through 25......... Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Balances 717,964. 560,334. 27 27 1,181,430. 540,977. 28 28 Temporarily restricted net assets 0. Fund 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. þ Capital stock or trust principal, or current funds 30 Assets 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Net 1,899,394. 1,101,311. 33 Total liabilities and net assets/fund balances...... 1,313,891. 2,144,690.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

Form **990** (2015)

X

3a

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 or Form 990-EZ.

▶Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs

Open to Public Inspection

	e of the organization					' '	ation number					
distriction of	V YORK HARBOR FOUNDAT						-2918478					
Pa							3.					
	organization is not a private for											
1	A church, convention of ch											
2	A school described in secti											
3	A hospital or a cooperative	•	**									
4	A medical research organi		conjunction with a no	spital de	scribed ii	1 section 170(b)(1)(A)	(III). Enter the					
_	hospital's name, city, and s			L								
5												
•	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
6							ama 4h.a					
7	X An organization that norm			ibboit in	om a go	verninental unit or ne	om the general public					
	described in section 170(b A community trust describe			Dort II \								
8 9	An organization that norm					contributions memb	ership fees, and gross					
,	receipts from activities rel	•										
	support from gross inves											
	acquired by the organization	i i				•	taxy from badinesses					
10	An organization organized				•	•						
11	An organization organized						rry out the numoses of					
•	one or more publicly suppo	•		•								
	the box in lines 11a throug											
а	Type I. A supporting org			-		· ·	-					
-	the supported organization	•		-		• • • • • • • • • • • • • • • • • • • •						
	organization. You must c	• •			,, .	1 410 411 001010 01 11 40	tood of the eappoining					
b	Type II. A supporting org	• •		nnection	with its	supported organizati	on(s), by having					
	control or management of						• • •					
	organization(s). You mus											
C	Type III functionally inte			ated in co	onnectio	n with, and functiona	lly integrated with,					
	its supported organization											
d	Type III non-functionally	integrated. A sup	porting organization o	perated	in conn	ection with its suppor	ted organization(s)					
	that is not functionally int	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness					
	requirement (see instruct	tions). You must co	mplete Part IV, Sect	ions A a	nd D, an	d Part V.						
e	Check this box if the orga	anization received	a written determinatio	n from t	he IRS tl	hat it is a Type I, Type i	II, Type III					
	functionally integrated, or		ionally integrated sup	porting o	organizat	tion.	<u> </u>					
f	Enter the number of supported											
g	Provide the following informati					· · · · · · · · · · · · · · · · · · ·						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see					
			above (see instructions))		ment?	instructions)	instructions)					
				Yes	No							
				1,62	NO							
(A)						, i						
(B)	•											
	74.			-	 							
(C)												
····			1 . 1· · · · · · · · · · · · · · · · · ·									
(D)												
				1 								

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

Schedule A (Form 990 or 990-EZ) 2015

(E)

NEW YORK HARBOR FOUNDATION, INC. 27-2918478 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2011 (b) 2012 (c) 2013 (d) 2014 otal Calendar year (or fiscal year beginning in) grants, contributions, membership fees received. (Do not 1,398,282. 1,252,508 1,955,167. 2,884,580 9,085,054. 1.594.517. include any "unusual grants.") Tax revenues levied for organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 0. 1,594,517. 1,398,282 1,252,508 1,955,167. 2,884,580 9,085,054. Total. Add lines 1 through 3 The portion of total contributions by each person (other than publicly governmental unit supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1,701,855. Public support. Subtract line 5 from line 4. 7,383,199. Section B. Total Support (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total (a) 2011 Calendar year (or fiscal year beginning in) 1,594,517 1,398,282 1,252,508 1,955,167 2,884,580 9,085,054. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 10,082 4,240 2,595 3,946 20,863. sources Net income from unrelated business activities, whether or not the business Ο. Other income. Do not include gain or

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	23%
15	Public support percentage from 2014 Schedule A, Part II, line 14	65%
16a	331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check	
	this box and stop here. The organization qualifies as a publicly supported organization	X
b	331/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more,	
	check this box and stop here. The organization qualifies as a publicly supported organization	
17a	10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is	
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in	
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported	
	organization	
b	10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line	
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.	
	Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly	
	supported organization	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	·

13,557.

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

20,128.

29,666

26,878

97,086. 9,203,003.

48,772.

6,857.

Gross receipts from related activities, etc. (see instructions)

Schedule A (Form 990 or 990-EZ) 2015

11

loss from the sale of capital assets (Explain in Part VI.) ATCH. 1

Total support. Add lines 7 through 10

Section C. Computation of Public Support Percentage

	NEW Y	ORK HARBOR	FOUNDATIO:	N, INC.		27-2918	478
Sched	iule A (Form 990 or 990-EZ) 2015						Page 3
Car	Support Schedule for Orga (Complete only if you check If the organization fails to qu	ked the box on	line 9 of Part	I or if the orga			r Part II.
Sec	tion A. Public Support					CODY	67
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 20 f	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")				-		42-5-1
2	Gross receipts from admissions, merchandise	7.5					***
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						`
3	Gross receipts from activities that are not an				1		······
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid				į		•
	to or expended on its behalf			***************************************			
5	The value of services or facilities						
	furnished by a governmental unit to the				***************************************		
	organization without charge						
6	Total. Add lines 1 through 5						····
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	ing nangara		3120 p.60 ajj. oji viji vij	E 1915-66, Colon II of of or Filescon Colonian		
	line 6.)				5.7 ED-ACT MOD DRAMED BLICEN ACC. ST. R. C.		
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10 a	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	Net income from unrelated business		. '				
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						<u>. </u>
14	First five years. If the Form 990 is f		tion's first, seco	nd, third, fourth	, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here	-			•		```
Sec	tion C. Computation of Public Sur						
15	Public support percentage for 2015 (line 8					15	%
16	Public support percentage from 2014 School	edule A, Part III, lir	ne 15			16	%

Section D. Computation of Investment Income Percentage

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage from 2014 Schedule A, Part III, line 17

19a 331/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 331/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

JSA 5E1221 1.000 0731HV M261

Part IV Summerting

Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11d of Part I, complete Sections A and D, and

Secti	on A. All Supporting Organizations	Y	-	
			Yes	No
	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.	1	397 136 517 136 517 155	
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).	2		22 (34) 22 (34) 3 (34) 10 (6)
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	Iven les	
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.	3b		
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.	3c		159769 157766
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	750000 750000 750000	
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.	4b	Harry Cont.	(27 14 (14 (14 (14 (14 (14 (14 (14 (14 (14
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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).	5a		
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?	5b	embrita Resultip	11500 (in) 1000 (in) 1000 (in)
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	hologyjan.	Scholicsky)
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If</i> "Yes," <i>provide detail in Part VI.</i>	en en en en en en e	1001-1121 1004-1521	granger. Schooler.
7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6		Cipacinas Capplias
•	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	- 04 CM	And Andrews
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	::::::::::::::::::::::::::::::::::::::	
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

Page 5

Part	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 in (b) and the controls of the controls of the control of the	V	4.00	
	below, the governing body of a supported organization?	1 3 a	├	<u> </u>
		11b		-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. ion B. Type I Supporting Organizations	11c		<u> </u>
0000	on b. Type i dupporting organizations		Yes	No
	Did the disectors trustees or membership of and or more supported arganizations have the nevertee			
. 1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			Taring (
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	PARTE.	Gaute: V
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		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	5 65 11	Daire Carrie	10000000000000000000000000000000000000
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		Millioner Television	
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			PLITENSENIA PLEASERIA STREAMENT
Socti	ion D. All Type III Supporting Organizations	1		<u> </u>
<u>Secui</u>	ion D. An Type in 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	300,000,000 200,000,000	KAR-/DI	
	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	Gwileit weikin		
	the organization's governing documents in effect on the date of notification, to the extent not previously		ukadiliği Talik bir	
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1,175.01		
	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).			Astraiti
•	, , , , , , , , , , , , , , , , , , , ,	2	order dag	air kini
3	By reason of the relationship described in (2), 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 Part VI the role the organization's			
	supported organizations played in this regard.	3	0.4462-6415.0	
Section	ion E. Type III Functionally-Integrated Supporting Organizations	·		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structio	ons):	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	. ,	<i></i> .	
· C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc]	Yes	T
2	Activities Test. Answer (a) and (b) below.		163	NO SELECT
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			9-14-16-16 5-11-15-16-16
	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,	24112775 4036204		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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		agogt philis Ar is Catos	
_	activities but for the organization's involvement.	2b	in Altra II	(85-1-3) (427-3-3-3-4-7
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		SECULIA DE
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		dwi!	ii di
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2015 Page **6** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections Athrough E ent Year Section A - Adjusted Net Income 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 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 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 1-1/2% 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 .035 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions)

NEW YORK HARBOR FOUNDATION, INC. 27-2918478 Schedule A (Form 990 or 990-EZ) 2015 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount Underdistributions Section E - Distribution Allocations (see instructions) Distributable **Excess Distributions** Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015: b From 2013 From 2014 f Total of lines 3a through e Applied to underdistributions of prior years Applied to 2015 distributable amount Carryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2015 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2015 distributable amount Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).

Schedule A (Form 990 or 990-EZ) 2015

and 4c.

Breakdown of line 7:

Excess from 2013 Excess from 2014 Excess from 2015

Excess distributions carryover to 2016. Add lines 3j

26,878.

97,086.

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). SCHEDULE A, PART II - OTHER INCOME DESCRIPTION 2011 2012 2013 2014 TOTAL OTHER INCOME 6,857. 13,557. 20,128. 29,666. 26,878. 97,086. TOTALS 6,857.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.

Open to Public

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

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

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

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

	(see separate instructions), the Section 501(c)(4), (5), or (6) org		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	indudusion, or i drill odd	, r are v, mio 000 (110x)
	e of organization	ganzations. Complete Fait III.	····	Employeride	ntification number
	YORK HARBOR FOUNDA	ATTON. INC.			18478
		organization is exempt unde	r section 501(c) or		
1		organization's direct and indirec			inzation.
2	• •	· · · · · · · · · · · · · · · · · · ·			
3		<u>.</u>			
-	Totaliosi Houro,				***
Par	t I-B Complete if the	organization is exempt unde	section 501(c)(3).		
1		cise tax incurred by the organizat			
2	Enter the amount of any ex	cise tax incurred by organization	managers under sect	ion 4955 ➤ \$	·
3	If the organization incurred	a section 4955 tax, did it file Forr	n 4720 for this year?		. Yes No
4a					
	If "Yes," describe in Part IV.			• • • • • • • • • • • • • • • •	163180
er 2000 200 en en e		organization is exempt unde	r section 501(c), ex	cept section 501(c)(3).
1		expended by the filing organizati			
					+ + + + + + + + + + + + + + + + + + +
2		ng organization's funds contribute			
	527 exempt function activit	ies		> \$	
3		enditures. Add lines 1 and 2. E			
	line 17b				
4	Did the filing organization fil	le Form 1120-POL for this year?			. Yes No
5	Enter the names, addresses	s and employer identification num	iber (EIN) of all section	on 527 political organiza	ations to which the filing
	organization made paymen	ts. For each organization listed, e	enter the amount paid	d from the filing organiz	ration's funds. Also enter
	as a separate segregated for	tributions received that were pro nd or a political action committee	iliptiy and directly de (PΔC) If additional er	elivered to a separate po	nitical organization, such
					I
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
			·		delivered to a separate
		·			political organization. If
					none, enter -0
1)					
2)			_		
3)					

4)					
					·
5)			_		
6)					
		<u> </u>			
-orF	aperwork Reduction Act Notic	e, see the instructions for Form 990	or 990-EZ.	Schadul	C (Form 990 or 990-FZ) 2015

5E1264 1.000

						(age -
P	art II-A Complete if the organiz section 501(h)).					
Α	Check ▶ if the filing organizat name, address, EIN, e	on belongs t xpenses, and	o an affiliated grou d share of excess l	p (and list in Part I obbying expenditu	V each affiliated gr res).	oup member's
В	Check ▶ if the filing organizat	on checked	box A and "limited	control" provisions	apply.	DX/
		bbying Expen	ditures		(a) Filin	(A) Af iliated group totals
18	Total lobbying expenditures to influer	ce public opin	ion (grass roots lobb	ying)	30016-344	
Ł	Total lobbying expenditures to influer	ce a legislativ	e body (direct lobbyi	ng)	30,000.	,
C	: Total lobbying expenditures (add line	s 1a and 1b) .			30,000.	***************************************
C	Other exempt purpose expenditures				2,350,697.	C STORE THE C
6	Total exempt purpose expenditures (2,380,697.	
f	Lobbying nontaxable amount. Enter	the amount t	from the following t	able in both		
	columns.		_		269,035.	
	If the amount on line 1e, column (a) or (b	is: The lobbyi	ng nontaxable amount	s:	ille trough it recusions i	
	Not over \$500,000	20% of the	amount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 p	lus 15% of the excess	over \$500,000.		ernander i Santari en en en Kanzan en etakan etak
	Over \$1,000,000 but not over \$1,500,000		lus 10% of the excess	(35) fact:	1.850.555 (2016) Burths (2016) (31.75)	
	Over \$1,500,000 but not over \$17,000,00	0 \$225,000 p	lus 5% of the excess o	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000		1,22,33		
ć	Grassroots nontaxable amount (enter	25% of line 1f) <i>.</i>		67,259.	
ł	Subtract line 1g from line 1a. If zero o	r less, enter -0			0.	0.
į	Subtract line 1f from line 1c. If zero o	less, enter -0-	·		0.	0.
j	If there is an amount other than ze	ro on either I	ine 1h or line 1i, d	id the organization	file Form 4720	
	reporting section 4911 tax for this ye					Yes No
			raging Period Under			
	(Some organizations that mad			-		ns below.
	S	ee the separa	te instructions for li	nes 2a through 2f.)		•
	Lo	bbying Expe	nditures During 4-Ye	ar Averaging Period	i	
	Calendar year (or fiscal year		420040	1.004		

	Lobbying Exper	nditures During 4-Y	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount				269,035.	269,035.
b Lobbying ceiling amount (150% of line 2a, column (e))					403,553.
c Total lobbying expenditures				30,000.	30,000.
d Grassroots nontaxable amount				67,259.	67,259.
e Grassroots ceiling amount (150% of line 2d, column (e))					100,889.
f Grassroots lobbying expenditures			-		

Schedule C (Form 990 or 990-EZ) 2015

Pa	Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T _. filed	For	m 576	8		-
Ear	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)			(b)	
	cription of the lobbying activity.	Yes	No) P	Y	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						ringto foot
	legislation, including any attempt to influence public opinion on a legislative matter or	Jigil 6			e Syntain		
	referendum, through the use of:			A17149.2.33.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.			
а	Volunteers?						ў 152 на г Значановаў
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	-					
C	Media advertisements?						
d	Mailings to members, legislators, or the public?	1					
e	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h i	0.0						
;	Total. Add lines 1c through 1i	841 5 9747	ula posto Ula los i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	A300400V I	BSSAURSELL	1100-120-01	Mille	ra, Kac	
b	If "Yes," enter the amount of any tax incurred under section 4912	COSC 2	EME.	11 51 141 17 51 20 51 17		1.21.1.51.2115	470447300
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
ď	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				444	(<u>3</u> 9/25)	u ja
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5),	or s	ection	1		
	501(c)(6).						
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		<u> </u>
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?				3	<u> </u>	-
-	till-B Complete if the organization is exempt under section 501(c)(4), section 501					ļ	1
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"					3. is	:
	answered "Yes."	(,		,	.,,	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	ints o	f	eliot Paid Control			
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b		*	
C	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	es		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible to			737873 204 p 40344 9314 P			
		-		4			
5	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		• •	5			
-	t IV Supplemental Information ,	<u></u>	• •				
	ide the descriptions required for Part I-A, line 1; Part I-B, line, 4; Part I-C, line 5; Part II-A (affiliate	d grou	p list); Part	II-A,	lines	1 and
2 (se	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.						
			-	•			

					·	**	
						_	
	•						

Schedule C (Form 990 or 990-EZ) 2015

Supplemental Information (continued)

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,

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public I is raction

NEW	YORK HARBOR FOUNDATION, INC.		27-2918478
Pa	41-44/4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	rised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered	I "Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono	r advisors in writing that the assets held i	n donor advised
	funds are the organization's property, subject to th	e organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the bene	efit of the donor or donor advisor, or for an	y other purpose
for secretarist	conferring impermissible private benefit?		Yes No
Pa		180/	
4	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., rec		of a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization h	old a gualified concentration contribution in	the form of a consequation
2	easement on the last day of the tax year.	leid a quaimed conservation continuitorion	Held at the End of the Tax Year
а	Total number of conservation easements		2a
a b	Total number of conservation easements Total acreage restricted by conservation easement		2b
c	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (i i i i i i i i i i i i i i i i i i i	
-	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tra		
	tax year ▶	,	
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re	garding the periodic monitoring, inspection	on, handling of
	violations, and enforcement of the conservation ea	sements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing cons	ervation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing co	nservation easements during the year
	Dana and the second of the sec		470 (1) (1) (1) (1)
8	Does each conservation easement reported on line		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports	consequation consequents in its revenue and	Yes L_No
9	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easeme		a otatomento trat docombos tro
Pa	Organizations Maintaining Collections		Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under S	FAS 116 (ASC 958), not to report in its re	evenue statement and balance sheet
	If the organization elected, as permitted under S works of art, historical treasures, or other simil public service, provide, in Part XIII, the text of the f	ar assets held for public exhibition, educ	ation, or research in furtherance of
	If the organization elected, as permitted under		
D	works of art, historical treasures, or other simil	ar assets held for public exhibition, educ	ation, or research in furtherance of
	public service, provide the following amounts relat	ing to these items:	•
	(i) Revenue included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		• • •
	following amounts required to be reported under S		
a b	Revenue included in Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X sperwork Reduction Act Notice, see the Instructions for		Schedule D (Form 990) 2015

Sche	Rule D (Form 990) 2015		2011, 2110.		27 2310470	Page 2
\$1000 G1100 G100	t III Organizations Maintaining Col	lections of Art, His	torical Treasures.	or Other Simi	lar Assets (conf	
3	Using the organization's acquisition, acc					
	collection items (check all that apply):			. [00 0, 110
а	Public exhibition	d	Loan or exchang	e programs	VODV	•
b	Scholarly research	e	Other		COPY	
c	Preservation for future generations	 -			-	
4	Provide a description of the organization	s collections and expl	ain how they furthe	r the organization	n's exempt purpose	e in Part
	XIII.			_		
5	During the year, did the organization solic					-
************	assets to be sold to raise funds rather than	n to be maintained as pa	art of the organizatio	n's collection?	Yes	No
Pai	tIV Escrow and Custodial Arrange			v		
	Complete if the organization and	swered "Yes" on Forr	n 990, Part IV, line	9, or reported a	n amount on Forr	n
	990, Part X, line 21.					-
1a	Is the organization an agent, trustee, cust					
	included on Form 990, Part X?				Yes	U No
b	If "Yes," explain the arrangement in Part 2	Kill and complete the fo	ollowing table:	*		
	.	•			Amount	
C	Beginning balance			· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	Additions during the year			I		
e	Distributions during the year			********		
f 20	Ending balance Did the organization include an amount or	Carm 000 Dart V line	<u>1f</u>			
2a h					· —	No
Par	If "Yes," explain the arrangement in Part > Endowment Funds.	Mil. Official field if the e	xpiariation has been	orovided on Part X	III	
E.B.(1)	Complete if the organization and	swered "Yes" on Form	n 990 Part IV line	10		
		Current year (b) Pric			years back (e) Four y	reare back
1 a			(-,	(2) ////00	Journ Duck (C) (Oar)	- Dack
b	Contributions					
D,	Net investment earnings, gains,					<i>!</i>
•	and losses					
d	Grants or scholarships					
	Other expenditures for facilities	-				
-	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the o		e (line 1g. column (a)) held as:		
а	Board designated or quasi-endowment	<u></u> %	. •	,		
b	Permanent endowment ▶%			•		
C	Temporarily restricted endowment ▶	%				
	The percentages on lines 2a, 2b, and 2c s					
3a	Are there endowment funds not in the pos	session of the organiza	ation that are held ar	nd administered fo		
	organization by:	•				es No
	(i) unrelated organizations					
	(ii) related organizations				, 3a(ii)	
_	If "Yes" on line 3a(ii), are the related orga				3b	
É ai	Describe in Part XIII the intended uses of	tne organization's endo	wment tunas.	·		
	Complete if the organization an	swered "Yes" on Fori	n 990, Part IV, line	11a. See Form	990, Part X, line	10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value	е
1a	Land	/macament)	(other)	depreciation		
b	Buildings			Esta da 1900 semberia di mastro (6.255)	1	
C	Leasehold improvements					
đ	Equipment		153,770.	48,015	10	5,755.
	Other					
Tota	Add lines 1a through 1e. (Column (d) mu	st equal Form 990, Part	X, column (B), line 1	0c.)	10	5,755.

Schedule D (Form 990) 2015

ı	Þa	a	_	3

Part VII	Investments - Other Securities. Complete if the organization answere	ed "Yes" on Form 990), Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year refreshed a
(1) Financia	al derivatives		CUPI
	-held equity interests		
/A)			
(B)			
(C)			
<u>(D)</u>			
<u>(E)</u>			7 - 77-1-1-2
<u>(F)</u>			
<u>(G)</u>		-	
(H)	n (b) must equal Form 990, Part X, col. (B) line 12.)	·	
and the second s	Investments - Program Related.		
rait VIII	Complete if the organization answere	ed "Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)	·		and tally olds.
(5)			
	-		
(6)			
(7)		WWW	
(7) (8)		W-1971	
(7) (8) (9) Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)		
(7) (8) (9) Total. (Column	Other Assets. Complete if the organization answere		Part IV, line 11d. See Form 990, Part X, line 15.
(7) (8) (9) Total. (Column Part IX	Other Assets. Complete if the organization answere	ed "Yes" on Form 990 Description	
(7) (8) (9) Total. (Column Part IX (1)	Other Assets. Complete if the organization answere		, Part IV, line 11d. See Form 990, Part X, line 15.
(7) (8) (9) Total. (Column Part IX (1) (2)	Other Assets. Complete if the organization answere		, Part IV, line 11d. See Form 990, Part X, line 15.
(7) (8) (9) Total. (Column Part IX (1) (2) (3)	Other Assets. Complete if the organization answere		, Part IV, line 11d. See Form 990, Part X, line 15.
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answere		, Part IV, line 11d. See Form 990, Part X, line 15.
(7) (8) (9) Total. (Column Part IX (1) (2) (3)	Other Assets. Complete if the organization answere		, Part IV, line 11d. See Form 990, Part X, line 15.
(7) (8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answere		, Part IV, line 11d. See Form 990, Part X, line 15.
(7) (8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answere		, Part IV, line 11d. See Form 990, Part X, line 15.
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) I	Description	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answere (a) I	Description	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answere (a) I umn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere	Description	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answers (a) I umn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answers line 25.	Oline 15.)ed "Yes" on Form 990	A, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answers (a) I umn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answers line 25. (a) Description of liability	Description	A, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answers (a) I umn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answers line 25.	Oline 15.)ed "Yes" on Form 990	A, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answers (a) I umn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answers line 25. (a) Description of liability	Oline 15.)ed "Yes" on Form 990	A, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Feder (2)	Other Assets. Complete if the organization answers (a) I umn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answers line 25. (a) Description of liability	Oline 15.)ed "Yes" on Form 990	A, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Feder (2) (3)	Other Assets. Complete if the organization answers (a) I umn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answers line 25. (a) Description of liability	Oline 15.)ed "Yes" on Form 990	A, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Feder (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answers (a) I umn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answers line 25. (a) Description of liability	Oline 15.)ed "Yes" on Form 990	A, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Feder (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answers (a) I umn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answers line 25. (a) Description of liability	Oline 15.)ed "Yes" on Form 990	A, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Feder (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answers (a) I umn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answers line 25. (a) Description of liability	Oline 15.)ed "Yes" on Form 990	A, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Feder (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answers (a) I umn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answers line 25. (a) Description of liability	Description Description Description Description Description Description Description Description	A, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value

Schedule D (Form 990) 2015

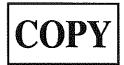
Dago	1

Schedu	le D (Form 990) 2015		Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	า.	
		1 3.1	17,254.
1	Total revenue, gains, and other support per audited financial statements	O DY	-,,2011
. 2	1 - 1 10 10 10	()PY	
a	Net unrealized gains (losses) on investments		
b	Bonatoa ocivioco ana accomisco i i i i i i i i i i i i i i i i i i i	Education	ı
C	11000 Voltagianto I I I I I I I I I I I I I I I I I I I		
d	Const (Doodstoo art art variety)	2e	6,859.
e	Add lines 2a through 2d		40,395.
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII line 7b. 1, 454.		
a	The control of the find dod of the find dod, the find the find dod of the find		
b	Other (Describe in art XIII.)	642 (6482) S	49,057.
	Add lines 4a and 4b		89,452.
5 Part			07,402.
HEC.13.	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1111.	
1	Total expenses and losses per audited financial statements	1 2,3	49,171.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	Titresta	
а	Donated services and use of facilities	720 Sept.	
b	Prior year adjustments		
С	Other losses	200	
d	Other (Describe in Part XIII.)	577 366 FE	
	Add lines 2a through 2d		17,531.
3	Subtract line 2e from line 1	3 2,3	31,640.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	Cities (B.) Cities (B.) Cisco (B.)	
a	Investment expenses not included on Form 990. Part VIII. line 7b 4a 1,454.		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		49,057.
- 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 2,3	80,697.
Part	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V, line 4; Par	t X, line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation,	
SEE	PAGE 5		
	•		
			•
=			
•			,
		•	
-		***************************************	
		•	
	•		

Part XIII Supplemental Information (continued)

PART XI - LINE 4B

PROFESSIONAL FUNDRAISING: 47,603.



PART XII - LINE 4B

PROFESSIONAL FUNRAISING: 47,603.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Inspect on

Name	of the organization	•				Employer idea tiff a	n mbe-
NEW	YORK HARBOR FOUNDATION, I					27 29 94	3 1
Par	Fundraising Activities. Com				l "Yes" on Form	990, Part IV, line	17
	Form 990-EZ mers are not i						
1	Indicate whether the organization rais	sed funds through					,
a		. е			non-government g		
b		f			government grant	S	
C		g	X Spec	ial fundra	ising events		
d							
2 a	Did the organization have a written or						₽
	or key employees listed in Form 990,						X Yes No
D	If "Yes," list the ten highest paid indi- compensated at least \$5,000 by the o		(lunaraise	rs) pursua	ant to agreements	under which the	fundraiser is to be
	compensated at least 40,000 by the t	n garazation.					
		Luuseam	I		, , , , , , , , , , , , , , , , , , ,	(v) Amount paid to	
	(i) Name and address of individual	(ii) Activity		draiser have	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
	or entity (fundraiser)	,,	contrib	utions?	from activity	fundraiser listed in col. (i)	organization
			Yes	No			
1							
	ATTACHMENT 1						
2							
3	-						
4							
4	•						
5			+				
Ĭ	•						
6			.				
	·						
7							
					,		
8			<u> </u>				
9			. ,		,		
10							
10				,			
			<u>J.</u>		**************************************		
Tota	•			_	526,137	86,000	440,137.
3	List all states in which the organizat	ion is registered o	r licensed	to solicit	contributions or	has been notified	it is exempt from
•	registration or licensing.	10,1 10 10g,010,000 0	,, 1100,1000	to obligit	CONTINUATIONS OF	nas been nemed	it to exempt from
NY							

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						-	
					<u> </u>		

Page 2

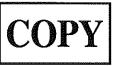
			(a) Event #1 ANNUAL REGATTA	(b) Event #2 BILLION OYSTER	(c) Other events	Ad of (a) through
m			(event type)	(event type)	(total number)	col. c))
Revenue	1	Gross receipts	365,844.	189,411.	160,293.	715,548
ž		Less: Contributions	319,721.	139,729.	48,765.	508,215
	3	Gross income (line 1 minus line 2)	46,123.	49,682.	111,528.	207,333
	4	Cash prizes				
	5	Noncash prizes				
uses	6	Rent/facility costs				
Jirect Expenses	7	Food and beverages				
DILec 	8	Entertainment				
	9	Other direct expenses	72,719.	74,232.	49,179.	196,130
		Direct expense summary. Add lines				196,130 11,203
	11	Net income summary. Subtract line 1	U from line 3, column (a)	<u></u> ▶	
		Gaming Complete if the orga	anization answered "Y	'es" on Form 990. Par	t IV. line 19 or repo	orted more
		Gaming. Complete if the orgathan \$15,000 on Form 990-E	anization answered "Y Z, line 6a.	es" on Form 990, Par	t IV, line 19, or repo	orted more
?a		Gaming. Complete if the organic	anization answered "Y Z, line 6a. (a) Bingo	es" on Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	t IV, line 19, or repo	(d) Total gaming (add col. (a) through col. (c))
2a		Gaming. Complete if the organization \$15,000 on Form 990-E	Z, line 6a. (a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add
2a		Gaming. Complete if the organic	Z, line 6a. (a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add
Revenue	1	Gaming. Complete if the organization \$15,000 on Form 990-E	EZ, line 6a. (a) Bingo	(b) Pull tabs/instant		(d) Total gaming (add
Revenue	11 2	Gaming. Complete if the orgathan \$15,000 on Form 990-E	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo		(d) Total gaming (add
Expenses Revenue	1 2 3	Gaming. Complete if the orgathan \$15,000 on Form 990-E	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo		(d) Total gaming (add
	11 2 3 4	Gaming. Complete if the organization \$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Rent/facility costs	Z, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo		(d) Total gaming (add
Expenses Revenue	1 2 3 4 5	Gaming. Complete if the orgathan \$15,000 on Form 990-E	Z, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo		(d) Total gaming (add
Expenses Revenue	1 2 3 4 5	Gaming. Complete if the organization \$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	EZ, line 6a. (a) Bingo Yes% No	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming Yes% No	(d) Total gaming (add
Expenses Revenue	11 2 3 4 5 6 7	Gaming. Complete if the orgathan \$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No 2 through 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming Yes% No	(d) Total gaming (add
Direct Expenses Revenue	1 2 3 4 5 6 7 8	Gaming. Complete if the orgathan \$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Subtra	Yes% No 2 through 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming Yes% No	(d) Total gaming (add
a contract Expenses Revenue	1 2 3 4 5 6 7 8 E ls	Gaming. Complete if the organization inter the state(s) in which the organization licensed to conduct gamens.	Yes% No 2 through 5 in column (d) act line 7 from line 1, column conducts gaming act	(b) Pull tabs/instant bingo/progressive bingo Yes% No umn (d) tivities: of these states?	(c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c))
d a b	1 2 3 4 5 6 7 8 Elsif	Gaming. Complete if the organization inter the state(s) in which the organization licensed to conduct gamens.	Yes	(b) Pull tabs/instant bingo/progressive bingo Yes% No umn (d)tivities: of these states?	(c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c))

Sched	ule G (Form 990 or 990-EZ) 2015
11 12	Does the organization conduct gaming activities with nonmembers?
	formed to administer charitable gaming?Yes No
13	Indicate the percentage of gaming activity conducted in:
a b	The organization's facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ►
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
C	If "Yes," enter name and address of the third party:
	Name ▶
	Address ►
16	Gaming manager information:
	Name ►
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Pari	

Schedule G (Form 990 or 990-EZ) 2015

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
CARRIE WAIBLE & COMPANY L 152 MADISON AVENUE, SUITE 906 NEW YORK NY 10016	FUNDRAISER		365,844.	70,000.	295,844.
EMERSON EVENTS & MARKETIN 253 8TH STREET, APT. 3R JERSEY CITY NJ 07302	FUNDRAISER	×	160,293.	16,000.	144,293.



ATTACHMENT 1 PAGE 40

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

90.	structions is at www.irs.gov/form990.
▶ Attach to Form 990.	(Form 990) and its in
, .	tion about Schedule I (Forn
	▶ Information about

OMB No. 1545-0047

20**1**5

Open to Public Inspection

Employer identification number

ŝ

NEW YORK HARBOR FOUNDATION, INC.						27-2918478	~
Part General Information on Grants and Assistance	nd Assistanc	o	-				
1 Does the organization maintain records to substantiate	substantiate th	e amount of the	e grants or assistar	ice, the grantees	the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	s or assistance, and	
the selection criteria used to award the grants or assistance?	nts or assistanc	e?					X Yes N
ပ္တ	edures tor mor	intoring the use	of grant funds in the	United States.			
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Domestic Org pient that rec	ganizations ar eived more tha	nd Domestic Gov an \$5,000. Part II	ernments. Com can be duplicat	plete if the organiza ed if additional spa	ttion answered "Ye se is needed.	ss" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SOUTH STREET SEAPORT MUSEUM							
12 FULTON STREET NEW YORK, NY 10038	13-2596500	501(C)(3)	150,000.				SAIL TRAINING
(2) NYC DEPT. OF EDU NY HARBOR SCHOOL							-
52 CHAMBER STREET NEW YORK, NY 10007	,		116,896.				PROGRAMS
(3)							
(4)		¥					A CONTRACTOR OF THE CONTRACTOR
V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-							
(5)							
THEORYPHONOMONOMALINIALIA							
(9)						-	
			-				
(2)							
(8)							
п — поучасного бителення постанования постан							
(6)							
		11.					
(10)							(
							7
(11)	- Parameter						C
уна на подолен ден подолен од на подолен од транеце пред од транеце пред од подоления под							
(12)							Py
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and governmen	t organizations	listed in the line 1 to	able			7
3 Enter total number of other organizations listed in the	s listed in the lir	line 1 table	•				

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 5E1288 1.000

0731HV M261

Schedule I (Form 990) (2015)

Page 2

chedule I (Form 990) (2015)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 15,851 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 16. (a) Type of grant or assistance 1 SCHOLARSHIPS AND INTERNSHIPS S N G

Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Part IV

PART I - LINE 2

GRANTS WERE MADE TO THE NEW YORK CITY DEPARTMENT OF EDUCATION FOR THE

BENEFIT OF (1) NEW YORK HARBOR SCHOOL AND (2) NEW YORK CITY PUBLIC

SCHOOLS PARTICIPATING IN OUR OYSTER RESTORATION-BASED FIELD SCIENCE

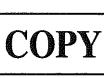
CURRICULUM DEVELOPMENT AND TEACHER TRAINING PROGRAM. GRANTS TO HARBOR

SCHOOL WERE MONITORED THROUGH PRIOR REVIEW AND APPROVAL OF EXPENSES

INCURRED BY THE SCHOOL AND PAID OR REIMBURSED WITH THE GRANT PROCEEDS.

GRANTS TO OTHER SCHOOLS WERE MONITORED THROUGH REVIEW OF EXPENSE REPORTS

PROVIDED BY NYCDOE,



Schedule I (Form 990) (2015)

PAGE 42

Page 2

Schedule I (Form 990) (2015)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III

ran in can be duplicated if additional space is needed.	ice is needed.				-
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2					
3					
4					
9					Proving death shows
9					
7				·	
Perf IV Supplemental Information. Complete this part	is part to pro	vide the informat	ion required in	Part Lline 2 Part III	to provide the information required in Part I line 2 Part III column (h) and any other additional

information.

GRANTS WERE MADE TO SOUTH STREET SEAPORT MUSEUM, WHICH PROVIDED TALL SHIP

SAIL TRAINING PROGRAMS TO STUDENTS AT NEW YORK HARBOR SCHOOL AND OTHER

NEW YORK CITY PUBLIC SCHOOLS. GRANTS TO THE SEAPORT MUSEUM WERE MONITORED

THROUGH REVIEW OF A PROGRAM REPORT PREPARED BY THE GRANTEE AND SUBMITTED

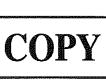
AT THE END OF THE SAILING SEASON.

GRANTS WERE MADE TO INDIVIDUALS IN THE FORM OF INTERNSHIP STIPENDS PAID

TO ENROLLED HARBOR SCHOOL STUDENTS, HARBOR SCHOOL GRADUATES AND OTHER

INTERNS. THESE GRANTS WERE MONITORED BY MEMBERS OF OUR STAFF, WHO

SUPERVISED THESE INTERNS DIRECTLY.



Schedule I (Form 990) (2015)

PAGE 43

Page 2

NEW YORK HARBOR FOUNDATION, INC.

(Form 990) (2015)

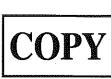
Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance information.

GRANTS WERE MADE IN THE FORM OF COLLEGE SCHOLARSHIPS. THESE GRANTS WERE

MONITORED BY MAKING THE AWARDS DIRECTLY TO COLLEGES TO COVER TUITION OF

STUDENTS IN GOOD STANDING.



Schedule I (Form 990) (2015)

PAGE 44

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

> Attach to Form 990. Information about Schedule M (Form 990) and its instructions is at www.irs.gov/for Open To Public

Name of the organization

NEW YORK HARBOR FOUNDATION, INC.

Par	t 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	(d) Method of determining noncash contribution amounts
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				70 T T T T T T T T T T T T T T T T T T T
8	Intellectual property				
9	Securities - Publicly traded	X	8.	322,595.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,				
	or trust interests				•
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution - Historic				
	structures				
14	Qualified conservation				
	contribution - Other			•	
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other			******	
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ►()				
26	Other ▶()				
27	Other ▶()				
28	Other ▶()	,			
29	Number of Forms 8283 received	by the orga	anization during the tax ye	ear for contributions for	
	which the organization completed F				29
			•		Yes No
30a	During the year, did the organizati				
	28, that it must hold for at least the	•		•	
	to be used for exempt purposes for		olding period?		30a X
b	If "Yes," describe the arrangement in	Part II.			
31	Does the organization have a	gift accept	ance policy that requires	the review of any n	on-standard
	contributions?				31 X
32a	Does the organization hire or use	third parti	es or related organizations	s to solicit, process, or s	
	contributions?				32a X
b	If "Yes," describe in Part II.				
33	If the organization did not report an	amount in	column (c) for a type of proj	oerty for which column (a)	is checked,
	describe in Part II.				1
n		41	005		

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

Schedule M (Form 990) (2015)

Schedule M (Form 990) (2015)

Page 2

Supplemental Information. Complete this part to 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.

COPY

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

OMB No. 1545-0047

2015

Open to Public

Department of the Treasury Internal Revenue Service Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

L.S.V.C. mploeration of ion of mb

Name of the organization
NEW YORK HARBOR FOUNDATION, INC.

PART III - LINE 1

THE NEW YORK HARBOR FOUNDATION, INC. (THE "FOUNDATION") WAS ORGANIZED TO PROMOTE THE PUBLIC GOOD BY IDENTIFYING AND CARRYING OUT ACTIVITIES THAT IMPROVE AWARENESS OF THE EXISTENCE AND CONDITION OF THE NEW YORK HARBOR AND ACCESS TO THE NEW YORK HARBOR. THE FOUNDATION WILL MEET THESE PURPOSES THROUGH CONDUCTING RESEARCH, INFORMATION OUTREACH ACTIVITIES AND DESIGNING AND RUNNING SERVICES TO IMPROVE THE QUALITY OF THE NEW YORK HARBOR. THE FOUNDATION'S MISSION IS TO CREATE AND SUPPORT A DIVERSE NETWORK OF ENVIRONMENTALLY LITERATE SCHOOLS, STUDENTS AND COMMUNITIES WORKING TOGETHER TO RESTORE NEW YORK HARBOR.

PART III - LINE 4A

THE FOUNDATION LED THE BILLION OYSTER PROJECT, A MARINE RESTORATION AND ENVIRONMENTAL EDUCATION PROJECT OPERATED IN COLLABORATION WITH NEW YORK HARBOR SCHOOL, THAT SEEKS TO RESTORE ONE BILLION LIVE OYSTERS TO NEW YORK HARBOR BY 2035, BY PROVIDING FUNDS AND STAFF TO SUPPORT

- (1) OYSTER REEF CONSTRUCTION AND MONITORING,
- (2) OYSTER SHELL COLLECTION,
- (3) MIDDLE SCHOOL OUTREACH (INCLUDING HARBOR LITERACY CURRICULUM DEVELOPMENT, EDUCATOR TRAINING AND OYSTER RESTORATION) AND
- (4) PUBLIC PROGRAMS ON GOVERNORS ISLAND AND ELSEWHERE.

PART III - LINE 4B

THE FOUNDATION SUPPORTED URBAN ASSEMBLY NEW YORK HARBOR SCHOOL, A PUBLIC

HIGH SCHOOL ON GOVERNORS ISLAND IN NEW YORK CITY, BY MAKING CONTRIBUT



- TO SUPPORT HARBOR SCHOOL'S
- (1) SIX CAREER AND TECHNICAL EDUCATION (CTE) PROGRAMS IN MARINE SCIENCE
 AND TECHNOLOGY (AQUACULTURE, MARINE BIOLOGY RESEARCH, MARINE SYSTEMS
 TECHNOLOGY, OCEAN ENGINEERING, PROFESSIONAL DIVING AND VESSEL
 OPERATIONS),
- (2) COLLEGE OFFICE,
- (3) AFTER SCHOOL PROGRAMS (INCLUDING FISHING, ROWING, SAILING, SWIMMING AND OTHERS),
- (4) SUMMER PROGRAMS (INCLUDING INDOCK ORIENTATION FOR INCOMING FRESHMEN, BOAT BUILDING WORKSHOP AND STEM ACADEMY AT SUNY MARITIME COLLEGE),
- (5) WATERFRONT (INCLUDING FACILITIES, VESSELS AND STAFF),
- (6) TALL SHIP SAIL TRAINING ABOARD THE LETTIE G. HOWARD, AN 1893 FISHING SCHOONER OWNED AND OPERATED BY THE SOUTH STREET SEAPORT MUSEUM, AND
- (7) GENERAL EXPENSES.

PART VI, SECTION B, LINE 11B

THE FORM 990 WILL BE REVIEWED BY THE AUDIT COMMITTEE AND FULL BOARD PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

PART VI, SECTION B, LINE 15

THE OFFICERS ANNUAL SALARIES ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

PART VI, SECTION C, LINE 19

THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

Name of the organization

NEW YORK HARBOR FOUNDATION, INC.

Employer identification number

27-2918478

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

COPY

FORM 990, PART IX - OTHER FEES

DECORPOR	(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING
DESCRIPTION	<u>FEES</u>	SERVICE EXP.	AND GENERAL	EXPENSES
CONTRACT SERVICE	509,709.	480,164.	4,649.	24,896.
TOTALS	509,709.	480,164.	4,649.	24,896.

Form 8868 (Re	ev. 1-2014)				Page 2	
	filing for an Additional (Not Automatic) 3-M	onth Exten	sion, complete only Part	II and check this box		
Note. Only o	complete Part II if you have already been gra	nted an au	tomatic 3-month extension	n on a previously filed Form 8868	3.	
If you are	filing for an Automatic 3-Month Extension,					
Part II	Additional (Not Automatic) 3-Month Ex	xtension o	of Time. Only file the original	ginal (no copies needed) — .	,	
				nter filer's identifying namper, se	irstructions	
	Name of exempt organization or other filer, see in	nstructions.	:	Employer identification number (E	IN) or	
Type or						
print NEW YORK HARBOR FOUNDATION, INC. 27-2918478						
Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)						
File by the due date for 10 SOUTH STREET, SLIP 7						
Giting your return. See						
instructions.	NEW YORK, NY 10004					
Enter the Re	eturn code for the return that this application	is for (file a	a separate application for e	ach return)	. 01	
Application	1	Return	Application		Return	
ls For		Code	ls For		Code	
Form 990 d	or Form 990-EZ	01				
Form 990-E	3L	02	Form 1041-A		08	
Form 4720	(individual)	03	Form 4720 (other than in	ndividual)	09	
Form 990-F	PF	04	Form 5227		10	
Form 990-	Г (sec. 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990-	T (trust other than above)	06	Form 8870		12	
	ot complete Part II if you were not already		n automatic 3-month exte	nsion on a previously filed For	m 8868.	
The book	s are in the care of ► ANNA RONQUILLO	. SLIP	7 NEW YORK, NY 100	004		
Telephon	e No. ▶ 212 458-0800		Fax No. ▶			
If the orga	anization does not have an office or place of	business ir	the United States, check t	his box	▶	
 If this is for 	or a Group Return, enter the organization's fo	ur digit Gro	oup Exemption Number (GE	N) If th	ils is	
	e group, check this box ▶ 🔃 . I				ach a	
list with the	names and EINs of all members the extension	n is for.				
4 I reque	est an additional 3-month extension of time u	ntil		05/15 , 20 17 .	***************************************	
5 For ca	lendar year, or other tax year beginni	ing	07/01_,2015,ar	nd ending 06/30,	20 16 .	
6 If the ta	ax year entered in line 5 is for less than 12 m	onths, chec	ck reason: Initial re	eturn Final return		
c	Change in accounting period			<u> </u>		
7 State i	n detail why you need the extension ALL T	HE INFO	RMATION NECESSARY	TO COMPLETE THE		
	RETURN IS NOT AND WILL NOT B	E AVAIL	ABLE BY THE DUE DA	ATE. THEREFORE WE		
	RESPECTIVELY REQUEST ADDITION	NAL TIM	E TO COMPLETE THE	RETURN.		
8a If this	application is for Forms 990-BL, 990-PF, 9	90-T, 4720), or 6069, enter the ten	tative tax, less any		
nonref	undable credits. See instructions.			8a \$	0.	
b If this	application is for Forms 990-PF, 990-T,	4720, oi	r 6069, enter any refur	ndable credits and		
estima	ted tax payments made. Include any pri	ior year o	verpayment allowed as	a credit and any		
amoun	t paid previously with Form 8868.			8b \$	0.	
c Balanc	e Due. Subtract line 8b from line 8a. Include	your paym	ent with this form, if requi	red, by using EFTPS		
(Electr	onic Federal Tax Payment System). See instru	ctions.		8c \$	0.	
	Signature and Verifica	ation mu	st be completed for F	·		
	ies of perjury, I declare that I have examined the delief, it is true, correct, and complete, and that I			dules and statements, and to the	best of my	
			•			
Signature ➤			Title ▶	Date ▶		
				Form 8868	(Rev. 1-2014)	

Form 8868

(Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

▶ File a separate application for each return.
▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box Х • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part 1 Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation	on required to file Form 990-T and requesting	g an autom	atic 6-month extension	- check this box and com	plete			
Part I only .						▶ 🔲		
All other co	rporations (including 1120-C filers), partners	hips, REMIC	Cs, and trusts must use I	Form 7004 to request an	extension	of time		
to file incon	ne tax returns.			Enter filer's identifyin	g number, se	e instructions		
Type or	Name of exempt organization or other filer, see in	nstructions.		Employer identification nu	mber (EIN)	or		
print NEW YORK HARBOR FOUNDATION, INC.				27-291847	8			
File by the due date for filing your 10 SOUTH STREET, SLIP 7 Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)								
due date for filing your return. See instructions instructions instructions and security intriber (SSN) 10 SOUTH STREET, SLIP 7 City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
filing your return. See instructions instructions instructions.								
managagens.	NEW YORK, NY 10004							
Enter the R	eturn code for the return that this application	is for (file	a separate application fo	or each return)		01		
Application	l	Return	Application			Return		
ls For		Code	Is For			Code		
Form 990 c	or Form 990-EZ	01	Form 990-T (corporat	ion)		07		
Form 990-E	BL	02	Form 1041-A			08		
Form 4720	(individual)	03	Form 4720 (other tha	ın individual)		09		
Form 990-F	'F	04	Form 5227			10		
Form 990-7	Γ (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-1	Γ (trust other than above)	06	Form 8870			12		
Telephor If the org If this is	ts are in the care of ▶ 10 SOUTH STREE! The No. ▶ 212 458-0800 The granization does not have an office or place of for a Group Return, enter the organization's following group, check this box▶	business in our digit Gro If it is for pa	FAX No. ►	ck this box				
	ne names and EINs of all members the extens			\				
-	est an automatic 3-month (6 months for a co			•	The			
_	02/15_, 20_17_, to file the	exempt or	ganization return for the	e organization named at	ove. The	extension is		
	e organization's return for:							
N X	calendar year 20 or tax year beginning 07/	N1 2N 1	5 and anding	06/30	20.16			
<u> </u>	Trax year beginning	<u></u>		,	20_10			
[]	tax year entered in line 1 is for less than 12 n Change in accounting period	nonths, che	ck reason: Initial r	eturn Final return	1			
3a If this	application is for Form 990-BL, 990-PF, 9	90-T, 4720), or 6069, enter the	tentative tax, less any				
	fundable credits. See instructions.				3a \$	0.		
b If this	s application is for Form 990-PF, 990-T,	4720, o	r 6069, enter any re	efundable credits and				
	ated tax payments made. Include any prior ye				3b \$	0.		
	ce due. Subtract line 3b from line 3a. Include		nent with this form, if re	quired, by using EFTPS				
	ronic Federal Tax Payment System). See instru				3c \$	0.		
. •	ou are going to make an electronic funds withdrawa	al (direct det	oit) with this Form 8868, se	ee Form 8453-EO and Form	1 8879-EO f	or payment		
instructions.	•							

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2014)

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271 2015 Open to Public Inspection

1. General Information

For Finesi Voes Bosinsins	(mm (dd (mma) 07	01 (2045 and 5	nding (mm/dd/nas)	06 / 30 / 2016
For Fiscal Year Beginning Check if Applicable:	Name of Organization: NI	<u>01</u> / 2015 and E	OUNDATION, INC.	Employer Identification Number (EIN):
Address Change	Mailing Address:			27-2918478 NY Registration Number:
Name Change Initial Filing	10 SOUTH STREET	, SLIP 7		42-35-38
Final Filing	City / State / Zip:			Telephone:
Amended Filing Reg ID Pending	NEW YORK, NY 10 Website:			(212) 458-0800 Email:
Key in Ferming	www.nyharbor.or	G		
Check your organization's registration category:	7A only EPT	Lonly X DUAL (7A & i		onfirm your Registration Category in the harities Registry at www.CharitiesNYS.com.
2. Certification				
See instructions for certificati	ion requirements. Imprope	er certification is a violation	of law that may be subject t	o penalties.
We certify under pe they are	naities of perjury that we re true, correct and complete	viewed this report, including in accordance with the laws	all attachments, and to the of the State of New York a	best of our knowledge and belief, pplicable to this report.
President or Authorize	d Officer:	mos	MVPRAY FISHE	2, £) 7/22/17
Chief Financial Officer		Mayers Te	Print Name a	Tech 2/24/17
3. Annual Reporting	Exemption	•		
categories (DUAL filers) that	apply to your registration, you cannot claim an exem	complete only parts 1, 2, a	nd 3, and submit the certific	gory (7A or EPTL only filers) or both ad Char500. No fee, schedules, or additional on, you must file applicable schedules and
and the organization	ion: Total contributions from did not engage a profession qualifies for another 7A exe	onal fund raiser (PFR) or fun	nts, foundations, governm d raising counsel (FRC) to	ent agencies, etc. did not exceed \$25,000 solicit contributions during the fiscal year.
3b. EPTL filing exem the fiscal year.	ption: Gross receipts did n	ot exceed \$25,000 and the	market value of assets di	d not exceed \$25,000 at any time during
	·			
4. Schedules and A	ttachments	*		
See the following page for a checklist of schedules and attachments to	j tesNo for fur	d your organization use a paid raising activity in NY Stated	te? If yes, complete Sched	
complete your filing.				
5. Fee				
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	Make a single check or money order
next page to calculate your fee(s). Indicate fee(s) you are submitting here:	\$25	\$250.	\$275.	payable to: "Department of Law"

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

- Your organization is registered as EPTL only and you marked the EPTL filling exemption in Part 3.

- Your organization is registered as DUAL and you marked both the 7A and EPTL filling exemption in Part 3.

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Chec	k the schedules you must submit with your CHAR500 as described in Part 4:	COI.	!
X	If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FR	C), Commercial Co-	-Venturers (CCV)
X	If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants		
Check	k the financial attachments you must submit with your CHAR500:		
X	IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable		
X	All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors).		
	Our organization was eligible for and filed an IRS 990-N e-postcard. We have included an IRS Form 990-EZ for s	tate purposes only.	
f you	are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Re	port:	
	Review Report if you received total revenue and support greater than \$250,000 and up to \$500,000.		
X	Audit Report if you received total revenue and support greater than \$500,000		
	No Review Report or Audit Report is required because total revenue and support is less than \$250,000		
	We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required		
Calc	culate Your Fee		

For 7	A and DUAL filers, calculate the 7A fee:
	\$0, if you checked the 7A exemption in Part 3a
X	\$25, if you did not check the 7A exemption in Part 3a
For EF	PTL and DUAL filers, calculate the EPTL fee:
	\$0, if you checked the EPTL exemption in Part 3b
	\$25, if the NET WORTH is less than \$50,000
	\$50, if the NET WORTH is \$50,000 or more but less than \$250,000
	\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
X	\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
	\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
	\$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activites for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS From 990 Part I, line 22
- IRS Form 990 EZ Part I line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

CHAR500 Annual Filing for Charitable Organizations (Updated December 2015) 5J3551 1.000 0731HV M261

Page 2

2015

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers www.CharitiesNYS.com

Open to Public Inspection

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete t Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for full PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

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i. Organization inform	TATION .	
Name of Organization: NEW YORK HARBOR FOU	NY Registration Number: 42-35-38	
2. Professional Fund R	aiser, Fund Raising Counsel, Commercial Co-\	/enturer Information
Fund Raising Professional type: X Professional Fund Raiser	Name of FRP: CARRIE WAIBLE & COMPANY LLC	NY Registration Number:
Fund Raising Counsel	Mailing Address: 152 MADISON AVENUE, SUITE 906	Telephone:
Commercial Co-Venturer	City / State / Zip:	212-379-4024
3. Contract Informatio	NEW YORK, NY 10016-5424 Contract End Date:	
06/25/2	2015 10/31/2015	
4. Description of Servi		
•	T MANAGEMENT, PRODUCTION & PUBLIC RELATION OF REGATTA ON SEPTEMBER 8, 2015.	NS FOR 2015 NEW YORK
5. Description of Comp	pensation	,
INSTALLMENTS PLUS \$1:	RP: TO BE PAID \$100,000 IN SIX SEPARATE 25 MONTHLY THAT COVERS PHONE, CELL PHONE FICE PRINTING EXPENSES	Amount Paid to FRP:
		70,000.
6. Commercial Co-Ven	turer (CCV) Report	
	vere provided by a CCV, did the CCV provide the charitable organization (a) part 3 of the Executive Law Article 7A?	on with the interim or closing report(s) required by
Definitions		

A Professional Fund Raiser (PFR), in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4). A Fund Raising Counsel (FRC) does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A Commercial Co-Venturer (CCV) is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

CHAR500 Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers (Updated December 2015) Page 1

2015

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers
www.CharitiesNYS.com

Open to Public

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fup PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NY Organizations and use additional pages if necessary.

eth's solledue or EACH Professional und raising activity in NY State. The

1. Organization Informatio							
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Name of Organization:		NY Registration Number:
NEW YORK HARBOR FOUNDATION,	INC.	42-35-38

2.	Professional Fund Ra	iser, Fund Raisi	ing Coun	sel. Co	ommercial Co	-Venturer	Information

Fund Raising Professional type:	Name of FRP:	NY Registration Number:
	EMERSON EVENTS & MARKETING	•
X Professional Fund Raiser		
	Mailing Address:	Telephone:
Fund Raising Counsel	253 8TH STREET, APT. 3R	
· ·	1 	201-763-6102
Commercial Co-Venturer	City / State / Zip:	
	JERSEY CITY, NJ 07302	

3. Contract Information

AND THE STATE OF STAT			
Contract Start Date:		Contract End Date:	
	11/05/2015		03/31/2016

4. Description of Services

Services provided by FRP: EVENT MANAGEMENT, PRODUCTION AND PUBLIC RELATIONS FOR 2016 HARBOR SCHOOL AWARDS DINNER.

5. Description of Compensation

Compensation arrangement with FRF	P: TO BE PAID TOT	AL FEES OF \$16,000 IN 5	Amount Paid to FRP:
INSTALLMENTS OF \$3,200	O WITH THE FINAL	PAYMENT DUE UPON	
SUBMISSION OF A FINAL	REPORT ON OR NO	LATER THAN MARCH 31,	
2016.			16,000.

6. Commercial Co-Venturer (CCV) Report

Yes No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required Section 173(a) part 3 of the Executive Law Article 7A?
--

Definitions

A **Professional Fund Raiser (PFR)**, in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4). A **Fund Raising Counsel (FRC)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A Commercial Co-Venturer (CCV) is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

CHAR500 Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers (Updated December 2015) Page 1

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Schedule 4b: Government Grantswww.CharitiesNYS.com

If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual

2015 Open to Public Inspection

the schedule and life EACH Filing for Charitable Organizations.

1. Organization Information

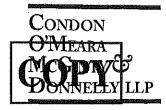
Name of Organization:		NY Registration Number:
NEW YORK HARRON HOUNDAMION	TNG	40.35.00
NEW YORK HARBOR FOUNDATION,	INC.	42-35-38

2. Government Grants

Name of Government Agency	Amount of Grant
1. NATIONAL SCIENCE FOUNDATION	1. 600,561.
2. U.S. DEPT. OF THE INTERIOR NATIONAL PARK SVC.	2. 9,824.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13. ·
14.	14.
15.	15.
Total Government Grants:	Total: 610,385.



Financial Statements For the Years Ended June 30, 2016 and June 30, 2015



Certified Public Accountants

One Battery Park Plaza New York, NY 10004-1405 Tel: (212) 661 - 7777

Fax: (212) 661 - 4010

Independent Auditor's Report

To the Board of Directors of New York Harbor Foundation, Inc.

We have audited the accompanying financial statements of New York Harbor Foundation, Inc. which comprise the statements of financial position as of June 30, 2016 and June 30, 2015 and the related statements of activities, functional expenses and cash flows for the years then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement. whether due to fraud or error.

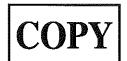
Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of New York Harbor Foundation, Inc. as of June 30, 2016 and June 30, 2015 and the results of its activities and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Lond O'Men McGit + Dowelly LLP



Statements of Financial Position

Assets

•	Jun	e 30
	2016	2015
Current assets Cash	\$ 643,049	\$ 466,265
Investments, at fair value Grants, contracts and contributions receivable, current	128,670	200,379
portion	543,941	283,939
Prepaid expenses and other assets	<u>273,275</u>	235,653
Total current assets	1,588,935	1,186,236
Property and equipment, net	105,755	127,655
Grants, contracts and contributions receivable, net of current portion	450,000	
Total assets	<u>\$2,144,690</u>	<u>\$1,313,891</u>
Liabilities and Net Assets		
Current liabilities		
Accounts payable and accrued expenses	\$ 190,296	\$ 127,580
Unearned revenue	55,000	<u>85,000</u>
Total current liabilities	<u>245,296</u>	212,580
Net assets		
Unrestricted	717,964	560,334
Temporarily restricted	1,181,430	540,977
Total net assets	1,899,394	1,101,311
Total liabilities and net assets	<u>\$2,144,690</u>	<u>\$1,313,891</u>

Statements of Activities For the Years Ended June 30, 2016 and June 30, 2015

		2016			2015	
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Unrestricted	Total
Public support and revenue Grants, contracts and contributions	\$1,321,673	\$1,307,577	\$2,629,250	\$ 567.711	\$ 886.705	\$1,454,416
Special events, net of direct expenses of \$243,733 in 2016 and \$262,985	•	.				
in 2015	471,815	1	471,815	325,249	1	325,249
Program service fees	7,350	1	7,350	61,986	i	61,986
In-kind contributions	17,531	1	17,531	ı	1	,
Net investment (loss)	(5,570)	r	(5,570)	(210)	i	(210)
Other	26,878	ı	26,878	29,666	ŧ	29,666
Net assets released from restrictions	667,124	(667,124)	•	649,214	(649.214)	,
Total public support and revenue	2,506,801	640,453	3,147,254	1,633,616	237,491	1,871,107
Expenses						
Program services	1,855,520	1	1,855,520	1,570,814	1	1,570,814
Management and general	319,574	r	319,574	172,721	1	172,721
Development	174,077	ľ	174,077	120,412	1	120,412
Total expenses	2,349,171	TO THE THEORY OF THE PROPERTY	2,349,171	1,863,947	-	1,863,947
Increase (decrease) in net assets	157,630	640,453	798,083	(230,331)	237,491	7,160
Net assets, beginning of year	560,334	540,977	1,101,311	790,665	303,486	1,094.151
Net assets, end of year	\$ 717,964	\$1,181,430	\$1,899,394	\$ 560,334	\$ 540,977	C1)(101,18)

See notes to financial statements.

Statements of Functional Expenses For the Years Ended June 30, 2015

		73	2016			2015	15	
		Management				Management		
	Program	and			Program	and		
	Services	General	Development	Total	Services	General	Development	Total
2.5.	\$ 611 771	\$ 101.214	\$ 68.898	\$ 781.883	\$ 382,878	\$ 65,235	\$ 96,392	\$ 544,505
Salaries December on demonstrate honofite	133,502			171,942	82,931	14,781	14,781	112,493
rayion taxes and employee concine	630,164	124.510	62,954	817,628	157,612	50,821	468	208,901
Charteble contributions		`	ı		252,023	1	ľ	252,023
Chairante comunications December	358.463	59	1	358,522	525,849	1	ı	525,849
FIUSIAIII	15 851	,	t	15,851	16,629		1	16,629
Sumilies	320	4.550	2,712	7,582		5,135	251	5;386
Automobile	2.056	, 65	1	2,121	5,772		•	5,772
Detation counting and mailing	14,569	2.314	1.047	17,930	8,937	2,606	,	11,543
There and meals	53,201	12,294	3,196	68,691	52,297	5,354	<i>L</i> 9	57,718
Transport	4.583	11,512	12,905	29,000	12,508	6,189	1	18,697
Hamilties and equipment rental	14.808	436	,	15,244	25,411	220	•	25,631
Marine Sam equipment form	3,355	•	ı	3,355	12,229	. 1	ı	12,229
Manne luei Doot feer	1	404	7.549	7,953	45	1	7,289	7,334
Dank Ices	•	21.900	1	21,900	•	19,727	ı	19,727
Other	12,877	14,153	2,539	29,569	35,693	2,653	1,164	39,510
Total	\$1,855,520	\$ 319,574	\$ 174,077	\$2,349,171	\$1,570,814	\$ 172,721	\$ 120,412	\$1,863,947

See notes to financial statements.





Statements of Cash Flows

		Year June 30
	2016	2015
Cash flows from operating activities	•	
Increase in net assets	\$ 798,083	\$ 7,160
Adjustments to reconcile increase in net assets to net cash provided by (used in) operating activities		
Depreciation	21,900	19,727
Donated stock	(322,595)	(136,274)
Proceeds from sale of donated stock	324,352	-
Realized and unrealized losses on investments	8,062	1,794
(Increase) decrease in assets		
Grants, contracts and contributions receivable	(710,002)	(253,939)
Prepaid expenses and other assets	(37,622)	194,326
Increase (decrease) in liabilities	•	
Accounts payable and accrued expenses	62,716	22,248
Unearned revenue	(30,000)	65,000
Net cash provided by (used in)		
operating activities	114,894	<u>(79,958</u>)
Cash flows from investing activities		
Purchases of investments	(1,658)	(88,747)
Proceeds on the sale of investments	63,548	142,033
Net cash provided by investing activities	61,890	53,286
Net increase (decrease) in cash	176,784	(26,672)
Cash, beginning of year	466,265	492,937
Cash, end of year	<u>\$ 643,049</u>	<u>\$ 466,265</u>



Notes to Financial Statements June 30, 2016 and June 30, 2015

Note 1 - Nature of organization

The New York Harbor Foundation, Inc. (the "Foundation") is a non-profit organization. The Foundation was organized to promote the public good by identifying and carrying out activities that improve awareness of the existence and condition of the New York Harbor and access to the New York Harbor. The Foundation will meet these purposes through conducting research, information outreach activities and designing and running services to improve the quality of the New York Harbor. The Foundation's mission is to create and support a diverse network of environmentally literate schools, students and communities working together to restore New York Harbor.

Note 2 - Summary of significant accounting policies

Net assets

The Foundation reports information regarding its financial position and activities in two classes of net assets as follows:

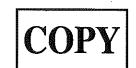
- Unrestricted net assets, which consist of amounts that can be spent at the discretion of the Foundation; and
- Temporarily restricted net assets, which consist of grants, contracts and contributions that are either restricted by the donor for a specific purpose or relate to future periods.

Grants, contracts and contributions

The Foundation records grants, contracts and contributions as unrestricted revenue unless the donor restricts the grant, contract or contribution for a specific purpose or future periods. Grants, contracts and contributions received with donor stipulations that limit the use of the donated assets are reported as temporarily restricted support. When a donor stipulation regarding a temporarily restricted assets expires, i.e., when a stipulated time restriction ends or the purpose for the restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restrictions.

Cash equivalents

The Foundation considers all highly liquid investments with an original maturity of 90 days or less to be cash equivalents. As of June 30, 2016 and June 30, 2015, the Foundation had no cash equivalents.



Notes to Financial Statements (continued) June 30, 2016 and June 30, 2015

Note 2 - Summary of significant accounting policies (continued)

Investments

The Foundation's investments are recorded at fair value. The value of the Foundation's investments has been determined by using publicly reported market quotes. Net realized gains or (losses) on the sale of investments are determined using the first-in, first-out method and along with the net unrealized gain or (loss) on investments, are recorded in the statements of activities as part of investment return (loss).

Fair value measurements

Fair value refers to the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. The fair value hierarchy gives the highest priority to quoted prices in active markets and the lowest priority to unobservable data. Fair value measurements are required to be separately disclosed by level within the fair value hierarchy. At June 30, 2016 and June 30, 2015, the Foundation's investments are deemed to be Level 1, their fair value are measured using quoted prices in active markets.

Grants, contracts and contributions receivable

Grants, contracts and contributions, including unconditional promises to give, are recognized as revenue in the period received and when any conditions on which they depend have been substantially met.

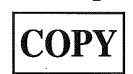
Bequests are recorded as revenue when a legally binding obligation is received and when a fair value can be determined.

Allowance for doubtful accounts

The Foundation deems all grants, contracts and contributions receivable to be collectible and, accordingly, an allowance for doubtful accounts is not necessary. Such estimate is based on management's experience, the aging of the receivables, subsequent receipts and current economic conditions.

Property and equipment

Property and equipment are carried at cost or, if donated, at the approximate fair value at the date of donation. Such donations are reported as unrestricted support unless the donor has restricted the donated asset to a specific purpose. The Foundation capitalizes, as property and equipment, expenditures for such assets in excess of \$5,000 with an estimated useful life greater than 3 years. Depreciation is computed using the straight-line method over the estimated useful lives of the assets, which range from 3 to 7 years.



Notes to Financial Statements (continued) June 30, 2016 and June 30, 2015

Note 2 - Summary of significant accounting policies (continued)

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements. Actual results could differ from these estimates.

In-kind contributions

For the year ended June 30, 2016, the Foundation received in-kind contributions of legal services of \$17,531, which has been recorded as revenue and a corresponding expense in the accompanying financial statements. There were no in-kind contributions in 2015.

In addition, a number of volunteers, including members of the Board of Directors, have donated significant amounts of their time in the Foundation's program and supporting services. These donated services have not been recorded in the accompanying statements of activities because they do not meet the criteria for recording such services.

Functional allocation of expenses

The costs of providing the various programs and other activities have been summarized on a functional basis. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Concentrations of credit risk

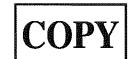
The Foundation's financial instruments that are potentially exposed to concentrations of credit risk consist primarily of cash, investments and receivables. The Foundation places its cash with what it believes to be quality financial institutions. The Foundation's investments are exposed to various risks, such as interest rate, market volatility, liquidity and credit. Due to the level of uncertainty related to the aforementioned risks, it is at least reasonably possible that changes in these risks could have a material effect on the amounts reported in the statements of financial position and the statements of activities. The Foundation's receivables are monitored and deemed collectible by management. As a result, the Foundation believes no significant concentrations of credit risk exist with respect to its cash, investments and receivables.

Subsequent events

The Foundation has evaluated events and transactions for potential recognition or disclosure through October 5, 2016, which is the date the financial statements were available to be issued.

Reclassification

Certain items in the 2015 financial statements have been reclassified for comparative purposes only.



Notes to Financial Statements (continued) June 30, 2016 and June 30, 2015

Note 3 - Investments

Investments consist of the following as of June 30, 2016 and June 30, 2015:

	20	16	20)15
	Cost	Fair Value	Cost	Fair Value
Mutual funds Exchange-traded products	\$ 76,677 58,359	\$ 70,385 58,285	\$ 91,429 104,644	\$ 89,692 110,687
Total	<u>\$ 135,036</u>	\$ 128,670	<u>\$ 196,073</u>	\$ 200,379

The components of net investment (loss) consist of the following for the years ended June 30, 2016 and June 30, 2015:

•	 <u> 2016 </u>		2015
Interest and dividends	\$ 3,946	\$	2,595
Realized gain on sales of investments	2,610		3,465
Unrealized (loss) on investments	(10,672)		(5,259)
Investment management fees	 (1,454)		(1,011)
Net investment (loss)	\$ (5,570)	\$	(210)

Note 4 - Grants, contracts and contributions receivable

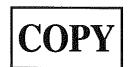
At June 30, 2016 and June 30, 2015, grants, contracts and contributions receivable are expected to be collected as follows:

	:	2016	2015
Receivable in less than one year		\$ 543,941	\$ 283,939
Receivable in one to five years		<u>450,000</u>	
Total		<u>\$ 993,941</u>	\$ 283,939

Note 5 - Property and equipment

Property and equipment consist of the following at June 30, 2016 and June 30, 2015:

	2016	2015
Furniture and equipment Vehicle	\$ 142,470 11,300	\$ 142,470 11,300
Total property and equipment Less accumulated depreciation	153,770 48,015	153,770 26,115
Net property and equipment	\$ 105,755	<u>\$ 127,655</u>



Notes to Financial Statements (continued) June 30, 2016 and June 30, 2015

Note 6 - Temporarily restricted net assets

The amounts released from restrictions during the year ended June 30, 2016 are for the following:

<u>Description</u>		<u>Amount</u>
New York Harbor School		
After school	\$	57,432
College office		69,325
CTE		19,201
General		35,000
Lettie G. Howard		183,600
Waterfront		1,605
Billion Oyster Project		
General		94,695
Public engagement		114,796
Reef construction		5,000
Shell collection		60,474
Administration		25,996
Total	<u>\$</u>	667,124

At June 30, 2016, temporarily restricted net assets are available for the following:

Description		Amount '
New York Harbor School		•
After school	\$	830,210
Lettie G. Howard		67,400
Billion Oyster Project		
General		65,570
Public engagement		159,204
Reef construction		34,501
Administration		<u> 24,545</u>
Total	\$1	.181.430



Notes to Financial Statements (continued) June 30, 2016 and June 30, 2015

Note 7 - Boat donation agreements

The Foundation entered into two boat donation agreements with a nonprofit organization for the use of two sailing vessels. Under the agreements, the Foundation acquired title to the vessels, and both the donor and the Foundation have the right to cause the vessels to be transferred back to the donor and sold, in which case the proceeds will be split equally. During 2015, the Foundation transferred title to one of the vessels back to the nonprofit organization.

Note 8 - Program services expense

Program services expense in 2015 includes the contribution by the Foundation to New York Harbor School of a navigational bridge simulator consisting of hardware, software and related assets valued at \$252,023.

Note 9 - Tax status

The Foundation is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The Foundation is classified as a publicly supported organization as described in Section 509(a)(1) and 170(b)(1)(A)(vi) and not as a private foundation; therefore, the Foundation qualifies for the maximum charitable contribution deductions for donors.