	000	
Form	220	

Department of the Treasury

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)

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.



and ending A For the 2021 calendar year, or tax year beginning В Check if applicable: C Name of organization D Employer identification number FREE ARTS FOR ABUSED CHILDREN OF X Address change NEW YORK CITY, INC. Name change 13-3958495 FREE ARTS NYC Doing business as Initial Ireturn Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final 212-974-9092 1431 BROADWAY, 8TH FLOOR termin-ated 2,218,802. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended NEW YORK, NY 10018 H(a) Is this a group return Applica-F Name and address of principal officer: LIZBETH HOPFAN Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: WWW.FREEARTSNYC.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 1997 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: FREE ARTS NYC EMPOWERS YOUTH 1 Activities & Governance FROM UNDERSERVED COMMUNITIES THROUGH ART (CONTINUED ON SCHEDULE "O") Check this box 
 if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 12 Number of voting members of the governing body (Part VI, line 1a) 3 3 11 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 19 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 1373 6 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year Current Year 2,228,215. 2,189,<u>415</u>. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0. Program service revenue (Part VIII, line 2g) 9 14,411. 1,064. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 14,976. 81,565. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2,310,844. 2,218,802. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... 12 0. Ο. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,093,091. 1,105,840. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... 15 Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) Ο. 305,086. **b** Total fundraising expenses (Part IX, column (D), line 25) 834,937. 709,093. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,928,028. 1,814,933. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 403,869. 382,816. 19 Revenue less expenses. Subtract line 18 from line 12 Assets or d Balances **Beginning of Current Year** End of Year 1,397,883. 1,569,828. 20 Total assets (Part X, line 16) 15,717. 250,970. **21** Total liabilities (Part X, line 26) Net / 554,111. 146,913. 22 Net assets or fund balances. Subtract line 21 from line 20

#### Part II Signature Block

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

Sign Here	Signature of officer LIZBETH HOPFAN, EXECUT Type or print name and title	IVE DIRECTOR	Date	
Paid	Print/Type preparer's name CHRIS BELLANDO	Preparer's signature	Date	Check PTIN if self-employed P00541714
Preparer	Firm's name 🕨 LUTZ AND CARR, C	PAS LLP	Firm's	sEIN ▶ 13-1655065
Use Only	Firm's address 551 FIFTH AVENUE NEW YORK, NY 101		Phone	e no.212-697-2299
May the II	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notio	ce, see the separate instructions.		Form <b>990</b> (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	FREE ARTS NYC EMPOWERS YOUTH FROM UNDERSERVED COMMUNITIES THROUGH ARTS AND MENTORING PROGRAMS TO DEVELOP THEIR CREATIVITY, CONFIDENCE, AND
_	SKILLS TO SUCCEED. THE ORGANIZATION IS DEDICATED TO LEVELING THE
	PLAYING FIELD BY PROVIDING HIGH QUALITY POSITIVE MENTORSHIP GROUNDED
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
;	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
<u> </u>	revenue, if any, for each program service reported.
	(Code:) (Expenses \$734,903. including grants of \$) (Revenue \$)
	TEEN ARTS PROGRAM
-	
	THE TEEN ARTS PROGRAM PROVIDES ACCESS TO THE ARTS AND BUILDS A PATHWA TO ACADEMIC AND PROFESSIONAL SUCCESS WITH THE SUPPORT OF A MENTOR.
_	PROGRAM TRACKS INCLUDE PORTFOLIO DEVELOPMENT, CREATIVE LAB AND
	INTERNSHIPS. TRACKS INCOMPORATE 21ST CENTURY SKILL BUILDING WORKSHOPS
	NETWORKING OPPORTUNITIES AND VISITS TO ARTISTS STUDIOS, WHILE ALSO
	DEVELOPING THE VITAL PROTECTIVE FACTORS INCLUDING COMMUNICATION,
_	CREATIVITY AND PROBLEM SOLVING.
-	
-	(CONTINUED ON SCHEDULE O)
4b (	(Code:) (Expenses \$567,639. including grants of \$) (Revenue \$)
	(Code:) (Expenses \$) (Revenue \$) (Revenue \$) (Revenue \$)
-	
-	FREE ARTS DAYS ARE WHOLLY INTERACTIVE ARTS EDUCATION ACTIVITIES FOR
	CHILDREN AGES 6-12. THROUGH ART PROJECTS AND ONE-ON-ONE MENTORING, TH
	DAY HELPS DEVELOP VISUAL LITERACY, CREATIVE PROBLEM SOLVING AND DESIG
-	SKILLS, WHILE THE ONE ON ONE MENTORSHIP BUILDS PROTECTIVE FACTORS, SU
	AS COMMUNICATION SKILLS, COOPERATION AND CONFIDENCE. MENTOR AND CHILD
	PAIRS WORK ON CHILD-DIRECTED ART PROJECTS WITH VERY LITTLE STEP-BY-ST
-	INSTRUCTION.
	(CONTINUED ON SCHEDULE O)
4c (	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
•	
-	
-	
-	
-	
-	
-	
•	
-	
4d (	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses ▶ 1,302,542.
4e '	Total program service expenses L, 302, 542.
10	Form <b>990</b>

NEW YORK CITY, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		_X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	~~~~	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13		13		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			x
20-	complete Schedule G, Part III	19 20a		X X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		- 23
р 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
			000	

132003 12-09-21

Form 990 (2021)

Part IV Checklist of Required Schedules

Form **990** (2021)

4

# FREE ARTS FOR ABUSED CHILDREN OF NEW YORK CITY, INC.

 Form 990 (2021)
 NEW YORK CITY, INC

 Part IV
 Checklist of Required Schedules (continued)

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			Yes	N
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		2
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		┢
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		┢
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			F
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		$\vdash$
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	00-		
29	"Yes," complete Schedule L, Part IV	28c 29	x	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	- 23	┝
00	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		
35a	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 controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		x	
38				
	Note: All Form 990 filers are required to complete Schedule O	38		
<sup>38</sup> Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
Par 1a	t V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
Par 1a b	t V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable         Inter the number of Forms W-2G included on line 1a. Enter -0- if not applicable         Ib			
Par 1a b	t V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable         Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable         Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Yes	
Par 1a b	t V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable         Inter the number of Forms W-2G included on line 1a. Enter -0- if not applicable         Ib	1c		

FREE	ARTS	FOR	ABUSED	CHILDREN	$\mathbf{OF}$
NEW	YORK	CITY	, INC.		

_	990 (2021) NEW YORK CITY, INC.		13-3958	495	P	Pag
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued	)			V.	Γ.
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 1			Yes	1
za	filed for the calendar year ending with or within the year covered by this return	2a	19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned			2b	x	Ē
~	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction					t
3a				3a		Ē
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedul			3b		t
	At any time during the calendar year, did the organization have an interest in, or a signature or othe					t
	financial account in a foreign country (such as a bank account, securities account, or other financia			4a		l
b	If "Yes," enter the name of the foreign country		,			t
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Account	ts (FBAR).			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		I
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b		Ī
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		Ī
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did					Î
	any contributions that were not tax deductible as charitable contributions?			6a		l
b	If "Yes," did the organization include with every solicitation an express statement that such contribu-					Î
	were not tax deductible?		-	6b		I
7	Organizations that may receive deductible contributions under section 170(c).					Î
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	ervices p	rovided to the payor?	7a	Х	I
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	t
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it					t
	to file Form 8282?			7c		I
d	If "Yes," indicate the number of Forms 8282 filed during the year					t
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		t?	7e		I
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con			7f		Î
g	If the organization received a contribution of qualified intellectual property, did the organization file l			7g		1
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organi			7h		Î
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by the	)			Î
	sponsoring organization have excess business holdings at any time during the year?			8		I
9	Sponsoring organizations maintaining donor advised funds.					I
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		Ι
0	Section 501(c)(7) organizations. Enter:					I
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:					l
а	Gross income from members or shareholders	11a				l
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				l
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				l
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		l
	Note: See the instructions for additional information the organization must report on Schedule O.					l
b	Enter the amount of reserves the organization is required to maintain by the states in which the					l
	organization is licensed to issue qualified health plans	13b				l
С	Enter the amount of reserves on hand	13c				
4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		ļ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched	ule O		14b		ļ
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remur	neration	or			l
	excess parachute payment(s) during the year?			15		ļ
	If "Yes," see the instructions and file Form 4720, Schedule N.					l
			ne?	16		ļ
6	Is the organization an educational institution subject to the section 4968 excise tax on net investme	ent incor				ať.
6	Is the organization an educational institution subject to the section 4968 excise tax on net investme If "Yes," complete Form 4720, Schedule O.	ent incor				ļ
16 17						l
	If "Yes," complete Form 4720, Schedule O.	n any		17		

## FREE ARTS FOR ABUSED CHILDREN OF NEW YORK CITY, INC.

Form 990 (2021)

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

13-3958495

Page **6** 

	Check if Schedule O contains a response or note to any line in this Part VI				
Sec	tion A. Governing Body and Management				—
		1a   11	o	Yes	
та	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u> ⊥.	4		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.	1b 1:	1		
	Enter the number of voting members included on line 1a, above, who are independent		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			v	ł
_	officer, director, trustee, or key employee?		2	X	+
3	Did the organization delegate control over management duties customarily performed by or under th				
	of officers, directors, trustees, or key employees to a management company or other person?		3	v	┦
	Did the organization make any significant changes to its governing documents since the prior Form S		4	X	4
	Did the organization become aware during the year of a significant diversion of the organization's as		5		4
	Did the organization have members or stockholders?		6		4
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				
	more members of the governing body?		7a		4
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, or			
	persons other than the governing body?		7b		4
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				l
а	The governing body?		8a	X	4
	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			_
				Yes	_
0a	Did the organization have local chapters, branches, or affiliates?		10a		_
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\hdots$		10b		
1 <b>1</b> a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form?	11a	Х	_
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe			
	on Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
	Did the process for determining compensation of the following persons include a review and approva				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	X	
	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a			
	taxable entity during the year?		16a		I
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
	exempt status with respect to such arrangements?		16b		1
ec	tion C. Disclosure				
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{NY}$				-
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (section 501(c)(	3)s only	) avai	
	for public inspection. Indicate how you made these available. Check all that apply.		5)0 01113	) uru	
		on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		nd fina	ncial	
	statements available to the public during the tax year.	similar or interest policy, a		icidi	
20	State the name, address, and telephone number of the person who possesses the organization's bo				
20	LIZBETH HOPFAN - 212-974-9092	UNS ANU RECORDS P			_
	C/O FREE ARTS FOR ABUSED CHILDEN, 1431 BROADWAY-7T		VOP	<u>х</u>	7
		II FLOOR, NEW			
2006	5 12-09-21 <b>7</b>		Form	9 <b>90</b>	1
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FREE ARTS FOR ABUSED CHILDREN OF

Part VII	Со	mpensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Em	plovees, and	d Independe	ent Contra	ctors			

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

NEW YORK CITY, INC.

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

Form 990 (2021)

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

Name and title         Average hours per liver and attention and billst any hours for week         Description for billst any hours for billst any hours for board members hours for board members hours for board members hours for board members hours for board members hours for board members hours for hours for hours hours for hours for hours for hours for hours for h	(A)	(B)							(D)	(E)	(F)
hours per vex.         box.         amount of momentation period and another of momentation of momentation of momentation of momentation (W2/1099.MISC/ 1099.MISC/ 1090.MISC/ 1000.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	Name and title	Average	Position					one	Reportable	Reportable	Estimated
Week (list ary hours for ganizations below line)     Image: Compensation organizations (W2/1099-MISC)     Image: Compensation organizations (W2/1099-MISC)     Compensation organizations (W2/1099-MISC)       (1) LIZBETH HOPFAN     40.00     x     x     1777,250.     0.     16,657.       (2) DANA FINSSILVER     1.00     x     x     0.     0.     0.       PRESIDENT, CHAIR     x     x     0.     0.     0.     0.       (3) TRINA STORFER     1.00     x     x     0.     0.     0.       (4) CARCL SUCHMAN     1.00     x     x     0.     0.     0.       (5) GARRETT PAIL BOARD MEMBER     1.00     x     0.     0.     0.       (6) BDIE MARTINEZ     1.000     x     0.     0.     0.       (7) JON MEYERS     1.000     x     0.     0.     0.       (8) DAUN BRER     1.000     x     0.     0.     0.       (7) JON MEYERS     1.000     x     0.     0.     0.       (9) LINDA SCHAPS     1.000     x     0.     0.     0.       (10) RAUER     1.000     x     0.     0.     0.       (11) LESLIE SLOVER     1.000     x     0.     0.     0.       (11) LESLIE SLOVER		hours per	box	ox, unless person is b				h an	compensation	compensation	amount of
(1) LIZBETH HOFFAN       40.00       X       X       177,250.       0.       16,657.         (2) DAN PIRESILVER       1.00       X       X       0.       0.       0.         PRESIDENT, CHAIR       X       X       0.       0.       0.       0.         (3) TAINA STORFR       1.00       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.       0.         (4) CAROL SUCHMAN       1.00       X       X       0.       0.       0.       0.         SECRETARY       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (6) EDITE MARTINEZ       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (3) DAVID MELER       1.00       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.				cer an	ia a a I	recto	or/trus	tee)			
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(1) LIZBETH HOFFAN       40.00       X       X       177,250.       0.       16,657.         (2) DAN PIRESILVER       1.00       X       X       0.       0.       0.         PRESIDENT, CHAIR       X       X       0.       0.       0.       0.         (3) TAINA STORFR       1.00       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.       0.         (4) CAROL SUCHMAN       1.00       X       X       0.       0.       0.       0.         SECRETARY       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (6) EDITE MARTINEZ       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (3) DAVID MELER       1.00       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.			or di	ee			ated				
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(1) LIZBETH HOFFAN       40.00       X       X       177,250.       0.       16,657.         (2) DAN PIRESILVER       1.00       X       X       0.       0.       0.       0.         PRESIDENT, CHAIR       X       X       X       0.       0.       0.       0.         (3) TAINA STORFR       1.00       X       X       0.       0.       0.       0.         (4) CAROL SUCHMAN       1.00       X       X       0.       0.       0.       0.         (5) GARETT FAIL       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (6) EDITE MARTINEZ       1.00       X       0.       0.       0.       0.       0.         (7) JON MEYERS       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.       0.         (3) DAVID MELER       1.00       X       0.       0.       0.       0.       0.       0.       0.         BOARD MEMBER <t< td=""><td></td><td></td><td>dual tr</td><td>tional</td><td></td><td>nploy</td><td>st cor yee</td><td>L</td><td>1033-1120)</td><td></td><td></td></t<>			dual tr	tional		nploy	st cor yee	L	1033-1120)		
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(2) DANA FINESILVER       1.00       X       X       X       0.       0.       0.         PRESIDENT, CHAIR       X       X       X       0.       0.       0.       0.         TREASURER       1.00       X       X       0.       0.       0.       0.         TREASURER       1.00       X       X       0.       0.       0.       0.         (4) CAROL SUCHMAN       1.00       X       X       0.       0.       0.       0.         SCCRTARY       X       0.       0.       0.       0.       0.       0.       0.         G(3) GARRETT FAIL       1.00       X       0.       0.       0.       0.       0.       0.       0.         BOARD MEMBER       1.00       X       0.	(1) LIZBETH HOPFAN	40.00				-		-			
PRESIDENT, CHAIR         X         X         X         X         0.         0.         0.           (3) TRINN STORFER         1.00         X         X         0.         0.         0.         0.           TREASURER         X         X         X         0.         0.         0.         0.           TREASURER         X         X         X         X         0.         0.         0.           SECRETARY         X         X         X         0.         0.         0.         0.           GOARD MEMBER         1.00         X         X         0.         0.         0.         0.           BOARD MEMBER         1.00         X         0.         0.         0.         0.         0.           BOARD MEMBER         1.00         X         0.	EXECUTIVE DIRECTOR		X		X				177,250.	0.	16,657.
(3) TRIA STORFER       1.00       X       X       X       0.       0.       0.         (4) CAROL SUCHMAN       1.00       X       X       0.       0.       0.       0.         (5) GARRETT FAIL       1.00       X       X       0.       0.       0.       0.         (6) EDDIE MARTINEZ       1.00       X       0.       0.       0.       0.       0.         (7) JON MEYERS       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.       0.         (8) DAVID MELKE       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.       0.         (9) LINDA SCHAPS       1.000       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       1.000       X       0.       0.       0.       0.       0.         (10) RICHARD SCHAPS       1.000       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0. </td <td>(2) DANA FINESILVER</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(2) DANA FINESILVER	1.00									
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(6) EDDIE MARTINEZ       1.00       x       0.0.0.0.0.0.         BOARD MEMBER       x       0.0.0.0.0.0.0.         BOARD MEMBER       x       0.0.0.0.0.0.0.         BOARD MEMBER       x       0.0.0.0.0.0.0.         BOARD MEMBER       x       0.0.0.0.0.0.0.         BOARD MEMBER       x       0.0.0.0.0.0.0.0.         BOARD MEMBER       x       0.0.0.0.0.0.0.0.0.         BOARD MEMBER       x       0.0.0.0.0.0.0.0.0.         BOARD MEMBER       x       0.0.0.0.0.0.0.0.0.0.         I1.00       x       0.0.0.0.0.0.0.0.0.0.0.0.         BOARD MEMBER       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(5) GARRETT FAIL	1.00									
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(9) LINDA SCHAPS       1.00       X       0.0.0.         BOARD MEMBER       1.00       X       0.0.0.         (10) RICHARD SCHAPS       1.00       X       0.0.0.         BOARD MEMBER       X       0.0.0.0.       0.0.0.         (11) LESLIE SLOVER       1.00       X       0.0.0.0.         BOARD MEMBER       X       0.0.0.0.       0.0.0.         BOARD MEMBER       IIII		1.00									
BOARD MEMBER       X       0.       0.       0.       0.         (10) RICHARD SCHAPS       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (11) LESLIE SLOVER       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (12) RENTER VAN ASWEGAN       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (12) RENTER VAN ASWEGAN       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.       0.			X						0.	0.	0.
(10) RICHARD SCHAPS       1.00       X       0.0.0.0.         BOARD MEMBER       X       0.0.0.0.       0.0.0.         (11) LESLIE SLOVER       1.00       0.0.0.0.       0.0.0.         BOARD MEMBER       X       0.0.0.0.0.       0.0.0.         BOARD MEMBER       X       0.0.0.0.       0.0.0.         BOARD MEMBER       X       0.0.0.0.0.       0.0.0.         BOARD MEMBER       X       0.0.0.0.       0.0.0.         II.00       X       0.0.0.0.       0.0.0.         BOARD MEMBER       II.00       II.00       III.00         BOARD MEMBER       III.00       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		1.00									•
BOARD MEMBER       X       0.       0.       0.       0.         (11) LESLIE SLOVER       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (12) RENIER VAN ASWEGAN       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         Image: Construction of the state of th		1 00	X						0.	0.	0.
(11) LESLIE SLOVER       1.00       X       0.0.0.0.         BOARD MEMBER       1.00       X       0.0.0.0.         BOARD MEMBER       X       0.0.0.0.       0.0.0.         BOARD MEMBER       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		1.00									•
BOARD MEMBER     X     0.     0.     0.       (12) RENIER VAN ASWEGAN     1.00     X     0.     0.     0.       BOARD MEMBER     X     0.     0.     0.     0.		1 00	X						0.	0.	0.
(12) RENIER VAN ASWEGAN     1.00     X     0.00000000000000000000000000000000000		1.00									0
BOARD MEMBER     X     0.     0.     0.		1 00	X						0.	0.	0.
		1.00	v						0	0	0
	BOARD MEMBER		^						0.	0.	0.
132007, 12.09.21											
	122007 12 00 21										Form <b>990</b> (2021)

Form **990** (2021)

09380707 759420 13-3958495

2021.04000 FREE ARTS FOR ABUSED CHILDR 13-39501

	FREE ART:				D	CH	ILI	DR	EN OF					
_	990 (2021) NEW YORK									13-39	)58	495	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		nploy	yees			ighe	st (	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	k, unle	Pos check ess pe nd a d	more erson	than is bot	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		am	(F) imate ount other	
		(list any hours for related organization below line)	6 Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		orga and	oensa om the anizat I relat nizatie	e ion ed
			-											
	Quikkanal								177,250.		0.	1 6	5 6	57.
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.		0.			0. 57.
2	Total number of individuals (including but n	ot limited to t	hose	e liste	ed al	bov	e) w	no r	received more than \$100	,000 of reportable	е			1
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer,		,									3	105	x
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su and related organizations greater than \$150	um of reporta	ble c	omp	ensa	atior	n an	d ot	•	the organization		4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	accrue comp	ensat	tion	from	ı any	y uni	relat	ted organization or indiv	idual for services		5		х
Sec	tion B. Independent Contractors		lie J	101 5	ucn	pers	5011					5		23
1	Complete this table for your five highest co										pens	ation fi	rom	
	the organization. Report compensation for (A)					with			(B) Description of s			(C omper		<u> </u>
	Name and business	auuress	IN	ON	<u> </u>				Description of s	Services		omper	Isatio	
2	Total number of independent contractors (i \$100,000 of compensation from the organi	U U	not li	imite	ea to		ose li 0	steo	above) who received n	iore than		- (	000 /	2004)

132008 12-09-21

NEW YORK CITY, INC.

Form 990 (2021)

Pa	πv	/111		P				
			Check if Schedule O contains a response or note to	o any lin	ie in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
ts s	1	а	Federated campaigns 1a					
ran	•		Membership dues 1b					
Ame S, G			Fundraising events	313.				
äifts ar /			Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e 447, 0	060.				
tion r Si			All other contributions, gifts, grants, and					
the			similar amounts not included above   1f   1,527, (	)42.				
dutr		g	Noncash contributions included in lines 1a-1f					
an Co		h	Total. Add lines 1a-1f	🕨	2,189,415.			
			Business	s Code				
e	2	а						
Program Service Revenue		b						
n Se		с						
Rev		d						
rog		е						
₽		f	All other program service revenue					
			Total. Add lines 2a-2f	🕨				
	3		Investment income (including dividends, interest, and		1 1 1 1 1			1 1 1 1 1
	-		other similar amounts)		14,411.			14,411.
	4		Income from investment of tax-exempt bond proceeds					
	5		Royalties					
	~	_		sonai				
	6							
			Less: rental expenses6b0 •Rental income or (loss)6c4 , 850 •					
			Net rental income or (loss)		4,850.			4,850.
	7		Gross amount from sales of (i) Securities (ii) Ot	her	1,0501			170501
	'	u	assets other than inventory <b>7a</b>					
		h	Less: cost or other basis					
e		Ň	and sales expenses					
Revenue		с	Gain or (loss)					
Rev			Net gain or (loss)	🕨				
er	8		Gross income from fundraising events (not					
Gth			including \$ 215, 313. of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a	0.				
		b	Less: direct expenses 8b	0.				
		с	Net income or (loss) from fundraising events	🕨	0.			
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
		С	Net income or (loss) from gaming activities	🕨				
	10	а	Gross sales of inventory, less returns					
				239.				
		b	Less: cost of goods sold 10b	0.	0.000			
		С	Net income or (loss) from sales of inventory	🕨	9,239.	9,239.		
sn					0.07	0.07		
neol	11		MISCELLANEOUS 9000	722	887.	887.		
Miscellaneous Revenue		b						
Sce		c						
Ϊ			All other revenue		887.			
	12		Total. Add lines 11a-11d		2,218,802.	10,126.	0.	19,261.
13200					-,210,002.		· ·	Form <b>990</b> (2021)
10200	5 12							

10

09380707 759420 13-3958495 2021.04000 FREE ARTS FOR ABUSED CHILDR 13-39501

13-3958495 Page 10

NEW YORK CITY, INC. Form 990 (2021) 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).

Total sopenses         Program service expenses         Management and general expenses         Fundalistic expenses           1 Grats and other assistance to demestic individuals. See Part IV, line 22		Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX (B)	(C)	(D)
1         Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 				Program service	Management and general expenses	Fundraising
2         Grants and other assistance to domestic individuals. See Part IV, line 22	1	Grants and other assistance to domestic organizations		0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	general expenses	
individuals. See Part IV, line 22         interview         interview         interview           3 Grants and other assistance to foreign individuals. See Part IV, lines 15 and 16         interview         interview           4 Benefits paid to or for members.         interview         interview         interview           5 Compensation not included above to disgualifed persons (as defined under section 4569(1)(1) and persons described in the persons and the 456 and persons described in the 456 and persons described in the 256 and persons descri		and domestic governments. See Part IV, line 21				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V., lines 15 and 16	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22				
individuals. See Part IV, lines 15 and 16         193,907.         155,125.         19,391.         19,           4         Benefits paid to or for members         193,907.         155,125.         19,391.         19,           5         Compensation of current officers, directors, trustees, and key employees         193,907.         155,125.         19,391.         19,           6         Compensation on Initidue above to disgualitie         193,907.         155,125.         19,391.         19,           7         Other staines and wages         743,992.         493,925.         122,816.         127,           8         Persion plan accuals and contributions (include section 4016,013 and 620,010 megore ontributions)         90,409.         60,894.         14,507.         15,           9         Other employee bonefits         77,532.         53,528.         11,816.         12,           9         Charge membry         17,900.         17,900.         17,900.         150.           9         Other, employee bonefits         150.         150.         150.         150.           9         Other, employee bonefits         150.         150.         150.         150.           9         Other employee bonefits         150.         150.         150.         150. </td <td>3</td> <td>Grants and other assistance to foreign</td> <td></td> <td></td> <td></td> <td></td>	3	Grants and other assistance to foreign				
4         Benifts paid to or for members         Image: Compensation of current offices, directors, trustees, and key employees         193,907.         155,125.         19,391.         19,           6         Compensation on included above to disqualified persons (as defined under section 4958(r)(3)(B)         743,992.         493,925.         122,816.         127,           7         Other salaries and wages         743,992.         493,925.         122,816.         127,           8         Pension plane acruals and contributions (include section 401(k) and 403(b) employer contributions)         90,409.         60,894.         14,507.         15,           10         Payroll taxes         77,532.         53,528.         11,816.         12,           11         Fees for services (nonemployees):         ananagement.         17,900.         17,900.           12         Accounting         17,900.         17,900.         17,900.         17,900.           1         Investment management fees         150.         150.         163,931.         96,011.         3,820.         64,           1         Investment management fees         150.         163,931.         96,011.         3,820.         64,           2         Advertising and promotion         516.         2,825.         38,8668.         2,83		organizations, foreign governments, and foreign				
5         Compensation of current officers, intrustees, and key employees         193,907.         155,125.         19,391.         19,           6         Compensation not included above to disqualified persons (as defined under section 4586(1(1)) and persons discribed in section 4586(1(2)).         193,907.         155,125.         19,391.         19,39						
tustees, and key employees         193,907.         155,125.         19,391.         19,           6         Compensation not included above to disquilled persons (as defined under section 4560((13)(8))         743,992.         122,816.         127,           7         Other selarise and wages         743,992.         493,925.         122,816.         127,           8         Pension plan acruals and contributions (include section 405((13)(8))         90,409.         60,894.         14,507.         15,           9         Other employees benefits         90,409.         60,894.         14,507.         15,           10         Payrolit taxes         77,532.         53,528.         11,816.         12,           11         Fees for services (nonemployees):         a         a         10,         15,           a Management	4					
6         Compensation not included above to disqualified persons (as defined under section 4958(c)(1)) and persons described in section 4958(c)(3)(8).         743,992.493,925.122,816.127,           7         Other saturies and wages         743,992.493,925.122,816.127,           8         Pension plan acruals and contributions (include section 40(k) and 403(b) employee contributions)         90,409.60,894.14,507.15,           9         Other employee benefits         90,409.60,894.14,507.15,           10         Payrolit taxes         77,532.53,528.11, 816.12,           11         Fees for services (nonemployees):         17,900.           12         Advertising services. See Part IV, line 17         17,900.           14         Indraising services. See Part IV, line 17         150.           9         Other, effilter 11g anound texedest 10% of line 25, column (A), amount, list line 11g expenses on Sch 0, 52, 825.38, 868.2, 835.11, 14         163, 931.96, 011.3, 820.64, 13, 978.8, 141, 372.31, 371.1, 1, 978.8, 152, 825.38, 868.2, 835.11, 141, 107 mation technology           16         Occupancy         163, 325.146, 993.8, 166.8, 1, 931.99.10, 978.399.10, 146, 993.8, 1666.8, 1, 910.978.399.10, 146, 910.978.399.10, 146, 910.978.399.10, 146, 910.978.399.10, 146, 910.978.399.10, 146, 910.978.399.10, 146, 910.978.399.10, 146, 910.978.399.10, 146, 910.977.12, 150.2, 533.2, 2, 146, 993.8, 1166.8, 1, 19, 368.119	5		100.005		10.001	10 001
persons (as defined under section 4958((/1)) and persons described in section 4958((/3)(8)         743,992.         493,925.         122,816.         127,           7 Other salaries and wages section 401(k) and 403(b) employer contributions)         90,409.         60,894.         14,507.         15, 77,532.         53,528.         11,816.         12, 80.         12,816.         127, 80.         14,507.         15, 77,532.         153,528.         11,816.         12, 80.         14,507.         15, 77,532.         13,528.         11,816.         12, 80.         12, 80.         14,507.         15, 77,532.         13,528.         11,816.         12, 80.         12, 80.         14,507.         15, 77,532.         11,816.         12, 77,532.         13,53,528.         11,816.         12, 77,900.         17,900.         17,900.         17,900.         17,900.         16,30.         150.         10, 80.         12,820.         64, 72,825.         150.         163,931.         96,011.         3,820.         64, 741,372.         163,325.         146,993.         8,166.         8, 1,910.         17,910.         12,820.         64, 72,825.         12,825.         12,820.         64, 71,910.         141,372.         11,91,365.         12,2,533.         11, 141,910.         141,372.         11,91,371.         1,978.         11, 12,910.         12,933.			193,907.	155,125.	19,391.	19,391
persons described in section 4958(c)(3)(8)         743,992.493,925.122,816.127,           7 Other salaries and vages         743,992.493,925.122,816.127,           9 Pension plan accruis and contributions (include section 401(k) and 402(b) employer contributions)         90,409.60,894.14,507.15,           9 Other employee benefits         90,409.60,894.14,507.15,           10 Payroli taxes         77,532.53,528.11,816.12,           a Management         17,900.           b Legal         17,900.17,900.           e Accounting         17,900.17,900.           d Lobbying         17,900.           e Professional fundraising services. See Part IV, line 17         150.           10 Accounting         150.           2 Other, (Illine 113 anount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.         163,931.96,011.3,820.64,           2 Advertising and promotion         52,825.38,868.2,835.11,           16 Occupancy         163,325.146,993.8,166.8,           17 Travel         29,347.27,880.733.           18 Payments to affiliates         29,347.27,880.733.           20 Expreciation, depletion, and amortization         29,347.27,880.733.           21 Payments to affiliates         29,347.27,880.733.           22 Popreciation, depletion, and amortization         29,347.27,880.733.           21 Respress. Introl expenses o	6					
7       Other salaries and wages       743,992.       493,925.       122,816.       127,         8       Pension plan accurate and contributions)       90,409.       60,894.       14,507.       15,         9       Other employee benefits       90,409.       60,894.       14,507.       15,         10       Payroll taxes       77,532.       53,528.       11,816.       12,         11       Fees for services (nonemployees):       77,532.       53,528.       11,816.       12,         12       Adventing       17,900.       17,900.       17,900.       17,900.       17,900.       17,900.       163,931.       96,011.       3,820.       64,         12       Advertising and promotion       516.       150.       150.       150.       150.       150.       163,931.       96,011.       3,820.       64,       141,372.       31,371.       1,978.       8,         13       Office expenses       52,825.       38,868.       2,835.       11,       91.       141,372.       31,371.       1,978.       8,         16       Occupancy       163,325.       146,993.       8,166.       8,       1,910.       978.       39.       163,325.       12,500.       2,533.						
8       Pension plan accruals and contributions (include section 401(k) and 403(k) employer contributions)         9       Other employee benefits         10       Payroll taxes         11       Fees for services (nonemployees):         a       Management         b       Legal         c       Accounting         d       17,900.         c       Accounting         d       17,900.         e       Professional fundraising services. See Part IV, line 17         f       Investment management fees         g       Other, effline 11g amount seceds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)         2       Advertising and promotion         30       Cocepanses         116       0.252, 8225.         117, 910.       978.         118       Payments of travel or entertainment expenses for any federal, state, or local public officials (1, 9347.         119       Conferences, conventions, and meetings         111       Travel       129, 347.         27, 880.       733.         12       Payments of travel or entertainment expenses on line 24e. If line 24e annount exceeds 10% of line 25, or 112, 150.         12       Payments of admoltrexpenses on Schedule 0.)         11			742 000	402 025	100 010	107 051
section 401(k) and 403(b) employer contributions)         9         Other employes benefits         90,409.         60,894.         14,507.         15,           10         Payrolit axes         77,532.         53,528.         11,816.         12,           11         Fees for services (nonemployees):         77,532.         11,816.         12,           11         Fees for services (nonemployees):         77,532.         11,816.         12,           12         Advances         17,900.         17,900.         17,900.           12         Accounting         17,900.         17,900.         17,900.           14         Informating amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch.0, 516.         150.         150.           12         Advertsing and promotion         52,825.         38,868.         2,835.         11,           13         Office expenses         52,825.         146,993.         8,166.         8,           14         Information technology         141,372.         31,371.         1,978.         8,           16         Occuparcy         163,325.         146,993.         8,166.         8,           17         Travel         1,910.         978.         39.         9			/43,992.	493,925.	122,810.	127,251
9         Other employee benefits         90,409         60,894         14,507         15, 77,532           10         Payrolt taxes         77,532         53,528         11,816         12, 77,532           a         Management	8					
10       Payroli taxes       77,532.       53,528.       11,816.       12,         11       Fees for services (nonemployees):       a       a       a       a       a       f	-		00 100	60 001		15,008
11       Fees for services (nonemployees):         a Management						12,188
a Management			11,004.	55,540.	11,010.	12,100
b Legal         17,900.         17,900.           d Lobbying         17,900.         17,900.           d Lobbying         150.         150.           g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.0)         163,931.         96,011.         3,820.         64,           13         Office expenses         150.         150.         150.         150.           14         Information technology         516.         1516.						
c Accounting       17,900.       17,900.         d Lobbying       17,900.       17,900.         e Protessional fundraising services. See Part IV, line 17       150.       150.         g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on School.       163,931.       96,011.       3,820.       64,         12 Advertising and promotion       516.       150.       150.       163,931.       96,011.       3,820.       64,         13 Office expenses       52,825.       38,868.       2,835.       11,       1,978.       8,         16 Royatties       52,825.       146,993.       8,166.       8,         17 Travel       1,910.       978.       39.       166.       8,         17 ravel       1,910.       978.       39.       166.       8,         10 Conferences, conventions, and meetings       1,910.       978.       39.       17,507.       12,150.       2,533.       2,         11 Insurance       29,347.       27,880.       733.       17,507.       12,150.       2,533.       2,         12 ART SUPPLIES       54,376.       54,376.       54,376.       54,376.       54,376.       1,         a ART SUPPLIES       54,376.       54		F F				
d Lobbying       Professional fundraising services. See Part IV, line 17         f Investment management fees       150.         g Other. (If line 11g anount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)       163, 931.       96, 011.       3, 820.       64,         12 Advertising and promotion       516.       9       150.       150.         13 Office expenses       52, 825.       38, 868.       2, 835.       11,         14 Information technology       163, 325.       146, 993.       8, 166.       8,         17 Travel       1,910.       978.       39.       1       910.       978.       39.         18 Payments of travel or entertainment expenses       1,910.       978.       39.       1       910.       978.       39.         19 Conferences, conventions, and meetings       0       0       17,507.       12,150.       2,533.       2,         20 Interest       17,507.       12,150.       2,533.       2,       2         21 Payments to affiliates       29,347.       27,880.       733.       17,507.       12,150.       2,533.       2,         22 nount exceeds 10% of line 25, column (A), amount, list line 24e arount exceeds 10% of line 25, column (A), amount, list line 24e exprenses on tine 24e. If line 11g exprenses on time 24e. If			17 900		17 900	
e       Professional fundraising services. See Part IV, line 17         f       Investment management fees         g       Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)         12       Advertising and promotion         13       Office expenses         14       Information technology         15       Occupancy         16       Occupancy         17       Travel         18       Payments of travel or entertainment expenses         10       Interest         11       Information admontizate, or local public officials         12       Payments to affiliates         12       Payments to affiliates         12       Payments to affiliates         12       Payments to affiliates         19       Conferences, conventions, and meetings         10       Interest         11       Payments to affiliates         12       Payments to affiliates         13       Other expenses not covered above, (List miscellaneous expenses on line 24e, If ine 24e amount exceeds 10% of line 25, column (A), amount, list Ine 24e expenses on Schedule 0.)         13       ART SUPPLIES         14       Star Star Star Star Star Star Star Star			17,500.		17,500.	
f       Investment management fees       150.       150.         g       Other. (If line 11g arount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)       163, 931.       96, 011.       3, 820.       64,         12       Advertising and promotion       516.						
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)       163,931.96,011.3,820.64,         12 Advertising and promotion       516.         13 Office expenses       52,825.38,868.2,835.11,         14 Information technology       41,372.31,371.1,978.8,         15 Royatties       163,325.146,993.8,166.8,         16 Occupancy       163,325.146,993.8,166.8,         17 Travel       1,910.978.39.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials.       1         19 Conferences, conventions, and meetings       17,507.12,150.2,533.2,         20 Interest       29,347.27,880.733.         19 amount, list line 24e expenses on Schedule 0.)       119,368.119,368.         19 STIPENDS       54,376.54,376.         10 GIFTS AND RECOGNITION       6,644.4,736.405.1,         4 Alt there expenses. Add lines 1 through 24e       7,177.5,566.176.1,         25 Total functional expenses. Add lines 1 through 24e       1,814,933.1,302,542.207,305.305,         26 Joint costs. Complete this line only if the organization reported in column (8) joint costs from a combined       1,814,933.1,302,542.207,305.305,			150.		150.	
column (A), amount, list line 11g expenses on Sch 0.)         163,931.         96,011.         3,820.         64,           12         Advertising and promotion         516.						
13       Office expenses       52,825.       38,868.       2,835.       11,         14       Information technology       41,372.       31,371.       1,978.       8,         16       Occupancy       163,325.       146,993.       8,166.       8,         17       Travel       1,910.       978.       39.       9.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       1,910.       978.       39.         20       Interest       29,347.       27,880.       733.         21       Payments to affiliates       29,347.       27,880.       733.         22       Depreciation, depletion, and amortization line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       119,368.       119,368.       119,368.         24       Other expenses       54,376.       54,376.       54,376.       54,376.         25       Total functional expenses       7,177.       5,566.       176.       1,         25       Total functional expenses. Add lines 1 through 24e       1,814,933.       1,302,542.       207,305.       305,         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined       1,814,933.<	Э		163,931.	96.011.	3,820.	64,100
13       Office expenses       52,825.       38,868.       2,835.       11,         14       Information technology       41,372.       31,371.       1,978.       8,         16       Occupancy       163,325.       146,993.       8,166.       8,         17       Travel       1,910.       978.       39.       9.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       1,910.       978.       39.         20       Interest       29,347.       27,880.       733.         21       Payments to affiliates       29,347.       27,880.       733.         22       Depreciation, depletion, and amortization line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       119,368.       119,368.       119,368.         24       Other expenses       54,376.       54,376.       54,376.       54,376.         25       Total functional expenses       7,177.       5,566.       176.       1,         25       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined       1,814,933.       1,302,542.       207,305.       305,	12					64,100 516
14       Information technology       41,372.31,371.1,978.8,         15       Royalties       163,325.146,993.8,166.8,         16       Occupancy       163,325.146,993.8,166.8,         17       Travel       978.39.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       163,325.146,993.8,166.8,         19       Conferences, conventions, and meetings       100.978.39.         20       Interest       29,347.27,880.733.         21       Payments to affiliates       29,347.27,880.733.         22       Depreciation, depletion, and amortization insurance       17,507.12,150.2,533.2,         24       Other expenses. Itemize expenses on Schedule 0.) a ART SUPPLIES       119,368.119,368.         b       STIPENDS       54,376.54,376.         c       EVENT EXPENSE       32,745.773.40.31,         d       GIFTS AND RECOGNITION       6,644.4,736.405.1,         e       All other expenses       1,814,933.1,302,542.207,305.305,         25       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined       1,814,933.1,302,542.207,305.305,				38,868.	2,835.	11,122
15       Royalties       16       Occupancy       163,325.       146,993.       8,166.       8,         16       Occupancy       163,325.       146,993.       8,166.       8,         17       Travel       1,910.       978.       39.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       1,910.       978.       39.         19       Conferences, conventions, and meetings       1       20       Interest       20         20       Interest       29,347.       27,880.       733.         21       Payments to affiliates       29,347.       27,880.       733.         22       Depreciation, depletion, and amortization       29,347.       27,880.       733.         23       Insurance       17,507.       12,150.       2,533.       2,         24       Other expenses. Itemize expenses on tocovered above. (List miscellaneous expenses on Schedule 0.) a ART SUPPLIES       119,368.       119,368.       54,376.       54,376.         5       STIPENDS       54,376.       54,376.       32,745.       773.       40.       31,         6       GIFTS AND RECOGNITION       6,644.       4,736.       405.       1, <td< td=""><td></td><td></td><td></td><td>31,371.</td><td></td><td>8,023</td></td<>				31,371.		8,023
16       Occupancy       163,325.       146,993.       8,166.       8,         17       Travel       1,910.       978.       39.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       1,910.       978.       39.         19       Conferences, conventions, and meetings       1       910.       978.       39.         20       Interest       2       29,347.       27,880.       733.         21       Payments to affiliates       29,347.       27,880.       733.         23       Insurance       17,507.       12,150.       2,533.       2,         24       Other expenses, Itemize expenses on torvered above. (List miscellaneous expenses on line 24e. If line 24e arount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       119,368.       119,368.       54,376.         25       STIPENDS       54,376.       54,376.       54,376.       1, 32,745.       773.       40.       31, 6, 644.       4,736.       405.       1, 1, 814,933.       1,302,542.       207,305.       305,         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined       1,814,933.       1,302,542.       207,305.       305, <td></td> <td></td> <td>-</td> <td>-</td> <td></td> <td>-</td>			-	-		-
17       Travel       1,910.       978.       39.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials	16		163,325.	146,993.	8,166.	8,166
18       Payments of travel or entertainment expenses for any federal, state, or local public officials	17		1,910.	978.	39.	893.
19       Conferences, conventions, and meetings	18					
20       Interest		for any federal, state, or local public officials				
21       Payments to affiliates       22       Depreciation, depletion, and amortization       29,347. 27,880. 733.         22       Depreciation, depletion, and amortization       17,507. 12,150. 2,533. 2,         23       Insurance       17,507. 12,150. 2,533. 2,         24       Other expenses. Itemize expenses on toovered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       119,368. 119,368.         a       ART SUPPLIES       54,376. 54,376.         b       STIPENDS       54,376. 54,376.         c       EVENT EXPENSE       32,745. 773. 40. 31,         d       GIFTS AND RECOGNITION       6,644. 4,736. 405. 1,         e       All other expenses. Add lines 1 through 24e       1,814,933. 1,302,542. 207,305. 305,         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined       1	19	Conferences, conventions, and meetings				
22       Depreciation, depletion, and amortization       29,347.       27,880.       733.         23       Insurance       17,507.       12,150.       2,533.       2,         24       Other expenses. Itemize expenses on covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       119,368.       119,368.       19,368.         a       ART SUPPLIES       54,376.       54,376.       54,376.         b       STIPENDS       54,376.       54,376.       1,         c       EVENT EXPENSE       32,745.       773.       40.       31,         d       GIFTS AND RECOGNITION       6,644.       4,736.       405.       1,         25       Total functional expenses. Add lines 1 through 24e       1,814,933.       1,302,542.       207,305.       305,         26       Joint costs. from a combined       Interpretion on the organization reported in column (B) joint costs from a combined       Interpretion on the organization reported in column (B) joint costs from a combined       Interpretion on the organization reported in column (B) joint costs from a combined       Interpretion of the organization reported in column (B) joint costs from a combined       Interpretion of the organization reported in column (B) joint costs from a combined       Interpretint content costs from a combined       Interpretion colu	20					
23       Insurance       17,507.12,150.2,533.2,         24       Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       119,368.119,368.         a       ART SUPPLIES       119,368.119,368.         b       STIPENDS       54,376.54,376.         c       EVENT EXPENSE       32,745.773.40.31,         d       GIFTS AND RECOGNITION       6,644.4,736.405.1,         e       All other expenses. Add lines 1 through 24e       1,814,933.1,302,542.207,305.305,         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined       1,814,933.1,302,542.207,305.305,	21	Payments to affiliates				
24       Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       119,368.       119,368.         a       ART SUPPLIES       119,368.       119,368.         b       STIPENDS       54,376.       54,376.         c       EVENT EXPENSE       32,745.       773.       40.       31,         d       GIFTS AND RECOGNITION       6,644.       4,736.       405.       1,         e       All other expenses       7,177.       5,566.       176.       1,         25       Total functional expenses. Add lines 1 through 24e       1,814,933.       1,302,542.       207,305.       305,         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined       1       814,933.       1,302,542.       207,305.       305,	22	Depreciation, depletion, and amortization	29,347.			734
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)a ART SUPPLIES119,368.b STIPENDS54,376.c EVENT EXPENSE32,745.d GIFTS AND RECOGNITION6,644.e All other expenses7,177.5,566.176.25 Total functional expenses. Add lines 1 through 24e1,814,933.26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	23	Insurance	17,507.	12,150.	2,533.	2,824
a       ART SUPPLIES       119,368.       119,368.         b       STIPENDS       54,376.       54,376.         c       EVENT EXPENSE       32,745.       773.       40.       31,         d       GIFTS AND RECOGNITION       6,644.       4,736.       405.       1,         e       All other expenses       7,177.       5,566.       176.       1,         25       Total functional expenses. Add lines 1 through 24e       1,814,933.       1,302,542.       207,305.       305,         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined       Image: Complete the combined       Image: Complete the combined       Image: Complete the combined	24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
b         STIPENDS         54,376.         54,376.           c         EVENT EXPENSE         32,745.         773.         40.         31,           d         GIFTS AND RECOGNITION         6,644.         4,736.         405.         1,           e         All other expenses         7,177.         5,566.         176.         1,           25         Total functional expenses. Add lines 1 through 24e         1,814,933.         1,302,542.         207,305.         305,           26         Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined         1,814,933.         1,302,542.         207,305.         305,	а		119,368.	119,368.		
c         EVENT EXPENSE         32,745.         773.         40.         31,           d         GIFTS AND RECOGNITION         6,644.         4,736.         405.         1,           e         All other expenses         7,177.         5,566.         176.         1,           25         Total functional expenses. Add lines 1 through 24e         1,814,933.         1,302,542.         207,305.         305,           26         Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined         1         1         1         1         1         1         1         1         1         1         302,542.         207,305.         305,						
d         GIFTS AND RECOGNITION         6,644.         4,736.         405.         1,           e         All other expenses         7,177.         5,566.         176.         1,           25         Total functional expenses. Add lines 1 through 24e         1,814,933.         1,302,542.         207,305.         305,           26         Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined					40.	31,932
eAll other expenses7,177.5,566.176.1,25Total functional expenses. Add lines 1 through 24e1,814,933.1,302,542.207,305.305,26Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined11111	-					1,503
25Total functional expenses. Add lines 1 through 24e1,814,933.1,302,542.207,305.305,26Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined0000						1,435
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined		· · · · · · · · · · · · · · · · · · ·				305,086
reported in column (B) joint costs from a combined			-			
		, , , , , , , , , , , , , , , , , , , ,				
פטטיגמוטרומו עמוזין אווע ועווערמוטווע טווטוגמוטרו. ד		educational campaign and fundraising solicitation.				
Check here Filling SOP 98-2 (ASC 958-720)						

132010 12-09-21

09380707 759420 13-3958495 2021.04000 FREE ARTS FOR ABUSED CHILDR 13-39501

Form **990** (2021)

Form 990	) (2021)
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#### FREE ARTS FOR ABUSED CHILDREN OF NEW YORK CITY, INC.

	1990 (; rt X	Balance Sheet	INC.		т <u>)-</u>	5956495 Page 11
га	1		a ta any lina in this Dart V			
		Check if Schedule O contains a response or not	e to any line in this Part X	<b>(A)</b> Beginning of year		(B) End of year
				824,851.	4	273,522.
	1	Cash - non-interest-bearing		024,051.	1	<u> </u>
	2	Savings and temporary cash investments		205,172.	2	139,052.
	3	Pledges and grants receivable, net		205,172.	3	139,032.
	4	Accounts receivable, net	f		4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst			_	
		controlled entity or family member of any of these			5	
	6	Loans and other receivables from other disquali			~	
	_	under section 4958(f)(1)), and persons described			6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use		21,258.	8	32,409.
	9	Prepaid expenses and deferred charges	21,230.	9	52,409.	
	10a	Land, buildings, and equipment: cost or other	137 652			
		basis. Complete Part VI of Schedule D		82,327.	40	52 080
		Less: accumulated depreciation		242,828.	10c	52,980. 1,050,418.
	11	Investments - publicly traded securities	242,020.	11	1,030,410.	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets	21,447.	14	21 //7	
	15	Other assets. See Part IV, line 11	1,397,883.	15	21,447. 1,569,828.	
	16	Total assets. Add lines 1 through 15 (must equa		54,015.	16	15,717.
	17	Accounts payable and accrued expenses		54,015.	17	13,111.
	18	Grants payable		8,100.	18	
	19	Deferred revenue		0,100.	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I			21	
Liabilities	22	Loans and other payables to any current or form				
bilid		trustee, key employee, creator or founder, subst				
Lia		controlled entity or family member of any of thes			22	
	23	Secured mortgages and notes payable to unrela		184,855.	23	
	24	Unsecured notes and loans payable to unrelated		104,055.	24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines		4,000.	05	0.
	00	of Schedule D		250,970.	25	15,717.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che	ek here N X	230,570.	26	13,717.
es						
anc	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		901,913.	27	1,385,611.
3ali	27			245,000.	27	168,500.
Π	20	Net assets with donor restrictions Organizations that do not follow FASB ASC 9	59 ahaak hara	245,000	20	100,000
Fu		and complete lines 29 through 33.				
ŗ	20				200	
ets	29 20	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq			29 30	
Ass	30 31				30 31	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated in		1,146,913.	31	1,554,111.
z	32	Total net assets or fund balances		1,397,883.	32	1,569,828.
	33	TOTAL HADIILIES AND HEL ASSETS/TUND DAIANCES		, <i></i> , <i>_</i> , <i>, , , , , , , , , </i>	აა	

Form 990 (2021)

132011 12-09-21

	FREE ARTS FOR ABUSED CHILDREN OF					
Form	1 990 (2021) NEW YORK CITY, INC.	13-	395849	5	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,2	18	,80	02.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,8			
3	Revenue less expenses. Subtract line 2 from line 1	3				69.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,1			
5	Net unrealized gains (losses) on investments	5		3	, 32	29.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,5	54	,11	11.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Y	/es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2	с	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule (	D.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit			
	Act and OMB Circular A-133?			a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired auc	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	b		
				-	<b>^</b>	

Form **990** (2021)

132012 12-09-21

13 09380707 759420 13-3958495 2021.04000 FREE ARTS FOR ABUSED CHILDR 13-39501

<b>(Fc</b>	o <b>rm 99</b> rtment o	f the Treasury	C		ization is a se 17(a)(1) nonex Attach to Forr	ection 50 <sup>.</sup> cempt cha n 990 or F	1(c)(3) org ritable tru Form 990-	anization ıst. EZ.	or a section		OMB No. 1545-0047 <b>2021</b> Open to Public
		nue Service		Go to www.irs.go					nformation.		Inspection
Nan	ne of t	he organizati		ARTS FOR YORK CITY,		CHILD	REN O	F			identification number 3-3958495
Pa	rt I	Reason		Charity Status.		ons must c	omplete th	nis part.) S	See instruction		
				dation because it is: (							
1				urches, or association							
2	H			ion 170(b)(1)(A)(ii).					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2	H							<u>/////////////////////////////////////</u>	::)		
4	H	-	-	hospital service orga					-	Viii) Entor	the hospital's name,
4				ation operated in co		anospila	luescribed	ann Sectio			the hospital's hame,
5		city, and state		or the benefit of a co			d or operat	tod by a a	overnmentel	unit dooorik	ad in
5					liege of univer	Sity Owned	u or opera	leu by a g	oveninentai		
6				Complete Part II.)	aantal unit daa	oribod in	nantion 17	70/61/41/41	(.)		
6 7	X			vernment or governm						the general	public deceribed in
'	- 23	•		ally receives a substa	nital part of its	support	rom a gov	ernmental	unit or from	ine general	public described in
0		-		complete Part II.)		aplata Dar	+ 11 \				
8 9	H	•		ed in section 170(b)		•	,	d in aanii	nation with a	land grant	
э		•		ganization described						•	•
		-	or a non-ianu-	grant college of agric	ulture (see ins	tructions).	Enterthe	name, cit	y, and state o	i the colleg	le Or
10		university:	n that narma	llu racciuca (1) mara	than 22 1/20/	of ito our	nort from	oostributic	na mambara	hin face of	nd gross receipts from
10											from gross investment
											after June 30, 1975.
				mplete Part III.)	(1655 5601011			sses acqu		ryanization	
11				and operated exclus	ively to test fo	r public sc	foty Soo	soction 5(	O(a)(A)		
12	H	•	-	and operated exclus	-	-	•			arry out the	purposes of one or
12		0	0	•	2		•		-		• •
				ganizations describe							
-		7	-	describes the type of anization operated, s		-		-		-	aivina
а				on(s) the power to re	-		•			•••••	
			-	complete Part IV, Se			a majority (				supporting
b		Γ		anization supervised			tion with it	e cunnort	od organizati	on(c) by be	wina
				of the supporting org					•		-
			U	t complete Part IV,						age the sup	poned
c		٦ <sup>˘</sup>	. ,	egrated. A supporting			in connec	tion with	and functions	ally integrat	ed with
Ŭ			-	n(s) (see instructions		-				iny integration	ca with,
d		- ··	0	y integrated. A supp	,	•				rted organi	zation(s)
Ū				tegrated. The organiz		•				°.	
				tions). You must con	•	•			•	a an attorn	
е				anization received a						ell Type III	
			•	r Type III non-functio					, po ., . , po	, i, i jpo iii	
f	Ente	-	-								
C				n about the supporte							
		i) Name of supp		(ii) EIN	(iii) Type of org	ganization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization			(described on above (see inst		Yes	No	support (see i	nstructions)	support (see instructions)
_											
Tota	al										

## FREE ARTS FOR ABUSED CHILDREN OF NEW YORK CITY, INC.

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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.)

Schedule A (Form 990) 2021

Part II

See	ection A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1755885.	1912791.	2097031.	2228215.	2189415.	10183337.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	1755885.	1912791.	2097031.	2228215.	2189415.	10183337.		
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)						429,485.		
6	Public support. Subtract line 5 from line 4.						9753852.		
	ction B. Total Support				•				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 4	1755885.	1912791.	2097031.	2228215.	2189415.	10183337.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	44,315.	44,572.	49,781.	50,264.	19,261.	208,193.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	100,439.	53,998.	5,432.	32,205.	887.	192,961.		
11							10584491.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	14,775.		
13	First 5 years. If the Form 990 is for the			fourth, or fifth tax	year as a section 5	501(c)(3)			
	organization, check this box and <b>stor</b>								
See	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2021 (	line 6, column (f), c	livided by line 11,	column (f))		14	92.15 %		
	Public support percentage from 2020					15	91.73 %		
	33 1/3% support test - 2021. If the o					nore, check this bo	ox and		
	stop here. The organization qualifies	as a publicly supp	orted organization	1			► X		
b	33 1/3% support test - 2020. If the o								
	and stop here. The organization qual								
17a	10% -facts-and-circumstances tes								
	and if the organization meets the fact								
	meets the facts-and-circumstances te					~			
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line					
	more, and if the organization meets th								
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b <u>,</u> 17a, or 17b	o, check this box a	ind see instruction	Is ►		
							(Form 990) 2021		

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#### NEW YORK CITY, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	l <b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	l (f) Total
9	Amounts from line 6						
10a	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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>					
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third	, fourth, or fifth tax	vyear as a section	501(c)(3) orga	anization,
	check this box and stop here						▶∟
-	ction C. Computation of Publ						
15	Public support percentage for 2021 (			, column (f))		15	%
<u>16</u>						16	%
Sec	ction D. Computation of Inve						
17	1 0			line 13, column (f))	)	17	%
	Investment income percentage from					18	%
19a	<b>33 1/3% support tests - 2021.</b> If the						line 1 / is not
	more than 33 $1/3\%$ , check this box a	-					
b	<b>33 1/3% support tests - 2020.</b> If the	•					·
~	line 18 is not more than 33 1/3%, che						. —
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 190, check i	unis box and see in		
13202	23 01-04-22			16		Scheo	dule A (Form 990) 2021

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#### FREE ARTS FOR ABUSED CHILDREN OF NEW YORK CITY, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

#### Schedule A (Form 990) 2021 Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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10b Schedule A (Form 990) 2021

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NEW YORK CITY, INC. Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations No Yes 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's

income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

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

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

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

c 🗌	The organization supported a	a governmental entity.	Describe in Part VI how y	you supported a governme	ntal entity (see instructions).
-----	------------------------------	------------------------	---------------------------	--------------------------	---------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes. how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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3b Schedule A (Form 990) 2021

3

2a

2b

3a

Yes No

18

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#### FREE ARTS FOR ABUSED CHILDREN OF NEW YORK CITY, INC.

Sche	dule A (Form 990) 2021 NEW YORK CITY, INC.			13-3958495 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integra	ted Type III supporting or	ganization (see

instructions).

Schedule A (Form 990) 2021

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Sche	dule A (Form 990) 2021 NEW YORK CITY				3-3958495 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continue</sub>	ed)	
Secti	on D - Distributions			-	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution: Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
<u>م</u>	Excess from 2021				

Schedule A (Form 990) 2021

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	(Form 990) 2021	NEW	YORK	CITY	, INC.	CHILDRE		13-3958495 Pa
	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	, 2, 3b, 3c lines 2 an	, 4b, 4c, 5a d 3; Part I\	a, 6, 9a, /, Sectio	9b, 9c, 11a, <sup>-</sup> n E, lines 1c,	11b, and 11c; Pa 2a, 2b, 3a, and 3	art IV, Section B, line 3b; Part V, line 1; Par	s 1 and 2; Part IV, Section C t V, Section B, line 1e; Part \
32028 01-04-2	22							Schedule A (Form 990)

SC	CHEDULE D Supplemental Financial Statements								
(Forn	n 990)	Complete if the organization answered "Yes" on Form Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, 6							
	ment of the Treasury	Attach to Form 990.		Open to Public					
-	I Revenue Service e of the organization	► Go to www.irs.gov/Form990 for instructions and the latest in ON FREE ARTS FOR ABUSED CHILDREN OF	iformation.	Inspection Employer identification number					
Inalli	Employer								
Par	t I Organiza	ations Maintaining Donor Advised Funds or Other Similar Fu	unds or A	<u>13-3958495</u> ccounts.Complete if the					
		n answered "Yes" on Form 990, Part IV, line 6.		·					
		(a) Donor advised funds	(t	b) Funds and other accounts					
1	Total number at er	nd of year							
2		f contributions to (during year)							
3	Aggregate value of	f grants from (during year)							
4		t end of year							
5	-	on inform all donors and donor advisors in writing that the assets held in donor							
-		n's property, subject to the organization's exclusive legal control?							
6		on inform all grantees, donors, and donor advisors in writing that grant funds ca							
		oses and not for the benefit of the donor or donor advisor, or for any other pur							
Par	impermissible priva	ate benefit? ation Easements. Complete if the organization answered "Yes" on Form 9							
1		servation easements held by the organization (check all that apply).	990, Fait IV,						
•			on of a histo	rically important land area					
				ied historic structure					
		i of open space							
2		through 2d if the organization held a qualified conservation contribution in the	form of a co	nservation easement on the last					
	day of the tax year			Held at the End of the Tax Year					
а	Total number of co	onservation easements		2a					
b		ricted by conservation easements	ſ	2b					
с	Number of conserv	vation easements on a certified historic structure included in (a)		2c					
		vation easements included in (c) acquired after 7/25/06, and not on a historic s	r						
	listed in the Nation	al Register		2d					
3	Number of conserv	vation easements modified, transferred, released, extinguished, or terminated l	by the organ	ization during the tax					
	year 🕨								
4		where property subject to conservation easement is located							
5	•	tion have a written policy regarding the periodic monitoring, inspection, handlir	ng of						
		orcement of the conservation easements it holds?							
6	Staff and voluntee	r hours devoted to monitoring, inspecting, handling of violations, and enforcing	g conservatio	on easements during the year					
-									
7		es incurred in monitoring, inspecting, handling of violations, and enforcing con	servation ea	sements during the year					
0		vation accompany reported on line 2(d) above patiefy the requirements of eastier	a 170/b)/4)/P	\/i\					
8		vation easement reported on line 2(d) above satisfy the requirements of section (4)(B)(ii)?							
9		be how the organization reports conservation easements in its revenue and exp							
Ŭ	,	d include, if applicable, the text of the footnote to the organization's financial st							
		ounting for conservation easements.							
Par		ations Maintaining Collections of Art, Historical Treasures,	or Other S	Similar Assets.					
		the organization answered "Yes" on Form 990, Part IV, line 8.							
1a	If the organization	elected, as permitted under FASB ASC 958, not to report in its revenue staten	nent and bala	ance sheet works					
	of art, historical tre	easures, or other similar assets held for public exhibition, education, or research	h in furtherar	nce of public					
	service, provide in	Part XIII the text of the footnote to its financial statements that describes thes	e items.						
b	If the organization	elected, as permitted under FASB ASC 958, to report in its revenue statement	and balance	e sheet works of					
	art, historical treas	ures, or other similar assets held for public exhibition, education, or research ir	n furtherance	e of public service,					
	•	ng amounts relating to these items:							
		ded on Form 990, Part VIII, line 1		► \$					
-	.,	ed in Form 990, Part X		► \$					
2		received or held works of art, historical treasures, or other similar assets for fin	ancial gain, j	provide					
-	-	unts required to be reported under FASB ASC 958 relating to these items:		► ¢					
		on Form 990, Part VIII, line 1							
		Form 990, Part X		Schedule D (Form 990) 2021					
	1 10-28-21								
.0200		27							
380	707 759420	) 13-3958495 2021.04000 FREE ARTS FOF	R ABUSE	D CHILDR 13-39501					

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		TS FOR ABU		CHILDR	EN OF				
		K CITY, IN						958495	
Pa	rt III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Other	Similar As	sets(continue	ed)
3	Using the organization's acquisition, access	ion, and other record	ls, chec	k any of the	following that	at make sigr	nificant use of	its	
	collection items (check all that apply):								
а	Public exhibition	d		Loan or exc	hange progra	am			
b	Scholarly research	e		Other					
с	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	n how tl	hey further t	he organizati	ion's exemp	t purpose in F	Part XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	er similar as			
	to be sold to raise funds rather than to be m							X Yes	No No
Pa	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered	"Yes" on Fo	orm 990, Part I	IV, line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod		-				r		
	on Form 990, Part X?						l	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:					
								Amount	
	Beginning balance						1c		
	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f	1	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liability	?l	Yes	No No
	If "Yes," explain the arrangement in Part XIII								
Pa	<b>t V</b> Endowment Funds. Complete						Thussians he		ava haali
		(a) Current year	(b) ⊦	Prior year	(c) Two yea	rs back (d)	Three years ba	CK (e) Four ye	ears back
	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	· · · · · · · · · · · · · · · · · · ·	%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ession of the organization	ation th	at are held a	ind administe	ered for the	organization		
	by:							Y I	es No
	(i) Unrelated organizations								
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on S	Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment	funds.					
Pa	t VI Land, Buildings, and Equipn						10		
	Complete if the organization answere			1					
	Description of property	(a) Cost or o basis (investr			or other (other)	.,	imulated ciation	<b>(d)</b> Book v	alue
1a	Land								
b	Buildings								
	Leasehold improvements								
d	Equipment			13	7,652.	8	4,672.	52	,980.
	Other								
	I. Add lines 1a through 1e. (Column (d) must e		X, colur	mn (B), line 1	10c.)		►	52	,980.

Schedule D (Form 990) 2021

132052 10-28-21

FREE	E ARTS	5 FOR	ABUSED	CHILDREN	OF
NEW	VORK	CTTY	TNC.		

Schedule D (Form 990) 2021 NEW YORK CI	TY, INC.	13-	-3958495 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line <sup>-</sup>	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.	/		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			<u> </u>
(2)			
(3)			
(4)			
(5)			
(9)			
(6)			
(6)			
(7)			
(7) (8)			
(7)	o 25 )		

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

Schedule D (Form 990) 2021

132053 10-28-21

FREE	ARTS	FOR	ABUSED	CHILDREN	OF
NEW	YORK	CITY	, INC.		

1	3 –	3	95	84	19	5	Page 4
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Sche	dule D (Form 990) 2021 NEW YORK CITY, INC.			13-	3958495 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	eturr	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,221,981.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	<b>5</b> ( <b>7</b>		3,329.		
b	Donated services and use of facilities	<b>2</b> b			
с	Recoveries of prior year grants	<b>2</b> c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	3,329.
3	Subtract line 2e from line 1			3	2,218,652.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	150.		
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	150.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				2,218,802.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per	Retu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total expenses and losses per audited financial statements			1	1,814,783.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	. 2b			
с	Other losses	2c			
d					
е	Add lines <b>2a</b> through <b>2d</b>			2e	0.
3	Subtract line 2e from line 1			3	1,814,783.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	150.		
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	150.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,814,933.
Pa	rt XIII Supplemental Information.				

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

132054 10-28-21

Schedule D (Form 990) 2021

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SCHEDULE G       Supplemental Information Regarding Fundraising or Gaming Activities         (Form 990)       Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the									OMB No. 1545-0047	
(Form 990)						Part IV, line 17, 18, o rm 990-EZ, line 6a.	or 19	, or if the	2021	
Department of the Treasury			Attach to Form						Open to Public	
Internal Revenue Service Name of the organization						the latest informat	ion.	Employer ide	Inspection entification number	
	of the organization FREE ARTS FOR ABUSED CHILDREN OF Employer NEW YORK CITY, INC. 13-39									
	complete this par		the organization an	swered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not	
c Phone solici d In-person so 2 a Did the organization	ions email solicitations tations dicitations on have a written o red in Form 990, P highest paid indiv	or oral agreen art VII) or ent viduals or ent	e Solid f Solid g Spe nent with any individ ity in connection wi ities (fundraisers) p	citation of citation of cial fundra dual (inclue th profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	Ye:		
(i) Name and addres or entity (fund	s of individual		(ii) Activity	(iii) fundi have c or cor contrib	ustody	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization	
				Yes	No					
Total           3         List all states in whor licensing.			ed or licensed to sol		oution	s or has been notified	d it is	exempt from I	registration	
LHA For Paperwork R	eduction Act Not	ce, see the	Instructions for Fo	rm 990 or	990-	EZ.		Schedul	e G (Form 990) 2021	

132081 10-21-21

Sch	edu		RTS FOR ABUSE RK CITY, INC.	D CHILDREN O		-3958495 Page 2
	rt		-			v
	_	of fundraising event contributions and gr				
			(a) Event #1 ANNUAL ART AUCTION	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
Ð			(event type)	(event type)	(total number)	– col. <b>(c)</b> )
Revenue	1	Gross receipts	215,313.			215,313.
	2	Less: Contributions	215,313.			215,313.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
sesued	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Δ	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 throug				
_		Net income summary. Subtract line 10 from				
Pa	iπ		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	I	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
ш	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	└── Yes % └── No	
		Direct expense summary. Add lines 2 throug	h 5 in column (d)		Þ	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		<b>&gt;</b>	
а	ls t	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain:	ctivities in each of these			🛄 Yes 🛄 No
		· · · · · · · · · · · · · · · · · · ·				
		ere any of the organization's gaming licenses r Yes," explain:			year?	Yes No
1000					0.ek	
1320	52 10	0-21-21			Sche	edule G (Form 990) 2021
				30		

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		-3958495	Pag
11	Does the organization conduct gaming activities with nonmembers?	Yes	
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	
	Indicate the percentage of gaming activity conducted in:		
	The organization's facility		
	An outside facility	13b	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount		
	of gaming revenue retained by the third party $\blacktriangleright$ \$		
с	If "Yes," enter name and address of the third party:		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation  \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
7	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th	e	
	organization's own exempt activities during the tax year <b>&gt;</b> \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9, 9	9b, 1
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
3208		nedule G (Form 9	990)
~ ~	33	-	-
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irt IV	Form 990) Supplemental Infe	NEW YORK CIT		13-3958495 <sub>P</sub>
		officiation (continued)		
				Schedule G (For

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SC	HEDULE J   Compensation Information	OMB N	o. 1545-00	047	
	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		2021		
•	Compensated Employees				
Dono	Truent of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	Open	to Pub	lic	
	al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.		pection		
Nan	-	mployer identifica		mber	
_	NEW YORK CITY, INC.	13-39584	95		
Pa	rt I Questions Regarding Compensation				
		_	Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99	<del>3</del> 0,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal				
	Travel for companions	ence			
	Tax indemnification and gross-up payments				
	Discretionary spending account	chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
-	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<u>1</u> t			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2			
•					
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	to			
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	X     Compensation committee         Written employment contract				
	Independent compensation consultant				
	X       Form 990 of other organizations         X       Approval by the board or compensation complexity	Imittee			
4	During the year did any person listed on Form 990, Part VII. Section A line 1a, with respect to the filing				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:				
2		4a		x	
a b	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?			X	
	Participate in or receive payment from an equity-based compensation arrangement?			X	
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		,		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:				
а	The organization?	54		X	
	Any related organization?			X	
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				
а	The organization?	64	1	X	
b	Any related organization?		<b>)</b>	X	
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			X	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?				
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Fo	orm 990	) 2021	

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Schedule J (Form 990) 2021

NEW YORK CITY, INC.

13-3958495

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LIZBETH HOPFAN	(i)	177,250.	0.	0.	0.	16,657.	193,907.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 3

#### Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)		Noncash Contributions									47
(FO	orm 990)	<b>N A A A A A A A A A A</b>		20	21						
Doport	ment of the Treasury	<ul> <li>Complete if the org</li> <li>Attach to Form 990</li> </ul>		Open to	- Publi	ic					
	al Revenue Service	Go to www.irs.gov/			Inspe		Ū				
Nam	e of the organization	FREE ARTS FO	R ABUS	ED CHILDR	EN OF		Em	ployer ide	ntificatio	on nui	mber
		NEW YORK CIT	Y, INC	•				13-	3958	495	
Pa	rt I Types of F	Property		-							
			(a) Check if	(b) Number of	<b>(c)</b> Noncash contri	ibution		(e Method of	<b>d)</b> dotormin	ina	
			applicable	contributions or	amounts repor	ted on		cash contri		•	S
				items contributed	Form 990, Part VI	II, line 1g					
1											
2		ures									
3		ests									
4		ons									
5		nold goods									
6		cles									
7											
8											
9		traded									
10		neld stock									
11	Securities - Partners										
12											
12	Qualified conservation	1eous									
13											
14		on contribution - Other									
14 15											
15 16		ntial									
10		ercial									
18											
19											
20		supplies									
20											
22											
22		、									
23 24	Archoological artifac	3 									
2 <del>4</del> 25	Other ► (OT)	ts HER )	X	6	21	,666.	FMV				
25 26	·	T SUPPLIES	X	3		,500.					
27		OTHING	X	2		,005.					
28	Other $\blacktriangleright$ (	)				,	/				
29	· ·	283 received by the organi	I ization durin	I a the tax year for a	ontributions						
20		zation completed Form 82				29					
										Yes	No
30a	During the year, did	the organization receive b	v contributio	on any property rer	oorted in Part I. line	es 1 throu	ah 28. th	at it			
		t three years from the dat									
		r the entire holding period							30a		Х
b		e arrangement in Part II.									
31	•	on have a gift acceptance	policy that r	equires the review	of any nonstandar	rd contribu	itions?		31		х
		on hire or use third parties									
	-			-					32a		x
b	If "Yes," describe in										
33		idn't report an amount in c	column (c) fo	or a type of propert	y for which columr	n (a) is che	cked,				
	describe in Part II.	-									
LHA		eduction Act Notice, see	the Instruc	tions for Form 99	0.			Schedule	M (Forn	n 990)	2021

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Schedule M					ABUSED, INC.					13-39584	95	Pag
Part II	Supplemental is reporting in Part this part for any ad	Inform	nation. P	Provide th	e information	required by P s, the number	art I, lines of items r	30b, 32 eceived	b and 33 ar	nd whether the	organizati	on
	this part for any ad	ditional	information	า.								
										Octool 1	A / E C	
32142 11-17-2	1									Schedule N	vi (⊢orm 9	9U)
						39						

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. FREE ARTS FOR ABUSED CHILDREN OF NEW YORK CITY, INC.

EZ OMB No. 1545-0047 2021 Open to Public Inspection Employer identification number 13-3958495

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

AND MENTORING PROGRAMS TO DEVELOP THEIR CREATIVITY, CONFIDENCE, AND

SKILLS TO SUCCEED. SINCE INCEPTION, OUR GOAL HAS REMAINED THE SAME - TO

LEVEL THE PLAYING FIELD BY PROVIDING HIGH-QUALITY, POSITIVE MENTORSHIP,

GROUNDED IN TRANSFORMATIVE CREATIVE PROGRAMMING.

THE YOUTH BETWEEN THE AGES OF 6-21 COME FROM 20 SCHOOLS, COMMUNITY

CENTERS AND SOCIAL SERVICE ORGANIZATIONS AS WELL AS 20 HOMELESS

SHELTERS. TRAINED VOLUNTEERS PROVIDED 1,373 HOURS AS MENTORS (\$60,948

VALUE) TO OVER 1,500 YOUTH FOR LONG AND SHORT TERM PROGRAMMING. YOUTH

ARE INTRODUCED TO THE ORGANIZATION THROUGH TWO CORE PROGRAMS. FREE ARTS

DAYS: PROVIDE INTERACTIVE ARTS EDUCATION ACTIVITIES WITH MENTORS TO

ENCOURAGE PROBLEM-SOLVING, COMMUNICATION AND DESIGN SKILLS. THE TEEN

ARTS PROGRAM: PROVIDES HEAVILY PERSONALIZED, LONG-TERM MENTORING,

COMBINED WITH AN ARTS EDUCATION AND CAREER TRAINING.

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

IN TRANSFORMATIVE CREATIVE PROGRAMMING. FREE ART WITH COMMUNITY

ORGANIZATIONS THROUGHOUT THE FIVE BOROUGHS THAT SEEK ADDITIONAL

CREATIVE AND CAREER OPPORTUNITIES FOR THEIR YOUTH.

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

IN PORTFOLIO DEVELOPMENT, OVER THE COURSE OF 8 MONTHS, 7TH AND 11TH

GRADERS WORK ALONGSIDE THEIR MENTOR ON THE RIGOROUS PROCESS OF BUILDING

A VISUAL ARTS PORTFOLIO FOR ADMISSION TO AN ART HIGH SCHOOL OR COLLEGE.

THROUGH CREATIVE LAB, 9TH-12TH GRADERS LEARN ABOUT THE CREATIVE

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
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Name of the organization FREE ARTS FOR ABUSED CHILDREN OF NEW YORK CITY, INC.	Employer identification number 13-3958495					
INDUSTRY THROUGH VISITS TO CREATIVE COMPANIES. SPEAKING W	ITH EMPLOYEES,					
THEY LEARN ABOUT DIFFERENT PROFESSIONS AND CAREER PATHS, OFTEN						
PARTICIPATING IN MOCK WORK PROJECTS. HIGHSCHOOL AND COLLE	GE STUDENTS					
ARE ELIGIBLE FOR PAID INTERNSHIPS						

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

THE PAIRS ARE GUIDED BY A CREATIVE PACKET, WITH INFORMATION ABOUT THE

DAYS THEME AND PROJECTS. THE CURRICULUM IS TIED INTO THE COMMON CORE

STANDARDS AND THE BLUEPRINT FOR TEACHING AND LEARNING. THE PROGRAM SENT

ART KITS AND ACTIVITY PACKETS 6 TIMES TO 21 COMMUNITY PARTNERS FOR

1,443 CHILDREN EACH TIME. THE PROGRAM ALSO RAN WEEKLY ART CLASSES FOR

SELECT COMMUNITY PARTNERS. VIRTUAL AND IN PERSON TEAM BUILDING

VOLUNTEER OPPORTUNITIES HELPED TO MAKE CARDS, GAMES AND PACK ART KITS

FOR THE YOUTH.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS RICHARD SCHAPS AND LINDA SCHAPS ARE RELATED BY MARRIAGE.

FORM 990, PART VI, SECTION A, LINE 4:

AT THE OCTOBER 27, 2021 BOARD MEETING THE MISSION STATEMENT WAS CHANGED

FROM:

FREE ARTS EMPOWERS UNDERSERVED YOUTH THROUGH ART AND MENTORING PROGRAMS TO DEVELOP THEIR CREATIVITY CONFIDENCE AND SKILLS TO SUCCEED.

TO:

FREE ARTS EMPOWERS YOUTH FROM UNDERSERVED COMMUNITIES THROUGH ART AND

MENTORING PROGRAMS TO DEVELOP THEIR CREATIVITY CONFIDENCE AND SKILLS TO

SUCCEED.

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

THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE FORM 990 BEFORE FILING

WITH THE IRS.

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

FREE ARTS NYC IS A NONPROFIT, TAX-EXEMPT ORGANIZATION WHICH DEPENDS ON CHARITABLE CONTRIBUTIONS FROM THE PUBLIC. MAINTENANCE OF ITS TAX-EXEMPT STATUS IS IMPORTANT BOTH FOR ITS CONTINUED FINANCIAL STABILITY AND FOR THE RECEIPT OF CONTRIBUTIONS AND PUBLIC SUPPORT. THEREFORE, THE IRS AS WELL AS STATE CORPORATE AND TAX OFFICIALS, VIEW THE OPERATIONS OF FREE ARTS NYC AS A PUBLIC TRUST WHICH IS SUBJECT TO SCRUTINY BY AND ACCOUNTABILITY TO SUCH GOVERNMENTAL AUTHORITIES AS WELL AS TO MEMBERS OF THE PUBLIC. CONSEQUENTLY, THERE EXISTS BETWEEN FREE ARTS NYC AND ITS BOARD, OFFICERS, AND MANAGEMENT EMPLOYEES A FIDUCIARY DUTY WHICH CARRIES WITH IT A BROAD AND UNBENDING DUTY OF LOYALTY AND FIDELITY. THE BOARD, OFFICERS, AND MANAGEMENT EMPLOYEES HAVE THE RESPONSIBILITY OF ADMINISTERING THE AFFAIRS OF FREE ARTS NYC HONESTLY AND PRUDENTLY, AND OF EXERCISING THEIR BEST CARE, SKILL, AND JUDGMENT FOR THE SOLE BENEFIT OF FREE ARTS NYC. THOSE PERSONS SHALL EXERCISE THE UTMOST GOOD FAITH IN ALL TRANSACTIONS INVOLVED IN THEIR DUTIES, AND THEY SHALL NOT USE THEIR POSITIONS WITH FREE ARTS NYC OR KNOWLEDGE GAINED THERE FROM FOR THEIR PERSONAL BENEFIT. THE INTERESTS OF THE ORGANIZATION MUST HAVE THE FIRST PRIORITY IN ALL DECISIONS AND ACTIONS. PERSONS CONCERNED: THIS STATEMENT IS DIRECTED NOT ONLY TO DIRECTORS AND OFFICERS, BUT TO ALL EMPLOYEES WHO CAN INFLUENCE THE ACTIONS OF FREE ARTS THIS WOULD INCLUDE ALL WHO MAKE PURCHASING DECISIONS, ALL NYC. FOR EXAMPLE, OTHER PERSONS WHO MIGHT BE DESCRIBED AS "MANAGEMENT PERSONNEL," AND ALL WHO HAVE PROPRIETARY INFORMATION CONCERNING FREE ARTS NYC. 132212 11-11-21 Schedule O (Form 990) 2021 42 09380707 759420 13-3958495 2021.04000 FREE ARTS FOR ABUSED CHILDR 13-39501

Schedule O (Form 990) 2021 Name of the organization FREE ARTS FOR ABUSED CHILDREN OF NEW YORK CITY, INC.	Page 2 Employer identification number 13-3958495
AREAS IN WHICH CONFLICT MAY ARISE: CONFLICTS OF INTEREST	MAY ARISE IN THE
RELATIONS OF DIRECTORS, OFFICERS, AND MANAGEMENT EMPLOYEE	S WITH ANY OF THE
FOLLOWING THIRD PARTIES: PERSONS AND FIRMS SUPPLYING GOO	DS AND SERVICES TO
FREE ARTS NYC; PERSONS AND FIRMS FROM WHOM FREE ARTS NYC	LEASES PROPERTY
AND EQUIPMENT; PERSONS AND FIRMS WITH WHOM FREE ARTS NYC	IS DEALING OR
PLANNING TO DEAL IN CONNECTION WITH THE GIFT, PURCHASE OR	SALE OF REAL
ESTATE, SECURITIES, OR OTHER PROPERTY; COMPETING OR AFFIN	ITY ORGANIZATIONS;
DONORS AND OTHERS SUPPORTING FREE ARTS NYC; AGENCIES, ORG	ANIZATIONS, AND
ASSOCIATIONS WHICH AFFECT THE OPERATIONS OF FREE ARTS NYC	; FAMILY MEMBERS,
FRIENDS, AND OTHER EMPLOYEES.	
NATURE OF CONFLICTING INTEREST: A MATERIAL CONFLICTING IN	TEREST MAY BE
DEFINED AS AN INTEREST, DIRECT OR INDIRECT, WITH ANY PERS	ONS AND FIRMS
MENTIONED IN SECTION 3. SUCH AN INTEREST MIGHT ARISE THRO	UGH: OWNING STOCK
OR HOLDING DEBT OR OTHER PROPRIETARY INTERESTS IN ANY THI	RD PARTY DEALING
WITH FREE ARTS NYC; HOLDING OFFICE, SERVING ON THE BOARD,	PARTICIPATING IN
MANAGEMENT, OR BEING OTHERWISE EMPLOYED (OR FORMERLY EMPL	OYED) IN ANY THIRD
PARTY DEALING WITH FREE ARTS NYC; RECEIVING REMUNERATION	FOR SERVICES WITH
RESPECT TO INDIVIDUAL TRANSACTIONS INVOLVING FREE ARTS NY	C; USING FREE ARTS
NYC'S TIME, PERSONNEL, EQUIPMENT, SUPPLIES, OR GOOD WILL	FOR OTHER THAN
FREE ARTS NYC APPROVED ACTIVITIES, PROGRAMS, AND PURPOSES	; RECEIVING
PERSONAL GIFTS OR LOANS FROM THIRD PARTIES DEALING WITH F	REE ARTS NYC.
RECEIPT OF ANY GIFT IS DISAPPROVED EXCEPT GIFTS OF NOMINA	L VALUE WHICH
COULD NOT BE REFUSED WITHOUT DISCOURTESY. NO PERSONAL GIF	T OF MONEY SHOULD
EVER BE ACCEPTED.	
INTERPRETATION OF THIS STATEMENT OF POLICY: THE AREAS OF	CONFLICTING
INTEREST LISTED IN SECTION 3, AND THE RELATIONS IN THOSE	AREAS WHICH MAY
GIVE RISE TO CONFLICT, AS LISTED IN SECTION 4, ARE NOT EX	HAUSTIVE.
CONCEIVABLY, CONFLICTS MIGHT ARISE IN OTHER AREAS OR THRO	
<sup>132212</sup> 11-11-21 43 380707 759420 13-3958495 2021.04000 FREE ARTS FOR ABUSE	Schedule O (Form 990) 2021 ED CHILDR 13-39501

Schedule O (Form 990) 2021 Name of the organization FREE ARTS FOR ABUSED CHILDREN OF NEW YORK CITY, INC.	Page 2 Employer identification number 13-3958495					
RELATIONS. IT IS ASSUMED THAT THE TRUSTEES, OFFICERS, AND	MANAGEMENT					
EMPLOYEES WILL RECOGNIZE SUCH AREAS AND RELATION BY ANALO	GY. THE FACT THAT					
ONE OF THE INTERESTS DESCRIBED IN SECTION 4 EXISTS DOES N	OT MEAN					
NECESSARILY THAT A CONFLICT EXISTS, OR THAT THE CONFLICT,	IF IT EXISTS, IS					
MATERIAL ENOUGH TO BE OF PRACTICAL IMPORTANCE, OR IF MATE	RIAL THAT UPON					
FULL DISCLOSURE OF ALL RELEVANT FACTS AND CIRCUMSTANCES T	HAT IT IS					
NECESSARILY ADVERSE TO THE INTERESTS OF FREE ARTS NYC. HO	WEVER, IT IS THE					
POLICY OF THE BOARD THAT THE EXISTENCE OF ANY OF THE INTE	RESTS DESCRIBED IN					
SECTION 4 SHALL BE DISCLOSED BEFORE ANY TRANSACTION IS CO	NSUMMATED. IT					
SHALL BE THE CONTINUING RESPONSIBILITY OF BOARD, OFFICERS	, AND MANAGEMENT					
EMPLOYEES TO SCRUTINIZE THEIR TRANSACTIONS AND OUTSIDE BU	SINESS INTERESTS					
AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIAT	ELY MAKE SUCH					
DISCLOSURES.						
DISCLOSURE POLICY AND PROCEDURE: DISCLOSURE SHOULD BE MAD	E ACCORDING TO THE					
FREE ARTS NYC STANDARDS. TRANSACTIONS WITH RELATED PARTIE	S MAY BE					
UNDERTAKEN ONLY IF ALL OF THE FOLLOWING ARE OBSERVED:						
A MATERIAL TRANSACTION IS FULLY DISCLOSED IN THE AUDITED	FINANCIAL					
STATEMENTS OF THE ORGANIZATION; THE RELATED PARTY IS EXCL	UDED FROM THE					
DISCUSSION AND APPROVAL OF SUCH TRANSACTION; A COMPETITIV	E BID OR					
COMPARABLE VALUATION EXISTS; AND THE ORGANIZATION'S BOARD	HAS ACTED UPON					
AND DEMONSTRATED THAT THE TRANSACTION IS IN THE BEST INTE	REST OF THE					
ORGANIZATION. DISCLOSURE IN THE ORGANIZATION SHOULD BE MA	DE TO THE					
EXECUTIVE DIRECTOR (OR IF SHE OR HE IS THE ONE WITH THE C	ONFLICT, THEN TO					
THE BOARD CHAIR), WHO SHALL DETERMINE WHETHER A CONFLICT EXISTS AND IS						
MATERIAL, AND IF THE MATTERS ARE MATERIAL, BRING THEM TO	THE ATTENTION OF					
THE BOARD CHAIR.						
DISCLOSURE INVOLVING DIRECTORS SHOULD BE MADE TO THE BOAR	D CHAIR, WHO SHALL					
BRING THESE MATTERS, IF MATERIAL TO THE BOARD. THE BOARD	SHALL DETERMINE					
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Schedule O (Form 990) 2021 Page 2 Name of the organization FREE ARTS FOR ABUSED CHILDREN OF Employer identification number NEW YORK CITY, INC. 13-3958495 WHETHER A CONFLICT EXISTS AND IS MATERIAL, AND IN THE PRESENCE OF AN EXISTING MATERIAL CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO FREE ARTS NYC. THE DECISION OF THE BOARD ON THESE MATTERS WILL REST IN THEIR SOLE DISCRETION, AND THEIR CONCERN MUST BE THE WELFARE OF FREE ARTS NYC AND THE ADVANCEMENT OF ITS PURPOSE.

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

IN FORMATION OF ANNUAL BUDGETS, THE EXECUTIVE COMMITTEE, WITHOUT THE

PRESENCE OF THE EXECUTIVE DIRECTOR, DETERMINES THE COMPENSATION AND ANY

INCREASES BASED ON PRIOR YEAR PERFORMANCE, UPCOMING PROJECTS/REQUIREMENTS,

THE LEVEL OF COMPENSATION IS REVIEWED AGAINST AND AVAILABLE FUNDS.

COMPARABLE DATA IN OTHER SIMILAR NON-PROFIT ORGANIZATIONS FOR

**REASONABLENESS**.

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

FREE ARTS NYC MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND FINANCIAL STATEMENTS AVAILABLE ONLINE AT ITS WEBSITE AND ON REQUEST.