

**New York Says Thank You Foundation**

Income Tax Returns

2009

**Taxpayer copy**

**CHARLES A. BARRAGATO & CO. LLP**

**CPAs and Trusted Business Advisors**

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Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning \_\_\_\_\_, 2009, and ending \_\_\_\_\_.

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.****2009**Department of the Treasury  
Internal Revenue Service

Name of exempt organization

NEW YORK SAYS THANK YOU FOUNDATION

Name and title of officer

JEFF PARNESCHAIRMAN

Employer identification number

20-1554830**Part I Tax Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1 a Form 990</b> check here . . . . .	▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1 b</b> _____
<b>2 a Form 990-EZ</b> check here . . . . .	▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2 b</b> <u>243,211.</u>
<b>3 a Form 1120-POL</b> check here . . . . .	▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3 b</b> _____
<b>4 a Form 990-PF</b> check here . . . . .	▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) . . . . .	<b>4 b</b> _____
<b>5 a Form 8868</b> check here . . . . .	▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) . . . . .	<b>5 b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize CHARLES A. BARRAGATO & CO. CPAS to enter my PIN 00045 as my signature

ERO firm name Enter five numbers, but  
do not enter all zeros

on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN . . . . . 13505776541  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ ROBERT TAVIS, CPA Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2009)

**Short Form**  
**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**2009****Open to Public  
Inspection****A For the 2009 calendar year, or tax year beginning , 2009, and ending ,**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Please use IRS label or print or type. See Specific Instructions. NEW YORK SAYS THANK YOU FOUNDATION C/O JEFF PARNES, 275 WEST 96TH ST. 9F NEW YORK, NY 10025	<b>D</b> Employer identification number 20-1554830 <b>E</b> Telephone number (917) 806-8061 <b>F</b> Group Exemption Number ..... ▶
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• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting method: ☒ Cash ☐ Accrual  
Other (specify) ▶

**I Website:** ▶ WWW.NEWYORKSAYSTHANKYOU.ORG

**J Tax-exempt status** (check only one) — ☒ 501(c) ( 3 ) ▶ (insert no.) ☐ 4947(a)(1) or ☐ 527

**H** Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 243,211.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received .....	<b>1</b> <u>243,211.</u>
	<b>2</b> Program service revenue including government fees and contracts .....	<b>2</b>
	<b>3</b> Membership dues and assessments .....	<b>3</b>
	<b>4</b> Investment income .....	<b>4</b>
	<b>5a</b> Gross amount from sale of assets other than inventory .....	<b>5a</b>
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>5b</b>
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .....	<b>5c</b>
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. <input type="checkbox"/> ▶	
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1) .....	<b>6a</b>
	<b>b</b> Less: direct expenses other than fundraising expenses .....	<b>6b</b>
	<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) .....	<b>6c</b>
	<b>7a</b> Gross sales of inventory, less returns and allowances .....	<b>7a</b>
	<b>b</b> Less: cost of goods sold. ....	<b>7b</b>
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) .....	<b>7c</b>
	<b>8</b> Other revenue (describe ▶ _____) .....	<b>8</b>
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. .... ▶	<b>9</b> <u>243,211.</u>
<b>EXPENSES</b>	<b>10</b> Grants and similar amounts paid (attach schedule) .....	<b>10</b>
	<b>11</b> Benefits paid to or for members .....	<b>11</b>
	<b>12</b> Salaries, other compensation, and employee benefits .....	<b>12</b> <u>12,320.</u>
	<b>13</b> Professional fees and other payments to independent contractors .....	<b>13</b> <u>56,754.</u>
	<b>14</b> Occupancy, rent, utilities, and maintenance .....	<b>14</b>
	<b>15</b> Printing, publications, postage, and shipping .....	<b>15</b> <u>7,810.</u>
	<b>16</b> Other expenses (describe ▶ <u>SEE STATEMENT 1</u> ) .....	<b>16</b> <u>153,478.</u>
	<b>17 Total expenses.</b> Add lines 10 through 16. .... ▶	<b>17</b> <u>230,362.</u>
<b>ASSETS</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) .....	<b>18</b> <u>12,849.</u>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) .....	<b>19</b> <u>45,105.</u>
	<b>20</b> Other changes in net assets or fund balances (attach explanation) .....	<b>20</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20. .... ▶	<b>21</b> <u>57,954.</u>

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments .....	<u>29,105.</u>	<b>22</b> <u>58,960.</u>
<b>23</b> Land and buildings .....		<b>23</b>
<b>24</b> Other assets (describe ▶ <u>SEE STATEMENT 2</u> ) .....	<u>16,000.</u>	<b>24</b>
<b>25 Total assets.</b> .....	<u>45,105.</u>	<b>25</b> <u>58,960.</u>
<b>26 Total liabilities</b> (describe ▶ <u>SEE STATEMENT 3</u> ) .....	<u>0.</u>	<b>26</b> <u>1,006.</u>
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) .....	<u>45,105.</u>	<b>27</b> <u>57,954.</u>

**BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.**Form **990-EZ** (2009)

**Expenses**

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)

28 SEE STATEMENT 5

28a	135,922.
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29

29 a

30

30 a

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31 a

32	135,922.
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**(a) Name and address**

(c) Compensation (If not paid, enter -0-.)

(e) Expense account and other allowances	
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	CHAIRMAN	40.00
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**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

SEE STATEMENT 6

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.	<b>33</b>	X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes.	<b>34</b>	X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>	X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	<b>35b</b>	
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	<b>36</b>	X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0.	<b>37a</b>	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>	X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	<b>38a</b>	X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved	<b>38b</b> N/A	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b> N/A	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b> N/A	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	<b>40b</b>	X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed ▶ NY		
<b>42a</b> The organization's books are in care of ▶ JEFF PARNES Telephone no. ▶ (917) 806-8061 Located at ▶ 275 WEST 96 STREET #9F NEW YORK NY ZIP + 4 ▶ 10025		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>42b</b>	X
If 'Yes,' enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?	<b>42c</b>	X
If 'Yes,' enter the name of the foreign country: ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here <input type="checkbox"/> N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ <b>43</b> N/A		
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	<b>44</b>	X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	<b>45</b>	X

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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.	<b>46</b>	X
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	<b>47</b>	X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	<b>48</b>	X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	X
<b>b</b> If 'Yes,' was the related organization a section 527 organization?	<b>49b</b>	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

**f** Total number of other employees paid over \$100,000

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	<b>Signature of officer</b> <b>JEFF PARNESS</b>		<b>Date</b> <b>CHAIRMAN</b>	
<b>Paid Preparer's Use Only</b>	Preparer's signature	<b>ROBERT TAVIS, CPA</b>	Date	
	Firm's name (or yours if self-employed), address, and ZIP + 4	<b>CHARLES A. BARRAGATO &amp; CO. CPAS</b> <b>950 THIRD AVENUE</b> <b>NEW YORK, NY 10022-2705</b>		
	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)	<b>P00161651</b>	
	EIN	<b>11-3408584</b>		
	Phone no.	<b>(212) 371-4446</b>		

May the IRS discuss this return with the preparer shown above? See instructions  ☒ Yes ☐ No

BAA

Form 990-EZ (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

NEW YORK SAYS THANK YOU FOUNDATION

Employer identification number

20-1554830

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III – Functionally integrated      d ☐ Type III – Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
- (ii) a family member of a person described in (i) above? .....
- (iii) a 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organizations.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule **A** (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	31,382.	56,525.	99,553.	248,231.	243,211.	678,902.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 <b>Total.</b> Add lines 1-through 3.	31,382.	56,525.	99,553.	248,231.	243,211.	678,902.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						107,309.
6 <b>Public support.</b> Subtract line 5 from line 4.						571,593.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.	31,382.	56,525.	99,553.	248,231.	243,211.	678,902.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 <b>Total support.</b> Add lines 7 through 10.						678,902.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).	14	84.2 %
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	0.0 %
16a <b>33-1/3 support test – 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b <b>33-1/3 support test – 2008.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2009</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2009



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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						
<b>6 Total.</b> Add lines 1 through 5.						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons.						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6.						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						

**14 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) organization, check this box and stop here. ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15.	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17.	<b>18</b>	%

**19a 33-1/3 support tests — 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

**b 33-1/3 support tests — 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

► **Attach to Form 990, 990-EZ, or 990-PF**

OMB No. 1545-0047

**2009**

**Name of the organization**

**NEW YORK SAYS THANK YOU FOUNDATION**

**Employer identification number**

**20-1554830**

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule –**

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules –**

☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year..... ► \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

NEW YORK SAYS THANK YOU FOUNDATION

20-1554830

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JONATHAN M. TISCH C/O LOEWS CORP, 667 MADISON AV NEW YORK, NY 10021	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ABNY FOUNDATION 355 LEXINGTON AVE NEW YORK, NY 10017	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	NEWMARK KNIGHT FRANK C/O JEFF GURAL, 125 PARK AVE NEW YORK, NY 10017	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	SILVERSTEIN PROPERTIES 7 WTC - 250 GREENWICH ST NEW YORK, NY 10007	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	LEWIS A. KINGSLEY FOUNDATION 4667 MACARTHUR BLVD. SUITE 400 NEWPORT BEACH, CA 92660	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	KPMG C/O ROB ARNING, 345 PARK AVE NEW YORK, NY 10154	\$ 8,362.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

NEW YORK SAYS THANK YOU FOUNDATION

20-1554830

**Part I Contributors** (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	ANONYMOUS 1000 EAST KANSAS GREENSBURG, KS 67054	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	MORRIS BAILEY 150 BROADWAY, SUITE 800 NEW YORK, NY 10038	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	BANK OF AMERICA MATCHING GIFT 100 N TRYON ST CHARLOTTE, NC 28255-0001	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	ERIC BUTLER 275 WEST 96TH STREET NEW YORK, NY 10025	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	JACK HENEGHAN ONE MANHATTANVILLE RD PURCHASE, NY 10577	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	MERRILL LYNCH MATCHING GIFT PROGRAM P.O. BOX 3418 PRINCETON, NJ 08543	\$ 11,855.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

NEW YORK SAYS THANK YOU FOUNDATION

20-1554830

**Part I Contributors** (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	NOVARTIS 608 5TH AVENUE NEW YORK, NY 10020	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	RICHMOND COUNTY SAVINGS FOUNDATION 900 SOUTH AVE, SUITE 17 STATEN ISLAND, NY 10314	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	THE RIGGIO FOUNDATION 122 FIFTH AVENUE, 4TH FLOOR NEW YORK, NY 10011	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	THE SF FOUNDATION 27 N. WACKER DRIVE SUITE # 458 CHICAGO, IL 60606	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

NEW YORK SAYS THANK YOU FOUNDATION

Employer identification number

20-1554830

**Part II** Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

NEW YORK SAYS THANK YOU FOUNDATION

20-1554830

**Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (Complete cols (a) through (e) and the following line entry.)For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once — see instructions.) ..... \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

BAA



## NEW YORK SAYS THANK YOU FOUNDATION

20-1554830

**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

BANK CHARGES AND MISCELLANEOUS .....	\$	3,305.
CONFERENCES, CONVENTIONS .....		895.
INSURANCE .....		1,100.
MAGAZINES/BOOK .....		587.
MATERIALS AND EQUIPMENT .....		46,612.
MEALS .....		7,997.
OFFICE EXPENSES .....		1,390.
PAYROLL SERVICE FEES .....		616.
PUBLIC RELATIONS & CONSULTING .....		31,822.
TELEPHONE .....		2,836.
TRAVEL .....		54,615.
WEBSITE AND COMPUTER EXPENSES .....		1,703.
	TOTAL \$	<u>153,478.</u>

**STATEMENT 2**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
PREPAID EXPENSES AND DEFERRED CHARGES .....	\$ 16,000.	\$ 0.
TOTAL	<u>\$ 16,000.</u>	<u>\$ 0.</u>

**STATEMENT 3**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
PAYROLL LIABILITIES .....	\$ 0.	\$ 1,006.
TOTAL	<u>\$ 0.</u>	<u>\$ 1,006.</u>

**STATEMENT 4**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE MISSION OF THE NEW YORK SAYS THANK YOU FOUNDATION IS TO COMMEMORATE THE LOVE AND SUPPORT GIVEN TO NEW YORKERS BY AMERICANS FROM ALL ACROSS THE COUNTRY IN THE DAYS, WEEKS AND MONTHS FOLLOWING 9/11, BY SENDING VOLUNTEERS EACH YEAR ON THE 9/11 ANNIVERSARY TO HELP REBUILD COMMUNITIES ACROSS THE UNITED STATES AFFECTED BY NATURAL OR MAN-MADE DISASTERS. THE FOUNDATION ALSO ASSISTS THOSE COPING WITH LIFE THREATENING ILLNESS AND INDIVIDUALS AND COMMUNITIES COPING WITH BOTH THE IMMEDIATE AFTERMATH AND ONGOING EFFECTS OF DOMESTIC NATURAL MAN-MADE DISASTERS.

**STATEMENT 5**  
**FORM 990-EZ, PART III, LINE 28**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

IN 2009 ON THE 9/11 ANNIVERSARY, NEW YORK SAYS THANK YOU FOUNDATION FACILITATED THE WORK OF APPROXIMATELY 1,200 VOLUNTEERS IN PARTNERSHIP WITH THE MID-AMERICA COUNCIL OF BOY SCOUTS OF AMERICA TO REBUILD THE LITTLE SIOUX SCOUT CAMP IN IOWA WHICH WAS DEVASTATED BY A TORNADO THAT KILLED FOUR YOUNG BOYS SCOUTS AND INJURED DOZENS PARTICIPATING IN A LEADERSHIP TRAINING WEEKEND. VOLUNTEERS CONSISTED OF FIREFIGHTERS FROM NEW YORK AND SURVIVORS OF THE WORLD TRADE CENTER ATTACK, LOCAL FIRST RESPONDERS AND OTHER DISASTER SURVIVORS FROM AROUND THE UNITED STATES.

DURING 2009, VOLUNTEERS ALSO PARTICIPATED ALONGSIDE LOCAL COMMUNITY PARTNERS TO BUILD CLEAN-ROOM ENVIRONMENTS IN THE HOMES OF CHILDREN BATTLING LEUKEMIA IN LOUISIANA AND TEXAS. IN ADDITION, VOLUNTEERS CONTINUED TO ASSIST FAMILIES STILL RECOVERING FROM THE DEVASTATION OF HURRICANE KATRINA WHO ARE ALSO IMPACTED BY A FAMILY MEMBER SUFFERING FROM CANCER. IN MISSISSIPPI, VOLUNTEERS FROM NY ALONG WITH LOCAL VOLUNTEERS REBUILT THE DESTROYED HOME OF A LUNG CANCER PATIENT.

ANOTHER OF NEW YORK SAYS THANK YOU FOUNDATION'S PROJECTS INCLUDES THE NATIONAL 9/11 FLAG TOUR. THE NATIONAL 9/11 FLAG IS THE FLAG THAT WAS DESTROYED IN THE COLLAPSE OF THE WORLD TRADE CENTER ON SEPTEMBER 11, 2001. THE NATIONAL 9/11 FLAG IS CURRENTLY ON A JOURNEY ACROSS AMERICA AND IS DISPLAYED AT LEADING VENUES NATION WIDE TO EMPOWER LOCAL SERVICE HEROES IN ALL 50 STATES WITH THE PRIVILEGE OF STITCHING THE FLAG BACK TO ITS ORIGINAL 13-STRIPE FORMAT. WHEN COMPLETE, THE NATIONAL 9/11 FLAG WILL BECOME PART OF THE PERMANENT COLLECTION OF THE NATIONAL SEPTEMBER 11 MEMORIAL MUSEUM BEING BUILT AT THE WORLD TRADE CENTER.

**STATEMENT 6**  
**FORM 990-EZ, PART V**  
**REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?.....	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.....	NO

<b>Form CHAR500</b> This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)	<b>Annual Filing for Charitable Organizations</b> New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 <a href="http://www.charitiesnys.com">http://www.charitiesnys.com</a>	<b>2009</b>
	<b>Open to Public Inspection</b>	

### 1. General Information

a. For the fiscal year beginning (mm/dd/yyyy) <u>1/01</u> / <b>2009</b> and ending (mm/dd/yyyy) <u>12/31/2009</u>			
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization		d. Fed. employer ID no. (EIN) (##-####-####)
	NEW YORK SAYS THANK YOU FOUNDATION		20-1554830
	e. NY State registration no. (##-##-###)		40-75-12
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	f. Telephone number
	C/O JEFF PARNESSE, 275 WEST 96TH ST.	9F	(917) 806-8061
City or town, state or country and zip + 4		g. Email	
NEW YORK, NY 10025			

### 2. Certification - Two Signatures Required

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

a. President or Authorized Officer	Signature	JEFF PARNESSE	Printed Name	CHAIRMAN	Title	Date
b. Chief Financial Officer or Treasurer	Signature	CHRIS LAWRENCE	Printed Name	TREASURER	Title	Date

### 3. Annual Report Exemption Information

a. **Article 7-A** annual report exemption (Article 7-A registrants and dual registrants)  
 Check ☐ if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 **and** the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.

**NOTE:** An organization may claim this exemption if no PFR or FRC was used **and** either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal **and** contributions from all sources did not exceed \$25,000 **or** 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.

b. **EPTL** annual report exemption (EPTL registrants and dual registrants)  
 Check ☐ if gross receipts did not exceed \$25,000 **and** the assets (market value) did not exceed \$25,000 at any time during this fiscal year.

For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.

**Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.**

### 4. Article 7-A Schedules

If you did **not** check the Article 7-A annual report exemption above, complete the following for this fiscal year:

a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ..... X Yes\* ☐ No  
 \* If "Yes", complete Schedule 4a.

b. Did the organization receive government contributions (grants)? ..... ☐ Yes\* X No  
 \* If "Yes", complete Schedule 4b.

### 5. Fee Submitted: See last page for summary of fee requirements.

Indicate the filing fee(s) you are submitting along with this form:		<b>Submit only one check or money order for the total fee, payable to "NYS Department of Law"</b>
a. Article 7-A filing fee.....	\$ 10.	
b. EPTL filing fee.....	\$ 50.	
c. <b>Total fee</b> .....	\$ 60.	

### 6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see page 4 for required attachments

**Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)**

If you checked the box in question **4.a.** on page 1, complete the following schedule for **each** PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:

<b>1. Type of fund raising professional (FRP):</b>	
Professional fund raiser.....	<u>  X  </u>
Fund raising counsel.....	<u>      </u>
Commercial co-venturer.....	<u>      </u>
<b>2. Name of FRP:</b>	
<u>THE HOPEWELL GROUP, INC</u>	
Number and street (or P.O. box if mail is not delivered to street address):	
<u>330 EAST 38TH STREET</u>	
City or town, state or country and zip + 4:	
<u>NEW YORK, NY 10016</u>	
<b>3. FRP telephone number:</b>	
<u>(212) 557-9486</u>	
<b>4. Services provided by FRP (provide description):</b>	
<u>SEE STATEMENT 1</u>	
<b>5. Compensation arrangement with FRP (provide description):</b>	
<u>THE FOUNDATION ENTERED INTO A TWO PHASE CONTRACT BASED UPON A FIXED FEE ARRANGEMENT. THE CONTRACT REQUIRED MONTHLY PAYMENTS TO BE MADE ON EACH PHASE OVER THE LIFE OF THE CONTRACT.</u>	
<b>6. Dates of contract.....</b>	
<u>12/01/08</u>	through <u>6/25/09</u>
(mm/dd/yyyy)	(mm/dd/yyyy)
<b>7. Amount paid to FRP.....</b>	
	\$ <u>33,000.</u>
<b>8. If services were provided by a CCV, did the CCV provide the charitable organization with the interim report(s) required by <b>Section 173-a.3</b> of the Executive Law?.....</b>	
	<u>      </u> Yes <u>  X  </u> No

**5. Fee Instructions**

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

**Organization's Registration Type    Fee Instructions**

- **Article 7-A** Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is \$0.
- **EPTL** Calculate the EPTL filing fee using the table in **part b** below. the Article 7-A filing fee is \$0.
- **Dual** Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a **single** check or money order for the total fee.

**a) Article 7-A filing fee**

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

\* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

**b) EPTL filing fee**

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

**6. Attachments – Document Attachment Check-List**

Check the boxes for the documents you are attaching.

**For All Filers**Filing Fee

☒ Single check or money order payable to 'NYS Department of Law'

Copies of Internal Revenue Service Forms☐ **IRS Form 990**

☐ All required schedules (including Schedule B

☐ IRS Form 990-T

☒ **IRS Form 990-EZ**

☒ All required schedules (including Schedule B

☐ IRS Form 990-T

☐ **IRS Form 990-PF**

☐ All required schedules (including Schedule B

☐ IRS Form 990-T

**Additional Article 7-A Document Attachment Requirement**Independent Accountant's Report

☐ Audit Report (total support & revenue more than \$250,000)

☒ Review Report (total support & revenue \$100,001 to \$250,000)

☐ No Accountant's Report Required (total support & revenue not more than \$100,000)