Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

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.

A F	or the	2019 calendar year, or tax year beginning 07/01, 2019, and endin	g		06/30,2	o 20			
		C Name of organization		D Employer iden	tification nun	ber			
B c	heck if ap	Preside: THE HETRICK-MARTIN INSTITUTE, INC.		13-3104	537				
	Addre								
\vdash	7	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone nun	nber				
\vdash	Initial	O AOMOD DIACE NO COL		(212) 674-2600					
 	Final	eturn/ City or town, state or province, country, and ZIP or foreign postal code							
 	termir Amen	ated NEW YORK, NY 10003		G Gross receipts	s S	,040,	634.		
-	return	ation F Name and address of principal officer: TOEY PRESSLEY		H(a) is this a grou		Yes	X No		
٠	pendi	740 BROADWAY, NEW YORK, NY 10003		subordinales? H(b) Are all subordin		Yes	No		
1	Tay-ey	<u> </u>	27		ach a list. (see in		,		
		te: ► HMI.ORG	12.1	H(c) Group exemp					
			of format	ion: 1981 M s			NY		
	art.	Summary Literature Association Other Parties	Orionnac	ion. 1001 in c	tate of tegar	TOTTICHE.			
		Briefly describe the organization's mission or most significant activities: TO PROTECT T	HE IN	TERESTS OF	T LGBTO	YOUTH			
4.	1	PROMOTE THEIR PHYSICAL AND EMOTIONAL HEALTH, AND EDUCAT	74T 71	GENERAL.	. 10012	10011			
2	ļ	PUBLIC WITH RESPECT TO THE NEEDS OF THESE YOUTH.	T 1110	GDMBMAD					
Ë									
Governance	l .	Check this box if the organization discontinued its operations or disposed of more to			1		25.		
	3	Number of voting members of the governing body (Part VI, line 1a)			3		$\frac{25.}{25.}$		
es	4	Number of independent voting members of the governing body (Part VI, line 1b)			4		83.		
Activities &		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		1	5				
cti		Total number of volunteers (estimate if necessary)			6		101.		
•	1	Total unrelated business revenue from Part VIII, column (C), line 12			7a		0.		
	b	Net unrelated business taxable income from Form 990-T, line 39			7b		0.		
				Prior Year		irrent Ye			
ψ	8	Contributions and grants (Part VIII, line 1h)		3,866,77		8,895,			
eur	9	Program service revenue (Part VIII, line 2g)		4,236,46		631,			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			8.		10.		
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	-135,			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,103,24		3,391,			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		319,11	2.	302,	190.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.		0.		
g	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,644,85	8.	1,893,	589.		
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)	,		0.		0.		
χbe	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 990, 735.							
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	. [3,132,11	3.	3,584,	956.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,096,08	3. 8	3,780,	735.		
	19	Revenue less expenses. Subtract line 18 from line 12		7,16	1.	-388,	970.		
ro S			1	ning of Current Y	'ear E	nd of Yea	r		
Net Assets o	20	Total assets (Part X, line 16)		3,690,11	3.	3,826,	595.		
Ass	21	Total liabilities (Part X, line 26)		771,76	5.	.,297,	217.		
ĕĕ	22	Net assets or fund balances. Subtract line 21 from line 20		2,918,34	8. 2	2,529,	378.		
		Signature Block			· · · · · · · · · · · · · · · · · · ·				
		nsities of perjury, I declare that Maye examined this return, including accompanying schedules and sta ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	tements,	and to the best of	my knowled	ge and be	elief, it is		
tru	e, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	has any k	nowledge.					
				5-	17-71				
Sig	រូព	Signature of officer		Date					
He	re	JOEY LESSEY							
		Type or print name and title							
		DelayType proposed pomo		Check	if PTIN				
Pai	d	KRISTIN RUFFINI Kustur Rubbun 5/1	7/202	1 self-employ	ed P00	74149	1		
Pre	parer	- DDO HOT TID			3-53815		-		
Use	e Only	Firm's name BDO USA, LEP Firm's address 100 PARK AVENUE NEW YORK, NY 10017-5001			12-885-				
Ma	v the	IRS discuss this return with the preparer shown above? (see instructions)		I FINITE HU. 2	X	Yes	No		
		rwork Reduction Act Notice, see the separate instructions.	<u> </u>			orm 990			
i Ul	aut	invit ivadouoli Avt itvuve, oge tile ospalatë liiottuvlivilo.			1	~ ~~	16010)		

orm	n 990 (2019)	⊃age 2
Pa	It III Statement of Program Service Accomplishments	·
	Check if Schedule O contains a response or note to any line in this Part III	Х
	Briefly describe the organization's mission:	
	THE HETRICK-MARTIN INSTITUTE WAS FORMED TO PROTECT THE INTERESTS OF	
	LGBTQ YOUTH, PROMOTE THEIR PHYSICAL AND EMOTIONAL HEALTH, AND EDUCATE	
	THE GENERAL PUBLIC WITH RESPECT TO THE NEEDS OF THESE YOUTH.	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes If "Yes," describe these new services on Schedule O.	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as measur expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	ed by others,
4a	(Code:) (Expenses \$6,587,243. including grants of \$302,190.) (Revenue \$4,631,251.) ATTACHMENT 1	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	_
4d	Other program services (Describe on Schedule O.)	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 6,587,243.	

لملئه	Checklist of Required Schedules	—Т	V T	
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
1	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
Ŭ	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			,,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	4515	Х
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.	Malatan		1000000
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		Х	
	complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	11c		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
a	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		l x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	.ļ
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		<u> </u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			†
140	Schedule D. Parts XI and XII	12a	X	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			,
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	^
İ	o If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	1 .,

Part	Checklist of Required Schedules (continued)	Т	T	N -
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		,,	
	employees? If "Yes," complete Schedule J	23	X	
24 a	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			.,
	undagn z ta ana venipere z zerezen eta	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	İ	l	
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key		1	
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1]	
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		1	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Χ
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			i
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
٠.	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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			
00	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
91	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
90	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par		<u> </u>		
	Check if Schedule O contains a response or note to any line in this Part V			\Box
	Officers in confedence of contains a response of flote to any fine in their art v		Yes	No
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <u>1a</u> 103			<u> </u>
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	-1		
C	reportable gaming (gambling) winnings to prize winners?		X	
	reportable gaining (gainbing) withings to prize withers	110		

Pali	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
K:11	Statements Regarding Other INO Finings and Tax Compilation (Committee)		Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		· · · · · · · · · · · · · · · · · · ·	
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a 83		ļ	
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
,	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			17
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	v	
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_v
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			X
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds.	9a		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b	 	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	75	\vdash	
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		1	
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
K	against amounts due or received from them.)			
12-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
148	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
c	Note: See the instructions for additional information the organization must report on Schedule O.		1	
ŀ	Enter the amount of reserves the organization is required to maintain by the states in which			
•	the organization is licensed to issue qualified health plans		1	
,	Enter the amount of reserves on hand		<u> </u>	<u> </u>
14:	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
ł	of "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	<u> </u>	ļ
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15	↓	X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
		For	ო ყყ	0 (2019)

THE HETRICK-MARTIN INSTITUTE, INC. 13-3104537 Page 6 Form 990 (2019) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 25 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 25 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, trustees, or key employees to a management company or other person?. . . . 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a a The governing body?..... Χ 8b Each committee with authority to act on behalf of the governing body?..... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Χ 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Χ 12c Χ 13 Did the organization have a written whistleblower policy?.... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?......... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NY , 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,

State the name, address, and telephone number of the person who possesses the organization's books and records MARLY DECUMENT 740 BROADMAY NEW YORK, NY 10003 Form 990 (2019)

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and financial statements available to the public during the tax year.

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

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

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

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

Check this box if neither the organization nor	any related	orgai	niza	ition	COL	npen	sate	d any current offic	er, director, or trus	stee.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r box,	not c unle er an	Pos heck ss pe	c) ition more	e than of is both or/trust employee	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) THOMAS KREVER	35.00									
CEO	0.]	ļ	Х				240,640.	0.	26,718.
(2) DANIEL DOUCETTE	35.00									
COO/CFO	0.	<u> </u>		Х				191,667.	0.	7,500.
(3) AMY HARCLERODE	35.00									
CHIEF DEVELOPMENT OFFICER	0.		ļ	Х				146,800.	0.	14,892.
(4)BRIDGET HUGHES	35.00		1							
SENIOR DIRECTOR YOUTH SERVICES	0.				<u> </u>	Х		133,657.	0.	9,975.
(5)MARLY DEONANTH	35.00								*Annana	
CONTROLLER	0.		L			Х		114,727.	0.	718
(6) LAURA LEVENSTEIN	1.00									
TREASURER	0.	Х	<u> </u>	Х				. 0.	0.	. 0
(7)WESLEY POWELL	1.00									
CHAIR EMERITUS	1.00	Х	<u> </u>					0.	0.	0
(8) CHARLES J. O'BRYNE	1.00									
CO-CHAIR & SECRETARY	1.00	Х		Х				0.	0.	. 0
(9) FABIAN ASTIC	1.00									
BOARD MEMBER (EFF. 03/2020)	0.	Х						0.	0	. 0
(10) LEANN BOBITT	1.00									
BOARD MEMBER (EFF. 09/2019)	0.	Х	L					0.	. 0	. 0
(11)BENJAMIN DIXON	1.00						1			1
BOARD MEMBER	0.	Х						0.	. 0	. 0
(12)MARY EATON	1.00									
BOARD MEMBER	0.	Х						0.	. 0	. 0
(13) JEANNE FELDHUSEN	1.00		-							
BOARD MEMBER	0.	1						0.	. 0	. 0
(14) ROD GROZIER	1.00)]			1					
BOARD MEMBER	0.	_ X						0	. 0	. 0

9F1041 2 000

JSA

Form 990 (2019)

Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for	(do no		Posi neck is ped lad	ition more rson	than o is both or/trust	ne an ee)	(D) Reportable compensation from the	(E) Reportat compensatio related organizati	ole n from	(F) Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	from the organization and related organizations	
15) JOAN KATZ BOARD MEMBER	1.00	X						0		0.	(
16) THOMAS J. KELLER	1.00											
BOARD MEMBER	0.	Х					ļ	0		0.	(
17) SCOTT KENNY BOARD MEMBER (EFF. 03/2020)	1.00	Х					ļ	0		0.	(
18) LISA MOORE BOARD MEMBER (EFF. 09/2019)	1.00 0.	Х						0		0.		
19) ALFREDO PAREDES BOARD MEMBER (THRU 12/2019)	1.00	X						0		0.	(
20) BONNIE RABIN CO-CHAIR (THRU 12/2019)	1.00	Х		Х				0		0.		
21) PIERRE ROUGIER BOARD MEMBER	1,00							0		0.		
22) BRADLEY SILVER	1.00			v				0		0.		
CO-CHAIR (EFF. 01/2020) 23) RON SIMONS	1.00	-1		Х			-					
BOARD MEMBER 24) CHRIS WANLASS	1.00	Х	-	-			-	0		0.		
BOARD MEMBER (EFF. 09/2019)	0.	Х	-			-	<u> </u>	0		0.		
25) LOLA WEST BOARD MEMBER (THRU 10/2019)	1.00	Х						0	_1	0.		
1b Sub-total c Total from continuation sheets to Part VII, S	· · · · · ·						>	827,491		0. 0.	59,803 0	
d Total (add lines 1b and 1c)							>	827,491	•	0.	59,803	
2 Total number of individuals (including but not reportable compensation from the organization)			liste 5	ed a	bov	e) wh	o r	eceived more than	\$100,000	of		
3 Did the organization list any former office	cer, direct	or, o	r tr	uste	е,	key	em	ployee, or highes	st compens	ated	Yes No	
employee on line 1a? If "Yes," complete Scheo											3 X	
4 For any individual listed on line 1a, is the organization and related organizations guindividual	eater than	n \$1	50,0	000	? !	f "Ye	S,"	complete Sched	ule J for	such	4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If ")	accrue co	ompe	nsat	ion	froi	m an	y ui	nrelated organizat	ion or indiv	idual	5 X	
Section B. Independent Contractors												
 Complete this table for your five highest cor compensation from the organization. Report year. 	npensated compensat	indep tion fo	end or th	lent e c	cor alen	ntracti idar y	ors ear	that received mor ending with or wit	e than \$100 thin the org	0,000 d anizatio	of on's tax	
(A) Name and business ac	Idress							(B) Description of s	services	((C) Compensation	
ATTACHMENT 2												
							1					
							+					
2 Total number of independent contractors (more than \$100,000 in compensation from t	including t	out no	ot li	mite	ed 1	to the	se	listed above) who	o received			

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	ot ch unles rand	s pe 3 a d	tion more rson irecti	than or is both o	an	(D) Reportable compensation from	(E) Reportable compensation related		(F) Estimated amount of other
	organizations below dotted	Individual to or director	Institu	오	-x-1			the	organizatio	ns	compensation
		ıstee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M	•	from the organization and related organizations
26) DOM DIPASQUALE	1.00							0.		0.	(
BOARD MEMBER 27) DAN ENNIS	1.00	X						· · · · · · · · · · · · · · · · · · ·			
BOARD MEMBER	0.	Х						0.		0.	(
28) RONALD MILON	1.00										,
BOARD MEMBER	1.00	X						0		0.	
29) SHELLY BROWN BOARD MEMBER	1.00	X						0		0.	(
30) OTHO KERR	1.00				-						
BOARD MEMBER	0.	Х						0		0.	
31) JOSH SATERMAN BOARD MEMBER	1.00	X						0		0.	:
32) SCOTT REED	1.00		-					-			
BOARD MEMBER	0.	X						0		0.	
		-									
			ig								
			╂	<u> </u>							
	·	1									
			<u> </u>	<u></u>	<u> </u>		L	0		0.	0
1b Sub-total	Section A .						≜ ≜				
Total number of individuals (including but n reportable compensation from the organiza	ot limited to	those	liste 5	ed a	bov	e) wh	o re	eceived more than	\$100,000 o	f	
											Yes No
3 Did the organization list any former or employee on line 1a? If "Yes," complete Sch											3 X
4 For any individual listed on line 1a, is th organization and related organizations individual	greater that	n \$1	50,0	000	? /	f "Ye	s,"	complete Schedu	ule J for s	uch	4 X
5 Did any person listed on line 1a receive for services rendered to the organization? If	or accrue co "Yes," comple	ompe ete Sc	nsat :hed	ion ule	froi J fo	m any <i>r such</i>	ur pe	nrelated organizat <i>rson</i>	ion or individ	lual 	5 X
Section B. Independent Contractors						-44		that received more	a than \$100	000 6	
Complete this table for your five highest c compensation from the organization. Repo year.	rt compensated	tion fo	or th	e ca	alen	idar ye	ear	ending with or wil	thin the orga	nizatio	n's tax
(A) Name and business	address							(B) Description of s	ervices	C	(C) Compensation
							1				
							+		-		
2 Total number of independent contractors more than \$100,000 in compensation from				mite	ed t	to tho	se	listed above) who	received		

Form 990 (2019	9)	THE
Part VIII	Statement of	Revenue

		Check if Schedule O contains a response or note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र र	1a	Federated campaigns 1a				
E		Membership dues 1b				
اغ ي		Fundraising events 1c 153,825.		1		
T A		Related organizations 1d				
0 5		Government grants (contributions) - 1e				
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, grants,				
		and similar amounts not included above . 1f 3,741,930.				
들는	g	Noncash contributions included in				
d C	J	lines 1a-1f 1g \$ 80,455.				
3 2	h	Total. Add lines 1a-1f	3,895,755.			
		Business Code				
8	2a	GOVERNMENT CONTRACTS 611710	4,631,251.	4,631,251.		
Program Service Revenue	b					
Sp	c					
e A	ų					
ρğ						
Ę.	f	All other program service revenue				
ĺ	g	Total. Add lines 2a-2f	4,631,251.			
	3	Investment income (including dividends, interest, and				
	•	other similar amounts)	10.			10
1	4	Income from investment of tax-exempt bond proceeds .	0.			
	5	Royalties	0.			
		(i) Real (ii) Personal				
	6a	Gross rents 6a				
	b	Less: rental expenses 6b				
ļ	c	Rental income or (ioss) 6c	1			
	d	Net rental income or (loss)	0.			
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets				
		other than inventory 7a				
Ó	b	Less: cost or other basis]			
Revenue	_ ~	and sales expenses 7b				
Ş	۰	Gain or (loss) 7c	1]		
	d	Net gain or (loss)	0.			
her						
oth	8a	Gross income from fundraising				
		events (not mordaling \$				
]	of contributions reported on line 1c) See Part IV line 18				
		(c). See Part IV, line 10				
	b	Less: direct expenses	-135,251.			-135,25
	C					
	9a	Gross income from gaming activities. See Part IV, line 19 9a				
		activities. Occi altiv, illic 10 1, 2, 1, 1	-			
	b	Less; direct expenses	0			
	C	1				
	10a	Gross sales of inventory, less returns and allowances				
		Totalia and anovarious 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.				
	b c	Less: cost of goods sold	0			
	 	Business Code				
Sus	1					
iee Tee	11a					
scellaneo Revenue	b					
Miscellaneous Revenue						
N N	d		0			
		Total, Add lines 11a-11d		-		-135,24
	12	Total revenue. See instructions	8,391,765	4,631,251	• 1	-133,24

Partix Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). (C) Management and general expenses (D) Fundraising (B) Program service expenses (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 302,190 302,190. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 Ö. 4 Benefits paid to or for members 5 Compensation of current officers, directors, 511,305 74,548 111,080. 696,933. trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and Ω persons described in section 4958(c)(3)(B) 531,083. 357,020 3,336,910 2,448,807. Other salaries and wages 8 Pension plan accruals and contributions (include 802. 3,607 526 4,935. section 401(k) and 403(b) employer contributions) 55,083. 83,910. 377,593. 516,586. 9 Other employee benefits 36,065. 54,938. 338,225 247,222. 11 Fees for services (nonemployees): 0 31,999 20,467. 10,878 654. c Accounting 0 d Lobbying 0. e Professional fundraising services. See Part IV, line 17. 0. f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column 903,771 543,808. 339,541 20,422. (A) amount, list line 11g expenses on Schedule O.). 4,663. 4,663 12 Advertising and promotion _ _ _ _ _ _ _ _ . 112,75083,299 37,133. 233,182. 13 Office expenses 29,485. 13,144. 82,539 39,910. 14 Information technology...... 0 119,576. 179,365. 1,494,706. 1,195,765. 16 324. 50,366. 4,985. 55,675. 17 Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 36.739. 3,636 236. 40,611 19 Conferences, conventions, and meetings 0. 0 2,646 3,527. 22,048 15,875. Depreciation, depietion, and amortization 4,437. 31,062. 8,875. 44,374 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 211,775. 211,775. aBAD DEBT EXPENSE 433. **bCLIENT RELATED ACTIVITIES** 170,718. 160,601. 9.684 143,257. 142,582. 675 cPROGRAM SUPPLIES & ACTIVITIE 9,036. dEQUIPMENT EXPENSE 102,297. 93,172. 89 43,341. 41,647 1,694 e All other expenses 990,735. 8,780,735 6,587,243. 1,202,757. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | if following SOP 98-2 (ASC 958-720) 0

nD3	Balance Sheet			
IRMAX	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	556,927.	1	1,396,810
2	Savings and temporary cash investments	468,430.	2	368,430
3	Pledges and grants receivable, net	2,354,259.	3	1,902,046
4	Accounts receivable, net	0.	4	C
5	Loans and other receivables from any current or former officer, director,			
J	trustee, key employee, creator or founder, substantial contributor, or 35%		-	
	controlled entity or family member of any of these persons	0.	5	(
6	Loans and other receivables from other disqualified persons (as defined			
٥	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B),	0.	6	(
7	Notes and loans receivable, net	0.	7	(
8	Inventories for sale or use	0.	8	(
9	Prepaid expenses and deferred charges	217,462.	9	88,322
· ·	Land, buildings, and equipment: cost or other			
104	basis. Complete Part VI of Schedule D 10a 2,860,275.			
.	Less: accumulated depreciation	66,520.	10c	44,472
	Investments - publicly traded securities	0.	11	
11	Investments - publicly traded securities	0.	12	
12		0.		
13	Investments - program-related. See Part IV, line 11,	0.	14	
14	Intangible assets	26,515.	15	26,51
15	Other assets. See Part IV, line 11	3,690,113.	16	3,826,59
16	Total assets. Add lines 1 through 15 (must equal line 33)	625,320.	17	614,52
17	Accounts payable and accrued expenses	0.	18	0 3. 7 , 0 =
18	Grants payable	0.	19	
19	Deferred revenue,	0.		
20	Tax-exempt bond liabilities	0.	21	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	<u> </u>	4	
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%	0.		
	controlled entity or family member of any of these persons	0		
23	Secured mortgages and notes payable to unrelated third parties		24	
24	Unsecured notes and loans payable to unrelated third parties	0.	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	146,445.		682,69
1	of Schedule D	771,765	1	1,297,21
26	Total liabilities. Add lines 17 through 25	771,103.	26	1,201,21
	Organizations that follow FASB ASC 958, check here ► X			1
1_	and complete lines 27, 28, 32, and 33.	1 702 020		1,607,85
27	Net assets without donor restrictions	1,702,928. 1,215,420.	+	921,52
28	Net assets with donor restrictions,	1,213,420.	28	321,32
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	2,918,348	32	2,529,37
33	Total liabilities and net assets/fund balances	3,690,113	33	3,826,59

orus 880	0 (2019)				ray	U 1 2.	
Part)							
	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			91,7		
	Total expenses (must equal Part IX, column (A), line 25)	2			30,7		
	Revenue less expenses. Subtract line 2 from line 1	3			38,9		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,9	18,3	$\frac{48.}{0.}$	
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities	6			0.		
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
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		2,5	29 , 3	78.	
Part							
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>	X	
			1		Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				Į		
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis		!				
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were aud						
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	nt of				
_	the audit, review, or compilation of its financial statements and selection of an independent accounts	int?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	on				
	Schedule O.	-					
3.a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the				
υu	Single Audit Act and OMB Circular A-133?			3a	Х		
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	dergo	the				
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits		3b	Х		
				Form	990	(2019)	

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number Name of the organization

THE	5 H.	ETRICK-MARTIN INSTIT					13-310433	
	M	Reason for Public Char						
The	org	anization is not a private foun-						
1		A church, convention of chur						
2		A school described in sectio	n 170(b)(1)(A)(ii).	(Attach Schedule E (I	Form 99	or 990-	EZ).)	
3		A hospital or a cooperative t	nospital service or	ganization described ir	section	170(b)(1)(A)(iii).	
4		A medical research organiza	ation operated in c	onjunction with a hos	pital des	cribed in	section 170(b)(1)(A)(iii). Enter the
		hospital's name, city, and sta						
5		An organization operated for	or the benefit of a	college or university	owned	or oper	ated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (Co	omplete Part II.)					
6		A federal, state, or local gov	ernment or gover	nmental unit described	l in secti	on 170(k	o)(1)(A)(v).	
7		An organization that norma	Ily receives a subs	stantial part of its sur	port fro	m a gov	ernmental unit or fro	m the general public
		described in section 170(b)(1)(A)(vi). (Comple	te Part II.)				
8		A community trust described						
9		An agricultural research org						
		or university or a non-land-g	rant college of ag	riculture (see instructi	ons). En	ter the n	ame, city, and state of	the college or
		university:						
10	X	An organization that normal receipts from activities relat support from gross investmacquired by the organization	ed to its exempt fu	unctions - subject to c related business taxa	ertain ex ible inco	ceptions me (less	s, and (2) no more than section 511 tax) from	n 331/3% of its
11		An organization organized a	nd operated exclu	sively to test for public	safety.	See sec	tion 509(a)(4).	
12		An organization organized a	ind operated exclu	sively for the benefit	of, to pe	rform th	e functions of, or to c	arry out the purposes
	•	of one or more publicly sup	ported organization	ons described in sect	ion 509(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).
		Check the box in lines 12a th						
а		Type I. A supporting orga						
		the supported organizatio	n(s) the power to a	regularly appoint or el	ect a ma	ajority of	the directors or truste	es of the
	_	supporting organization. Y						
b	, L	Type II. A supporting orga	anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management o			the same	e person	s that control or man	age the supported
		organization(s). You must						
C	: L	Type III functionally integ						ly integrated with,
	Г	its supported organization						
C	i [_	Type III non-functionally						
		that is not functionally inte						i an attentiveness
	_	requirement (see instructi						1 12 111
е	L	Check this box if the orga						ı, rype iii
	-	functionally integrated, or	Type III non-tunct	ionally integrated sup	porting c	ırganızaı	ion.	
I		nter the number of supported rovide the following information						
		Name of supported organization	(ii) EIN	(iii) Type of organization	fiv) is the	organization	(v) Amount of monetary	(vi) Amount of
	(1)	realise of supported organization	(11) = 111	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
					100	110		
(A)								
(B)		!				<u> </u>		
(C)								
(D))							
(E)								
								
То	tal							

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

Schedule A (Form 990 or 990-EZ) 2019

Par	(Complete only if you checke Part III. If the organization fai	d the box on l	ine 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	(vi) lify under
Sect	ion A. Public Support			·			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization'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						
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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		1		1	1	T
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10		1				
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First five years. If the Form 990 is organization, check this box and stop here			ond, third, fourth	n, or fifth tax y	ear as a section	. 501(c)(3) ▶
Sec	tion C. Computation of Public Sup			44	.	. 14	%
14	Public support percentage for 2019 (%
15	Public support percentage from 2018 331/3% support test - 2019. If the o	Schedule A, F	rart II, line 14 .		and line 14 is 3	3113 % or more	· · · · · · · · · · · · · · · · · · ·
16a	box and stop here. The organization	rganization diu	not check the t	d organization	and mie 14 is 5	3173 7001 111016,	► T
	331/3% support test - 2018. If the o	quannes as a pu	not check a hos	u organization. von line 13 or 1	6a and line 15	is 331/3 % or m	ore check
L)	this box and stop here. The organiza	iganization ulu ion qualifice se	not check a boz natie vlaifdian e	orted organizat	inn		
170	10%-facts-and-circumstances test -	2010 qualifies as	a publicly supp rasnization did	not check a ho	x on line 13 16	Sa or 16b. and	line 14 is
17 a	10% or more, and if the organization	n meets the "f	acts-and-circum	istances" test	theck this box	and stop here.	Explain in
	Part VI how the organization meets	the "facts-and	-circumstances"	test. The orga	nization qualifie	s as a publicly	supported
	organization	the facts and	on our rotations				▶ □
ŀ	10%-facts-and-circumstances test	2018. If the o	roanization did	not check a bo	ox on line 13, 1	6a, 16b, or 17a	a, and line
^	15 is 10% or more, and if the ore	ganization mee	ts the "facts-a	nd-circumstance	es" test, check	this box and s	top here.
	Explain in Part VI how the organiza	tion meets the	"facts-and-circ	umstances" test	. The organizat	ion qualifies as	a publicly
	supported organization						▶ 🔲
18	Private foundation. If the organization	n did not check	a box on line 1	3, 16a, 16b, 17	a, or 17b, chec	k this box and se	ee
	instructions						
							990 or 990-EZ) 2019

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.)

Sect	ion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees		[
	received. (Do not include any "unusual grants.")	4,063,698.	4,004,608.	4,270,781.	3,866,775.	4,246,064.	20,451,926.
2	Gross receipts from admissions, merchandise				1	i	
	sold or services performed, or facilities						
	furnished in any activity that is related to the					į	
	organization's tax-exempt purpose	3,840,403.	4,273,599.	4,849,012.	4,236,461.	4,631,251.	21,830,726.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0.
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	7,904,101.	8,278,207.	9,119,793.	8,103,236.	8,877,315.	42,282,652.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons , , , ,			510,900.	224,691.	177,455.	913,046.
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000	ĺ				ļ	
	or 1% of the amount on line 13 for the year					107 105	0.
	Add lines 7a and 7b			510,900.	224,691.	177,455.	913,046.
8	Public support. (Subtract line 7c from					L	41 360 606
	line 6.)						41,369,606.
	tion B. Total Support	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Caler	ndar year (or fiscal year beginning in)				8,103,236.	8,877,315.	42,282,652.
9	Amounts from line 6 Gross income from interest, dividends,	7,904,101.	8,278,207.	9,119,793.	6,105,256.	6,677,313.	42/202/052.
10 a	payments received on securities loans,						
	rents, royalties, and income from similar	12,574.	7,545.	7,325.	a.	10.	27,462.
	Sources	12/3/4.	1,333.	7,50.50			
a	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b	12,574.	7,545.	7,325.	8.	10.	27,462.
11	Net income from unrelated business	12,5.7.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			
''	activities not included in line 10b, whether					•	
	or not the business is regularly carried on						0.
40	•						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.) ATCH 1	15,788.	3,119.	53,675.			72,582.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	7,932,463.	8,288,871.	9,180,793.	8,103,244.	8,877,325.	42,382,696.
14	First five years. If the Form 990 is	for the organiza	tion's first, seco	nd, third, fourth	i, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2019 (line 8			ımn (f))		15	97.61%
16	Public support percentage from 2018 Sch	edule A, Part III, li	ne 15			16	99.74%
Sec	tion D. Computation of Investmen	nt Income Per	centage				
17	Investment income percentage for 2019 (I			13, column (f)).		17	.06%
18	Investment income percentage from 2018	Schedule A, Parl	III, line 17			18	.07%
19 a	331/3% support tests - 2019. If the c	organization did	not check the b	ox on line 14, a	and line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3%, check the	his box and sto	p here. The org	janization qualifie	es as a publicly	supported organi	ization . > X
b	331/3% support tests - 2018. If the org	ganization did no	t check a box or	line 14 or line	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3%, chec						
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b,	, check this box	and see instruc	ctions 🕨 📗

Part IV Supporting Organizations

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

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

SECTION SECTION	e A (Form 990 or 990-EZ) 2019	······································	P	age 5
Part	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		11a		
	fridaily monitor of a percent accommod in (a) according	11b		
	7,0070 001000000 0100 0100 0100 0100 010	11c	i	
Section	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	103	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		l.,	Г <u>ът</u>
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	Yes	No
Secti	on D. All Type III Supporting Organizations		1	T
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	Yes	No
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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ı <u>ctions</u>). T
2	Activities Test. Answer (a) and (b) below.		Yes	No
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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		· · · · · · · · · · · · · · · · · · ·
3 a	Parent of Supported Organizations. Answer (a) and (b) below. 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? Provide details in Part VI.	3a		
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.	3b		

THE HETRICK-MARTIN INSTITUTE, INC.

PartV Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explai	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organize	ations n	rust complete Sectio	
Section 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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functional	ly integr	ated Type III supportin	ng organization (see
instructions).		. , , , ,	· ·

Schedule A (Form 990 or 990-EZ) 2019

Part		supporting Organizat	ions (continuea)	Owner A. Veren
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem	ipt purposes of supporte	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpor	ses of supported organiz	rations	
4	Amounts paid to acquire exempt-use assets			
- 5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c				
d				
e				
_			Schedul	e A (Form 990 or 990-EZ) 201

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

					ATTACHMENT 1	
SCHEDULE A, PART I	II - OTHER INCOME	Ε				
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
OTHER	15,788.	3,119.	53,675.			72,582.
TOTALS	15,788.	3,119.	53,675.			72,582.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization		Employer identification number					
THE HETRICK-MARTIN	INSTITUTE, INC.	13-3104537					
Organization type (check one	e):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a priva	ate foundation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation						
· -	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule	and a Special Rule. See					
instructions.							
General Rule							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, or property) from any one contributor. Complete Parts I and II. See inscontributions.						
Special Rules							
regulations under 13, 16a, or 16b, a \$5,000; or (2) 2%	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form that received from any one contributor, during the year, total contributor, during the year, total contributor of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, I	rm 990 or 990-EZ), Part II, line ibutions of the greater of (1) line 1. Complete Parts I and II.					
contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-E of the year, total contributions of more than \$1,000 <i>exclusively</i> for religitional purposes, or for the prevention of cruelty to children or animals.	ious, charitable, scientific,					
contributor, during contributions total during the year fo General Rule appl	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-Equation that the year, contributions exclusively for religious, charitable, etc., purposed more than \$1,000. If this box is checked, enter here the total control of an exclusively religious, charitable, etc., purpose. Don't complete any lies to this organization because it received nonexclusively religious, charitable, etc., purpose this organization because it received nonexclusively religious, charitable, etc., purpose this organization because it received nonexclusively religious.	oses, but no such ibutions that were received of the parts unless the partiations					
990-EZ, or 990-PF), but it m	at isn't covered by the General Rule and/or the Special Rules doesn't ust answer "No" on Part IV, line 2, of its Form 990; or check the box to certify that it doesn't meet the filing requirements of Schedule B (Fo	on line H of its Form 990-EZ or on its					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBIN HOOD FOUNDATION		Person X
	826 BROADWAY, FLOOR 7	\$356,250.	Noncash (Complete Part II for
	NEW YORK, NY 10003-4825	(0)	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
2	NEW YORK LIFE FOUNDATION 51 MADISON AVENUE, BASEMENT 1B	\$ 253,463.	Person X Payroll Noncash
	NEW YORK, NY 10010-1612		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE HARRY & JEANETTE WEINBERG FOUNDATION 7 PARK CENTER COURT	\$	Person X Payroll Noncash
	OWINGS MILLS, MD 21117-4200		(Complete Part II for noncash contributions.)
	41-1	1	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 NORDSTROM, INC. 1700 7TH AVENUE, SUITE 1500	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 4	Name, address, and ZIP + 4 NORDSTROM, INC. 1700 7TH AVENUE, SUITE 1500 SEATTLE, WA 98101-4419 (b)	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	Name, address, and ZIP + 4 NORDSTROM, INC. 1700 7TH AVENUE, SUITE 1500 SEATTLE, WA 98101-4419 (b) Name, address, and ZIP + 4 MOODY'S FOUNDATION 7 WTC, 250 GREENWHICH STREET, 14TH FLOOR	\$ 117,700.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for
(a) No.	Name, address, and ZIP + 4 NORDSTROM, INC. 1700 7TH AVENUE, SUITE 1500 SEATTLE, WA 98101-4419 (b) Name, address, and ZIP + 4 MOODY'S FOUNDATION 7 WTC, 250 GREENWHICH STREET, 14TH FLOOR NEW YORK, NY 10007-2140 (b)	\$ 117,700. (c) Total contributions \$ 128,100.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.)
(a) No.	Name, address, and ZIP + 4 NORDSTROM, INC. 1700 7TH AVENUE, SUITE 1500 SEATTLE, WA 98101-4419 (b) Name, address, and ZIP + 4 MOODY'S FOUNDATION 7 WTC, 250 GREENWHICH STREET, 14TH FLOOR NEW YORK, NY 10007-2140 (b) Name, address, and ZIP + 4	\$ 117,700. (c) Total contributions \$ 128,100.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

PartI	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FOSSIL FOUNDATION 901 S CENTRAL EXPRESSWAY RICHARDSON, TX 75080-7302	\$81,793.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	COACH FOUNDATION, INC. 516 W. 34TH STREET, BASEMENT 5 NEW YORK, NY 10001-1394	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	THE HEARST FOUNDATIONS 300 W. 57TH STREET, #26 NEW YORK, NY 10019	\$ 75,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	THE NEW YORK COMMUNITY TRUST 909 3RD AVENUE, FLOOR 22	\$ 70,000.	Person X Payroll
	NEW YORK, NY 10022-4752	\$	(Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(Complete Part II for
	NEW YORK, NY 10022-4752 (b)	(c)	(Complete Part II for noncash contributions.)
No.	NEW YORK, NY 10022-4752 (b) Name, address, and ZIP + 4 BLOOMBERG, LP 731 LEXINGTON AVENUE	(c) Total contributions	(Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	THE CHARLES HAYDEN FOUNDATION 140 BROADWAY, SUITE 5110 NEW YORK, NY 10005-1104	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	MAC AIDS FUND 130 PRINCE STREET NEW YORK, NY 10012-3216	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	JANE L. GILBERT 16 LANCASTER ROAD TENAFLY, NJ 07670	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	HARMAN FAMILY FOUNDATION 397 SOUTH STREET NEEDHAM, MA 02492-2761	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	397 SOUTH STREET	45,000	Payroll Noncash (Complete Part II for
(a)	397 SOUTH STREET NEEDHAM, MA 02492-2761 (b)	\$\$ \$\$ (c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	397 SOUTH STREET NEEDHAM, MA 02492-2761 (b) Name, address, and ZIP + 4 THE NEW YORK WOMEN'S FOUNDATION 39 BROADWAY, SUITE 2300	\$\$ 45,000. (c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

13-3104537 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (c) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. Χ 19 **FACEBOOK** Person Payroll 33,025. 770 BROADWAY FRONT 2 Noncash (Complete Part II for NEW YORK, NY 10003-9532 noncash contributions.) (d) (c) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Х LIGHTBOX 20 Person Payroll 30,000. 248 W. 37TH STREET Noncash (Complete Part II for NEW YORK, NY 10018 noncash contributions.) (d) (c) (a) (b) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Χ 21 LAURA LEVENSTEIN Person Payroll 28,000. 166 WEST, 18TH STREET, APARTMENT 2A \$ Noncash (Complete Part II for NEW YORK, NY 10011 noncash contributions.) (d) (c) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Χ 22 JEANNE V. FELDHUSEN Person Payroll 25,250. 137 RIVERSIDE DRIVE, APARTMENT 2D \$ Noncash (Complete Part II for NEW YORK, NY 10024-3718 noncash contributions.) (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. 23 DKNY Person Payroll 25,000. 240 W. 40TH STREET, FLOOR 6 Noncash (Complete Part II for 10018-1762 NEW YORK, NY noncash contributions.) (d) (b) (c) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Х THE DAVID GEFFEN FOUNDATION 24 Person Payroll 25,000. 12011 SAN VICENTE BOULEVARD, SUITE 606 Noncash (Complete Part II for LOS ANGELES, CA 90049-4948 noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)
Name of organization THE HETRICK-MARTIN INSTITUTE, INC.

Employer identification number 13-3104537

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	WILLIAM T. GRANT FOUNDATION 570 LEXINGTON AVENUE, ROOM 1800 NEW YORK, NY 10022-6887	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	NIKE FUND SOCIAL & COMM. IMPACT ONE BOWERMAN DRIVE BEAVERTON, OR 97005	\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	NORTH STAR FUND 305 7TH AVENUE, ROOM 501 NEW YORK, NY 10001-6164	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 BONNIE E. RABIN 327 CENTRAL PARK WEST, APARTMENT 15D	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 28	Name, address, and ZIP + 4 BONNIE E. RABIN 327 CENTRAL PARK WEST, APARTMENT 15D NEW YORK, NY 10025 (b)	\$ 25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4 BONNIE E. RABIN 327 CENTRAL PARK WEST, APARTMENT 15D NEW YORK, NY 10025 (b) Name, address, and ZIP + 4 RBC CAPITAL MARKETS 200 VESEY STREET, FLOOR 8	\$ 25,000.	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.
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Partl					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
31_	VIIV HEALTHCARE COMPANY 333, 7TH AVENUE, FLOOR 9 NEW YORK, NY 10001-5827	\$ 25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
32	WELLS FARGO 150 E. 42ND STREET, FLOOR 27 NEW YORK, NY 10017-5633	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
33	HAWTHORNE LAB, INC. 368 BROADWAY, #211 NEW YORK, NY 10013	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
34	BROADWAY CARES/EQUITY FIGHTS AIDS 165 W. 46TH STREET, SUITE 1300 NEW YORK, NY 10036-2508	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
35	SHELLY BROWN 345 E. 50TH STREET, PH B NEW YORK, NY 10022-7913	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
36	GOLDEN TOUCH GROUP 500 SEVENTH AVENUE, 7TH FLOOR NEW YORK, NY 10018	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
		0-1	P (Form 990, 990 E7, or 990-9E) (201)		

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. PartI

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	HBO 30 HUDSON YARDS NEW YORK, NY 10001-2170	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	THE TED SNOWDON FOUNDATION 50 RIVERSIDE DRIVE, APARTMENT 15C NEW YORK, NY 10024	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	WORLD OF WONDER PROD, INC. 6650 HOLLYWOOD BOULEVARD LOS ANGELES, CA 90028-6219	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	AMC NETWORKS, INC.		Person X
	11 PENN PLAZA, 17TH FLOOR NEW YORK, NY 10001	\$ 17,500.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		\$ 17,500.	Noncash (Complete Part II for
	NEW YORK, NY 10001 (b)	(c)	Noncash (Complete Part II for noncash contributions.)
No.	NEW YORK, NY 10001 (b) Name, address, and ZIP + 4 MAKE UP FOR EVER 841 BROADWAY, FLOOR 4	(c) Total contributions	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Partil Co	ontributors (see instructions).	Use duplicate copies	of Part I if addition	nal space is r	needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	TIMOTHY Y. CHOW 252 7TH AVENUE, APARTMENT 3K NEW YORK, NY 10001-7327	\$16,300.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	CALVIN KLEIN, INC. 205 W 39TH STREET, ROOM 700 NEW YORK, NY 10018-3489	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	LAFAYETTE-ASTOR ASSOCIATES, LLC 126 PARK AVENUE, FLOOR 11 NEW YORK, NY 10017-5690	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	JEFFREY SCHOENFELD 139 WOOSTER STREET, APARTMENT PH2	\$15,000.	Person X Payroll Noncash (Complete Part II for
	NEW YORK, NY 10012-3106	-	noncash contributions.)
(a) No.	NEW YORK, NY 10012-3106 (b) Name, address, and ZIP + 4	(c) Total contributions	, , , , , , , , , , , , , , , , , , ,
	(b)		noncash contributions.) (d)
No.	(b) Name, address, and ZIP + 4 SETH SPRAGUE EDUCATIONAL AND CHAR. FDN. 114 W. 47TH STREET	Total contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II for

			13-3104537
Partil	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	JOHN C. WOELL 11 5TH AVENUE, APARTMENT 5H NEW YORK, NY 10003-4342	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	RICHARD MUMBY 41 FIFTH AVENUE, APARTMENT 4F NEW YORK, NY 10003	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51_	ALFREDO PAREDES 235 EAST 11TH STREET, #5 NEW YORK, NY 10003	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
52	CBS INTERACTIVE 28 EAST 28TH STREET, 10TH FLOOR NEW YORK, NY 10016	\$\$.	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53	JAMIE DRAKE 67 IRVING PLACE, FLOOR 12 NEW YORK, NY 10003-2251	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54	KELLEY DRYE 101 PARK AVENUE NEW YORK, NY 10178	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

13-3104537 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part (d) (c) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Χ 55 SCOTTYE LINDSEY Person Payroll 12,000. 101 BUDLONG FARM ROAD Noncash (Complete Part II for 02886 WARWICK, RI noncash contributions.) (d) (c) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Χ 56 VISA USA, INC. Person Payroll 780 3RD AVENUE, ROOM 1200 12,000. \$ Noncash (Complete Part II for NEW YORK, NY 10017-2162 noncash contributions.) (d) (c) (a) (b) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Χ NETFLIX 57 Person Payroll 11,700. 888 BROADWAY \$ Noncash (Complete Part II for NEW YORK, NY 10003 noncash contributions.) (d) (c) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Х 58 THE FIRST PRESBYTERIAN CHURCH Person Payroll 10,281. 12 WEST 12TH \$ Noncash (Complete Part II for NEW YORK, NY 10011 noncash contributions.) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Χ 59 BRIAN C. WONG Person Payroll 10,025. 24 WATCH HILL ROAD Noncash (Complete Part II for CROTON ON HUDSON, NY 10520-1018 noncash contributions.) (d) (b) (c) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Х BUILD AMERICA MUTUAL ASSURANCE COMPANY 60 Person Payroll 10,000. 1 WORLD FINANCIAL CENTER, FLOOR 27 \$ Noncash (Complete Part II for 10281-1110 NEW YORK, NY noncash contributions.)

Partil	Contributors ((see instructions)	Use duplic	ate copies	of Part Li	f additional	space is neede	d.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	WALTER M. CAIN 241 WEST 36TH STREET, #13-F NEW YORK, NY 10018	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62	DIFFA 16 W 32ND STREET, ROOM 402 NEW YORK, NY 10001-0410	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63	ELLEN M. VIOLETT AND MARY P.R. THOMAS 230 E. 50TH STREET, UNIT 10AB NEW YORK, NY 10022-7682	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	MERYL HARTZBAND 1271 AVENUE OF THE AMERICAS NEW YORK, NY 10020	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		1	1
	JONES LANG LASALLE 330 MADISON AVENUE, FLOOR 4 NEW YORK, NY 10017	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	330 MADISON AVENUE, FLOOR 4	(c) Total contributions	Payroll Noncash (Complete Part II for

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	KENWORTHY-SWIFT FOUNDATION 21 KERMIT PLACE BROOKLYN, NY 11218	\$ 10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68	LAB SERIES SKINCARE FOR MEN 767 FIFTH AVENUE NEW YORK, NY 10153	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69	JESSICA P. SAROWITZ 281 ROGER WILLIAMS AVENUE HIGHLAND PARK, IL 60035	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 IRWIN L. SROB 770 S, PALM AVENUE	Total contributions	Person X Payroll Noncash (Complete Part II for
70 	Name, address, and ZIP + 4 IRWIN L. SROB 770 S, PALM AVENUE SARASOTA, FL 34236 (b)	\$ (c)	Person Payroll Noncash (Complete Part II for noncash contributions.)
70 70 (a)	Name, address, and ZIP + 4 IRWIN L. SROB 770 S, PALM AVENUE SARASOTA, FL 34236 (b) Name, address, and ZIP + 4 THE REALREAL 80 WOOSTER STREET	\$ 10,000. (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
73_	WESLEY R. POWELL 470 WEST 24TH STREET, 18EF NEW YORK, NY 10011	\$9,525.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
74	ATLANTIC, TOMORROW'S OFFICE 134 W 26TH STREET, FLOOR 3 NEW YORK, NY 10001-6803	\$9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
75	G-III APPAREL GROUP, LTD. 512 FASHION AVENUE, FLOOR 35 NEW YORK, NY 10018-0832	\$9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
76	MINI USA 300 CHESTNUT RIDGE ROAD WOODCLIFF LAKE, NJ 07677-7739	\$9,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
77	CLASSIC HARBOR LINES, LLC 62 CHELSEA PIERS PIER 62, SUITE 103 NEW YORK, NY 10011	\$8,899.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
78	BRAD SILVER 15 W. 81ST STREET, #7H	\$8,450.	Person X Payroll Noncash

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Partil	Contributors ((see instructions).	Use duplicate copies of Part I if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	HEARST COMMUNICATIONS, INC. 300 WEST 57TH STREET NEW YORK, NY 10019	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80	LAURA WOLFMAN 150 NASSAU STREET, APARTMENT 14B NEW YORK, NY 10038	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81	PR CONSULTING, INC. 304 HUDSON STREET, ROOM 700 NEW YORK, NY 10013-1012	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 STACEY GRIFFITH 1474 THIRD AVENUE	Total contributions	Person X Payroll Noncash (Complete Part II for
82 (a)	Name, address, and ZIP + 4 STACEY GRIFFITH 1474 THIRD AVENUE NEW YORK, NY 10028 (b)	* \$ 7,800.	Person Payroll Noncash (Complete Part II for noncash contributions.)
82 (a) No.	Name, address, and ZIP + 4 STACEY GRIFFITH 1474 THIRD AVENUE NEW YORK, NY 10028 (b) Name, address, and ZIP + 4 DAVID LAWENDA 28 EAST 28TH STREET, 10TH FLOOR	\$	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)
Name of organization THE HETRICK-MARTIN INSTITUTE, INC.

Employer identification number

			13-3104537
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	KATTEN MUCHIN ROSENMAN FOUNDATION, INC. 525 MONROE STREET, SUITE 1900 CHICAGO, IL 60661-3693	\$ 7,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86	RONALD K. SIMONS 454 W. 54TH STREET, PH C NEW YORK, NY 10019-4627	\$ 6,520.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87	BAKERTOWN CONSULTING 505 W. 37TH STREET NEW YORK, NY 10018	\$\$6,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88	BEN DIXON 77 7TH AVENUE, APARTMENT 11R NEW YORK, NY 10011-6626	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89	GRO 152 KINGSLAND ROAD BOONTON TOWNSHIP, NJ 07005	\$6,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90	JOAN A. KATZ 100 W. 26TH STREET, 6K NEW YORK, NY 10001	\$ \$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PartII	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	KIEHL'S 435 HUDSON STREET, 5TH FLOOR NEW YORK, NY 10014	\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92	S&P GLOBAL, INC. 1 INDEPENDENCE WAY, SUITE 200 PRINCETON, NJ 08540-6638	\$ 6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93	ROBERT A. SILVER 27 SCOTTS LANE SOUTH SALEM, NY 10590-1405	\$6,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94	STEVE MADDEN, LTD. 5216 BARNETT AVENUE LONG ISLAND CITY, NY 11104-1018	\$6,500.	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a)			
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 95			
	Name, address, and ZIP + 4 WINSTON & STRAWN 35 W. WACKER DRIVE	Total contributions	Person Payroll Noncash (Complete Part II for

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

PartI	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	t I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
97	DANIEL ENNIS 1460 BROADWAY NEW YORK, NY 10036	\$5,700.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
98	FRESH 130 5TH AVENUE NEW YORK, NY 10011	\$\$.	Person X Payroli Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
99	K-DEER 174 WESTWOOD AVENUE WESTWOOD, NJ 07675	\$5,186.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
100	JOHNSON AND JOHNSON 199 GRANDVIEW ROAD SKILLMAN, NJ 08558-1311	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
101	CHRISTOPHER STRAZZELLA 96 5TH AVENUE, APARTMENT 11K NEW YORK, NY 10011-7620	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
102	OTHO E. KERR 140 RIVERSIDE DRIVE, APARTMENT 5-0 NEW YORK, NY 10024	\$ 5,025.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

			12-2104227
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	SAMEER ADVANI 360 GRAND AVENUE BROOKLYN, NY 11238-1924	\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104	NATE BERKUS 406 N. WOOD STREET CHICAGO, IL 60622	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105	JOHN A. BULT 515 E. 79 STREET, APARTMENT 4B NEW YORK, NY 10075	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106	THE COCA-COLA COMPANY ONE COCA-COLA PLAZA ATLANTA, GA 30313	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107	EILEEN COHEN P.O. BOX 560 COPAKE, NY 12516	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108	GFP REAL ESTATE 125 PARK AVENUE, FLOOR 11	\$ 5,000.	Person X Payroll Noncash

(Complete Part II for noncash contributions.)

NEW YORK, NY

10017-5690

PartI	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.
-------	----------------------------------	---

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
109	HAIRRARI BARBERS 41 HAVEMEYER STREET, BROOKLYN NEW YORK, NY 11211	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
110	JAKE J. HAKANSON 41 UNION SQUARE WEST, #901 NEW YORK, NY 10003	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
111	STEPHEN HENDERSON 106 SEVENTH AVENUE, FLOOR 8 NEW YORK, NY 10011	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
112	THE KORS LE PERE FOUNDATION 1201 N. MARKET STREET, SUITE 1401 WILMINGTON, DE 19801	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_113	MATTHEW MARKS 523 W. 24TH STREET NEW YORK, NY 10011-1104	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
114	JOHN MEDINA 3116 YORKE COURT	\$5,000.	Person X Payroll Noncash

13-3104537 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Partil (b) (c) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. 115 THE MEP FOUNDATION, INC. Person Payroll 5,000. ONE W. 67TH STREET, #500 Noncash (Complete Part II for NEW YORK, NY 10023-6200 noncash contributions.) (d) (c) (a) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 Χ 116 MUFG FOUNDATION Person Payroll 1251 AVENUE OF THE AMERICAS, FLOOR 31 5,000. Noncash (Complete Part II for NEW YORK, NY 10020-1108 noncash contributions.) (c) (d) (b) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 117 WILLIAM SCHWINGHAMMER Person Payroll 5,000. 335 W. 38TH STREET Noncash (Complete Part II for NEW YORK, NY 10018 noncash contributions.) (d) (b) (c) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Χ SPACE BRANDS 118 Person Payroll 5,000. 12 W 27TH STREET, 3RD FLOOR Noncash (Complete Part II for NEW YORK, NY 10001 noncash contributions.) (c) (d) (a) (b) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Χ MATHEW S. THOENNES 119 Person Payroll 5,000. 1 LANDMARK SQUARE, #522 \$ Noncash (Complete Part II for PORT CHESTER, NY 10573-3353 noncash contributions.) (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. 120 RACHAEL K. TUCKER Person Payroll 5,000. 309 E. 87TH STREET, APARTMENT 4D \$ Noncash (Complete Part II for

noncash contributions.)

NEW YORK, NY

10128-4811

13-3104537 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Partl (c) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 121 UNITED FEDERATION OF TEACHERS Person Payroll 5,000. 52 BROADWAY LOWR A Noncash (Complete Part II for NEW YORK, NY 10004-1682 noncash contributions.) (d) (c) (a) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 Χ 122 JOSEPH LEROY AND ANN C. WARNER FUND Person Payroll 85 BROAD STREET, FLOOR 16 5,000. Noncash (Complete Part II for NEW YORK, NY 10004-2783 noncash contributions.) (c) (a) (b) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 123 WARNER MEDIA Person Payroll 5,000. 1 TIME WARNER CENTER, ROOM 902 Noncash (Complete Part II for 10019-8016 NEW YORK, NY noncash contributions.) (d) (c) (a) Total contributions Type of contribution No. Name, address, and ZIP + 4 WEIL, GOTSHAL & MANGES LLP 124 Person Payroll 5,000. 1300 I STREET, NW SUITE, 900E Noncash (Complete Part II for WASHINGTON, DC 20005-3348 noncash contributions.) (c) (d) (a) (b) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. ROBERT WILSON 125 Person Payroll 5,000. 4 W. 21ST STREET, 6A Noncash (Complete Part II for noncash contributions.) NEW YORK, NY 10010 (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. MATTHEW R. WITTEN 126 Person Payroli 5,000. 8 BARSTOW ROAD, APARTMENT 2J \$ Noncash (Complete Part II for 11021 GREAT NECK, NY noncash contributions.)

13-3104537

Partill Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	, , , , , , , , , , , , , , , , , , , ,		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
51	185 SHARES OF ITOT STOCK		
		\\$12,560.	09/23/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization THE HETRICK-MARTIN INSTITUTE, INC.

Employer identification number 13-3104537

	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of the Use duplicate copies of Part III if additional contributions of the Use duplicate copies of Part III if additional contributions of the Use duplicate copies of Part III if additional contributions of the Use duplicate copies of Part III if additional contributions of the Use duplicate copies of Part III if additional contributions of the Use duplicate copies of Part III if additional contributions of the Use duplicate copies of Part III if additional contributions of the Use duplicate copies of Part III if additional contributions of the Use duplicate copies of Part III if additional contributions of the Use duplicate copies of Part III if additional contributions of the Use duplicate copies of Part III if additional contributions of the Use duplicate copies of Part III if additional contributions of the Use duplicate copies of Part III if additional contributions of the Use duplicate copies of Part III if additional contributions of the Use duplicate copies of Part III if additional contributions of the Use duplicate copies of Part III if additional contributions of the Use duplicate copies of Part III if additional contributions of the Use duplicate copies	the year from any ons completing Part e year. (Enter this in	one contributor. III, enter the total formation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Part I				
		(e) Transf	er of gift	
	Transferee's name, address, at	nd ZIP + 4	Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transi	-	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Trans		ionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Uso	e of gift	(d) Description of how gift is held
	Transferee's name, address, a		sfer of gift Relat	ionship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047

Open to Public Inspection

Depa	tment of the Treasury	<u>.</u>	Attach to Form 990.				o Public
	al Revenue Service	► Go to www.irs.gov	/Form990 for instructions a	and the latest infor		Inspect dentification number	somities are where the control of
	of the organization				1 ' '		
and the same of the same of	Clarifornia de la companya del companya de la companya del companya de la company	IN INSTITUTE, INC.	·	·························		3104537	
La		tions Maintaining Donor Adv			or Accounts	•	
	Complete	e if the organization answered			/b\ 5	nds and other accou	unto
			(a) Donor advise	a iunus	(b) Ful	ius and other accou	21116
1		nd of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4		at end of year				1 1	
5		ion inform all donors and donor					No
		inization's property, subject to the					NO
6		ion inform all grantees, donors,					
		e purposes and not for the bene					No
	Division/Programs	nissible private benefit?				165	
		ation Easements. e if the organization answered	"Ves" on Form 990 F	Part IV line 7			
1		servation easements held by the					
'		on of land for public use (for example	·	_	n of a histori	cally important lar	nd area
		of natural habitat	e, recreation or education)			ed historic structu	
		on of open space	l		it of a cortine		
2		a through 2d if the organization h	eld a qualified conservat	tion contribution	in the form o	of a conservation	
2		last day of the tax year.	iola a qualifica concorra-		Hel	d at the End of the	Tax Year
а		conservation easements			2a		
b		stricted by conservation easement			2b		
c		rvation easements on a certified			2c		
d		rvation easements included in (
		listed in the National Register			2d		
3		ervation easements modified, tra			minated by t	the organization	during the
	tax year 🕨						
4		where property subject to cons	ervation easement is loca	ted >			
5	Does the organi	zation have a written policy re	garding the periodic m	onitoring, inspe	ction, handl	ing of	 -
		forcement of the conservation ea					
6	Staff and voluntee	r hours devoted to monitoring, ins	pecting, handling of violati	ons, and enforcin	ng conservatio	n easements durin	ng the year
	>						
7	Amount of expen	ses incurred in monitoring, inspe	cting, handling of violation	ns, and enforcing	conservation	n easements durir	ng the year
	> \$			_			
8		rvation easement reported on line	• •	•			П
	and section 170(I	h)(4)(B)(ii)?				L	s L No
9	In Part XIII, desc	ribe how the organization reports nd include, if applicable, the text	of the feetnets to the er	is in its revenue a	ana expense : ncial etateme	statement and inte that describes	the
		no include, if applicable, the text counting for conservation easem		yanızatıon s ililai	ilciai stateine	nts that describes	i tilo
Ð		ations Maintaining Collection		easures, or Oth	ner Similar	Assets.	
	Complet	e if the organization answered	d "Yes" on Form 990, I	Part IV, line 8.			
1a					nue stateme	nt and balance s	heet works
Ia	of art, historical service, provide i	on elected, as permitted under F treasures, or other similar ass n Part XIII the text of the footnote	ets held for public exh e to its financial statemer	ibition, education ts that describes	n, or resear s these items	ch in furtherance	e of public
b	art, historical tre-	on elected, as permitted under l asures, or other similar assets h wing amounts relating to these ite	eld for public exhibition, ems:	education, or re	esearch in fu	irtherance of pub	blic service,
	(i) Revenue incl	uded on Form 990, Part VIII, line	1			. 🕨 \$	
	(ii) Assets includ	ed in Form 990, Part X				. • \$	
2		on received or held works of			r assets for	financial gain, p	provide the
	following amoun	ts required to be reported under	FASB ASC 958 relating t	to these items:		. .	
a	Revenue include	d on Form 990, Part VIII, line 1. in Form 990, Part X				. 💆 💲	
b	ASSEIS INCIUDED	III CUMII 990. PARA cara cara				· • •	

Schedule D (Form 990) 2019

NEW

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

Schedu	le D (Form 990) 2019									Page 2
Pari	Organizations Maintainin	g Collectio	ns of Art, H	storica	l Treası	ires, or C	Other Simila	ar Assets <i>(c</i>	ontinued)
3 l	Jsing the organization's acquisition	, accession,	and other re	ecords, o	check an	ny of the	following tha	at make sign	ificant us	e of its
	collection items (check all that apply									
а	Public exhibition		d	L	oan or ex	xchange p	rogram			
b	Scholarly research		e		ther					
С	Preservation for future genera	ations								
4	Provide a description of the organi	zation's colle	ections and e	explain h	ow they	further t	he organizal	ion's exempt	purpose	in Part
	XIII.									
5	During the year, did the organizatior	solicit or re	ceive donatio	ns of art	, historic	al treasure	es, or other s	imilar		
;	assets to be sold to raise funds rathe	er than to be	maintained a	is part of	the orga	anization's	collection?		Yes	No
Par	IV Escrow and Custodial Ar	rangement	S.						_	
	Complete if the organizat	ion answer	ed "Yes" on	Form 9	90, Part	IV, line 9), or reporte	ed an amour	nt on For	m
	990, Part X, line 21.									
1a	Is the organization an agent, trustee	e, custodian	or other inter	mediary	for cont	ributions o	or other asset	s not	_	
	included on Form 990, Part X?								Yes	∐ No
b	If "Yes," explain the arrangement in	Part XIII an	d complete th	ne followi	ng table:					
								Amount		
С	Beginning balance					1c				
d	Additions during the year,					1d				
	Distributions during the year									
f	Ending balance					1f				
2a	Did the organization include an amo	ount on Forn	1990, Part X	, line 21,	, for escr	row or cus	todial accou	nt liability?	Yes	Ŭ No
b	If "Yes," explain the arrangement in	Part XIII. C	heck here if t	he expla	nation ha	s been pro	ovided on Pa	t XIII		
Par	tV Endowment Funds.									
Mary of 10th Tribit	Complete if the organiza	tion answei	ed "Yes" on	Form 9	90, Par	t IV, line	10.		·	
	-	(a) Current	year (I) Prior yea	ır (c) Two years	back (d) Ti	rree years back	(e) Four y	rears back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains,									
·	and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
, g	End of year balance		***							
2	Provide the estimated percentage	of the curre	it vear end b	alance (li	ne 1g, co	olumn (a))	held as:			
a	Board designated or quasi-endowm			•	Ū,	` '/				
b	Permanent endowment ▶									
С		%								
	The percentages on lines 2a, 2b, a	nd 2c shouk	l equal 100%.							
3a	Are there endowment funds not in	the possess	ion of the org	anizatio	n that are	e held and	t administere	d for the	r	
	organization by:									es No
	(i) Unrelated organizations		,					,	3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organizati	ons listed as i	equired (on Sched	lule R?			3b	
4	Describe in Part XIII the intended i									
Pa	Land Ruildings and Equ	inmont					110 500 1	50rm 000 D	ort Y line	a 10
	Complete if the organiz	ation answe	red "Yes" o) Cost or other I	n Form	990, Pa	ill IV, IIIIE	(c) Accumula	ted	di Book val	ue
	Description of property	[(investment)	3015 (L	othe		depreciation			
1a	Land									
b	Buildings	[=-
С	Leasehold improvements					1,804.	710,			31,272.
d	Equipment					6,833.	1,686,8			
е	Other					1,638.	418,			13,200.
Tota	al. Add lines 1a through 1e. <i>(Column</i>	n (d) must ec	ual Form 990	, Part X,	column ((B), line 10)c.)			14,472.
								Scho	dula D./For	m 9901 2019

Schedule D (Form 990) 2019

Schedule D	(Form 990) 2019			Page 3
Part VII	Investments - Other Securities.	HVU	Dort IV line 11h See Form 000 F	Port V. line 12
	Complete if the organization answered (a) Description of security or category (including name of security)	(b) Book value	, Part IV, line 11b. See Form 990, r (c) Method of valuatio Cost or end-of-year market	n:
(1) Finan	cial derivatives			
	ly held equity interests			
	y new equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	Investments - Program Related.			
Part VI	Complete if the organization answered	l "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 marke	n:
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	umn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX				
S. S. LINGEL	Complete if the organization answered	d "Yes" on Form 99	0, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) De	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
Total. (C	Column (b) must equal Form 990, Part X, col. (B)	line 15.)	, ,	
Part X				m 990, Part X,
1,		ption of liability		(b) Book value
	deral income taxes			
	YCHECK PROTECTION PROGRAM LOAN			682,690.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total (C	olumn (h) must equal Form 990. Part X. col. (B) line 25)	.	682,690
1131211 / 3				

2. 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) 2019

X

Schedule D (Form 990) 2019

Part XIII Supplemental Information (continued)

PART X LINE 2:

THE HETRICK-MARTIN INSTITUTE, INC. ("HMI") FOLLOWS THE ACCOUNTING
STANDARD FOR UNCERTAINTY IN INCOME TAXES. THE STANDARD PRESCRIBES A
MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY THAT A TAX
POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO
MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. IT ALSO
PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND
PENALTIES, DISCLOSURE AND TRANSITION.

HMI FILES INFORMATIONAL RETURNS IN THE FEDERAL JURISDICTION. WITH FEW EXCEPTIONS, HMI IS NO LONGER SUBJECT TO FEDERAL INCOME TAX EXAMINATIONS FOR FISCAL YEARS BEFORE 2017.

HMI BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE POSITIONS TAKEN ON ITS TAX RETURNS. NONETHELESS, THE AMOUNTS ULTIMATELY PAID, IF ANY, UPON RESOLUTION OF THE ISSUES RAISED BY THE TAXING AUTHORITIES MAY DIFFER MATERIALLY FROM THE AMOUNTS PAID. MANAGEMENT BELIEVES THAT ITS NONPROFIT STATUS WOULD BE SUSTAINED UPON EXAMINATION.

SHOULD THERE BE INTEREST ON UNDERPAYMENTS OF INCOME TAX, HMI WOULD CLASSIFY IT AS INTEREST EXPENSE. HMI WOULD CLASSIFY PENALTIES IN CONNECTION WITH UNDERPAYMENTS OF INCOME TAX AS OTHER EXPENSES.

NEW

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer Identification number Name of the organization

THE HETRICK-MARTIN INSTITU	TE, INC.				13-3104537	
Part Fundraising Activities. C	omplete if the orga	nization an	swered "\	Yes" on Form 99	0, Part IV, line 1	7.
Form 990-EZ filers are r	ot required to compl	ete this pa	rt.	-4-41: Ot*	II that our b	
1 Indicate whether the organization						
a Mail solicitations				non-government g		
b Internet and email solicitati				jovernment grants	5	
c Phone solicitations	•	g 💹 Sped	dai tundrai	sing events		
d In-person solicitations					P	
2a Did the organization have a writ or key employees listed in Forn b If "Yes," list the 10 highest paid compensated at least \$5,000 b	n 990, Part VII) or enti d individuals or entitie:	ty in connec	tion with p	rotessional fundra	ising services? [Yes No fundraiser is to be
compensated at least \$0,000 B	, mo organization					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1		<u> </u>				
2						
3						
4						
5		1				
6						\$
7						
8						
9						
10						
Tatal			>			ļ
Total	annization is registere	d or license		it contributions o	r has been notifie	d it is exempt from
 List all states in which the or registration or licensing. 	gariization lo regiotore	u 0,				·
10g.0x.0x.0y, 0, 112.112.11.g.						

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

Schedule G (Form 990 or 990-EZ) 2019

100	edule G (Form 990 or 990-EZ) 2019		1.07	000 Part IV I	Page 2
Rai	Fundraising Events. Comple more than \$15,000 of fundr events with gross receipts gr	aising event contributi	answered "Yes" on Fo ons and gross income	e on Form 990-EZ,	lines 1 and 6b. List
	evente with groot receipte gr	(a) Event #1 EMERY AWARDS	(b) Event #2 SCHOOL'S OUT	(c) Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts	447,746.	26,175.	193,522.	667,443.
ፚ፟	2 Less: Contributions	153,825.			153,825.
	3 Gross income (line 1 minus line 2)	293,921.	26,175.	193,522.	513,618.
	4 Cash prizes				
ses	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
t Expe	7 Food and beverages	196,145.	99.		196,244.
Direc	8 Entertainment	75,000.			75,000.
	9 Other direct expenses	357,961.	5,594.	14,070.	377,625.
	10 Direct expense summary. Add I 11 Net income summary. Subtract	ines 4 through 9 in colu	ımn (d)		648,869. -135,251.
D	art III Gaming, Complete if the or	ganization answered	'Yes" on Form 990, f	Part IV, line 19, or	reported more than
	\$15,000 on Form 990-EZ, I	ine 6a.			
ž		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			(c) Other gaming	
enses Revenue	1 Glose Teverine			(c) Other gaming	
	1 Glose Teverine			(c) Other gaming	
-xpenses	2 Cash prizes			(c) Other gaming	
	2 Cash prizes		bingo/progressive bingo		col. (a) through col. (c))
_xesuedx=	2 Cash prizes	. Yes			
=xpenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	. Yes	bingo/progressive bingo	Yes 9	col. (a) through col. (c))
_xesuedx=	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	YesNo	bingo/progressive bingo Yes% No umn (d)	Yes9	col. (a) through col. (c))
Direct Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add 8 Net gaming income summary. 9 Enter the state(s) in which the calls the organization licensed to call	YesNo lines 2 through 5 in col Subtract line 7 from liner and subtract so	W Yes % No wmn (d) e 1, column (d) gaming activities: es in each of these states	Yes o	col. (a) through col. (c))
Direct Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add 8 Net gaming income summary. 9 Enter the state(s) in which the calls the organization licensed to call	Yes No lines 2 through 5 in col Subtract line 7 from linerganization conducts gonduct gaming activities	Yes% No umn (d) e 1, column (d) gaming activities: es in each of these state	Yes	col. (a) through col. (c))

Schedule G (Form 990 or 990-EZ) 2019

Schedi	alle G (Form 990 or 990-EZ) 2019
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
1 2	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
	The organization's facility
a	An outside facility
b	Enter the name and address of the person who prepares the organization's gaming/special events books and
14	records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue? Yes _ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
***************************************	or spent in the organization's own exempt activities during the tax year 🕨 \$
Pa	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE I (Form 990)

Department of the Treasury

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

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

▶ Attach to Form 990.

► Attach to Form 990.

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

омв No. 1545-9047 2019

Open to Public Inspection

Employer identification number Name of the organization 13-3104537 THE HETRICK-MARTIN INSTITUTE, INC. Part | General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (h) Purpose of grant or assistance 1 (a) Name and address of organization or government (d) Amount of cash grant (g) Description of noncash assistance (e) Amount of non-cash assistance (1) (2) (3) (4) (5) (6) _(7) (8) (9) (10)(11) (12)

JSA

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

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Schedule 1 (Form 990) (2019)

Page 2

Schedule I (Form 990) (2019) Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLAPSHIFS	24.	21,031.			
STIPENOS	182.	201,159.			
3					
4					
5					
3					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2:

THE SCHOLARSHIP AWARDS ARE GIVEN AFTER STUDENTS HAVE DEMONSTRATED THEIR ACCEPTANCE OR COURSE WORK AT ACCREDITED COLLEGE. THE SCHOLARSHIP CHECKS ARE ISSUED DIRECTLY TO THE INSTITUTIONS FOR THE BENEFIT OF THE STUDENTS. STIPENDS ARE PROVIDED TO YOUTH WHO ATTEND AND PARTICIPATE IN VARIOUS PROGRAMS.

Schedule ! (Form 990) (2019)

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
► Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE HETRICK-MARTIN INSTITUTE, INC.

Employer Identification number

13-3104537

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 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Discretionary spending account 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 1b 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 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. Written employment contract Compensation committee Х Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations 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: Χ 4a Χ b Participate in, or receive payment from, a supplemental nonqualified retirement plan?..... 4b Х Participate in, or receive payment from, an equity-based compensation arrangement?..... 4c 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of: Χ 5a Χ 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х 6a Х 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed Χ 7 payments not described on lines 5 and 6? If "Yes," describe in Part III. 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 Χ If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Schedule J (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule J (Form 990) 2019 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.

- Titidadi.		(8) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B) reported
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	as deferred on prior Form 990
THOMAS KREVER	(i)	240,640.	0.	0.	8,250.	18,468.	267,358.	(
1 ^{CEO}	(ñ)	0.	0.	0.	0.	0.	0.	i
AMY HARCLERODE	(i)	146,800.	0.	0.	4,800.	10,092.	161,692.	
2CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	
DANIEL BOUCETTE	(i)	191,667.	0.	0.	0.	7,500.	199,167.	
3 ^{COO/CFO}	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)			<u></u>				
	(i)							
8	(ii)							
	(i)							<u></u>
9	(ii)							ļ
	(i)							
10	(ii)							
	(i)							
i1	(ii)							
	(i)							
12	(ii)			ļ				
	(i)					ļ		
13	(ii)							
	(i)					<u> </u>		1
14	(ii)							1
	(i)							
15	(ii)							
	(i)							
16	(ii)				1	<u> </u>	<u> </u>	hedule J (Form 990)

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Schedule J (Form 990) 2019

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) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Employer identification number

13-3104537 THE HETRICK-MARTIN INSTITUTE, INC. Parial Types of Property (c) Noncash contribution (d) (b) (a) Number of contributions or Method of determining Check if amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 3 Art - Fractional interests Books and publications 4 Clothing and household Cars and other vehicles. Boats and planes 7 Intellectual property 8 FMV 15,234. Securities - Publicly traded Securities - Closely held stock . . . 10 Securities - Partnership, LLC, 11 or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures Qualified conservation contribution - Other, Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles , , 19 Food inventory 20 Drugs and medical supplies . . . 21 Taxidermy........ 22 Historical artifacts. Scientific specimens 23 Archeological artifacts 24 65,221. 11. Other ►(_ATCH 1 25 26 Other ►(27 Other ▶(

	which the organization completed Form 8283, Part IV, Donee Acknowledgement			
	Which the organization completed from 5255; Factor, 25555		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		Х
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		Х
33	If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Number of Forms 8283 received by the organization during the tax year for contributions for

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

Schedule M (Form 990) 2019

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Other ►(

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

PART I, COLUMN (B):

THE FILING ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS

RECEIVED.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION (A)	СНЕСК	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
5 TICKETS TO JAGGED LITTL	Х	1.	1,221.	COST
GET DRAWN INTO A COMIC BO	Х	1.	50,000.	COST
VERSACE RED TAPESTY VANIT	Х	1.	2,500.	COST
\$500 SHIPPING SPREE @ DIE	X	1.	500.	COST
DIESEL 5D BOOK	X	1.	100.	COST
WALKING DEAD DVD GIFT BAS	Х	1 .	500.	COST
JV SHOPPING SPREE	Х	1.	5,000.	COST
GABRIELA HEARST DEMI BAG	Х	1.	2,150.	COST
FRESH GIFT BOX	Х	2.	750.	COST
4 TICKETS TO CELINE DION	Х	1.	2,500.	COST
TOTALS		11.	65,221.	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2019
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-E2) and its instructions is at www.irs.gov/form990.

Employer identification number

13-3104537

Name of the organization
THE HETRICK-MARTIN INSTITUTE, INC.

FORM 990, PART VI, SECTION B, LINE 11B:
HETRICK MARTIN INSTITUTE PROVIDED A COPY VIA EMAIL TO THE FINANCE
COMMITTEE AND THE BOARD OF DIRECTORS FOR REVIEW AND FEEDBACK. ANY
CORRECTIONS OR CONCERNS ARE ADDRESSED BEFORE IT IS FILED WITH THE IRS.

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

A CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO BOARD MEMBERS AND

OFFICERS UPON JOINING HMI. THIS POLICY IS REVIEWED ON AN ANNUAL BASIS. IN

ADDITION TO THE POLICY, EACH MEMBER AND OFFICER IS REQUIRED TO DISCLOSE

ANY ACQUIRED OR PROSPECTIVE DEALINGS WHICH WOULD CREATE A CONFLICT. IF A

PERSON HAS A CONFLICT, BOARD MEMBERS REPORT IT TO THE CO-CHAIRS OF THE

BOARD, AND EMPLOYEES NOTIFY THE EXECUTIVE DIRECTOR. AFTER THAT, THE

PERSON IS EXCLUDED FROM THE DELIBERATIONS RELEVANT TO THE CONFLICT.

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

THE CEO'S SALARY IS DETERMINED BY THE BOARD WHICH USES COMPARATIVE DATA

OF THE INDUSTRY, SALARY SURVEYS, AND OTHER ORGANIZATIONS' FORM 990'S. ANY

BOARD MEMBER WITH A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION

ARRANGEMENT WERE NOT INVOLVED IN THE DECISION. THIS WAS LAST DONE ON

DECEMBER 31, 2016.

FORM 990, PART VI, SECTION B, LINE 15B: COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION IS DETERMINED BY THE CHIEF EXECUTIVE OFFICER AND THE CHIEF OPERATING & FINANCIAL OFFICER USING COMPARATIVE

DATA OF THE INDUSTRY, SALARY SURVEYS, AND OTHER ORGANIZATIONS' FORM 990'S. THE CHIEF EXECUTIVE OFFICER AND THE CHIEF OPERATING & FINANCIAL OFFICER ARE AUTHORIZED TO HIRE OFFICERS AND EMPLOYEES OF THE COMPANY; PROVIDED, THAT THE ANNUAL COMPENSATION PAID BY THE COMPANY TO SUCH EMPLOYEES SHALL NOT EXCEED \$200,000 WITHOUT PRIOR AUTHORIZATION OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C LINE 19:

UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE ONLY THOSE DOCUMENTS

REQUIRED TO BE DISCLOSED UNDER THE PUBLIC INSPECTION LAWS.

FORM 990, PART XII, LINE 2C:
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

LARGEST NON-PROFIT AGENCY SERVING LESBIAN, GAY, BISEXUAL,

TRANSGENDER AND QUESTIONING (LGBTQ) YOUNG PEOPLE FOR MORE THAN 40

YEARS. DURING FY 20, HMI SERVICED MORE THAN 2,000 YOUTH MEMBERS

AND THEIR FAMILIES FROM OVER 300 ZIP CODES IN NEW YORK, NEW

JERSEY, AND BEYOND THOSE MEMBERS RECEIVED SERVICES ON A CONTINUUM

RANGING FROM INDIVIDUAL COUNSELING AND CASE MANAGEMENT SERVICES,

OTHER MENTAL HEALTH SERVICES SUCH AS SUPPORT GROUPS AND

PSYCHIATRIC SERVICES, ACADEMIC SUPPORT PROGRAMS, EXPANDED LEARNING

TIME AND OUT OF SCHOOL PROGRAMMING, JOB READINESS PROGRAMS AND

PAID INTERNSHIPS, HEALTH EDUCATION AND PREGNANCY PREVENTION, HIV

PREVENTION, TESTING AND LINKAGE TO CARE, AS WELL AS COMMUNITY

Name of the organization
THE HETRICK-MARTIN INSTITUTE, INC.

Employer Identification number 13-3104537

ATTACHMENT 1 (CONT'D)

EDUCATION AND OUTREACH ACTIVITIES, INCLUDING STREET OUTREACH TO
YOUTH EXPERIENCING HOMELESSNESS, AND OUTREACH EFFORTS TO SUPPORT
COVID TESTING AND CONTACT TRACING INITIATIVES AND TO DISTRIBUTE
PPE. HMI HAS BEEN A PROVIDER OF HOT MEALS TO LGBTQ YOUTH, AND
DURING THE PANDEMIC PIVOTED TO PROVIDE YOUTH FACING ISSUES WITH
FOOD ACCESS WITH DIRECT CASH ASSISTANCE AND A FOOD DISTRIBUTION
PROGRAM. HMI HEADQUARTERS ARE LOCATED IN NEW YORK CITY. DURING THE
PANDEMIC OUR STREET OUTREACH PROGRAMS HAVE CONTINUED TO OPERATE
IN-PERSON. IN ADDITION, HMI HAS PROVIDED CONTINUOUS CARE AND
SERVICES TO YOUTH VIA TELEHEALTH PLATFORMS, AND HAVE IMPLEMENTED A
FULL CONTINUUM OF VIRTUAL, ON-LINE PROGRAMS USING VIDEO
CONFERENCING SERVICES, AND ON-LINE CHAT ROOMS, AND BY PROVIDING
YOUTH WITH SHIP-TO-HOME SUPPLIES.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

CONSULTANT

COMPENSATION

SORAYA E. ELCOCK 255 EASTERN PARKWAY, APARTMENT C-14 BROOKLYN, NY 11238 120,240.

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

2019 Open to Public Inspection

1. General Informa	tion				
	07	01 / 2019 and End	ing (mm/dd/www)	06 / 30 / 2020	
For Fiscal Year Beginning Check if Applicable: Address Change	Name of Organization:	IN INSTITUTE, INC		Employer Identification Number 13-3104537 NY Registration Number:	r (EIN):
Name Change Initial Filing	2 ASTOR PLACE NO	801		02-94-77	
Final Filing	City / State / Zip:			Telephone:	0.0
Amended Filing	NEW YORK, NY 100 Website:	03		(212) 674-26 Email:	JU
Reg ID Pending	HMI.ORG		:	Erron.	
Check your organization's registration category:	7A only EPTL	only X DUAL (7A & EF	TL) EXEMPT*	Confirm your Registration Categ Charities Registry at <u>www.Charit</u>	ory in the iesNYS.com
2. Certification					
See instructions for certificat signatories.	ion requirements. Improper	certification is a violation of	law that may be subject	ct to penalties. The certification re	quires two
We certify under po they are	enalties of perjury that we rev true, correct and complete i	viewed this report, including a in accordance with the laws o	ll attachments, and to t f the State of New York	he best of our knowledge and bei applicable to this report.	lef,
President or Authorized Offi	THOMAS	KREVER	CEO		
	Signature	DEOLANTOU	Print Name and T		
Chief Financial Officer or Tre	easurer:	DEONANTH	Print Name and T		
3. Annual Reportir					
categories (DUAL filers) that	t apply to your registration, o you cannot claim an exemp	complete only parts 1, 2, an	d 3, and submit the cert	egory (7A or EPTL only filers) or I ified Char500. No fee, schedules, tion, you must file applicable sche	or additiona
3a. 7A filing exemp and the organization	<u>ition</u> : Total contributions from n did not engage a professio	n NY State including residen nal fund raiser (PFR) or fund	ts, foundations, govern raising counsel (FRC) t	iment agencies, etc. did not exce o solicit contributions during the	ed \$25,000 fiscal year.
3b. EPTL filling exer the fiscal year.	mption; Gross receipts did no	t exceed \$25,000 and the n	arket value of assets d	id not exceed \$25,000 at any tir	ne during th
4. Schedules and	Attachments				
See the following page for a checklist of schedules and attachments to	Yes 🔼 No for fun	d raising activity in NY State	? If yes, complete Sche		al co-venture
complete your filing.	Yes X No 4b. Did	I the organization receive go	overnment grants? If ye	s, complete Schedule 4b.	
5. Fee					
See the checklist on the next page to calculate your	7A filing fee:	EPTL filing fee:	Total fee:	Make a single check or r	noney order
fee(s). Indicate fee(s) you are submitting here:	\$25	\$250.	\$275.	payable to: "Department of	Law"

Page 1

NEW

CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)
*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

Annual Filing Checklist

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

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

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:	
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (P	FR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Check the financial attachments you must submit with your CHAR500:	
X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable	
All additional IRS Form 990 Schedules, including Schedule B (Schedule of Col and will not be available for public review.	ntributors). Schedule B of public charities is exempt from disclosure
Our organization was eligible for and filed an IRS 990-N e-postcard. Our rever filing year. We have included an IRS Form 990-EZ for state purposes only.	nue exceeded \$25,000 and/or our assets exceeded \$25,000 in the
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public	Accountant's Review or Audit Report:
Review Report if you received total revenue and support greater than \$250,000	0 and up to \$750,000.
X Audit Report if you received total revenue and support greater than \$750,000	
No Review Report or Audit Report is required because total revenue and suppo	rt is less than \$250,000
We are a DUAL filer and checked box 3a, no Review Report or Audit Report is re	equired
Calculate Your Fee	TA EDTI DUAL - EVENDT
For 7A and DUAL filers, calculate the 7A fee:	Is my Registration Category 7A, EPTL, DUAL or EXEMPT's Organizations are assigned a Registration Category upon
\$0, if you checked the 7A exemption in Part 3a	registration with the NY Charities Bureau:
X \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee:	EPTL filers are registered under the Estates, Powers & Trusts
\$0, if you checked the EPTL exemption in Part 3b	Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$25, if the NET WORTH is less than \$50,000	PILAL Class are excitated under both 7A and EDTI
	DUAL filers are registered under both 7A and EPTL.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000	EXEMPT filers have registered with the NY Charities Bureau
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u> . These organizations are not required to file annual financial reports
X \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	but may do so voluntarily.
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com .
\$1500, if the NET WORTH is \$50,000,000 or more	
Send Your Filing	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:
Send your CHAR500, all schedules and attachments, and total fee to:	- IRS From 990 Part I, line 22
NYS Office of the Attorney General	- IRS Form 990 EZ Part I line 21
Charities Bureau Registration Section	 IRS Form 990 PF, calculate the difference between

New York, NY 10005 Need Assistance?

28 Liberty Street

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

Page 2

Total Liabilities (Part II, line 23(b)).

Total Assets at Fair Market Value (Part II, line 16(c)) and

2019

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

Open to Public Inspection

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable

Organizations and use additional p	ages if necessary.	
Definitions A Professional Fund Raiser (PFR), in a	addition to other activities, conducts solicitation of contribut	ions and/or handles the donations (Article 7A, 171-a.4).
A Fund Raising Counsel (FRC) does n	ot solicit or handle contributions but limits activities to advis	ing or assisting a charitable organization to perform such functions for
itself (Article 7A, 171-a.9). A Commercial Co-Venturer (CCV) is a	in individual or for-profit company that is regularly and prima	arily engaged in trade or commerce other than raising
funds for a charitable organization an charitable organization (Article 7A, 171	d who advertises that the purchase or use of goods, services,	, entertainment or any other thing of value will benefit a
Professional fund raising does no	of include activities by an organization's development a government agency or tax exempt organization.	staff, volunteers, or a grantwriter who has been hired solely to
	. 1	
1. Organization Inform	iation	NY Registration Number:
Name of Organization:	TNOTTHIND INC	02-94-77
THE HETRICK-MARTIN	INSTITUTE, INC.	02 94 11
2. Professional Fund R	aiser, Fund Raising Counsel, Com	mercial Co-Venturer Information
	Name of FRP:	NY Registration Number:
Fund Raising Professional type:		
Professional Fund Raiser	Mailing Address:	Telephone:
Professional Fulld Raise		
Fund Raising Counsel		
	City / State / Zip:	
Commercial Co-Venturer		
3. Contract Information	nn e	
Contract Start Date:	Contract End Date:	7
oom act care see.		
4. Description of Serv	ices	
Services provided by FRP:		
5. Description of Com	nensation	
Compensation arrangement with	FRP.	Amount Paid to FRP:
Compensation analysment with		
1		

CHAR500 Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers (Updated January 2020) Page 1

If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by

Section 173(a) part 3 of the Executive Law Article 7A?

6. Commercial Co-Venturer (CCV) Report

Schedule 4b: Government Grants www.CharitiesNYS.com

2019 Open to Public Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information NY Registration Number: Name of Organization:

2. Government Grants	
Name of Government Agency	Amount of Grant
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total:

NEW

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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.

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

Inspection

OMB No. 1545-0047

A F	or the	2019 calendar year, or tax year beginning 07/01, 2019, and ending	3	06/3	0 ,20 20	
		C Name of organization	D Employer id	entificatio	n number	
Всь	eck if app	THE HETRICK-MARTIN INSTITUTE, INC.				
	Addres- change	S Doing Business As	13-3104	1537		
	Hame o	Number and street (or D.O. boy if mail is not delivered to street address) Room/suite	E Telephone n	umber		
	lotial r	O AGRAD DIAGE NO 901	(212) 67	4-260	0	
	Termin	City octown, state or province country and ZIP or foreign postal code				
\vdash	Amend	1	G Gross receip	ıts Ş	9,040,6	34.
h	return Applica		H(a) Is this a gro subordinates		Yes X	No.
L	pendin	740 BROADWAY, NEW YORK, NY 10003	H{b} Are all subore		ed? Yes	No
ī	Гах-ехе	mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	7 If "No," atta	ch a list. (se	ee instructions)	
		e: ▶ HMI.ORG	H(c) Group exem	ption numb	er 📂	
		forganization: X Corporation Trust Association Other L Year of	formation: 1981 M	State of I	egai domicile:	NY
		Summary				
San Asia	1	Briefly describe the organization's mission or most significant activities: TO PROTECT TH	E INTERESTS C	F LGE	TQ YOUTH,	
di	•	PROMOTE THEIR PHYSICAL AND EMOTIONAL HEALTH, AND EDUCATE	THE GENERAL			
auc		PUBLIC WITH RESPECT TO THE NEEDS OF THESE YOUTH.				
ern	2	Check this box if the organization discontinued its operations or disposed of more that	n 25% of its net asse	ts.		
Governance		Number of voting members of the governing body (Part VI, line 1a)		3		25.
		Number of independent voting members of the governing body (Part VI, line 1b)		4		25.
ties		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5		83.
Activities &		Total number of volunteers (estimate if necessary)		6	1	01.
Aci		Total unrelated business revenue from Part VIII, column (C), line 12		7a		<u> </u>
		Net unrelated business taxable income from Form 990-T, line 34		7b		0.
			Prior Year		Current Yea	.r
	8	Contributions and grants (Part VIII, line 1h)	3,866,7	75.	3,895,	***
Revenue		COPY FOR	4,236,4	61.	4,631,	251.
e Ve	· ·	Investment income (Part VIII, column (A), lines 3, 4, and 7d).		8.		10.
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-135,	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,103,2		8,391,	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	319,1	12.	302,	190.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.		0
(h		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,644,8	58.	4,893,	589.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.		0
je Se		Total fundraising expenses (Part IX, column (D), line 25) ▶ 990,735.				
மி		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,132,1		3,584,	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		83.	8,780,	
		Revenue less expenses. Subtract line 18 from line 12		61.	-388,	970.
20			Beginning of Current	L	End of Year	
Sets	20	Total assets (Part X, line 16)	3,690,1		3,826,	
Net Assets o	21	Total liabilities (Part X, line 26)	771,7		1,297,	
ž et	22	Net assets or fund balances. Subtract line 21 from line 20	2,918,3	48.	2,529,	, 378
Ð	TAI	Signature Block				
Ur	der pe	nalties of perjury, I declare that I have examined this return, including accompanying schedules and state ed, and complete. Declaration of preparer (other than officer) is based on all information of which preparer h	ments, and to the best	of my kn	owledge and beli	ief, it is
-tru	e, corr	ect, and complete. Declaration of preparer (other than officer) is based on all illiothation of which preparer to	as any knowledge.			
Si	-	Signature of officer	Date			
He	re					
***		Type or print name and title			T N I	
F	-1	Print/Type preparer's name Preparer's signalure Lustin Rubum 5/4	Check	if PT		
Pai		KRISTIN RUFFINI	7/2021 self-empl		201500	
	eparer e Only	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶		381590	
	_	Firm's address 100 PARK AVENUE NEW YORK, NY 10017-3001	Phone no.	212-	885-8000	
		IRS discuss this return with the preparer shown above? (see instructions)		<u></u>	X Yes	No
Fo	r Pape	erwork Reduction Act Notice, see the separate instructions.			Form 990	(2019)

m 990 (2019)				Page 2
art III Stat	ement of Program Service	Accomplishments	Dod III	X
Che Briofly descri	ck if Schedule O contains a be the organization's mission	response or note to any line in this	raitii , , , , , , , , , , , , , , , , , ,	
THE HETRI	CK-MARTIN INSTITUTE	WAS FORMED TO PROTECT	THE INTERESTS OF	
LGBTQ YOU	TH, PROMOTE THEIR P	HYSICAL AND EMOTIONAL H	EALTH, AND EDUCATE	
		ECT TO THE NEEDS OF THE		
prior Form 99	90 or 990-EZ?	ficant program services during the	e year which were not listed on	the Yes X No
If "Yes," desc	ribe these new services on S	ichedule U.	in how it conducts any progr	ram
services?	anization cease conducting	, or make significant changes	row a conducts, any progr	Yes X No
If "Yes," desc	cribe these changes on Sche	dule O.		
expenses. So	ection 501(c)(3) and 501(c)	ervice accomplishments for each (4) organizations are required to or each program service reported.	of its three largest program se report the amount of grants ar	nd allocations to others,
a (Code:) (Expenses \$6,	587,243. including grants of \$	302,190.) (Revenue \$	4,631,251.
ATTACHM	MENT 1			
			\/Payonya \$,
b (Code:) (Expenses \$	including grants of \$) (Nevende 4	
. (0-4-4) (Expenses \$	including grants of \$) (Revenue \$)
c (Code:	(Expenses #	nodding grants of \$	/(131311334	
d Other progr	ram services (Describe on Sc			
(Expenses			evenue \$)	
le Total progr	am service expenses 🕨	6,587,243.		
SA E1020 2.000	F 702V 5/17/2021	8:11:31 AM V 19-8.4F	NEW	Form 990 (201 PAGE

Annual Company of the	90 (2019)		Р	age 3
Part	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	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)	1		
	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
	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	ا ي ا		Х
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	4.0		X
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	ANT:	1000
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	Х	
-	complete Schedule D, Part VI	110		
a	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
_	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
Ü	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ń	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	ļ
k	Was the organization included in consolidated, independent audited financial statements for the tax year? If			l
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ļ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	X
k	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		1	Х
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	 	71
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		X
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	13	1	+
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		Х
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10	†	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>	1	1
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	:
40	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	· · ·	1	
19	If "Yes," complete Schedule G, Part III	19	1	Х
20.	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	T	Х
2 0 (b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		1	
	demostic government on Part IX column (A) line 12 If "Ves." complete Schedule I. Parts I and II	21		X

Pac	ıe	4

Parti	Checklist of Required Schedules (continued)		Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		105	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	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			
		24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did tilo digamentation det ad an en administration de la constant	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			.,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	 	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	051		Х
	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			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		Х
	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, 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	27		Х
	persons? If "Yes," complete Schedule L, Part III			
28	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
d	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		1	}
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	 	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	١.,		X
	or IV, and Part V, line 1	34	 	X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	^
k	o If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330	 	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36	1	Х
	related organization? If "Yes," complete Schedule R, Part V, line 2	30	 	1
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1	1	
38	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			.[
	Official a confidence of confidence of finds to daily into include 1 and 1 first 1 fir		Yes	No
1:	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 103			
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
,	c Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	<u> 1c</u>		
JSA		For	m 990	(201)

Page 5

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Vec I	No
_	E. W. Tanahara and Tanahara		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return Law I	2b	х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			•
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		Χ
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
b	If "Yes," enter the name of the foreign country ▶			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
ьа	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	İ	Χ
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	{	6b		
	gifts were not tax deductible?			
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	x	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
D O	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ü	required to file Form 8282?	7c		X
٦	If "Yes," indicate the number of Forms 8282 filed during the year			
a	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	X
ŧ.	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
U	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
, o	Initiation fees and capital contributions included on Part VIII, line 12			
h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	1	1	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	_		
С	Enter the amount of reserves on hand	1	ļ	<u> </u>
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		ļ
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	ļ	Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	ļ	Х
	If "Yes," complete Form 4720, Schedule O.		<u> </u>	<u></u>
		For	m 990	Ī

13-3104537 THE HETRICK-MARTIN INSTITUTE, INC. Page 6 Form 990 (2019) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7h below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Х Section A. Governing Body and Management No Yes 25 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 25 Enter the number of voting members included on line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ any other officer, director, trustee, or key employee?.............................. Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... Χ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?..... Χ 8b Each committee with authority to act on behalf of the governing body?..... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Χ 12c Χ 13 Did the organization have a written whistleblower policy?.... 13 Χ 14 Did the organization have a written document retention and destruction policy?....... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?...... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ightharpoonup . 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19

State the name, address, and telephone number of the person who possesses the organization's books and records MARLY DEGITATH 740 BROADWAY NEW YORK, MY 10003 Form 990 (2019)

PAGE 7

20

and financial statements available to the public during the tax year.

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

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

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

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

Check this box if neither the organization nor	any related	orgai	niza	tion	cor	npens	sate	d any current offic	er, director, or trus	itee.
		(C)								
(A)	(B)			Pos	ition		ļ	(D)	(E)	(F)
Name and title	Average	•				than o	i	Reportable	Reportable	Estimated amount
	hours		box, unless pers officer and a dire					compensation from the	compensation from related	of other compensation
	per week (list any				r			organization	organizations	from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) THOMAS KREVER	35.00									
CEO	0.			Х	<u> </u>			240,640.	0.	26,718.
(2) DANIEL DOUCETTE	35.00									
COO/CFO	0.			X				191,667.	0.	7,500.
(3) AMY HARCLERODE	35.00				İ		ļ		•	
CHIEF DEVELOPMENT OFFICER	0.			Χ			<u> </u>	146,800.	0.	14,892.
(4)BRIDGET HUGHES	35.00									
SENIOR DIRECTOR YOUTH SERVICES	0.					X	ļ	133,657.	0.	9,975.
(5)MARLY DEONANTH	35.00		1		1	1			_	
CONTROLLER	0.			<u> </u>	ļ	Х		114,727.	0.	718.
(6) LAURA LEVENSTEIN	1.00		ļ			ļ				
TREASURER	0.	Х	<u> </u>	X	1			0.	0.	0.
(7)WESLEY POWELL	1.00									
CHAIR EMERITUS	1.00	1	ļ			ļ .	_	0.	0.	0.
(8) CHARLES J. O'BRYNE	1.00	_	Ì		1	1	l			
CO-CHAIR & SECRETARY	1.00		<u> </u>	Х	<u> </u>	_	ļ	0.	0.	0.
(9) FABIAN ASTIC	1.00				ļ					
BOARD MEMBER (EFF. 03/2020)	0.	X	L		L		<u> </u>	0.	0.	0.
(10) LEANN BOBITT	1.00								_	
BOARD MEMBER (EFF. 09/2019)	0.	Х	<u> </u>		<u> </u>	ļ	<u> </u>	0.	0.	0.
(11)BENJAMIN DIXON	1.00	_				ļ			_	
BOARD MEMBER	0.	Х					<u> </u>	0.	0.	0.
(12)MARY EATON	1.00	1							_	
BOARD MEMBER	0.	X	_	\perp		 		0.	0.	. 0.
(13) JEANNE FELDHUSEN	1.00									
BOARD MEMBER	0.	X	1				1	0.	0	. 0.
(14)ROD GROZIER	1.00									_
BOARD MEMBER	0.	Х				<u> </u>		0.	. 0	. 0.

Form 990 (2019)

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Part VII Section A. Officers, Directors, Tru		y Em	plo	yee (C		and F	ugr	nest Compensat (D)	ea Employ (E)	ees (cc	(F)
(A) Name and title	(B) Average hours per week (list any hours for	box,	ot ch unles	Pos- ieck is pe	ition more rson	than o is both or/trust	an	Reportable compensation from the	Reportat compensatio related organizati	n from	Estimated amount of other compensation
	related organizations below dolled line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-I		from the organization and related organizations
15) JOAN KATZ BOARD MEMBER	1.00	Х						0		0.	C
16) THOMAS J. KELLER BOARD MEMBER	1.00	x						0		0.	(
17) SCOTT KENNY BOARD MEMBER (EFF. 03/2020)	1.00	L						0		0.	(
18) LISA MOORE BOARD MEMBER (EFF. 09/2019)	1.00							0		0.	(
19) ALFREDO PAREDES BOARD MEMBER (THRU 12/2019)	1.00	4			T			0		0.	(
20) BONNIE RABIN CO-CHAIR (THRU 12/2019)	1.00	- 		Х				0		0.	(
21) PIERRE ROUGIER	1.00		-	^				0		0.	
BOARD MEMBER 22) BRADLEY SILVER	1.00	X		X			<u> </u>	0		0.	
CO-CHAIR (EFF. 01/2020) 23) RON SIMONS	1.00)	-	^				0		0.	
BOARD MEMBER 24) CHRIS WANLASS	1.00)		-			-	0		0.	
BOARD MEMBER (EFF. 09/2019) 25) LOLA WEST	1.00		-		+		-	0		0.	'
BOARD MEMBER (THRU 10/2019) 1b Sub-total	0.	<u> </u>		<u> </u>	<u> </u>		▶	827,491		0.	59,803
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	Section A .						A A	827,491	<u> </u>	0.	59,803
 Total number of individuals (including but not reportable compensation from the organization) Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler 	on ▶ cer, direct	or, o	5 ir tr	uste	ee,	key	em	ployee, or highes	st compens	ated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations g individual	reater tha	n \$1	50,0	000	? .	lf "Ye	·	complete Sched	ule J for	such • • •	4 X
5 Did any person listed on line 1a receive o for services rendered to the organization? If "Section B. Independent Contractors	r accrue co Yes," complo	ompe ete Sc	nsat ched	ion lule	fro J fo	m an <i>r sucl</i>	y ui i pe	nrelated organizat erson	ion or indiv		5 X
Complete this table for your five highest cor compensation from the organization. Report year.	mpensated compensa	inder	end or th	lent e c	co aler	ntract ndar y	ors ear	that received mor ending with or wi	e than \$100 thin the org	0,000 d anizatio	of on's tax
(A) Name and business a	ddress							(B) Description of s	services	((C) Compensation
ATTACHMENT 2							-				
2 Total number of independent contractors ((includina l	but n	ot li	mite	ed	to the	se	isted above) who	o received		
more than \$100,000 in compensation from t	the organiz	ation	▶ .			1	_	,			

BOARD MEMBER 1.00 BOARD MEMBER 0. X 0 0 0. BOARD MEMBER 0. X 0 0 0	Part VII Section A. Officers, Directors, T	rustees, Ke	y Em	ploy	yee	s, a	and H	ligh	nest Compensat	ed Employe	es (co	ontinued)
Sub-total Sub-		Average hours per week (list any	box,	not ch unles: er and	Posi eck s pei a d	ition more rson irect	is both or/truste	an ee)	Reportable compensation from	Reportable compensation related	from	Estimated amount of other compensation
Substitute Sub		organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-ħ	nisc)	organization and related
1) DAY DINTS 1, 00	6) DOM DIPASQUALE	1.00				ļ ——						
BOARD MEMBER							<u> </u>		0		0.	
3) RONALD MILON 1.00 0.00 BOARD MEMBER 0.0 X 0.00 SORD MEMBER 0.0 X 0.00 SORD MEMBER 0.0 X 0.00 BOARD MEMBER 0.00 BOARD MEMBER 0.00 BO		-	-[_		0	
BOARD MEMBER				-		<u> </u>			U.	<u> </u>	٠.	
3) SHELLY BROWN BOARD MEMBER 0			4				1		0		0.	
BOARD MEMBER 1.00 OTHO KERR 1.00 BOARD MEMBER 1.00 SOUTH SERR 1.00 BOARD MEMBER 1.00 SOUTH SERR 1.00			1									
D) OTHO KERR BOARD MEMBER O. X O. O. BOARD MEMBER O. X O. O. BOARD MEMBER O. X O. O. BOARD MEMBER O. X O. O. BOARD MEMBER O. X O. O. BOARD MEMBER O. X O. O. BOARD MEMBER O. X O. O. BOARD MEMBER O. X O. O. BOARD MEMBER O. X O. O. BOARD MEMBER O. O. X O. O. BOARD MEMBER O. O. X O. O. BOARD MEMBER O. O. X O. O. BOARD MEMBER O. O. X O. O. Which is a companied to the selected above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000 if "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000 if "Yes," complete Schedule J for such individual For any individual listed on line 1a receive or accrue compensation from any unrelated organization for individual for surch person Section B. Independent Contractors Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address	·		-						0		0.	
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organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												3 2
individual	4 For any individual listed on line 1a, is t	he sum of re	porta	ble	cor	npe	ensatio	n a	and other compet	nsation from	the	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	organization and related organizations	greater tha	n \$1	50,0	JUU	•	ii Ye	s,	complete sched	ule J IOI (Sucri	4 X
for services rendered to the organization? If "Yes," complete Schedule J for such person												ENER LEGE S
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation	for services rendered to the organization?	f "Yes," compl	ete S	ched	ule	J fo	or suct	i pe	erson			5 2
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation	Section B. Independent Contractors											
Name and business address Description of services Compensation	compensation from the organization. Rep	compensated ort compensa	inder tion f	oend or th	ent e c	co alei	ntract ndar y	ors ear	that received mo- ending with or wi	re than \$100 thin the orga	0,000 o anizatio	of on's tax
The state of the s		s address								services		(C) Compensation
The state of the s												
The state of the s								_				
The state of the s								-				
The state of independent controllers (including but not limited to those listed shows) who received								+			ļ	
THE PARTY OF THE P							4 - 11	_L	Natad at	م جمعه المحا	100000000000000000000000000000000000000	
	more than \$100,000 in compensation fro	5. 941114		-								

Part	VIII	Statement of Revenue Check if Schedule O contains a response	o or note to any	line in this Part V	l i l		
		Check if Schedule O contains a respons	se or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e All other contributions, gifts, grents, and similar amounts not included above . 1f	153,825.				
contribu	g	Noncash contributions included in lines 1a-1f	······	2 005 755			
	h	Total. Add lines 1a-1f	Business Code	3,895,755. 4,631,251.	4,631,251.		
Program Service Revenue	2a b c d	GOVERNMENT CONTRACTS	0,117.10	3,001/201.	7,001,101		
Progr B	e f g	All other program service revenue Total. Add lines 2a-2f		4,631,251.			
	3 4 5	Investment income (including dividends, other similar amounts)	interest, and proceeds .	10. 0. 0.			10
****	6a b c	Gross rents 6a Less: rental expenses Rental income or (loss) (i) Real 6b 6c	(ii) Personal	0.			
	d 7a	Net rental income or (loss)	(ii) Other	0.			
Revenue	b	Less: cost or other basis and sales expenses 7b Gain or (loss) 7c					
Other R	d 8a	Net gain or (loss)	513,618.	0.			
	b c	Less: direct expenses 8b	648,869.	-135,251.	:		-135,251
	9a		0.				
	b	Net income or (loss) from gaming activities		0.			
	10a b	returns and allowances	0.				
sno	c	Net income or (loss) from sales of inventory,	Business Code	(t			
Miscellaneous Revenue	11a b						
\(\vec{\pi}{}\)	e	Total. Add lines 11a-11d	<u> > </u>	0 201 745			-135,24
	12	Total revenue. See instructions		8,391,765	4,631,251	• 1	1

PAGE 11

Partix Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). (C) Management and (D) Fundraising expenses (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 302,190 302,190. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, 111,080. 74,548 511,305 696,933. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 531,083. 2,448,807. 357,020 3,336,910. 8 Pension plan accruals and contributions (include 802. 4,935 3,607 526 section 401(k) and 403(b) employer contributions) 516,586 83,910. 377,593. 55,083 36,065 54,938. 247,222. 338,225. 11 Fees for services (nonemployees): 0 10,878 654. 20,467. 31,999 0. 0. d Lobbying 0. e Professional fundraising services. See Part IV, line 17, 0. g Other. (If line 11g amount exceeds 10% of line 25, column 543,808. 339,541. 20,422. 903,771. (A) amount, list line 11g expenses on Schedule O.). 4,663. 4,663. 83,299. 37,133. 233,182. 112,750. 13 Office expenses 13,144. 82,539 39,910 29,485 14 Information technology. 0 119,576. 1,494,706. 1,195,765. 179,365. 50,366. 4,985. 324. 55,675. Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 236. 40,611 36,739. 3,636. 19 Conferences, conventions, and meetings 0 20 0 3,527. 2,646 22,048. 15,875 22 Depreciation, depletion, and amortization 4,437. 8,875 44,374 31,062. Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 211,775 211,775. aBAD DEBT EXPENSE 160,601. 170,718. 9,684 433. DCLIENT RELATED ACTIVITIES cPROGRAM SUPPLIES & ACTIVITIE 143,257. 142,582. 675 9,036. 89 102,297. 93,172. dEQUIPMENT EXPENSE 1,694 43,341 41,647. e All other expenses 6,587,243. 990,735. 1,202,757 8,780,735. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720), n

	•		(A) Beginning of year		(B) End of year
Ţ	1	Cash - non-interest-bearing	556,927.	1	1,396,810.
-	2	Savings and temporary cash investments	468,430.	2	368,430.
	3	Pledges and grants receivable, net	2,354,259.	3	1,902,046.
ļ	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
	J	trustee, key employee, creator or founder, substantial contributor, or 35%			
1		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
١	٠	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
ر ا	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Ϋ́	9	Prepaid expenses and deferred charges	217,462.	9	88,322.
ļ		Land, buildings, and equipment: cost or other			
İ		hasia Camplete Bart VI of Schodule D 10a 2,860,275.			
	h	Less: accumulated depreciation	66,520.	10c	44,472.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	26,515.	15	26,515.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	3,826,595.
	17	Accounts payable and accrued expenses		17	614,527.
	18	Grants payable		18	0 .
	19	Deferred revenue	1 ^	19	0.
	20	Tax-exempt bond liabilities	Ι	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0
w	l	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
<u>=</u>		controlled entity or family member of any of these persons	0.	22	0
<u>"</u>	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	146,445.	25	682,690.
	26	Total liabilities. Add lines 17 through 25	771,765.	26	1,297,217
ses	1	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
g	27	Net assets without donor restrictions	1,702,928.	27	1,607,852
Ba	28	Net assets with donor restrictions,	1,215,420.	28	921,526
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
556	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ā	32	Total net assets or fund balances		32	2,529,378
		Loral liet dageta of initia parations in the first transfer in the	1	+	3,826,595

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of

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

the audit, review, or compilation of its financial statements and selection of an independent accountant?...

If the organization changed either its oversight process or selection process during the tax year, explain on

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

Form 990 (2019)

Χ

3a | X

Х

2c

Schedule O.

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name	of the organization					Employer Identifica	
THE	HETRICK-MARTIN INSTIT					13-310453	7
Pat							
The	organization is not a private foun	dation because it i	s: (For lines 1 through	h 12, che	ck only on	e box.)	
1	A church, convention of chu						
2	A school described in section	ın 170(b)(1)(A)(ii).	(Attach Schedule E (Form 990	or 990-E	Z).)	
3	A hospital or a cooperative	hospital service or	ganization described ir	section	170(b)(1)	(A)(iii).	F.4 H
4	A medical research organization		onjunction with a hos	pital des	cribed in s	ection 1/0(b)(1)(A)(III). Enter the
	hospital's name, city, and sta	ate:				Lad buy o governmen	tal unit described in
5	An organization operated for		college or university	owned	or operar	led by a governmen	itai unit described in
_	section 170(b)(1)(A)(iv). (C A federal, state, or local go		om antal unit dagarihaa	l in coeti	on 470(h)((4)(A)(6)	
6	An organization that norma	Wernment or govern	etantial part of its sur	nort fro	n a dove	romental unit or from	m the general public
7	described in section 170(b)	•		sport no	in a goto.		g p
8	A community trust describe			Part II.)			
9	An agricultural research org	anization describe	d in section 170(b)(1)	(A)(ix) o	perated in	conjunction with a l	and-grant college
	or university or a non-land-g	rant college of ag	riculture (see instructi	ons). En	ter the nar	me, city, and state of	the college or
	university:	, ,	•				
10	An organization that normal receipts from activities relat support from gross investmacquired by the organization	ted to its exempt fu ent income and ur n after June 30, 19	unctions - subject to c irelated business taxa 175. See section 509 (ertain ex ible inco a)(2). (C	ceptions, ne (less s omplete P	and (2) no more than section 511 tax) from ' art III.)	1 331/3% of its
11	An organization organized a	and operated exclu	sively to test for public	safety.	See secti o	on 509(a)(4).	• 14
12	An organization organized a	and operated exclu	sively for the benefit	of, to pe	rtorm the	functions of, or to ca	arry out the purposes
	of one or more publicly su						
	Check the box in lines 12a t						
а	Type I. A supporting orga						
	the supported organization				ijority of tr	ie directors or trustet	25 01 1110
	supporting organization. \ Type Ii. A supporting org				with ite e	unnartad arganizatio	on(e) by having
b	control or management of	anization supervise	raprization vested in	tha came	willi ilə ə narenne	that control or man	age the supported
	organization(s). You must			ine saine	persons	that control of man	ago tilo oapportos
		rated A supporti	octions A and o:	ted in co	nnection	with, and functional	ly integrated with.
C	its supported organization						
c		integrated. A sup	porting organization o	perated	in connec	tion with its support	ed organization(s)
•	that is not functionally into	egrated. The organ	nization generally mus	t satisfy	a distribut	tion requirement and	l an attentiveness
	requirement (see instruct						
e							I, Type III
	functionally integrated, or	Type III non-funct	ionally integrated sup	porting c	rganizatio	n.	
f	Enter the number of supported						
_ {	Provide the following informati	1		Ι			
	(i) Name of supported organization	(ii) EiN	(iii) Type of organization (described on lines 1-10	(iv) Is the	- ,	(v) Amount of monetary support (see	(vi) Amount of other support (see
		,	above (see instructions))	docu	nent?	instructions)	instructions)
				Yes	No		
(A)							
(B)							
(C)							
,							
(D)							
/=>							
(E)							
То	tal		-				

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

Schedule A (Form 990 or 990-EZ) 2019

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Page	4

Sched	lule A (Form 990 or 990-EZ) 2019						Page 2
Par	(Complete only if you checke	d the box on l	ine 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	(vi) lify under
	Part III. If the organization fail	s to qualify u	nder the tests	listed below, p	lease complet	te Part III.)	
Sec	tion A. Public Support				1		
Cale	ndar year (or fiscal year beginning in) 🕨 📗	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") , , , , , , ,						
2	Tax revenues levied for the organization'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						
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)						
6	Public support. Subtract line 5 from line 4				<u> </u>	<u> </u>	
	etion B. Total Support	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	endar year (or fiscal year beginning in)	(a) 2013	(1) 2010	(0) 2017	(4) 2010	(0) 2010	(1) 10.00
7 8	Amounts from line 4						
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.)						
11	Total support. Add lines 7 through 10		<u> </u>				
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is organization, check this box and stop here	for the organiza	ation's first, seco	ond, third, fourth	n, or fifth tax y	ear as a section	501(c)(3) ▶
Se	ction C. Computation of Public Sup	port Percent	age				
14	Public support percentage for 2019 (I	ine 6, column ((f) divided by lin	e 11, column (f))	. 14	%_
15	Public support percentage from 2018	Schedule A, F	art II, line 14			. 15	<u>%</u>
16a	33 1/3 % support test - 2019. If the or	rganization did	not check the b	ox on line 13,	and line 14 is 3	31/3 % or more,	check this
	box and stop here. The organization of	γualifies as a pι	iblicly supported	d organization.			🟲 🗀
j	331/3% support test - 2018. If the or	ganization did	not check a box	on line 13 or 1	6a, and line 15	is 331/3 % or m	ore, check
	this box and stop here. The organizat	ion qualifies as	a publicly supp	orted organizati	ion	2 10h	ino 14 is
178	10%-facts-and-circumstances test - 10% or more, and if the organizatio	n meets the "f	acts-and-circum	stances" test, o	theck this box	and stop here.	Explain in
	Part VI how the organization meets	the "facts-and	-circumstances"	test. The orga	nization qualifie	s as a publicly	supported
1	organization	2018. If the o	rganization did ets the "facts-a	not check a bo	ox on line 13, 1 es" test, check	6a, 16b, or 17a this box and s	a, and line stop here.
40	supported organization Private foundation. If the organizatio					<i>.</i>	▶ 🔲
18	instructions						
							990 or 990-EZ) 2019

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

(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.)

Sect	ion A. Public Support										
	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
	Gifts, grants, contributions, and membership fees										
	received. (Do not include any "unusual grants.")	4,063,698.	4,004,608.	4,270,781.	3,866,775.	4,246,064.	20,451,926.				
	Gross receipts from admissions, merchandise										
	sold or services performed, or facilities										
	furnished in any activity that is related to the			ļ							
	organization's tax-exempt purpose	3,840,403.	4,273,599.	4,849,012.	4,236,461.	4,631,251.	21,830,726.				
3	Gross receipts from activities that are not an										
	unrelated trade or business under section 513 .						0.				
4	Tax revenues levied for the				1						
	organization's benefit and either paid to										
	or expended on its behalf						0.				
5	The value of services or facilities										
	furnished by a governmental unit to the										
	organization without charge						0.				
6	Total. Add lines 1 through 5	7,904,101.	8,278,207.	9,119,793.	8,103,236.	8,877,315.	42,282,652.				
7 a	Amounts included on lines 1, 2, and 3	ļ									
	received from disqualified persons			510,900.	224,691.	177,455.	913,046.				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000		A A A A A A A A A A A A A A A A A A A		149		0.				
	or 1% of the amount on line 13 for the year			510,900.	224,691.	177,455.	913,046.				
-	Add lines 7a and 7b			310, 900.	224,001.	177,1001	220,000				
8	Public support. (Subtract line 7c from						41,369,606.				
500	line 6.)										
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
9	Amounts from line 6	7,904,101.	8,278,207.	9,119,793.	8,103,236.	8,877,315.	42,282,652.				
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,574.	7,545.	7,325.	8.	10.	27,462.				
b	Unrelated business taxable income (less				3						
	section 511 taxes) from businesses										
	acquired after June 30, 1975						0.				
C	Add lines 10a and 10b	12,574.	7,545.	7,325.	8.	10.	27,462.				
11	Net income from unrelated business										
	activities not included in line 10b, whether						^				
	or not the business is regularly carried on,						0.				
12	Other income. Do not include gain or				<u> </u>						
	loss from the sale of capital assets	15 360	3 313	בס כסד			72,582.				
	(Explain in Part VI.) ATCH 1	15,788.	3,119.	53,675.			12, 302,				
13	Total support. (Add lines 9, 10c, 11,	7 022 462	0 200 071	9,180,793.	8,103,244.	8,877,325.	42,382,696.				
	and 12.)	7,932,463.	8,288,871.	L		1	1				
14	organization, check this box and stop here										
800	tion C. Computation of Public Sup										
	Public support percentage for 2019 (line 8			mn (f))		15	97.61%				
15	Public support percentage from 2018 Sch					16	99.74%				
16	tion D. Computation of Investmen										
	Investment income percentage for 2019 (II			13 column (f))		17	.06%				
17	Investment income percentage from 2018					18	.07%				
18 19 a	331/3% support tests - 2019. If the o										
158	17 is not more than 331/3%, check the	nis box and sto	here. The ora	anization qualifie	s as a publiciv	supported organ	ization . ▶ X				
L	331/3% support tests - 2018 If the orr	anization did no	check a box or	line 14 or line	19a, and line 16	is more than 33	1/3 %, and				
E.											
	331/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions										

Part V Supporting Organizations

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

Section	on A. All Supporting Organizations		Yes	No
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	-	
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ).	8		
9а	and the state of t	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	-	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	101		

Schedule	A (Form 990 or 990-EZ) 2019		Pa	<u>age 5</u>
PartII	Supporting Organizations (continued)		Vaal	Na
	the following persons?		Yes	NO
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1	ļ	
		11a	1	
	polow, the governing body of a supported organization.	11b	- 1	
r.	A taking monibor of a person accomba in (a) accirc.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	1900 - 1100	
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	- A-A-A-	
Section	on C. Type II Supporting Organizations		Vac	No
			res	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	on D. All Type III Supporting Organizations			r
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
1	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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	truct	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions,). No.
2	Activities Test. Answer (a) and (b) below.	· · · · · ·	Yes	No
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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
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.	3b		

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organizations.	trust on ations n	n Nov. 20, 1970 (explai nust complete Sectio	ns A through E.
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1 c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functional	ly integr	ated Type III supporting	ng organization (see
instructions).			

THE HETRICK-MARTIN INSTITUTE, INC.

Schedule A (Form 990 or 990-EZ) 2019

Page 7

	supporting Organizati	Ona (continued)	Current Year
	omnt numnees		
Amounts paid to supported organizations to accomplish ex	empt purposes of supports	ad	
	ipt purposes or support	, u	
	sos of supported organiz	rations	
	ses of supported organiz	ations	
	the reconingtion is room	ongivo	
	the organization is resp	Otisive	
Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019			
(reasonable cause required - explain in Part VI). See			
instructions.			
Excess distributions carryover, if any, to 2019			
		<u> </u>	
Excess from 2018	1	Ī	1
	Amounts paid to supported organizations to accomplish ex Amounts paid to perform activity that directly furthers exemply paid to perform activity that directly furthers exemply paid to perform activity and directly furthers exemply paid to accomplish exempt purporagnizations, in excess of income from activity and ministrative expenses paid to accomplish exempt purporagnizations paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2019 From 2014	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations, in excess paid to accomplish exempt purposes of supported organizations paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is resp (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2019 From 2014	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Quiter distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see Instructions) Distributable amount for 2019 from Section C, line 6 Underdistributions. If any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2019 From 2014

Schedule A (Form 990 or 990-EZ) 2019

PartVII Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2. 5. and 6. Also complete this part for any additional information. (See instructions.)

				A	TTACHMENT 1	- Thomas - T		
SCHEDULE A, PART III - OTHER INCOME								
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL		
OTHER	15,788.	3,119.	53,675.			72,582.		
TOTALS	15,788.	3,119.	53,675.			72,582.		

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

Name of the organization THE HETRICK-MARTIN	INSTITUTE. INC	Employer identification number
III IIIIIIII	1101110111, 11101	13-3104537
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as	a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a p	orivate foundation
	501(c)(3) taxable private foundation	
Note: Only a section 501(c instructions.	r)(7), (8), or (10) organization can check boxes for both the Genera	al Rule and a Special Rule. See
General Rule		
X For an organizat or more (in mon- contributor's tota	ion filing Form 990, 990-EZ, or 990-PF that received, during the ey or property) from any one contributor. Complete Parts I and II.	year, contributions totaling \$5,000 See instructions for determining a
Special Rules		
regulations unde 13, 16a, or 16b,	tion described in section 501(c)(3) filing Form 990 or 990-EZ that it sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule and that received from any one contributor, during the year, tota % of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 99	e A (Form 990 or 990-EZ), Part II, line al contributions of the greater of (1)
contributor, duri	tion described in section 501(c)(7), (8), or (10) filing Form 990 or ing the year, total contributions of more than \$1,000 <i>exclusively</i> for ational purposes, or for the prevention of cruelty to children or an	or religious, charitable, scientific,
contributor, duri contributions to during the year General Rule ap totaling \$5,000	tion described in section 501(c)(7), (8), or (10) filing Form 990 or ng the year, contributions exclusively for religious, charitable, etc. aled more than \$1,000. If this box is checked, enter here the tota for an exclusively religious, charitable, etc., purpose. Don't compleplies to this organization because it received nonexclusively religion or more during the year	, purposes, but no such al contributions that were received lete any of the parts unless the ous, charitable, etc., contributions
Caution: An organization 990-EZ, or 990-PF), but it	that isn't covered by the General Rule and/or the Special Rules d must answer "No" on Part IV, line 2, of its Form 990; or check th	doesn't file Schedule B (Form 990, he box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

9E1251 1.000

		<u> </u>	13-3104537
Partl	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 356,250.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$85,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Partil (d) (b) (c) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Χ Person Payroll 81,793. Noncash (Complete Part II for noncash contributions.) (d) (c) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. Χ 8 Person Payroll 75,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Χ 9 Person Payroll 75,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. 10 Person Payroll 70,000. Noncash (Complete Part II for noncash contributions.) (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Х 11 Person Payroll 53,691. Noncash (Complete Part II for noncash contributions.) (c) (d) (b) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. 12 Person Payroll 50,100. Noncash (Complete Part II for noncash contributions.)

Part I				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
13		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
15_		\$\$	Person X Payroll Noncash (Complete Part If for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
16		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
17		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
18		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)	

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ \$ 33,025.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ \$ 30,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
26		\$ 25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
27		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
28		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
29		\$ 25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
30		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
31		\$ 25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$ 25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
36		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

(2)	(b)	(c)	(d)
(a) No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
37		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$ 20,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
42		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Parell	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$\$	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
49		\$\$	Person X Payroli Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
50		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
51		\$\$	Person X Payroli X Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
52		\$\$	Person Payroli Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
53		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution		
54		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)		

PartI	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56	· ·	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)

	*		13-3104537
Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$ 10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$\\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

NEW

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
67		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
68		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
69		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
70		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
71		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
72		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$ 8,450.	Person Payroll Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$8,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.
--------	----------------------------------	---

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$6,520.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
		Į.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions \$ 6,500.	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
No.		Total contributions	Person X Payroll Noncash (Complete Part II for
88 (a)	Name, address, and ZIP + 4	\$ 6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	\$ 6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
91		\$6,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
96		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

and Contr	ibutors (see instructions). Use duplicate copie		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$\$.	Person Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$ 5,250.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102		\$\$5,025.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
103		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
104		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
105		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
106		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
107		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
108		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 13-3104537

Paril C	ontributors (see instructions). Use duplicate copie	o or Fart i if additional space is He	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 13-3104537

(a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
15		\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
116		\$\$.	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
117		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
118		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
119		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZiP + 4	Total contributions	Type of contribution
120		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 13-3104537

(a)	(b)	ies of Part I if additional space is needed. (c) (d)				
(a) No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
.21		\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
.22		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
123		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
124		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio			
125		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
126		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization THE HETRICK-MARTIN INSTITUTE, INC.

Employer identification number 13-3104537

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Partil (c) (a) No. (d) (b) FMV (or estimate) Date received from Description of noncash property given (See instructions.) Part I 185 SHARES OF ITOT STOCK 51 09/23/2019 12,560. (c) (a) No. (d) FMV (or estimate) Date received from Description of noncash property given (See instructions.) Part I (c) (a) No. (d) (b) FMV (or estimate) Date received from Description of noncash property given (See instructions.) Part I (c) (d) (a) No. FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (c) (a) No. (d) FMV (or estimate) Date received from Description of noncash property given (See instructions.) Part I

(d)

Date received

(a) No.

from

Part i

Description of noncash property given

(c)

FMV (or estimate)

(See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)
Name of organization THE HETRICK-MARTIN INSTITUTE, INC.

Employer identification number 13-3104537

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc. contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$						
(a) No. from Part I	(b) Purpose of gift	(c) Use o		(d) Description of how gift is held			
		(e) Transfe					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfo	er of gift Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transi		of gift Relationship of transferor to transferee			
(a) No from Part I	(b) Purpose of gift (c) Us		of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address,	and ZIP + 4	R	elationship of transferor to transferee			

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

THE	HETRICK-MARTIN INSTITUTE, INC.	13-3104537
****	Organizations Maintaining Donor Advised Funds or Other Similar Funds	or Accounts.
LIK (1	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
•	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets h	eid in donor advised Yes No
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grantees	nt tunds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for	
(#000 v000 mm56	conferring impermissible private benefit?	
R_{E}	Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		tion of a historically important land area
	Protection of natural habitat Preserval	tion of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	. 2a
b	Total acreage restricted by conservation easements ,	1
C	Number of conservation easements on a certified historic structure included in (a)	. 2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on	a
-	historic structure listed in the National Register	. 2d
3	Number of conservation easements modified, transferred, released, extinguished, or t	erminated by the organization during the
•	tax year >	, -
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, ins	pection, handling of
3	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enfor	cing conservation easements during the year
U	Stall and volunteer flours devoted to monitoring, inspecting, manager	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	ing conservation easements during the year
,	·	
0	Does each conservation easement reported on line 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
8		Man No
	and section 170(h)(4)(B)(ii)?	
9	balance sheet, and include, if applicable, the text of the footnote to the organization's file	nancial statements that describes the
	organization's accounting for conservation easements.	
	artill Organizations Maintaining Collections of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if 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 re of art, historical treasures, or other similar assets held for public exhibition, educa service, provide in Part XIII the text of the footnote to its financial statements that describe	tion, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describe	bes these items.
b	If the organization elected as permitted under FASB ASC 958, to report in its rever	nue statement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, o	r research in furtherance of public service
	provide the following amounts relating to these items:	b • ¢
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	it a mark for financial sain provide the
2	If the organization received or held works of art, historical treasures, or other sim	
	following amounts required to be reported under FASB ASC 958 relating to these items	.
a	Revenue included on Form 990, Part VIII, line 1	, ,
<u>b</u>		
For	r Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Point 990) 2013

Page 2 (continued) gnificant use of its
npt purpose in Part
Yes No
Yes No
Yes No
k (e) Four years back
Yes No 3a(i) 3a(ii) 3b
, Part X, line 10.

Par	Organizations Maintainir	ng Collections of	Art, Histori	cal Trea	asures,	or Other	Similar Ass	ets (cc	ontinued)	-
3	Using the organization's acquisition	n, accession, and c	ther records	s, check	any of t	he followi	ng that mak	.e signi	ficant us	e of i	ts
	collection items (check all that apply										
а	Public exhibition		d	Loan o	r exchan	ge progran	1				
b	Scholarly research		е	Other							
C	Preservation for future gener	ations		_							
4	Provide a description of the organ	ization's collections	and explai	n how t	ney furth	er the org	anization's e	exempt	purpose	in Pa	art
	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
	During the year, did the organizatio	n solicit or receive o	lonations of	art. histo	rical trea	sures, or c	ther similar				
5	assets to be sold to raise funds rath	ar than to be maint:	ained as nar	t of the o	roanizati	on's collec	tion?	[Yes	1	No
			anioa do par	201 1110 0	194111241	· · · · · · · · · · · · · · · · · · ·					
	Complete if the organiza 990, Part X, line 21.	tion answered "Ye						amoun	t on For	m	
1a	Is the organization an agent, truste	e, custodian or oth	er intermedi	ary for c	ontributio	ns or other	assets not	_	_		
	included on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in	Part XIII and com	plete the follo	owing tab	le:						
	ii 100, Oxpidii iio dirangomore	, , , , , , , , , , , , , , , , , , , ,	!	Ū	["	1	Α	mount			
_	Beginning balance				7	lc					
C C	Additions during the year					l q					
d	Distributions during the year				· · · · -	10					
e	Distributions during the year				-	1.6					
f	Ending balance		Dort V line	21 for a	· · · · [custodial	account liabil	litv2	Yes	П	No
2a	Did the organization include an am	ount on Form 990,	Part A, mie	ZI, IUI E	bas bas	o provided	on Port VIII	y : [_		_	
**************************************	If "Yes," explain the arrangement in	n Part XIII. Check r	ere if the ex	planation	nas beei	i provided	UITAILAII .	<u> </u>		•	
Pa	Endowment Funds.	4 3.115.4	II	000 [7ant N / E	ina 10					
	Complete if the organiza				antiv, i	ine iv.	La Ti	31-	(a) Faur	inara he	
		(a) Current year	(b) Prior	year	(c) two	years back	(d) Three year	's back	(e) Four y	rears ua	ACK
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains,										
С	and losses.										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	1	 		—						
f	Administrative expenses			····							
g	End of year balance		<u> </u>		<u>!</u>				ł		
2	Provide the estimated percentage			e (line 1g	, column	(a)) neid as	: :				
a	Board designated or quasi-endown		%								
b	Permanent endowment >										
С	Term endowment >	_%									
	The percentages on lines 2a, 2b,	and 2c should equa	100%.								
3 a	Are there endowment funds not in	the possession of	the organiza	ition that	are held	and admi	nistered for th	ne	T,	100	No
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the relat	ted organizations lis	ted as require	ed on Sc	hedule R′	?			3b		
4	Describe in Part XIII the intended	uses of the organiz	ation's endo	wment fu	ınds.						
	Tanal Duildings and Ea	uinmant				P 44	0 5	000 D	ant V lim	- 10	
	Complete if the organize	zation answered "	Yes" on Fo	rm 990,	Part IV,	iine 11a.	See Form	<u>990, Pa</u>	aft 人, III d) Book va	먼 1U.	
	Description of property		or other basis estment)		or other ba	sis (c) Ad	cumulated reciation	Ç.	uj book va	iue	
	Land										
1a		1						,			
b	•				741,80	14.	710,532.			31,2	72.
С	Leasehold improvements			1	686,83		686,833.				
d	• •	[·		1 1	431,63		418,438.			13,2	0.0
<u>e</u>	Other	<u> </u>	000 5	L						44,4	
Tat	al Add lines 1a through 1e. (Colum	n (d) must equal Fo	rm 990. Pari	X. COLUI	าก (ช). Im	e /UC.)	📂			, 1	,

Schedule D (Form 990) 2019

Part VII	nvestments - Other Securities. Complete if the organization answe	red "Yes" on Form 990, F	art IV, line 11b. See Form 990, Part X, line	12
	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 ,	•		
	eld equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
CONTROL OF THE PROPERTY OF THE	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answe	1	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)	(b) must equal Form 990, Part X, col. (B) line 13.) .	h-		
Part IX	Other Assets		Part IV, line 11d. See Form 990, Part X, line	∋ 15.
		a) Description	(b) Book	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. Other Liabilities.			
	Complete if the organization answ line 25.	rerea i Yesii on Form 990,	Part IV, line 11e or 11f. See Form 990, Par	
1.	(a) D	escription of liability	(b) Book	value
	al income taxes			00 600
	HECK PROTECTION PROGRAM LOA	N	61	82 , 690
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				00 600
T-4-L (Cabus	nn (b) must equal Form 990, Part X, col. (B) lin	e 25)	, , , , ,	82,690

Schedule D (Form 990) 2019 PAGE 49

Part XIII Supplemental Information (continued)

PART X LINE 2:

THE HETRICK-MARTIN INSTITUTE, INC. ("HMI") FOLLOWS THE ACCOUNTING STANDARD FOR UNCERTAINTY IN INCOME TAXES. THE STANDARD PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION.

HMI FILES INFORMATIONAL RETURNS IN THE FEDERAL JURISDICTION. WITH FEW EXCEPTIONS, HMI IS NO LONGER SUBJECT TO FEDERAL INCOME TAX EXAMINATIONS FOR FISCAL YEARS BEFORE 2017.

HMI BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE POSITIONS TAKEN ON ITS TAX RETURNS. NONETHELESS, THE AMOUNTS ULTIMATELY PAID, IF ANY, UPON RESOLUTION OF THE ISSUES RAISED BY THE TAXING AUTHORITIES MAY DIFFER MATERIALLY FROM THE AMOUNTS PAID. MANAGEMENT BELIEVES THAT ITS NONPROFIT STATUS WOULD BE SUSTAINED UPON EXAMINATION.

SHOULD THERE BE INTEREST ON UNDERPAYMENTS OF INCOME TAX, HMI WOULD CLASSIFY IT AS INTEREST EXPENSE. HMI WOULD CLASSIFY PENALTIES IN CONNECTION WITH UNDERPAYMENTS OF INCOME TAX AS OTHER EXPENSES.

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NEW

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury

Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest Information. Inspection

lame of the organization					Employer identificatio	n number
THE HETRICK-MARTIN INSTITUT	E HETRICK-MARTIN INSTITUTE, INC.					
Part I Fundraising Activities. Co	mplete if the organi	zation an	swered "\	es" on Form 99	00, Part IV, line 1	7.
Form 990-EZ filers are no	t required to comple	te this par	rt.			
1 Indicate whether the organization		any of the	following a	ectivities. Check a	ill that apply.	
a Mail solicitations	e			on-government g		
b Internet and email solicitation			-	jovernment grants sing events	5	
c Phone solicitations	g	Spec	iai funorai	sing events		
d In-person solicitations		معانيعم طائب	lividual (in	cludina officere d	liractors trustees	
 Did the organization have a writtee or key employees listed in Form If "Yes," list the 10 highest paid compensated at least \$5,000 by 	990, Part VII) or entity individuals or entities	in connec	tion with p	rotessionai tunuta	ising services?	Yes No fundraiser is to be
dompondated at least \$1,111 and						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vI) Amount paid to (or retained by) organization
		Yes	No			
1						
2		1				
3						
4						
5						
6						
7						
8						
9						
10						
Total			dio opijoj	it contributions o	r has been notifier	l it is exempt from
3 List all states in which the organic registration or licensing.	anization is registered	or acense	eu to soile	(COMMIDURONS O	That been nounce	The location of the last the l
	·					

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

Schedule G (Form 990 or 990-EZ) 2019

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List Part II

		events with gross receipts gre	eater than \$5,000.	· · · · · · · · · · · · · · · · · · ·		
			(a) Event #1 EMERY AWARDS	(b) Event #2 SCHOOL'S OUT	(c) Other events	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	coi. (c))
Revenue	1	Gross receipts	447,746.	26,175.	193,522.	667,443
~	2	Less: Contributions	153,825.			153,825
		Gross income (line 1 minus line 2)		26,175.	193,522.	513,618
	4	Cash prizes				
.0	5	Noncash prizes				
Oirect Expenses	6	Rent/facility costs				
Ж	7	Food and beverages	196,145.	99.		196,244
Direct	8	Entertainment	75,000.			75,000
	9	Other direct expenses	357,961.	5,594.	14,070.	377,625
			- tu	,,,,, ,, (d)	.	648,869
	10	Direct expense summary. Add lir Net income summary. Subtract I	nes 4 inrough 9 in coil ine 10 from line 3, col	umn (d) umn (d)		-135,251
E	A PORTORIO	ZZFVAND	panization answered	"Yes" on Form 990,	Part IV, line 19, or	reported more than
	A. (2)	\$15,000 on Form 990-EZ, li				
ë			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
8	1	Gross revenue				
) O - de ratimo -				
Ses	4	2 Cash prizes				
xper	(Noncash prizes				
Direct Expenses	4	Rent/facility costs				
Ë						
		5 Other direct expenses		% Yes %	Yes 9	6
	(Nolunteer labor	No	No	No	
		7 Direct expense summary. Add li	ines 2 through 5 in col	umn (d)	▶	
		8 Net gaming income summary. S	Subtract line 7 from lin	e 1, column (d)		
_	1					
9	a b	Enter the state(s) in which the or is the organization licensed to could "No," explain:	nduct gaming activitie	aming activities:es in each of these sta		Yes No
10		Were any of the organization's game If "Yes," explain:				Yes No
	b	п тез, ехріані.				

	THE REINTON-MARTIN INSTITUTE, INC.
Sched	ule G (Form 990 or 990-EZ) 2019
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming? Yes No
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
•	records:
	Name ▶
	Address >
	- who we have the company the proping against
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	, · · · · · · · · · · · · · · · · · · ·
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address >
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Gaming manager compensation > \$\psi\$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
en proposition de la constante de la constante de la constante de la constante de la constante de la constante	or spent in the organization's own exempt activities during the tax year > \$
\mathbf{R}	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE I (Form 990)

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

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

Open to Public Inspection

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service

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

Name of the organization	· · · · · · · · · · · · · · · · · · ·					Employer identification	n number
THE HETRICK-MARTIN INSTITUTE, INC.						13-310453	7
Part General Information on Grants and	Assistanc	e					
Does the organization maintain records to su the selection criteria used to award the grant Describe in Part IV the organization's proced	bstantiate th or assistant ures for mo	ne amount of the ce? nitoring the use	of grant funds in the	United States.		<i></i> L	X Yes No
Part IV, line 21, for any recipient the	at received	more than \$5	,000. Part II can t	oe duplicated if a	additional space is n	eeded.	•
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	,	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(3)							
(4)							
[5]							
(6)							
(7)							
(8)							
(9)	-						
(10)							
(11)	-						
(12)							
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list	ted in the lin	e 1 table				>	nedute 1 (Form 990) (2019

JSA

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Page 2

Schedule I (Form 990) (2019) Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of value/on (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	24.	21,031.			
STIPENDS	182.	281,159.			
3					
4					
5				1	
6					
7					

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. Part IV

PART I, LINE 2:

THE SCHOLARSHIP AWARDS ARE GIVEN AFTER STUDENTS HAVE DEMONSTRATED THEIR ACCEPTANCE OR COURSE WORK AT ACCREDITED COLLEGE, THE SCHOLARSHIP CHECKS ARE ISSUED DIRECTLY TO THE INSTITUTIONS FOR THE BENEFIT OF THE STUDENTS. STIPENDS ARE PROVIDED TO YOUTH WHO ATTEND AND PARTICIPATE IN VARIOUS PROGRAMS.

Schedule I (Form 990) (2019)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE HETRICK-MARTIN INSTITUTE, INC.

Employer identification number 13-3104537

aclus.	Questions Regarding Compensation		Yes	No
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			A
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			M
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Discretionary spending account Personal services (such as maid, chauffeur, cher)			
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		MAR	
	explain	1b	3 14 2 12 14 1	70,00
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	AAA	No.	133
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
J	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract		N	
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Toms 990 of other organizations			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	ļ	×
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	 	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		\ \ \ \ \ \
	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			
5	compensation contingent on the revenues of:			
	The organization?	5a	1	2
a	The organization?	5b	 	1
b	Any related organization?	700	1 3333	3 33
	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:	1000000	1111111	
а	The organization? ,	6a	1	-
b	Any related organization?	6b		2
	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		;
^	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject		1	1
8	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe		1	
		8		1;
	in Part III	0	i ini	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 Partill Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

		(B) Breakdown of	W-2 and/or 1099-Mis	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B) reported
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)·(D)	as deferred on prior Form 990
THOMAS KREVER	(i)	240,640.	0.	0.	8,250.	18,468.	267,358.	0
CEO WEATH	(ii)	0.	0.	0.	0.	0.	0.	0
AMY HARCLERODE	(i)	146,800.	0.	0.	4,800.	10,092.	161,692.	0
2CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0,	0
DANIEL DOUCETTE	(i)	191,667.	0.	0.	0.	7,500.	199,167.	C
3CCO/CEO	(0)	0.	0.	0.	0.	0.	0.	(
3	(i)							
4	(ii)							
4	(1)							
5	(ii)							
3	(i)							
6	(ii)							
	(i)							ļ
7	(ii)							
	(0)							
0	(ii)							
•	(i)							
9	(ñ)							<u> </u>
<u> </u>	(i)							
10	(0)							
	(i)							
11	(0)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(0)			<u> </u>				
	(i)							ļ
15	(0)						ļ	
	(i)						1	
16	(0)							:hedule J (Form 990) 2

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Schedule J (Form 990) 2019

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) 2019

JSA

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

THE HETRICK-MARTIN INSTITUTE, INC.

Employer identification number 13-3104537

Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	letermi		ıts
1	Art - Works of art							
	Art - Historical treasures							
	Art - Fractional interests							
4	Books and publications							
	Clothing and household							
_	goods							
6	Cars and other vehicles	1						
7	Boats and planes							
8	Intellectual property	ļ						
9	Securities - Publicly traded		3.	15,234.	FMV			
10	Securities - Closely held stock	ł						
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous	1						
13	Qualified conservation		i					
	contribution - Historic							
	structures				<u> </u>			
14	Qualified conservation							
	contribution - Other,							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles				ļ			
19	Food inventory							
20	Drugs and medical supplies	1	1					·
21	Taxidermy							
22	Historical artifacts, , ,							
23	Scientific specimens							
24	Archeological artifacts			CF 001				
25	Other ►(ATCH 1		11.	65,221.				
26	Other ►()						
27	Other ▶()						
28	Other ▶()			+			
29	Number of Forms 8283 received	d by the or	ganization during the tax	year for contributions for				
	which the organization completed	l Form 8283	, Part IV, Donee Acknowled	Igement	29	T	Yes	No
					أعسناه م		165	NO
30a	During the year, did the organize	ation receive	e by contribution any prop	erty reported in Part I, lin	es i through			
	28, that it must hold for at least	three years	from the date of the initia	al contribution, and which	isn't required	30a	ļ	Х
	to be used for exempt purposes for		holding period?			30a		
ŀ	o If "Yes," describe the arrangemen	t in Part II.						
31	Does the organization have a	a gift acce	ptance policy that requi	ires the review of any	nonstandard	31	Х	
	contributions?						- 23	
32	Does the organization hire or u	se third pa	rties or related organization	ons to solicit, process, or	sell noncash	32a		Х
	contributions?					JZa		
1	b If "Yes," describe in Part II.				a) in observat			
33		n amount in	column (c) for a type of p	roperty for which column (a) is checked,			ı
	describe in Part II.		F 000		Schedul	o M (Fo	rm 990	1) 2019

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

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

PART I, COLUMN (B):

THE FILING ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS

RECEIVED.

Page 2

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
5 TICKETS TO JAGGED LIT	LT X	1.	1,221.	COST
GET DRAWN INTO A COMIC	30 X	1.	50,000.	COST
VERSACE RED TAPESTY VAN	IT X	1.	2,500.	COST
\$500 SHIPPING SPREE @ D	IE X	1.	500.	COST
DIESEL 5D BOOK	Х	1.	100.	COST
WALKING DEAD DVD GIFT B	AS X	1.	500.	COST
JV SHOPPING SPREE	Х	1.	5,000.	COST
GABRIELA HEARST DEMI BA	G X	1.	2,150.	COST
FRESH GIFT BOX	X	2.	750.	COST
4 TICKETS TO CELINE DIC	N X	1.	2,500.	COST
TOTALS	-	11.	65,221.	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2019
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

13-3104537

Name of the organization
THE HETRICK-MARTIN INSTITUTE, INC.

FORM 990, PART VI, SECTION B, LINE 11B:
HETRICK MARTIN INSTITUTE PROVIDED A COPY VIA EMAIL TO THE FINANCE
COMMITTEE AND THE BOARD OF DIRECTORS FOR REVIEW AND FEEDBACK. ANY
CORRECTIONS OR CONCERNS ARE ADDRESSED BEFORE IT IS FILED WITH THE IRS.

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

A CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO BOARD MEMBERS AND

OFFICERS UPON JOINING HMI. THIS POLICY IS REVIEWED ON AN ANNUAL BASIS. IN

ADDITION TO THE POLICY, EACH MEMBER AND OFFICER IS REQUIRED TO DISCLOSE

ANY ACQUIRED OR PROSPECTIVE DEALINGS WHICH WOULD CREATE A CONFLICT. IF A

PERSON HAS A CONFLICT, BOARD MEMBERS REPORT IT TO THE CO-CHAIRS OF THE

BOARD, AND EMPLOYEES NOTIFY THE EXECUTIVE DIRECTOR. AFTER THAT, THE

PERSON IS EXCLUDED FROM THE DELIBERATIONS RELEVANT TO THE CONFLICT.

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

THE CEO'S SALARY IS DETERMINED BY THE BOARD WHICH USES COMPARATIVE DATA

OF THE INDUSTRY, SALARY SURVEYS, AND OTHER ORGANIZATIONS' FORM 990'S. ANY

BOARD MEMBER WITH A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION

ARRANGEMENT WERE NOT INVOLVED IN THE DECISION. THIS WAS LAST DONE ON

DECEMBER 31, 2016.

FORM 990, PART VI, SECTION B, LINE 15B: COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION IS DETERMINED BY THE CHIEF EXECUTIVE OFFICER AND THE CHIEF OPERATING & FINANCIAL OFFICER USING COMPARATIVE

DATA OF THE INDUSTRY, SALARY SURVEYS, AND OTHER ORGANIZATIONS' FORM 990'S. THE CHIEF EXECUTIVE OFFICER AND THE CHIEF OPERATING & FINANCIAL OFFICER ARE AUTHORIZED TO HIRE OFFICERS AND EMPLOYEES OF THE COMPANY; PROVIDED, THAT THE ANNUAL COMPENSATION PAID BY THE COMPANY TO SUCH EMPLOYEES SHALL NOT EXCEED \$200,000 WITHOUT PRIOR AUTHORIZATION OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C LINE 19:

UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE ONLY THOSE DOCUMENTS

REQUIRED TO BE DISCLOSED UNDER THE PUBLIC INSPECTION LAWS.

FORM 990, PART XII, LINE 2C:
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

LARGEST NON-PROFIT AGENCY SERVING LESBIAN, GAY, BISEXUAL,

TRANSGENDER AND QUESTIONING (LGBTQ) YOUNG PEOPLE FOR MORE THAN 40

YEARS. DURING FY 20, HMI SERVICED MORE THAN 2,000 YOUTH MEMBERS

AND THEIR FAMILIES FROM OVER 300 ZIP CODES IN NEW YORK, NEW

JERSEY, AND BEYOND THOSE MEMBERS RECEIVED SERVICES ON A CONTINUUM

RANGING FROM INDIVIDUAL COUNSELING AND CASE MANAGEMENT SERVICES,

OTHER MENTAL HEALTH SERVICES SUCH AS SUPPORT GROUPS AND

PSYCHIATRIC SERVICES, ACADEMIC SUPPORT PROGRAMS, EXPANDED LEARNING

TIME AND OUT OF SCHOOL PROGRAMMING, JOB READINESS PROGRAMS AND

PAID INTERNSHIPS, HEALTH EDUCATION AND PREGNANCY PREVENTION, HIV

PREVENTION, TESTING AND LINKAGE TO CARE, AS WELL AS COMMUNITY

Name of the organization
THE HETRICK-MARTIN INSTITUTE, INC.

Employer Identification number 13-3104537

ATTACHMENT 1 (CONT'D)

EDUCATION AND OUTREACH ACTIVITIES, INCLUDING STREET OUTREACH TO
YOUTH EXPERIENCING HOMELESSNESS, AND OUTREACH EFFORTS TO SUPPORT
COVID TESTING AND CONTACT TRACING INITIATIVES AND TO DISTRIBUTE

PPE. HMI HAS BEEN A PROVIDER OF HOT MEALS TO LGBTQ YOUTH, AND

DURING THE PANDEMIC PIVOTED TO PROVIDE YOUTH FACING ISSUES WITH

FOOD ACCESS WITH DIRECT CASH ASSISTANCE AND A FOOD DISTRIBUTION

PROGRAM. HMI HEADQUARTERS ARE LOCATED IN NEW YORK CITY. DURING THE

PANDEMIC OUR STREET OUTREACH PROGRAMS HAVE CONTINUED TO OPERATE

IN-PERSON. IN ADDITION, HMI HAS PROVIDED CONTINUOUS CARE AND

SERVICES TO YOUTH VIA TELEHEALTH PLATFORMS, AND HAVE IMPLEMENTED A

FULL CONTINUUM OF VIRTUAL, ON-LINE PROGRAMS USING VIDEO

CONFERENCING SERVICES, AND ON-LINE CHAT ROOMS, AND BY PROVIDING

YOUTH WITH SHIP-TO-HOME SUPPLIES.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

SORAYA E. ELCOCK 255 EASTERN PARKWAY, APARTMENT C-14

BROOKLYN, NY 11238

CONSULTANT

120,240.



Tel: 212-885-8000 Fax: 212-697-1299 www.bdo.com 100 Park Avenue New York City, NY 10017

THE HETRICK-MARTIN INSTITUTE, INC. INSTRUCTIONS FOR FILING FORM CHAR500 NEW YORK STATE ANNUAL FILING FOR CHARITABLE ORGANIZATIONS FOR THE YEAR ENDED JUNE 30, 2020

THE ORIGINAL RETURN SHOULD BE SIGNED (USE FULL NAME) AND DATED ON PAGE 1 BY TWO AUTHORIZED OFFICERS OF THE ORGANIZATION, INCLUDING THE CHIEF FISCAL OFFICER.

FILE THE SIGNED RETURN BY MAY 17, 2021 WITH:

NYS OFFICE OF THE AG, CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET
NEW YORK, NY 10005

A CHECK OR MONEY ORDER PAYABLE TO "DEPARTMENT OF LAW" IN THE AMOUNT OF \$275 SHOULD BE ATTACHED TO THE RETURN. BE SURE TO INCLUDE THE FEDERAL EIN AND "2019 FORM CHAR500" ON THE CHECK.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE DELIVERY SERVICE.

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

2019 Open to Public Inspection

1 Congral Information

1. General informa					
For Fiscal Year Beginning	(mm/dd/yyyy) 07 /	$\frac{01}{}$ / 2019 and End	ing (mm/dd/yyyy)	06 / 30 / 2020	
Check if Applicable:	Name of Organization:	IN INSTITUTE, INC	E	mployer Identification Number (EIN): 13-3104537	
Address Change	Mailing Address:	TH THOTILOTE, THO		IY Registration Number:	
Name Change	2 ASTOR PLACE NO	201	'	02-94-77	
Initial Filing	City / State / Zip:	801		elephone:	
Final Filing	,	U.3	'	(212) 674-2600	
Amended Filing	NEW YORK, NY 100 Website:	VJ	F	mail:	
Reg ID Pending	HMI, ORG				
Check your organization's registration category:	7A only EPTL	only X DUAL (7A & EF		nfirm your Registration Category in the arities Registry at www.charitiesNYS.com .	
2. Certification					
See instructions for certificati signatories.	on requirements. Improper	certification is a violation of	law that may be subject t	o penalties. The certification requires two	
We certify under pe they are	nalties of perjury that we rev true, correct and complete i	riewed this report, including a n accordance with the laws o	ll attachments, and to the f the State of New York ap	best of our knowledge and belief, oplicable to this report.	
	THOMAS	KREVER	CEO		
President or Authorized Offic	er: Signature		Print Name and Title	Date	
0.145	MARLY	RLY DEGUANTH CONTROLLER			
Chief Financial Officer or Trea	Signature		Print Name and Title	Date	
3. Annual Reportin	a Exemption				
categories (DUAL filers) that attachments are required. If y attachments and pay applicat	apply to your registration, c you cannot claim an exempi ble fees.	complete only parts 1, 2, and tion or are a DUAL filer that	d 3, and submit the certifie claims only one exemption	ory (7A or EPTL only filers) or both d Char500. No fee, schedules, or additional n, you must file applicable schedules and	
3a. 7A filling exempt and the organization	<u>ion:</u> Total contributions fron a did not engage a professio	n NY State including residen nal fund raiser (PFR) or fund	ts, foundations, governme raising counsel (FRC) to s	ent agencies, etc. did not exceed \$25,000 colicit contributions during the fiscal year.	
3b. EPTL filling exem the fiscal year.	ption: Gross receipts did no	t exceed \$25,000 and the m	arket value of assets did	not exceed \$25,000 at any time during the	
4. Schedules and	Attachments				
See the following page for a checklist of schedules and attachments to complete your filing. Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.					
5. Fee					
See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee:	EPTL filing fee:	Total fee: 275.	Make a single check or money order payable to: "Department of Law"	

Page 1

CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)
*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

Annual Filing Checklist

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

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

Checklist of Schedules and Attachments

OL 11 the earliest of the control of	
Check the schedules you must submit with your CHAR500 as described in Part 4:	ED. E. al Bairing Coursel (EBC). Commercial Co Venturere (CCVA
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PF	R), Fund Raising Counsel (FRC), Confinercial Co-Venturers (CCV)
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Check the financial attachments you must submit with your CHAR500:	
X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable	
All additional IRS Form 990 Schedules, including Schedule B (Schedule of Con and will not be available for public review.	
Our organization was eligible for and filed an IRS 990-N e-postcard. Our revent filing year. We have included an IRS Form 990-EZ for state purposes only.	ue exceeded \$25,000 and/or our assets exceeded \$25,000 in the
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public A	occountant's Review or Audit Report:
Review Report if you received total revenue and support greater than \$250,000	and up to \$750,000.
X Audit Report if you received total revenue and support greater than \$750,000	
No Review Report or Audit Report is required because total revenue and support	t is less than \$250,000
We are a DUAL filer and checked box 3a, no Review Report or Audit Report is rec	quired
Calculate Your Fee	THE TOTAL PLANT OF THE TOTAL PLA
For 7A and DUAL filers, calculate the 7A fee:	Is my Registration Category 7A, EPTL, DUAL or EXEMPT Organizations are assigned a Registration Category upon
\$0, if you checked the 7A exemption in Part 3a	registration with the NY Charities Bureau:
X \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee:	EPTL filers are registered under the Estates, Powers & Trusts
\$0, if you checked the EPTL exemption in Part 3b	Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000	EXEMPT filers have registered with the NY Charities Bureau
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u> . These
X \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	organizations are not required to file annual financial reports but may do so voluntarily.
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com .
\$1500, if the NET WORTH is \$50,000,000 or more	
Cand Varia Cilian	Where do I find my organization's NET WORTH?
Send Your Filing	NET WORTH for fee purposes is calculated on:
Send your CHAR500, all schedules and attachments, and total fee to:	- IRS From 990 Part I, line 22

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

Page 2

PAGE 67

- IRS Form 990 EZ Part I line 21

Total Liabilities (Part II, line 23(b)).

- IRS Form 990 PF, calculate the difference between

Total Assets at Fair Market Value (Part II, line 16(c)) and

2019

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

Open to Public Inspection

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

Definitions A Professional Fund Ralser (PFR), in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4). A Fund Raising Counsel (FRC) does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9). A Commercial Co-Venturer (CCV) is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6). Professional fund raising does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization. 1. Organization Information NY Registration Number: Name of Organization: 02-94-77 THE HETRICK-MARTIN INSTITUTE, INC. 2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information NY Registration Number: Name of FRP: Fund Raising Professional type: Telephone: Mailing Address: Professional Fund Raiser Fund Raising Counsel City / State / Zip: Commercial Co-Venturer 3. Contract Information Contract End Date: Contract Start Date: 4. Description of Services Services provided by FRP: 5. Description of Compensation Amount Paid to FRP: Compensation arrangement with FRP: 6. Commercial Co-Venturer (CCV) Report

CHAR500 Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers (Updated January 2020)

If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by

Page 1

Section 173(a) part 3 of the Executive Law Article 7A?

Schedule 4b: Government Grants www.CharitiesNYS.com

2019 Open to Public Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:

NY Registration Number:

2. Government Grants	
Name of Government Agency	Amount of Grant
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total:

Form **990**

(Rev. January 2020)

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.

OMB No. 1545-0047
2019
Open to Public

A F	or the	2019 calendar year, or tax year beginning 07/01, 2019, and ending]		06/3	30 ,20 20	_	
, 1 1		C Name of organization		D Employer iden	tificatio	n number		
B ¢h	eck if app		ŀ	13-3104	537			
	Address							
-	change Name c	Number and street (or D.O. hav if mail is not delivered to street address) Room/suite		E Telephone number				
-	Initial re	2 ACROD DIACE NO 901	ı	(212) 674	1-260	00		
-	Final re						_	
-	termina Amenda	teo	-	G Gross receipts	\$	9,040,634	4.	
-	return Applica			H(a) Is this a grou		or Yes X	Νo	
L	pending	740 BROADWAY, NEW YORK, NY 10003		subordinates' H(b) Are all subordi		led? Yes	No	
			27			(see instructions)		
		e: HMI.ORG		H(c) Group exemp	olion num	ber 🕨		
			of formati	on: 1981 M :			ΙΥ	
		Total action of Corporation	or romman	VII. — [III.			_	
		Summary Briefly describe the organization's mission or most significant activities: TO PROTECT TI	HE TN'	TERESTS O	F LGI	BTO YOUTH,	_	
	1	PROMOTE THEIR PHYSICAL AND EMOTIONAL HEALTH, AND EDUCATIONAL	E THE	GENERAL			_	
ဦ		PUBLIC WITH RESPECT TO THE NEEDS OF THESE YOUTH.		ODITO TO				
'nai			200/	of its not spect				
Governance		Check this box if the organization discontinued its operations or disposed of more the continued its operations.			3	25	5.	
		Number of voting members of the governing body (Part VI, line 1a)			4	25		
Activities &		Number of independent voting members of the governing body (Part VI, line 1b)			5	83		
)ţi		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			6	10		
ţ.		Total number of volunteers (estimate if necessary)			7a		0.	
∢		Total unrelated business revenue from Part VIII, column (C), line 12			}		0.	
	b	Net unrelated business taxable income from Form 990-T, line 39		Prior Year]7b	Current Year		
				3,866,77	15	3,895,75	5	
ब		Contributions and grants (Part VIII, line 1h)		4,236,46		4,631,25		
ent		Program service revenue (Part VIII, line 2g)		4,230,40	8.		$\frac{1}{0}$.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0.	-135,25		
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,103,24	_ · ·	8,391,76		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		319,1		302,19		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		319,1.	0.		$\frac{0}{0}$.	
		Benefits paid to or for members (Part IX, column (A), line 4)		4,644,85		4,893,58		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10),		4,044,0	0.		0	
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)	•		V.		<u> </u>	
ă	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 990, 735.	-	3,132,13	1.2	3,584,95	6	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,096,0		8,780,73		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				-388,97		
	19	Revenue less expenses. Subtract line 18 from line 12	•	7,1			.	
70.0			Begin	nning of Current		3,826,59	5	
Assets or	20	Total assets (Part X, line 16)	-	3,690,1		1,297,21		
Sec	21	Total liabilities (Part X, line 26)	• —	771,7		2,529,37		
2 <u>1</u>	22	Net assets or fund balances. Subtract line 21 from line 20,		2,910,3	40.	2,323,31	0.	
B	art II	Signature Block					14 1-	
Ur	der pe	nalties of perjury, I declare that I have examined this return, including accompanying schedules and sta ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	atements, has any k	and to the best of mowledge.	oi niy kr	Towledge and belief,	11 13	
	16, 6011	eat, and complete. Doctardior of proposal (onto the state)						
٠.				Date				
Sig		Signature of officer		Date				
не	ere							
		Type or print name and title			TTN	TINI		
		Print/Type preparer's name Preparer's signature Date		Check	_ 」" [TIN		
Pa		KRISTIN RUFFINI		self-emplo	-	P00741491		
	eparer	Firm's name DDU USA, LLP		Firm's EIN	13-5	381590		
	e Only	Firm's address ▶100 PARK AVENUE NEW YORK, NY 10017-5001		T Hono ito.		885-8000		
Ma	y the	IRS discuss this return with the preparer shown above? (see instructions)				. X Yes	No	
		erwork Reduction Act Notice, see the separate instructions.				Form 990 (2	019	

orm	990 (2019)	Page 2
Semental	Statement of Program Service Accomplishments	
Ę	Check if Schedule O contains a response or note to any line in this Part III	
T	THE HETRICK-MARTIN INSTITUTE WAS FORMED TO PROTECT THE INTERESTS OF	
Ī	GBTQ YOUTH, PROMOTE THEIR PHYSICAL AND EMOTIONAL HEALTH, AND EDUCATE	
ī	THE GENERAL PUBLIC WITH RESPECT TO THE NEEDS OF THESE YOUTH.	
-		
F	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
. [Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
1	f "Yes." describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all the total expenses, and revenue, if any, for each program service reported.	s, as measured by locations to others,
	(Code:) (Expenses \$6,587,243. including grants of \$302,196.] (Revenue \$4 ATTACHMENT 1	,631,251.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$,
40	(Code:) (Expenses \$including grants of \$) (Revenue \$)
40	(Code:)(Expenses #	
44	Other program services (Describe on Schedule O.)	
-ru	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses • 6,587,243.	

PAGE 3

Page 3

?arti	Checklist of Required Schedules	1	Yes	No
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		165	
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Х	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	^	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		Х
	candidates for public office? If "Yes," complete Schedule C, Part I	3		1/7
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Х
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	,	- 1	Х
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	,		Х
	"Yes," complete Schedule D, Part I	6		- 22
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		Х
	complete Schedule D, Part III	-		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	ļ		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	9		l _x
	debt negotiation services? If "Yes," complete Schedule D, Part IV	-	***************************************	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		X
	or in quasi endowments? If "Yes," complete Schedule D, Part V		Şağı il	5543.54
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1		
а	complete Schedule D, Part VI	11a	Х	
	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			T
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
rł	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
G	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	ļ		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			١.,
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ļ	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	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	١		v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	, .	X	,
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1-	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40	1	Х
	If "Yes," complete Schedule G, Part III	19	-	X
20 a	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b	1	1 21
	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200	1	+
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		Х

Page	4
raye	-

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 X 3 bit the organization are reported or file or the organization are reported or file or the organization are reported or file or 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, 20027 if "Yes," answer lines 240 litrough 24d and complete Schedule K. If "No." go to line 25e. Did the organization maintain an escrow secount other than a refunding escrow at any time during the year to defece any three-exempt bonds? Did the organization maintain an escrow secount other than a refunding escrow at any time during the year to defece any time-exempt bonds? Did the organization maintain an escrow secount other than a refunding escrow at any time during the year to defece any time-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year of defeces any time-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year of the oscillation of the second of the	art IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	24a 24b 24c 24d 25a	Х	X
Part IX. column (A), line 27 if "Yes," complete Schedule I, Parts I and III . 22 X 23 Did the organization aware "Yes" to Part IVI. Section A, line 3. 4, or 5 about compensation of the organization's current and former officers, directors, trustecs, key employees, and highest compensated employees? If "Yes," complete Schedule I. I. Who," go to line 25e. 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 becember 31, 2002 // If "Yes," answer lines 24b through 24d and complete Schedule IX. If "No," go to line 25e. 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. 25c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. 25d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. 25d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. 25d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. 25d Did the organization or any any proceeds of tax-exempt bonds beyond a temporary period exception?. 25d Did the organization or ward that it engaged in an excess bonefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part II. 25d Did the organization provide any any temporary period exception or provide any temporary period exception or provided entity or tamily member of any of these persons? If "Yes," complete Schedule L. Part II. 25d Did the organization report any amount on Part X, line 6 or 22, for receivables from or payables to any current or forficer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L. Part III. 27d Did the organization schedule L. Part III. 27d Did the organization report any amount on Part X, line 6 or 22, for receivables from engage in any tempo	art IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	24a 24b 24c 24d 25a		X
13 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and formor officers, directors, furstees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 Did tha organization have a tax-exampt bond issue with an outstanding principal amount of more than \$100,000 so 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 25s. 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 26 Did the organization example bonds? 27 Did the organization with a disqualified person during the year? 28 Section 801((28), 501-(16), 4, and 501((29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 27 If "Yes," complete Schedule L, Part I. 28 Did the organization exwere 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 prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part II. 28 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of mices persons? If "Yes," complete Schedule L, Part III. 29 Did the organization reported a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part III. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," c	tid 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 imployees? If "Yes," complete Schedule J	24a 24b 24c 24d 25a	X	X
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule L, 244 and complete Schedule L, and the search of the very s	rganization's current and former officers, directors, trustees, key employees, and highest compensated mployees? If "Yes," complete Schedule J	24a 24b 24c 24d 25a	X	X
employees? If "Yes," complete Schedule J. 2a bid 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 Docomber 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? complete Schedule I. If "Yes," complete Schedule I. Part II. 25a Section 501(c)3), 501(c)(4), and 501(c)(29) organizations. Did the organization go in an excess bonofit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I. 25b Is the organization and the start of the engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I. 25c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization go in an excess bonofit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I. 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization is 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 I. Part I. 25b Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employes, creator or founder, substantial contributor, or 35% controlled entity of more or more or employee thereof, or 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 I. Part II I. 2b Was the organization aparty to a business transaction with one of the following parties (see Schedule I. Part II II. 2c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b; If "Yes," complete Schedule II. Part II II. 2c A 35% controlled entity of one or more individuals	in mployees? If "Yes," complete Schedule J	24a 24b 24c 24d 25a	X	X
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through 24d and complete Schedule K. If "No," go to line 25a. Did the organization invest any proceeds of tax-exempt bonds seyond a temporary period exception?. 24b bid the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?. 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I. 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 900 or 990-EZ? If "Yes," complete Schedule I, Part II. 25b bid the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, friester, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part III. 27 Did the organization a party to a business transaction with one of the following parties (see Schedule I, Part III. 28 Was the organization a party to a business transaction with one of the following parties (see Schedule I, Part IV. 29 Did the organization a party to a business transaction with one of the following parties (see Schedule I, Part IV. b A family member of any individual described in lines 28a or 28b? If "Yes," complete Schedule I, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule II. Did the organization receive more than 25,000 in non-cash contributions? If "Yes," complete Schedule II. 29 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? II "Yes," complete Schedule II. 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? II "Y	Arough 24d and complete Schedule K. If "No," go to line 25a	24c 24d 25a	1000	X
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25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 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-E27 if "Yes," complete Schedule L, Part I. 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 27c Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27d Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28a A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. 28a A 45% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization fliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M. 30 Did the organization fliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. 31 Did the organization or 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I. 31 Did the organization have a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit ransaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II. Was the organization a party to a businesse transaction with one of the following parties (see Schedule L, Part IV. Was the organization a party to a businesse transaction with one of the following parties (see Schedule L, Part IV. A 58% controlled entity of any lives by the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization sell, exchange, dispose of, or transfer more than \$256 of its net assets? If "Yes," complete Schedule N, Part II. Did the organization sell, exchange, dispose of, or transfer more than \$256 of its net assets? If "Yes," complete Schedule N, Part II. Did 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. Sab Did the organization sell, exchange, dispose of, or transfer more than \$256 of its net assets? If "Yes," complete Schedule R, Part II, III. Or IV, and Part V, line 1. Sab Did the organization sell, exchange, dispose of, or transfer more than \$256 of its net assets? If "Yes," complete Schedule R, Part II, III. Or IV, and Part V, line 1. Sab Did the organization sell, exchange of section \$12(b)(13)? If "Yes," complete Schedule R, Part II, III. Or IV, and Part V, line 1. Sab Did the organization sell, exchange of section \$12(b)(rear, 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	256	ĺ	
## Yas," complete Schedule L, Part I. 25b 10 25b 25	f "Yes," complete Schedule L, Part I	256		
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controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. 31 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. 32 Did the organization will own own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complet	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof, 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	with the state of	26		Х
employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	controlled entity or family member of any of these persons? If Yes, complete Schedule L, Farth	20		
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 Schedule L, Part IV instructions, for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 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. 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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 V, line 2. 37 Did the organization complete Schedule O and pro	Did the organization provide a grant or other assistance to any current or former oricer, director, trustee, key			
persons? If "Yes," complete Schedule L, Part III	employee, creator or founder, substantial contributor or employee thereof, a grant selection continuee			l
Was the organization own 10% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 If "Yes," complete Schedule N, Part II. 130 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 If "Yes," complete Schedule R, Part II, III, and Part V, line 1. 131 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, and Part V, line 1. 132 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 If "Yes," complete Schedule R, Part II, III, and Part V, line 1. 133 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, and Part V, line 1. 134 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 135 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 136 Section 501(c)(3) organizations. 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 V, line 2. 137 Did the organization complete Schedule R, Part V, line 2. 138 Did the organization own 100% of an entity distinct the meaning of section 512(b)(13)? 139 Did the organization bave a controlled entity within the meaning of section 512(b)(13)? 140 Did the organization own 100% of an entity distinct the meaning of section 512(b)(13)? 150 Did the organization own 109% of fere organization make any transfers to an exempt non-charitable related organization complete Schedule R, Part V, line 2. 150 Did the organization Power 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 V, line 1. 150 Did the organization co	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		X
Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 Did 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 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 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. 37 Did the organization complete Schedule R, Part V, line 2. 38 Did the organization of the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R,	persons? If "Yes," complete Schedule L, Part III	21		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV				ĺ
"Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 31 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. 32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 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. 34 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. 35 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1. 36 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1. 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1. 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1. 39 Did the orga	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		İ	
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		20.		x
A 187% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	"Yes," complete Schedule L, Part IV			X
"Yes," complete Schedule L, Part IV	A family member of any individual described in line 28a? If "Yes," complete Scriedule L, Part IV	200		
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		200		X
Did the organization receive more than \$25,000 in infort-cash contributions? If "Yes," complete Schedule M			- Y	
conservation contributions? If "Yes," complete Schedule M	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Scriedule M	29	^	
conservation controlledions? If "Pss, complete Schedule N, Part I 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			X
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	conservation contributions? If "Yes," complete Schedule M			X
23 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule IV, Part I	31	 	<u> </u>
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	1		X
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	complete Schedule N, Part II	32	<u> </u>	<u> </u>
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	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١.,
or IV, and Part V, line 1	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	١		J
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	or IV, and Part V, line 1		ļ	X X
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35a	ļ <u> </u>	<u>├</u> ^
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	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
related organization? If "Yes," complete Schedule R, Part V, line 2	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	356	-	
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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 X Part 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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			\ \
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 X Part 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	related organization? If "Yes," complete Schedule R, Part V, line 2	36	-	X
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	1.
19? Note: All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u>. </u>	X
Part 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			,,	
Check if Schedule O contains a response or note to any line in this Part V Yes 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		38	1 ×	<u>L</u>
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Statements Regarding Other IRS Filings and Tax Compliance			Γ
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Check if Schedule O contains a response or note to any line in this Part V	· - · ·	i	上
Ta chief the humber reported in Box 3 of 1 offit 1030. Effect of a not approache		、 ———	Yes	l N
h. Enter the number of Forms W-2G included in line 1a. Enter -0. if not applicable 1.1h 0. 1.	ممما ا	5 1	1	+
D Effet the fluthbet of Forms 44-50 moldage in time 1a. Enter -0- is not approache	Einer the number reported in box 3 or 1 ord 1000. Einer 6 il not applicable	┥	1	Ť
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
reportable gaming (gambling) winnings to prize winners?	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	!		
С		Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes, "complete Schedule L, Part IV	Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If yes," complete Schedule L, Part IV	Part IV instructions, for applicable filling thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes, "complete Schedule L, Part IV

शा	Statements Regarding Other IRS Filings and Tax Compliance (continued)	<u> </u>					
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	1				
	Statements, filed for the calendar year ending with or within the year covered by this return Lag 1	.					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			Х			
3a	Did the diganization have difference business gross moone of \$1,000 or more during the years, 1.1.1.1.1.1.	3a					
b	if tes, flas it fled a Folili 990-1 for fills year? If two to mie ob, provide all explanation on concease of 1 1 1 1 1 1	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a	l	Х			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.						
b	If "Yes," enter the name of the foreign country ▶						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	E.		Х			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Χ			
	organization solicit any contributions that were not tax deductible as charitable contributions?	Va					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b					
	gifts were not tax deductible?	0.0		<u>-</u>			
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	Х				
	and services provided to the payor?	7b	X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c	i	Х			
	required to file Form 8282?	· · · · · · · · · · · · · · · · · · ·					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		Х			
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		· ·			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h					
_	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
8	sponsoring organizations maintaining utility advised runds. But a donor advised rund maintaining sponsoring organization have excess business holdings at any time during the year?	8					
_							
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a					
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
	Section 501(c)(7) organizations. Enter:						
10	Initiation fees and capital contributions included on Part VIII, line 12						
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
	Gross receipts, monaded on Form Joseph and Vin, line 12, vo. passes and Vin]		ļ			
11	Gross income from members or shareholders			1			
a h	Gross income from other sources (Do not net amounts due or paid to other sources	Ì					
N	against amounts due or received from them.)		1				
12 2	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>				
a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1				
	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>			
£.	Note: See the instructions for additional information the organization must report on Schedule O.						
ŧ	Enter the amount of reserves the organization is required to maintain by the states in which						
•	the organization is licensed to issue qualified health plans	1					
c	Enter the amount of reserves on hand	ļ	1	 			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X			
ŀ	o If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O · · · · · ·	14b	ļ				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1				
-	excess parachute payment(s) during the year?. ,	15	ļ	X			
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	-	X			
	If "Yes," complete Form 4720, Schedule O.	1	. 00	0 (0010)			
		누어	m ១១	0 (2019)			

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

Secti	on A. Governing Body and Management		- г	/aa T	No					
	1	۰.۲		/es	140					
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	25								
	Acompilitae evoluin en Schedule III. I. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.									
b	Enter the number of voting members included on line 1a, above, who are independent Lizz									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	SIND WILL	2	l	X					
	any other officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?									
	supervision of officers, directors, trustees, or key employees to a management company of other porter.		4		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.	\$7	5		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets Did the organization have members or stockholders?		6		Χ					
6	Did the organization have members of stockholders, or other persons who had the power to elect of the organization have members, stockholders, or other persons who had the power to elect of the organization have members of stockholders.	r appoint		ļ						
7a	one or more members of the governing body?		7a		Χ					
	Are any governance decisions of the organization reserved to (or subject to approval by)	members.								
b	stockholders, or persons other than the governing body?		7b		X					
_	Did the organization contemporaneously document the meetings held or written actions undertak	en during	1							
8										
	the year by the following: The governing body?		8a	Х						
a	Each committee with authority to act on behalf of the governing body?		8b	Χ						
b	Is there any officer, director, trustee, or key employee listed in Part VII, section A, who cannot be r	eached at	l							
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X					
Soci	ion B. Policies (This Section B requests information about policies not required by the Internal	Revenue	Code)						
3601	Idit B. F dildies (7716 decient 5 requests			Yes	No					
40.	Did the organization have local chapters, branches, or affiliates?		10a		Χ					
10a	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters,								
a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purpos	ses?	10b							
44-	attiliates, and branches to ensure their operations are sometime to all members of its governing body before filling to	he form?	11a	X						
	 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 									
b	and the second s		12a	X						
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that	could give								
a	rise to conflicts?		12b	Х						
_	Bit it is a remainstant regularly and consistently monitor and enforce compliance with the policy	? If "Yes,"								
С	describe in Schedule O how this was done		12c	X						
42	Did the organization have a written whistleblower policy?		13	X						
13	Did the organization have a written document retention and destruction policy?		14	Х						
14 15	Did the process for determining compensation of the following persons include a review and a	pproval by								
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and	d decision?			J.					
a	The Court OFO Evacutive Director or ton management official		15a		X					
t k	and the proprietion		15b	 	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	and the state of the second state of the sta	rangement	1		v					
100	with a tayable entity during the year?		16a	 	X					
,	. If "Voc." did the organization follow a written policy or procedure requiring the organization to 6	evaluate its								
•	participation in joint venture arrangements under applicable federal tax law, and take steps to sai	reguard the	1.01							
	organization's exempt status with respect to such arrangements?		16b	l						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► NY,									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 99 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		T (Se	ction	5U1(C)					
	X Own website Mitother of Moserto - - - - - - - -		of into	rect	nolicy					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documen and financial statements available to the public during the tax year.			1691	policy,					
20	State the name, address, and telephone number of the person who possesses the organization's boo MARLY DECNATH 740 BROADWAY NEW YORK, NY 10003	ks and recor	as 📂							
,	MARCH DECORAR 740 ERONEMAT REAL TORMY HT 19000		For	ո 99	(2019)					

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

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

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

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

Check this box if neither the organization nor	any related	orgar	niza			npens	ate	d any current office	er, airector, or trus	tee.
(4)	(B)	(C) Position					(D)	(E)	(F)	
(A) Name and title	Average	(do not check more that				on is both an		Reportable	Reportable compensation	Estimated amount
Hamo dina tito	hours	box, unless person is		compensation	of other compensation					
	per week				director/trustee)			from the organization	from related organizations	from the
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1)THOMAS KREVER	35.00					3	1			06 710
CEO	0.			Х				240,640.	0.	26,718.
(2) DANIEL DOUCETTE	35.00				1					7
COO/CFO	0.			X	_	<u> </u>		191,667.	0.	7,500.
(3) AMY HARCLERODE	35.00]								14 000
CHIEF DEVELOPMENT OFFICER	0.			Х	ļ		ļ	146,800.	0.	14,892.
(4) BRIDGET HUGHES	35.00]]	0.075
SENIOR DIRECTOR YOUTH SERVICES	0.		<u> </u>	<u> </u>		Х	_	133,657.	0.	9,975.
(5)MARLY DEONANTH	35.00									718.
CONTROLLER	0.		<u> </u>		1	X	1	114,727.	0.	, 110.
(6) LAURA LEVENSTEIN	1.00	-1								
TREASURER	0.	X	ļ	Х	ļ	ļ	ļ_	0.	0	
(7)WESLEY POWELL	1.00						1			. 0.
CHAIR EMERITUS	1.00		ļ		<u> </u>		ļ	0.	. 0	
(8) CHARLES J. O'BRYNE	1.00		1						.] 0	
CO-CHAIR & SECRETARY	1.00	_1	_	X	\perp	1	-	0.		
(9) FABIAN ASTIC	1.00	_			ļ				0	
BOARD MEMBER (EFF. 03/2020)	0.	X		_	\perp		\perp	0	·	
(10) LEANN BOBITT	1.00	_						0	. 0	
BOARD MEMBER (EFF. 09/2019)	0.		_				-	U		<u> </u>
(11)BENJAMIN DIXON	1.00	⊣ .							. 0	.] 0
BOARD MEMBER	0.			-	4-		4	0		•
(12) MARY EATON	1.00			1					. 0	
BOARD MEMBER	0.		1	ļ	-		+	0		<u> </u>
(13) JEANNE FELDHUSEN	1.00		,]				0	. 0	
BOARD MEMBER	0		-	\perp	+		-	<u> </u>	•	<u> </u>
(14) ROD GROZIER	1.00		,					0	_ 0	. 0
BOARD MEMBER	0	. >	٤			L	<u> </u>	1 0	•1	000

Form 990 (2019)

JSA

	(A) Name and title		Position (do not check more than one box, unless person is both an officer and a director/trustee) or officer and a director/trustee) or director institutional trustee or director rustitutional trustee (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) or director rustitutional trustitutional				an ee)	Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportabl compensation related organizatio (W-2/1099-N	from ns	(F) Estimated amount of other compensation from the organization and related	
		below dotted line)	Individual trustee or director	Institutional trustee		ployee	Highest compensated employee					organizations
15)	JOAN KATZ BOARD MEMBER	1.00	Х			-			0		0.	0
16)	THOMAS J. KELLER BOARD MEMBER	1.00	Х						0		0.	0
17)	SCOTT KENNY BOARD MEMBER (EFF. 03/2020)	1.00	X						0		0.	0
18)	LISA MOORE	1.00	X						0		0.	0
19)	BOARD MEMBER (EFF. 09/2019) ALFREDO PAREDES	1.00						<u> </u>	0		0.	0
20)	BOARD MEMBER (THRU 12/2019) BONNIE RABIN	1.00	-∤		,				0		0.	
21)	CO-CHAIR (THRU 12/2019) PIERRE ROUGIER	1.00			X	-			0		0.	0
22)	BOARD MEMBER BRADLEY SILVER	1.00			v		-		0		0.	(
(23)	CO-CHAIR (EFF. 01/2020) RON SIMONS	1.00	-		X				0		0.	0
(24)	BOARD MEMBER CHRIS WANLASS	1.00		-			<u> </u>				0.	
(25)	BOARD MEMBER (EFF. 09/2019) LOLA WEST	1.00		ļ							0.	(
С	BOARD MEMBER (THRU 10/2019) Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	Section A						⊥ A A	927 401		0. 0. 0.	59,803 0 59,803
2	Total number of individuals (including but no reportable compensation from the organization list any former off	t limited to	those	liste 5	ed a	ee.	ve) wh	em	ployee, or highe	st compens	ated	Yes No
	employee on line 1a? If "Yes," complete Scheological For any individual listed on line 1a, is the organization and related organizations gindividual	dule J for single sum of respect that the second se	uch in eporte n \$1 ompe	divid ble 50,0	cor 000 	mpe)? 	ensation If "You	on a es," 	and other compe complete Sched	nsation from lule J for a tion or indivi	the such	3 X 4 X 5 X
Se	for services rendered to the organization? If " ction B. Independent Contractors											
1	Complete this table for your five highest co compensation from the organization. Report year.	compensa	inde ition f	or th	ie c	ale	ntrac ndar y	ear	ending with or w	ithin the orga	anizatio	ons tax
	(A) Name and business a	ddress							(B) Description of	services	((C) Compensation
A'	TACHMENT 2											
	Total number of independent contractors							\dashv				

Part VII Section A. Officers, Directors, 1 (A) Name and title	(B) Average hours per week (list any hours for	(do r box,	iol ch unles	(C Posi eck s pe	C) ition more rson	than o	ne an	(D) Reportable compensation from the	(E) Reportable compensation related organization	e n from	(F) Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N		from the organization and related organization	1
26) DOM DIPASQUALE BOARD MEMBER	1.00	Х						0		0.		0
27) DAN ENNIS	1.00	-					-			0,		0
BOARD MEMBER 28) RONALD MILON	1.00	X			-		1	0		- 0,		
BOARD MEMBER	0.	X			<u> </u>			0		0.		C
29) SHELLY BROWN BOARD MEMBER	1.00	X						0		0.		C
30) OTHO KERR	1.00			-	<u> </u>					_		
BOARD MEMBER	1.00	X	-	ļ		-	-	0		0.		(
31) JOSH SATERMAN BOARD MEMBER	0.	X						0		0.		(
32) SCOTT REED BOARD MEMBER	1.00	-						0	1	0.		(
					-							
		-										
		4						**				
1b Sub-total	I, Section A .						Þ	0		0.	,	0
reportable compensation from the organization	ation 🕨	HOSE	5		abo	vc) wi		cocived more and				Т
3 Did the organization list any former employee on line 1a? If "Yes," complete Sc.	officer, direc hedule J for s	tor, c	or tr	ust dua	ee, /	key	em	ployee, or highe	st compens	ated	Yes 3	X
4 For any individual listed on line 1a, is to organization and related organizations individual	greater tha	ın \$1 	150, 	000)?	If "Ye 	98,"	complete Sched	iule J for . 	sucn 	4 X	
5 Did any person listed on line 1a receive for services rendered to the organization? Section B. Independent Contractors	or accrue o If "Yes," compl	ompe lete S	nsa ched	tion <i>Iule</i>	J fo	m an o <i>r suc</i>	y u h pe	nrelated organiza erson	tion or indivi	idual 	5	X
Complete this table for your five highest compensation from the organization. Rep year.	compensated ort compensa	inde ition f	pend or th	len ie c	t co cale	ntrac ndar y	lors ear	that received mo ending with or w	re than \$100 ithin the orga	0,000 anizati	of on's tax	
(A) Name and busines	s address							(B) Description of	services		(C) Compensation	ı
										74,000		ng Nagar
2 Total number of independent contractor more than \$100,000 in compensation fro	s (including m the organiz	but r zation	ıot l ▶	imit	ted	to th	ose	listed above) wh	io received			

	Check if Schedule O contains a response or note to a	(A)	(B)	(C)	(D)
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
1a	Federated campaigns 1a				
	Membership dues 1b				
С	Fundraising events 1c 153, 825.	_			
d	Related organizations 1d	_			
е	Government grants (contributions) 1e	_			
f	All other contributions, gifts, grants,				
	and similar amounts not included above . 1f 3,741,930.	_			
g	Noncash contributions included in			Ì	1
	lines 1a-1f				
h	Total, Add lines 1a-1f	3,895,755.			
	Business Code	1 (21 25)	4,631,251.		
2a	GOVERNMENT CONTRACTS 611710	4,631,251.	4,631,231.		
þ					
C			-		
d					
е					
f	All other program service revenue	4,631,251.			
g	Total, Add lines 2a-2f	.,,			
3	Investment income (including dividends, interest, and	10.			1
	other similar amounts)	0			
4 5	Royalties	0			
	(i) Real (ii) Personal				
	Gross rents 6a				
6a b	Less: rental expenses 6b				
c	Rental income or (loss) 6c				~,,
d	Net rental income or (loss)	. 0			
7a	Gross amount from (i) Securities (ii) Other				
'-	sales of assets				
	other than inventory 7a				
b	Less: cost or other basis				
	and sales expenses 7b				
C	Gain or (loss) 7c				
d	La contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la	- 0	•	<u> </u>	
 8a					
	events (not including \$153,825.				
	of contributions reported on line			ļ	
	1c). See Part IV, line 18 8a 513,61	8.			
b					336 3
c	Net income or (loss) from fundraising events	-135,251	-		-135,2
9a			-		
	activities, see Fait IV, line 19 1 1 1 1 July	0.	**		
b	Less: direct expenses Lab	0.).		
c			,		
10a	t I	0.			1
	Teturis and anowances , , , ,	0.			ţ
b	Less: cost of goods sold		3.		
 _ c	Business Cod				
		-			
11a	ļ				
11a	;				
	Total. Add lines 11a-11d	>	0.		
1 5	Total revenue. See instructions	8,391,76	5. 4,631,25	1.	-135,2

Part X Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX									
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses					
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.								
2 Grants and other assistance to domestic									
individuals. See Part IV, line 22	302,190.	302,190.							
3 Grants and other assistance to foreign									
organizations, foreign governments, and foreign									
individuals. See Part IV, lines 15 and 16	0.								
4 Benefits paid to or for members	0.								
5 Compensation of current officers, directors,									
trustees, and key employees	696,933.	511,305.	74,548.	111,080.					
6 Compensation not included above to disqualified									
persons (as defined under section 4958(f)(1)) and									
persons described in section 4958(c)(3)(B)	0.								
7 Other salaries and wages	3,336,910.	2,448,807.	357,020.	531,083.					
. , , , , , , , , , , , , , , ,									
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,935.	3,607.	526.	802					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	516,586.	377,593.	55,083.	83,910					
9 Other employee benefits	338,225.	247,222.	36,065.	54,938					
10 Payroll taxes	000,2201								
11 Fees for services (nonemployees):	0.								
a Management	31,999.	20,467.	10,878.	654					
b Legal	0.	20,407.	10,0101						
c Accounting	0.								
d Lobbying									
e Professional fundraising services. See Part IV, line 17.	0.								
f Investment management fees	0.								
g Other. (If line 11g amount exceeds 10% of line 25, column			220 5 41	20 422					
(A) amount, list line 11g expenses on Schedule O.)	903,771.	543,808.	339,541.	20,422					
12 Advertising and promotion	4,663.		4,663.	00 400					
13 Office expenses	233,182.	112,750.	83,299.	37,133					
14 Information technology	82,539.	39,910.	29,485.	13,144					
15 Royalties	0.								
16 Occupancy	1,494,706.	1,195,765.	179,365.	119,576					
17 Travel	55,675.	50,366.	4,985.	324					
18 Payments of travel or entertainment expenses									
for any federal, state, or local public officials	0.								
19 Conferences, conventions, and meetings	40,611.	36,739.	3,636.	236					
20 Interest	0.								
21 Payments to affiliates,	0.								
	22,048.	15,875.	2,646.	3,527					
	44,374.	31,062.	8,875.	4,437					
23 Insurance		, , , , , , , , , , , , , , , , , , , ,							
24 Other expenses. Itemize expenses not covered		[
above (List miscellaneous expenses on line 24e. If									
line 24e amount exceeds 10% of line 25, column									
(A) amount, list line 24e expenses on Schedule O.)	211 775	211,775.							
aBAD DEBT EXPENSE	211,775.	160,601.	9,684.	433					
bCLIENT RELATED ACTIVITIES	170,718.		675.	7.7.					
cPROGRAM SUPPLIES & ACTIVITIE	143,257.	142,582.	89.	9,036					
dEQUIPMENT EXPENSE	102,297.	93,172.		3,030					
e All other expenses	43,341.	41,647.	1,694.	ስልለ ሜንሮ					
25 Total functional expenses. Add lines 1 through 24e	8,780,735.	6,587,243.	1,202,757.	990,735					
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and									
fundraising solicitation. Check here	^								
following SOP 98-2 (ASC 958-720)	0.		<u> </u>	Form 990 (20					

PAGE 13

PartX Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1,396,810. 556,927. 1 368,430. 468,430. 2 2 2,354,259. 1,902,046. 3 3 0. 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 0. 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 0. 0 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 0. 0. 7 0. 0. 8 88,322. 217,462. 9 10a Land, buildings, and equipment: cost or other 2,860,275. basis. Complete Part VI of Schedule D 10a 66,520. 10c 44,472. 2,815,803. 0. 0. 11 0. 0. 12 Investments - other securities. See Part IV, line 11....... 0. 0. 13 13 0. 0. 14 14 26,515. 26,515. 15 15 3,826,595. 3,690,113. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 614,527. 625,320. 17 17 0. 0. 18 18 0. 0. 19 19 Ō. 0. 20 20 0. 0. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% 0. 0. controlled entity or family member of any of these persons 22 Ō. 0. Secured mortgages and notes payable to unrelated third parties 23 23 0. Ο. 24 Unsecured notes and loans payable to unrelated third parties. 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 682,690. 146,445. 25 771,765. 1,297,217. 26 26 Organizations that follow FASB ASC 958, check here ▶ Balances and complete lines 27, 28, 32, and 33. 1,607,852. 1,702,928. 27 27 921,526. 1,215,420. 28 28 Fund Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. þ 29 29 Assets 30 Paid-in or capital surplus, or land, building, or equipment fund. 30 Retained earnings, endowment, accumulated income, or other funds. 31 31 2,529,378. 2,918,348. 32 zet E 32 3,826,595. 3,690,113. 33 33 Form 990 (2019)

orm 990					<u> </u>
Part)	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		· · · · · · · · · · · · · · · · · · ·	391,7	L
1	Total revenue (must equal Part VIII, column (A), line 12)	1 -		780 , 7	
2	Total expenses (must equal Part IX, column (A), line 25)	2		388,9	
3	Revenue less expenses. Subtract line 2 from line 1	3		918,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u> </u>	310,3	0.
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part A, line		2	529,3	70
	32, column (B))	10	41	329,3	
Part	VIII Financial Statements and Reporting				X
C00000	Check if Schedule O contains a response or note to any line in this Part XII	· · · ·		 T	
			<u></u>	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain	ın		
	Schedule O.				,,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		<u>2a</u>		X
	If "Yes," check a box below to indicate whether the financial statements for the year were co	mpiled	or		
	reviewed on a separate basis, consolidated basis, or both:				1
	Separate basis Consolidated basis Both consolidated and separate basis			١.,	
h	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
D	If "Yes," check a box below to indicate whether the financial statements for the year were auc	lited on	а		
	separate basis, consolidated basis, or both:]		1
	X Separate basis Consolidated basis Both consolidated and separate basis				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersight	of		
C	the audit, review, or compilation of its financial statements and selection of an independent account	ant?	20	; X	
	If the organization changed either its oversight process or selection process during the tax year,	explain	on		
	Schedule O.		Ì		
	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth in t	he		
	Cinate Audit Act and OMR Circular A-133?			1 X	
1.	If "Yes," did the organization undergo the required audit or audits? If the organization did not un	idergo t	ihe	١,,	
r.	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits .	, , , , , , , , , , , , , , , , , , , ,		
	required about or addito, explain with on obstacle o and destroy		Fo	m 990	(2019)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete If the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

mur.	HETRICK-MARTIN INSTITU	TE. INC.				13-3104537		
S-2000-S-2000		ty Status (All ord	anizations must co	mplete t	his part	.) See instructions.		
Pari	rganization is not a private found	lation because it is	(For lines 1 through	12, chec	k only or	ne box.)		
-	A church, convention of church	ches or associatio	n of churches describ	ed in sec	tion 170	D(b)(1)(A)(i).		
1	A school described in section	170/h)/1)/A)/ii). (Attach Schedule E (F	orm 990	or 990-E	Z).)		
2	A hospital or a cooperative h	osnital service ord	anization described in	section	170(b)(1)(A)(iii).		
3	A medical research organiza	tion operated in co	niunction with a hosp	ital desc	ribed in s	section 170(b)(1)(A)(ii	ii). Enter the	
4 L	beenitalia nama city and stat	a.						
- [An organization operated fo	r the henefit of a	college or university	owned	or opera	ated by a government	tal unit described in	
5 _	section 170(b)(1)(A)(iv). (Co	mnlete Part II \	ounded on annexample		•	• •		
٦ ٢	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
6	An organization that normal	lv receives a subs	tantial part of its sup	port fron	n a gove	ernmental unit or from	n the general public	
, [described in section 170(b)(1)(A)(vi). (Complet	e Part II.)	•	~			
، ٦	A community trust described	in section 170(b)	(1)(A)(vi), (Complete	Part II.)				
8	An agricultural research orga	anization described	in section 170(b)(1)	(A)(ix) or	erated i	in conjunction with a le	and-grant college	
9 [or university or a non-land-g	rant college of agr	iculture (see instruction	ons). Ent	er the na	ame, city, and state of t	the college or	
	university:	iant conogo or agr	.==*. + \= = == # + *	•		•		
40 [v receives: (1) mo	re than 331/3 % of its s	support f	rom con	tributions, membershi	p fees, and gross	
10 [
	support from activities related support from gross investme acquired by the organization						Justics500	
44	An organization organized a	nd operated exclus	sively to test for public	: safety. ೪	see sect	ion 509(a)(4).		
11 12	An organization organized a	nd operated exclus	sively for the benefit of	of, to per	form the	e functions of, or to ca	arry out the purposes	
IZ [of one or more publicly sup	norted organizatio	ns described in secti	on 509(a	a)(1) or	section 509(a)(2). Se	e section 509(a)(3).	
	Check the box in lines 12a th	rough 12d that de	scribes the type of su	pporting	organiza	ation and complete line	es 12e, 12f, and 12g.	
_	Type I. A supporting orga	nization operated	supervised, or contro	lled by it	ts suppo	orted organization(s), t	ypically by giving	
а	the supported organization	n/s) the nower to r	egularly appoint or ele	ect a ma	jority of	the directors or trustee	es of the	
	supporting organization. Y	au must complete	Part IV. Sections A	and B.	•			
b	Type II. A supporting orga	anization supervise	d or controlled in cor	nection	with its	supported organizatio	n(s), by having	
D	control or management o	f the supporting or	ganization vested in	the same	person	s that control or mana	age the supported	
	organization(s). You must	complete Part IV.	Sections A and C.		·			
С	Type III functionally integ	rated. A supportin	ng organization opera	ted in co	nnection	n with, and functionall	y integrated with,	
·	ite cupported organization	(s) (see instructions	s). You must complet	te Part I\	/, Sectic	ons A, D, and E.		
d	Type III non-functionally	integrated. A SUDE	orting organization o	perated i	in conne	ection with its support	ed organization(s)	
u	that is not functionally inte	egrated. The organ	ization generally mus	t satisfy	a distrib	ution requirement and	l an attentiveness	
	requirement (see instructi	ons) You must co	mpiete Part IV, Secti	ions A aı	nd D, and	d Part V.		
е	Check this box if the orga	nization received a	a written determinatio	n from th	ne IRS th	nat it is a Type I, Type I	i, Type III	
ŭ	functionally integrated, or	Type III non-functi	ionally integrated sup	porting o	rganizat	ion.		
f	Enter the number of supported	organizations						
g	Provide the following information	on about the suppo	orted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the d		(v) Amount of monetary support (see	(vi) Amount of other support (see	
			(described on lines 1-10 above (see instructions))		ur governing ment?	instructions)	instructions)	
				Yes	No			
/#1								
(A)				<u> </u>	ļ			
(5)								
(B)				1				
(0)						1		
(C)				-	-			
(D)			Į					
(D)					<u> </u>			
/E1		1						
(E)						<u> </u>		

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

Schedule A (Form 990 or 990-EZ) 2019

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Pao	P.	1

Par	(Complete only if you checke Part III. If the organization fail	d the box on I	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	l(vi) alify under
Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		3				
3	The value of services or facilities furnished by a governmental unit to the organization without charge		i				
4	Total. Add lines 1 through 3						
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) Public support. Subtract line 5 from line 4			1			
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						<u> </u>
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First five years. If the Form 990 is organization, check this box and stop here	for the organiz	ation's first, seco	ond, third, fourth	n, or fifth tax y	ear as a section	n 501(c)(3)
	tion C. Computation of Public Sup			,			····
360	Public support percentage for 2019 (· · · · · · · · · · · · · · · · · · ·		e 11. column (f	11	. 14	%
14	Public support percentage for 2019 (Public support percentage from 2018						%
15	331/3% support test - 2019. If the o	s ochedule A, r	not check the h	ov on line 13		31/3 % or more	
тьа	box and stop here. The organization	ryanization did	thlick supports	d organization	and line 14 10 0	0 110 70 01 111070,	▶ □
la.	331/3% support test - 2018. If the or	raannes as a pr	not check a hov	on line 13 or 1		is 331/3 % or m	ore. check
Į.	this box and stop here. The organizat	iganization ulu lian analifiae se	a nublicky sunn	orted organizat	ion		
47-	10%-facts-and-circumstances test -	1011 quaintes as	rapubliciy supp rasnization did	not check a ho	v on line 13 1	6a or 16b and	l line 14 is
17a	10% or more, and if the organization	n meete the "f	acts-and-circum	stances" test	check this box	and stop here.	Explain in
	Part VI how the organization meets	the "facte and	_circumetances	test The orga	nization qualifie	es as a publicly	supported
	organization						
ŀ	10%-facts-and-circumstances test	2018 If the c	rganization did	not check a be	ox on line 13. 1	6a, 16b, or 17	a, and line
	15 is 10% or more, and if the org	panization mee	ets the "facts-a	nd-circumstance	es" test, check	this box and	stop here.
	Explain in Part VI how the organiza	tion meets the	"facts-and-circ	umstances" tes	t. The organiza	tion qualifies as	a publicly
	supported organization						▶ 🔲
18	Private foundation. If the organization instructions	n did not checl	c a box on line 1	13, 16a, 16b, 1	7a, or 17b, ched	ck this box and s	ee
	INSTRUCTION						n 990 or 990-EZ) 2019

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.)

	ii the organization rails to quai	my dilaci tro	COLO HOLOGO	orr, prodes so.			
	ion A. Public Support				4 N 0040	(-) DO40	(f) Total
Calend	dar year (or fiscal year beginning in) 🕨 🗀	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees		+		ļ		
:	received. (Do not include any "unusual grants.")	4,063,698.	4,004,608.	4,270,781.	3,866,775.	4,246,064.	20,451,926.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities				1		
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	3,840,403.	4,273,599.	4,849,012.	4,236,461.	4,631,251.	21,830,726.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0.
4	Tax revenues levied for the					1	
	organization's benefit and either paid to						
	or expended on its behalf						0.
	The value of services or facilities						
_	furnished by a governmental unit to the						
	organization without charge		1				0.
	Total. Add lines 1 through 5	7,904,101.	8,278,207.	9,119,793.	8,103,236.	8,877,315.	42,282,652.
	Amounts included on lines 1, 2, and 3						
ra	received from disqualified persons		ļ	510,900.	224,691.	177,455.	913,046.
h	Amounts included on lines 2 and 3	1					
•/	received from other than disqualified	and the state of t					
	persons that exceed the greater of \$5,000		1				0.
	or 1% of the amount on line 13 for the year		***************************************	510,900.	224,691.	177,455.	913,046.
-	Add lines 7a and 7b						
8			}				41,369,606.
200	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	1	7,904,101.	8,278,207.	9,119,793.	8,103,236.	8,877,315.	42,282,652.
9 10 a	Amounts from line 6	1,001,101,					
	payments received on securities loans, rents, royalties, and income from similar					[
	sources	12,574.	7,545.	7,325.	₽.	10.	27,462.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
С	Add lines 10a and 10b	12,574.	7,545.	7,325.	8.	10.	27,462.
11	Net income from unrelated business						
	activities not included in line 10b, whether			·			
	or not the business is regularly carried on						0.
49	Other income. Do not include gain or				***************************************		
12	loss from the sale of capital assets				ļ	ļ	
	(Explain in Part VI.) ATCH 1.	15,788.	3,119.	53,675.			72,582
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	7,932,463.	8,288,871.	9,180,793.	8,103,244.	8,877,325.	42,382,696.
14	First five years. If the Form 990 is f		ition's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here				<i></i>	<u> </u>	▶ 📗
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2019 (line 8	, column (f), divid	ted by line 13, colu	mn (f)) , , , , ,		15	97.61%
16	Public support percentage from 2018 Sche					16	99.74%
	ction D. Computation of Investmen						
17	Investment income percentage for 2019 (li	ine 10c. column	(f), divided by line	13, column (f))		17	.06%
18	Investment income percentage from 2018					18	.07%
10	331/3% support tests - 2019. If the o	rganization did	not check the bo	ox on line 14. a	and line 15 is m		, and line
ายล	17 is not more than 331/3%, check th	is hox and eta	n here. The ora	anization qualifie	es as a publiciv	supported organ	ization . ▶ 🗓
	331/3% support tests - 2018. If the org	anization did no	t check a box or	line 14 or line	19a, and line 16	is more than 33	1/3 %, and
r.	line 18 is not more than 331/3%, check	this hay and	stop here. The or	ganization qualit	ies as a publicly	supported organ	ization 🕨
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b.	, check this box	and see instru	ctions 🕨
20	i ilitate loundadois il tito organization						

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Part IV Supporting Organizations

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

Section	on A. All Supporting Organizations	1		
			Yes	No
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	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.	3с		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	designated in the organization's organizing document?	5b 5c		
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.	6	LANGE CONTRACTOR OF THE PARTY O	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		_
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	the supporting organization had an interest? If "Yes," provide detail in Part VI.	BD	-	
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	30		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10	3	
ŀ	The state of the second property is a second	10	b	

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Partl	Supporting Organizations (continued)			
ARLLE.			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	Ì		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ļ		
•	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
****			Yes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported 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		
Secti	on C. Type II Supporting Organizations			
Occu	on of Typo it dapporting digitality		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		
Sect	ion D. All Type III Supporting Organizations		Ty	Tai
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	Yes	No
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	L.	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.		uction	s).
			Ye	s No
2 a	Activities Test. Answer (a) and (b) below. 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.	2a		
ł	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	21:		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	38		
1	 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. 	3t	,	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations	3	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	trust or	ı Nov. 20, 1970 (explai	n in Part VI). See ns A through E.
Section 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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	ļ		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functiona	lly integ	rated Type III supporti	ng organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019

art V Type III Non-Functionally Integrated 509(a)(3) S	upporting Organizati	Una (conunueu)	Current Year
ection D - Distributions			Current rear
 Amounts paid to supported organizations to accomplish exe 	empt purposes		
2 Amounts paid to perform activity that directly furthers exem	pt purposes of supporte	d	
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpos	es of supported organiz	ations	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which t	he organization is resp	onsive	
(provide details in Part VI). See instructions.			
9 Distributable amount for 2019 from Section C, line 6			
Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 201
Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019		!	
(reasonable cause required - explain in Part VI). See	İ		
instructions.			
B Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
A Color and adjusting of prior years			
h Applied to 2019 distributions of prior years			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
A P 1 P 1 P 1 P 1 P 1 P 1 P 1 P 1 P 1 P			
The state of the s			
m			
any. Subtract lines 3g and 4a from line 2. For result			
greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in]
Part VI. See instructions.			
7 Excess distributions carry over to 2020. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017,			
d Excess from 2018			
e Excess from 2019,			le A (Form 990 or 990-E

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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

illied L, o, did o. / nee complete interpret				ATTACHMENT 1		
SCHEDULE A, PART I	II - OTHER INCOM	E,				
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
OTHER	15,788.	3,119.	53,675.			72,582.
TOTALS	15,788.	3,119.	53,675.			72,582.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization		Employer identification number			
THE HETRICK-MARTIN I	NSTITUTE, INC.	13-3104537			
Organization type (check one):				
Filers of:	ers of: Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated a	s a private foundation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a	private foundation			
	501(c)(3) taxable private foundation				
	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the Gene	ral Rule and a Special Rule. See			
General Rule					
X For an organizatio or more (in money contributor's total	n filing Form 990, 990-EZ, or 990-PF that received, during the or property) from any one contributor. Complete Parts I and II contributions.	e year, contributions totaling \$5,000 . See instructions for determining a			
Special Rules					
regulations under 13, 16a, or 16b, a	n described in section 501(c)(3) filing Form 990 or 990-EZ that sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Scheduled that received from any one contributor, during the year, tot of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 9	le A (Form 990 or 990-EZ), Part II, line tal contributions of the greater of (1)			
contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 of the year, total contributions of more than \$1,000 exclusively onal purposes, or for the prevention of cruelty to children or a	for religious, charitable, scientific,			
contributor, during contributions total during the year fo General Rule app	n described in section 501(c)(7), (8), or (10) filing Form 990 of the year, contributions exclusively for religious, charitable, etc. and exclusively religious, charitable, etc., purpose. Don't complete to this organization because it received nonexclusively religious, charitable, etc., purpose.	c., purposes, but no such tal contributions that were received plete any of the parts unless the gious, charitable, etc., contributions			
Caution: An organization tha	at isn't covered by the General Rule and/or the Special Rules ust answer "No" on Part IV, line 2, of its Form 990; or check	doesn't file Schedule B (Form 990,			

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

Partil	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	ROBIN HOOD FOUNDATION 826 BROADWAY, FLOOR 7	\$356,250.	Person X Payroll Noncash	
	NEW YORK, NY 10003-4825	-	(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	NEW YORK LIFE FOUNDATION		Person X Payroll	
	51 MADISON AVENUE, BASEMENT 1B NEW YORK, NY 10010-1612	\$ 253,463.	Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	THE HARRY & JEANETTE WEINBERG FOUNDATION 7 PARK CENTER COURT OWINGS MILLS, MD 21117-4200	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4	NORDSTROM, INC. 1700 7TH AVENUE, SUITE 1500 SEATTLE, WA 98101-4419	\$117,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5	MOODY'S FOUNDATION 7 WTC, 250 GREENWHICH STREET, 14TH FLOOR NEW YORK, NY 10007-2140	\$128,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6	POLO RALPH LAUREN FOUNDATION 200 PARK AVENUE S, FLOOR 8 NEW YORK, NY 10003-1526	\$ 85,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Partl	Contributors (see instructions). Use duplicate copi				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	FOSSIL FOUNDATION		Person X Payroll		
	901 S CENTRAL EXPRESSWAY	\$ \$	Noncash (Complete Part II for		
	RICHARDSON, TX 75080-7302		noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	COACH FOUNDATION, INC.		Person X Payroll		
	516 W. 34TH STREET, BASEMENT 5	\$\$	Noncash		
	NEW YORK, NY 10001-1394		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	THE HEARST FOUNDATIONS		Person X		
	300 W. 57TH STREET, #26	\$ 75,000.	Payroll Noncash		
	NEW YORK, NY 10019		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10	THE NEW YORK COMMUNITY TRUST		Person X		
	909 3RD AVENUE, FLOOR 22	\$	Payroll Noncash		
	NEW YORK, NY 10022-4752		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11	BLOOMBERG, LP		Person X		
	731 LEXINGTON AVENUE	\$53,691.	Payroll Noncash		
	NEW YORK, NY 10022		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12	CHARLES J. O'BYRNE		Person X		
	30 HUDSON YARDS, 73RD FLOOR	\$ 50,100.	Payroll Noncash		
	NEW YORK, NY 10001-2170		(Complete Part II for noncash contributions.)		
		Schedule	B (Form 990, 990-EZ, or 990-PF) (

NEW

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
13	THE CHARLES HAYDEN FOUNDATION 140 BROADWAY, SUITE 5110 NEW YORK, NY 10005-1104	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
14	MAC AIDS FUND 130 PRINCE STREET NEW YORK, NY 10012-3216	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
15	JANE L. GILBERT 16 LANCASTER ROAD TENAFLY, NJ 07670	\$\$	Person Payroll Noncash (Complete Part If for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
16	HARMAN FAMILY FOUNDATION 397 SOUTH STREET NEEDHAM, MA 02492-2761	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
17	THE NEW YORK WOMEN'S FOUNDATION 39 BROADWAY, SUITE 2300 NEW YORK, NY 10006-3003	\$\$	Person X Payroli Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
18	CONSOLIDATED EDISON 4 IRVING PLACE NEW YORK, NY 10003-3502	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
19	FACEBOOK 770 BROADWAY FRONT 2	\$\$33,025.	Person X Payroll Noncash	
	NEW YORK, NY 10003-9532		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	LIGHTBOX	- s 30,000.	Person X Payroll	
	NEW YORK, NY 10018	\$\$.	Noncash	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
21	LAURA LEVENSTEIN 166 WEST, 18TH STREET, APARTMENT 2A NEW YORK, NY 10011	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
22	JEANNE V. FELDHUSEN 137 RIVERSIDE DRIVE, APARTMENT 2D NEW YORK, NY 10024-3718	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
23	DKNY 240 W. 40TH STREET, FLOOR 6 NEW YORK, NY 10018-1762	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
24	THE DAVID GEFFEN FOUNDATION 12011 SAN VICENTE BOULEVARD, SUITE 606 LOS ANGELES, CA 90049-4948	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

PartI	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
25	WILLIAM T. GRANT FOUNDATION 570 LEXINGTON AVENUE, ROOM 1800 NEW YORK, NY 10022-6887	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
26	NIKE FUND SOCIAL & COMM. IMPACT ONE BOWERMAN DRIVE BEAVERTON, OR 97005	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
27	NORTH STAR FUND 305 7TH AVENUE, ROOM 501 NEW YORK, NY 10001-6164	\$ 25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
28	BONNIE E. RABIN 327 CENTRAL PARK WEST, APARTMENT 15D NEW YORK, NY 10025	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
29	RBC CAPITAL MARKETS 200 VESEY STREET, FLOOR 8 NEW YORK, NY 10281-8001	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
30	UNITED WAY OF NEW YORK CITY 205 E, 42ND STREET, FLOOR 12 NEW YORK, NY 10017-5738	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
31	VIIV HEALTHCARE COMPANY		Person X		
	333, 7TH AVENUE, FLOOR 9	\$ 25,000.	Payroll Noncash		
	NEW YORK, NY 10001-5827		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
32	WELLS FARGO		Person		
	150 E. 42ND STREET, FLOOR 27	<u>\$</u> 25,000.	Payroll Noncash		
	NEW YORK, NY 10017-5633		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
33	HAWTHORNE LAB, INC.		Person		
	368 BROADWAY, #211	\$21,000.	Payroll Noncash		
	NEW YORK, NY 10013		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
34	BROADWAY CARES/EQUITY FIGHTS AIDS		Person X		
	165 W. 46TH STREET, SUITE 1300	\$\$	Payroll Noncash		
	NEW YORK, NY 10036-2508		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
35	SHELLY BROWN		Person X		
	345 E. 50TH STREET, PH B	\$20,000.	Payroll Noncash		
	NEW YORK, NY 10022-7913		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
36	GOLDEN TOUCH GROUP		Person X		
	500 SEVENTH AVENUE, 7TH FLOOR	\$\$	Payroll Noncash		
	NEW YORK, NY 10018		(Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)
Name of organization THE HETRICK-MARTIN INSTITUTE, INC.

Employer identification number 13-3104537

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	HBO 30 HUDSON YARDS NEW YORK, NY 10001-2170	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	THE TED SNOWDON FOUNDATION 50 RIVERSIDE DRIVE, APARTMENT 15C NEW YORK, NY 10024	\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	WORLD OF WONDER PROD, INC. 6650 HOLLYWOOD BOULEVARD LOS ANGELES, CA 90028-6219	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
40	AMC NETWORKS, INC. 11 PENN PLAZA, 17TH FLOOR NEW YORK, NY 10001	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	MAKE UP FOR EVER 841 BROADWAY, FLOOR 4 NEW YORK, NY 10003-4704	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	RELATED COMPANIES 60 COLUMBUS CIRCLE NEW YORK, NY 10023	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
43	TIMOTHY Y. CHOW 252 7TH AVENUE, APARTMENT 3K NEW YORK, NY 10001-7327	\$16,300.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
44	CALVIN KLEIN, INC. 205 W 39TH STREET, ROOM 700 NEW YORK, NY 10018-3489	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
45	LAFAYETTE-ASTOR ASSOCIATES, LLC 126 PARK AVENUE, FLOOR 11 NEW YORK, NY 10017-5690	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
46	JEFFREY SCHOENFELD 139 WOOSTER STREET, APARTMENT PH2 NEW YORK, NY 10012-3106	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) . Type of contribution	
47	SETH SPRAGUE EDUCATIONAL AND CHAR. FDN. 114 W. 47TH STREET NEW YORK, NY 10036-1592	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
48	TD BANK 125 PARK AVENUE, FLOOR 23 NEW YORK, NY 10017	\$\$	Person Payroll Noncash (Complete Part II for nencash contributions.)	

Partil	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
49_	JOHN C. WOELL 11 5TH AVENUE, APARTMENT 5H NEW YORK, NY 10003-4342	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
50	RICHARD MUMBY 41 FIFTH AVENUE, APARTMENT 4F NEW YORK, NY 10003	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
51	ALFREDO PAREDES 235 EAST 11TH STREET, #5 NEW YORK, NY 10003	\$\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
52	CBS INTERACTIVE 28 EAST 28TH STREET, 10TH FLOOR NEW YORK, NY 10016	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
53	JAMIE DRAKE 67 IRVING PLACE, FLOOR 12 NEW YORK, NY 10003-2251	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
54	KELLEY DRYE 101 PARK AVENUE NEW YORK, NY 10178	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Partil

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	SCOTTYE LINDSEY 101 BUDLONG FARM ROAD WARWICK, RI 02886	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56_	VISA USA, INC. 780 3RD AVENUE, ROOM 1200 NEW YORK, NY 10017-2162	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57_	NETFLIX 888 BROADWAY NEW YORK, NY 10003	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 THE FIRST PRESBYTERIAN CHURCH 12 WEST 12TH	Total contributions	Person X Payroll Noncash (Complete Part II for
58 (a)	Name, address, and ZIP + 4 THE FIRST PRESBYTERIAN CHURCH 12 WEST 12TH NEW YORK, NY 10011 (b)	Total contributions 10,281.	Person Payroll Noncash (Complete Part II for noncash contributions.)
58 (a) No.	Name, address, and ZIP + 4 THE FIRST PRESBYTERIAN CHURCH 12 WEST 12TH NEW YORK, NY 10011 (b) Name, address, and ZIP + 4 BRIAN C. WONG 24 WATCH HILL ROAD	\$ 10,281.	Person X

Partil	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	WALTER M. CAIN 241 WEST 36TH STREET, #13-F NEW YORK, NY 10018	\$\\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62	DIFFA 16 W 32ND STREET, ROOM 402 NEW YORK, NY 10001-0410	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63	ELLEN M. VIOLETT AND MARY P.R. THOMAS 230 E. 50TH STREET, UNIT 10AB NEW YORK, NY 10022-7682	\$\\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	MERYL HARTZBAND 1271 AVENUE OF THE AMERICAS NEW YORK, NY 10020	\$\\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65	JONES LANG LASALLE 330 MADISON AVENUE, FLOOR 4 NEW YORK, NY 10017	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66	TOM J. KELLER 43 ROWAYTON AVENUE NORWALK, CT 06853	\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Partl (d) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. 67 KENWORTHY-SWIFT FOUNDATION Person Payroll 10,000. 21 KERMIT PLACE Noncash (Complete Part II for 11218 noncash contributions.) BROOKLYN, NY (d) (c) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. 68 LAB SERIES SKINCARE FOR MEN Person Payroll 10,000. 767 FIFTH AVENUE Noncash (Complete Part II for NEW YORK, NY 10153 noncash contributions.) (d) (c) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Χ 69 JESSICA P. SAROWITZ Person Payroll 281 ROGER WILLIAMS AVENUE 10,000. Noncash (Complete Part II for HIGHLAND PARK, IL 60035 noncash contributions.) (d) (c) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Χ IRWIN L. SROB 70 Person Payroll 10,000. 770 S, PALM AVENUE Noncash (Complete Part II for SARASOTA, FL 34236 noncash contributions.) (d) (c) (b) (a)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
71	THE REALREAL 80 WOOSTER STREET NEW YORK, NY 10012	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72	CHRISTIAN WANLASS		Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	WESLEY R. POWELL 470 WEST 24TH STREET, 18EF NEW YORK, NY 10011	\$ 9,525.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74	ATLANTIC, TOMORROW'S OFFICE 134 W 26TH STREET, FLOOR 3 NEW YORK, NY 10001-6803	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75	G-III APPAREL GROUP, LTD. 512 FASHION AVENUE, FLOOR 35 NEW YORK, NY 10018-0832	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76	MINI USA 300 CHESTNUT RIDGE ROAD WOODCLIFF LAKE, NJ 07677-7739	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77	CLASSIC HARBOR LINES, LLC 62 CHELSEA PIERS PIER 62, SUITE 103 NEW YORK, NY 10011	\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78	BRAD SILVER 15 W. 81ST STREET, #7H NEW YORK, NY 10024	\$\\$\\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Partil (d) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. 79 HEARST COMMUNICATIONS, INC. Χ Person Payroll 8,195. 300 WEST 57TH STREET Noncash (Complete Part II for NEW YORK, NY 10019 noncash contributions.) (c) (d) (b) (a) Type of contribution No. Name, address, and ZIP + 4 Total contributions Χ 80 LAURA WOLFMAN Person Payroll 8,150. 150 NASSAU STREET, APARTMENT 14B Noncash (Complete Part II for NEW YORK, NY 10038 noncash contributions.) (d) (c) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Χ 81 PR CONSULTING, INC. Person Payroll 8,000. 304 HUDSON STREET, ROOM 700 Noncash (Complete Part II for NEW YORK, NY 10013-1012 noncash contributions.) (c) (d) (b) (a) Type of contribution Total contributions No. Name, address, and ZIP + 4 STACEY GRIFFITH 82 Person Payroll 7,800. 1474 THIRD AVENUE Noncash (Complete Part II for NEW YORK, NY 10028 noncash contributions.) (d) (c) (b) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. Χ 83 DAVID LAWENDA Person Payroll 7,500. 28 EAST 28TH STREET, 10TH FLOOR \$ Noncash (Complete Part II for NEW YORK, NY 10016 noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. 84 THE EDIE WINDSOR AND THEA SPYER FNDN Person Payroll 7,500. 2 FIFTH AVENUE, #8A \$ Noncash (Complete Part II for NEW YORK, NY 10011 noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	KATTEN MUCHIN ROSENMAN FOUNDATION, INC. 525 MONROE STREET, SUITE 1900 CHICAGO, IL 60661-3693	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86	RONALD K. SIMONS 454 W. 54TH STREET, PH C NEW YORK, NY 10019-4627	\$6,520.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87	BAKERTOWN CONSULTING 505 W. 37TH STREET NEW YORK, NY 10018	\$6,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88	BEN DIXON 77 7TH AVENUE, APARTMENT 11R NEW YORK, NY 10011-6626	\$\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89	GRO 152 KINGSLAND ROAD BOONTON TOWNSHIP, NJ 07005	\$ \$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90	JOAN A. KATZ 100 W. 26TH STREET, 6K NEW YORK, NY 10001	\$6,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (c) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. 91 KIEHL'S Person Payroll 6,500. 435 HUDSON STREET, 5TH FLOOR Noncash (Complete Part II for NEW YORK, NY 10014 noncash contributions.) (d) (c) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. Χ 92 S&P GLOBAL, INC. Person Payroll 6,500. 1 INDEPENDENCE WAY, SUITE 200 Noncash (Complete Part II for 08540-6638 noncash contributions.) PRINCETON, NJ (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Χ 93 ROBERT A. SILVER Person Payroll 6,500. 27 SCOTTS LANE Noncash (Complete Part II for 10590-1405 noncash contributions.) SOUTH SALEM, NY (d) (c) (b) (a) Total contributions Type of contribution No. Name, address, and ZIP + 4 Χ 94 STEVE MADDEN, LTD. Person Payroll 6,500. 5216 BARNETT AVENUE Noncash (Complete Part II for LONG ISLAND CITY, NY 11104-1018 noncash contributions.) (c) (d) (b) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. Х WINSTON & STRAWN 95 Person Payroli 6,500. 35 W. WACKER DRIVE Noncash (Complete Part II for 60601-9703 noncash contributions.) CHICAGO, IL (d) (c) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. Χ NEW YORK GAY FOOTBALL LEAGUE 96 Person Payroll 6,000. 230 MADISON AVENUE, 8TH FLOOR Noncash (Complete Part II for 10016 noncash contributions.) NEW YORK, IL

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Partil (d) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Х 97 DANIEL ENNIS Person Payroll 5,700. 1460 BROADWAY Noncash (Complete Part II for NEW YORK, NY 10036 noncash contributions.) (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Χ 98 FRESH Person Payroli 5,250. 130 5TH AVENUE Noncash (Complete Part II for NEW YORK, NY 10011 noncash contributions.) (d) (c) (b) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. X 99 K-DEER Person Payroll 5,186. 174 WESTWOOD AVENUE Noncash (Complete Part II for WESTWOOD, NJ 07675 noncash contributions.) (d) (c) (a) (b) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. 100 JOHNSON AND JOHNSON Person Payroll 5,100. 199 GRANDVIEW ROAD Noncash (Complete Part II for 08558-1311 noncash contributions.) SKILLMAN, NJ (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Х CHRISTOPHER STRAZZELLA 101 Person Payroll 5,100. 96 5TH AVENUE, APARTMENT 11K Noncash (Complete Part II for NEW YORK, NY 10011-7620 noncash contributions.)

JSA

(a)

No.

102

OTHO E. KERR

NEW YORK, NY

(d)

Type of contribution

Person Payroll

Noncash (Complete Part II for

noncash contributions.)

Χ

(b)

Name, address, and ZIP + 4

140 RIVERSIDE DRIVE, APARTMENT 5-0

10024

(c)

Total contributions

5,025.

Contributors (see instructions). Use duplicate copies of Part Lif additional space is needed. Partl (d) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. 103 SAMEER ADVANI Person Payroll 5,000. 360 GRAND AVENUE Noncash (Complete Part II for 11238-1924 BROOKLYN, NY noncash contributions.) (d) (c) (b) (a) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 Х 104 NATE BERKUS Person Payroll 406 N. WOOD STREET 5,000. Noncash (Complete Part II for CHICAGO, IL 60622 noncash contributions.) (c) (d) (a) (b) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Χ 105 JOHN A. BULT Person Payroll 5,000. 515 E. 79 STREET, APARTMENT 4B Noncash (Complete Part II for NEW YORK, NY 10075 noncash contributions.) (d) (c) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. THE COCA-COLA COMPANY 106 Person Payroll 5,000. ONE COCA-COLA PLAZA Noncash (Complete Part II for ATLANTA, GA 30313 noncash contributions.) (c) (d) (a) (b) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Χ EILEEN COHEN 107 Person Payroll 5,000. P.O. BOX 560 Noncash (Complete Part II for 12516 COPAKE, NY noncash contributions.) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. GFP REAL ESTATE 108 Person Payroll 5,000. 125 PARK AVENUE, FLOOR 11 \$ Noncash (Complete Part II for 10017-5690 NEW YORK, NY noncash contributions.)

NEW

Partl	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eded.
(a) No.	(ხ) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	HAIRRARI BARBERS 41 HAVEMEYER STREET, BROOKLYN NEW YORK, NY 11211	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110	JAKE J. HAKANSON 41 UNION SQUARE WEST, #901 NEW YORK, NY 10003	\$\$.	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111	STEPHEN HENDERSON 106 SEVENTH AVENUE, FLOOR 8 NEW YORK, NY 10011	\$\$.	Person Payroll Noncash (Complete Part II for range of contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112	THE KORS LE PERE FOUNDATION 1201 N. MARKET STREET, SUITE 1401 WILMINGTON, DE 19801	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113	MATTHEW MARKS 523 W. 24TH STREET NEW YORK, NY 10011-1104	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114	JOHN MEDINA 3116 YORKE COURT BUSHKILL, PA 18324	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)

PartI	Contributors (see instructions). Use duplicate copies of	of Part I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_115	THE MEP FOUNDATION, INC. ONE W. 67TH STREET, #500 NEW YORK, NY 10023-6200	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116	MUFG FOUNDATION 1251 AVENUE OF THE AMERICAS, FLOOR 31 NEW YORK, NY 10020-1108	\$5,000.	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117	WILLIAM SCHWINGHAMMER 335 W. 38TH STREET NEW YORK, NY 10018	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
118	SPACE BRANDS 12 W 27TH STREET, 3RD FLOOR NEW YORK, NY 10001	\\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119	MATHEW S. THOENNES 1 LANDMARK SQUARE, #522 PORT CHESTER, NY 10573-3353	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
120	RACHAEL K. TUCKER 309 E. 87TH STREET, APARTMENT 4D NEW YORK, NY 10128-4811	\$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Partl	Contributors (see instructions). Use duplicate copies	of Part I if additional space is need	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	UNITED FEDERATION OF TEACHERS 52 BROADWAY LOWR A NEW YORK, NY 10004-1682	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122	JOSEPH LEROY AND ANN C. WARNER FUND 85 BROAD STREET, FLOOR 16	\$	Person X Payroll Noncash
	NEW YORK, NY 10004-2783		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123	WARNER MEDIA 1 TIME WARNER CENTER, ROOM 902 NEW YORK, NY 10019-8016	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
124	WEIL, GOTSHAL & MANGES LLP 1300 I STREET, NW SUITE, 900E WASHINGTON, DC 20005-3348	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125	ROBERT WILSON 4 W. 21ST STREET, 6A NEW YORK, NY 10010	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126	MATTHEW R. WITTEN 8 BARSTOW ROAD, APARTMENT 2J GREAT NECK, NY 11021	\$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 13-3104537

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

······································			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
51	185 SHARES OF ITOT STOCK		
		\$12,560.	09/23/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
		Y	-

Nia	ma of ore	onization	mur	DEMOTOR	MTTG &M_	INSTITUTE,	TNC.
IV a	טוע נט טוע	annzauon	1 11 12	DEINTCH	. 1.1\(\mathbb{U}\)T\\ T\\ T\\ I.4	T14ウェエエクッロ!	1110

Employer identification number 13-3104537

Use o	butions of \$1,000 or less for the duplicate copies of Part III if addition	year. (Enter this information of nal space is needed. (c) Use of gift	(d) Description of how gift is held		
m t 1	(b) Purpose of gift	(c) ose of grit	(d) Description of the same		
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee		
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee		
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee		
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Name	e of the organization	Employer Identification fidulates
THE	E HETRICK-MARTIN INSTITUTE, INC.	13-3104537
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds	or Accounts.
William Co.	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year	
1		
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	ald in donor advised
5	Did the organization inform all donors and donor advisors in writing that the assets he	Yes No
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that gran	it tunus can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for	
Sistemasia Sistemasia	conferring impermissible private benefit?	, ,
1.5	Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	the state to the transmitted base
	1 receivation of fame to passe out (in this passe)	ion of a historically important land area
	Protection of natural habitat Preservat	ion of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements . , ,	. 2a
b	Total acreage restricted by conservation easements , , , , ,	. 2b
С	Number of conservation easements on a certified historic structure included in (a)	
d	the state of the s	
-	historic structure listed in the National Register,	. 2d
3	Number of conservation easements modified, transferred, released, extinguished, or te	erminated by the organization during the
v	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, insp	pection, handling of
5	violations, and enforcement of the conservation easements it holds?	Yes No
c	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforce	cing conservation easements during the year
6	Stall and volunteer hours devoted to monitoring, inspecting, nariding of violations, and errors	,
-	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	an conservation easements during the year
7	S	ig contest valien eaconteste auting the year
_	Does each conservation easement reported on line 2(d) above satisfy the requirements of s	ection 170(h)(A)(B)(i)
8		1 1 - 1 1 -
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue balance sheet, and include, if applicable, the text of the footnote to the organization's fire	e and expense statement and
		ialicial statements that desembes the
650000	organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or C	Athar Similar Accate
	Organizations Maintaining Collections of Art, Historical Treasures, or C Complete if the organization answered "Yes" on Form 990, Part IV, line 8	Allei Olimai Assets.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revortant, historical treasures, or other similar assets held for public exhibition, educat service, provide in Part XIII the text of the footnote to its financial statements that describ	enue statement and balance sheet works on or research in furtherance of nublic
	of art, historical treasures, or other similar assets field for public exhibition, cubout service provide in Part XIII the text of the footnote to its financial statements that describ	es these items.
b	If the organization elected as permitted under FASB ASC 958, to report in its reven-	ue statement and balance sheet works of
, D	art, historical treasures, or other similar assets held for public exhibition, education, or	research in furtherance of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	> \$
	(iii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other sim	ilar assets for financial gain, provide the
_	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	a Revenue included on Form 990, Part VIII, line 1	> \$
b		, > \$
	or Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (e) Book value (c) Restrict of valuations (native) (nativ	Cohedule D (Form 990) 2019 Part VII Investments - Other Securities.			Page 3
(a) (anduding name of security) (b) Financial derivatives (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Part VII Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	Part IV, line 11b. See Form 990, Pa	rt X, line 12.
2) Closely held equity interests		(b) Book value		alue
3) Other (A) (B) (C)	1) Financial derivatives			
(A) (B) (C) (C) (D) (E) (F) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (G) (H) (G) (H) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H				
(B) (C) (D) (E) (F)	3) Other			
(C) (D) (E) (F) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (F) (G) (H) (F) (F) (G) (H) (F) (F) (G) (F) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(A)			
(C) (E) (F) (G) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(B)			
(E) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (H) (F) (G) (H) (H) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	(C)			
(F) (S) (H) (S) (H) (F) (F) (S) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	\ \(\dots \dots \dots \ \dots \ \dots \ \dots \ \dots \dots \dots \dots \dots \dots \dots \dots \dots			
(C) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.). ▶ Part XIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. 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 (c) Method of valuation: Cost or end-o				
Trotal, Column (b) must equal Form 990, Part X, col. (B) line 12.)	(F)			
Total (Column (b) must equal Form 990, Part X, cot. (B) line 13) National Part X	(G)			
Investments - Program Rolated. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.				
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 dysaluation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Labilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15 (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYCHECK PROTECTION PROGRAM LOAN (6) (6) (7) (8) (9) (1) (6) (6) (7) (8)				
(a) Description of Investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (6) (6) (7) (8) (9) Total: (Column (b) must equal Form 990, Part X, col. (B) line 13) . ▶ (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (11) (12) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (18) (19) (19) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19	PartVIII Investments - Program Related.	diversion Form 000	Dort IV line 11c See Form 990 Ps	art X line 13
(a) Cost or end-of-year market value (1) (2) (3) (4) (6) (6) (7) (8) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				
(2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col. (B) line 13) . ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) 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 (2) PAYCHECK PROTECTION PROGRAM LOAN (682, (3)) (4) (5) (6) (7) (8)	(a) Description of investment	(b) Book value		
(3) (4) (5) (6) (7) (8) (9) Total. (Collumin (b) must equal Form 990, Part X, col. (B) line 13) . ▶ Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) Total. (Collumin (b) must equal Form 990, Part X, col. (B) line 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. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYCHECK PROTECTION PROGRAM LOAN (3) (4) (5) (6) (7) (8)	(1)			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) . ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)	(2)			
(6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				
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(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 (2) PAYCHECK PROTECTION PROGRAM LOAN 682, (3) (4) (5) (6) (7) (8)		escription		(b) BOOK Value
(3) (4) (5) (6) (7) (8) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 (2) PAYCHECK PROTECTION PROGRAM LOAN 682, (3) (4) (5) (6) (7) (8)				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 (2) PAYCHECK PROTECTION PROGRAM LOAN 682, (3) (4) (5) (6) (7) (8)	(5)			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 (2) PAYCHECK PROTECTION PROGRAM LOAN 682, (3) (4) (5) (6) (6) (7) (8)				
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 (2) PAYCHECK PROTECTION PROGRAM LOAN 682, (3) (4) (5) (6) (6) (7) (8)	(9)	ting de l	b	
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 (2) PAYCHECK PROTECTION PROGRAM LOAN 682, (3) (4) (5) (6) (7) (8)	Additional Control of the Control of	Inte 15.),		
Iine 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) PAYCHECK PROTECTION PROGRAM LOAN 682,	Other Liabilities.	od "Voe" on Form 00	0 Part IV line 11e or 11f See Form	990 Part X.
1. (a) Description of liability (b) Book value (1) Federal income taxes 682, (2) PAYCHECK PROTECTION PROGRAM LOAN 682, (3) (4) (5) (6) (7) (8)		50 163 OH OH 00	o, i ditivi mo i io oi i iii ooo i oiii	
(1) Federal income taxes (2) PAYCHECK PROTECTION PROGRAM LOAN (3) (4) (5) (6) (7)	() 5	inting of Dabities		(b) Book value
(2) PAYCHECK PROTECTION PROGRAM LOAN 682, (3) (4) (5) (6) (7) (8)		трион от наовну		(b) book toldo
(3) (4) (5) (6) (7) (8)	TOTAL TOTAL TOTAL			682,690
(4) (5) (6) (7) (8)				000,700
(5) (6) (7) (8)				
(6) (7) (8)				
(7) (8)				
(8)				
(0)				
(9)	(9)			682,690
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				

2. 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) 2019

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	ì.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	8,486,793.
1	Total revenue, gains, and other support per audited financial statements		0,100,100.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Not unrealized gains (losses) on investments		
a	Net unrealized gains (losses) on investments		
b c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	95,028.
3	Subtract line 2e from line 1	3	8,391,765.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	4-	
_ c	Add lines 4a and 4b	4c	8,391,765.
5 Panti			0,001,1001
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	8,875,763.
2	Amounts included on line 1 but not on Form 990. Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
đ	Other (Describe in Part XIII.)		05 000
е	Add lines 2a through 2d	2e	95,028. 8,780,735.
3	Subtract line 2e from line 1	3	0,700,733.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4c	
С 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		8,780,735.
Part	XIII Supplemental Information.		
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I	Part V,	line 4; Part X, line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr	nation.	
SEI	E PAGE 5		

Part XIII Supplemental Information (continued)

PART X LINE 2:

THE HETRICK-MARTIN INSTITUTE, INC. ("HMI") FOLLOWS THE ACCOUNTING STANDARD FOR UNCERTAINTY IN INCOME TAXES. THE STANDARD PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION.

HMI FILES INFORMATIONAL RETURNS IN THE FEDERAL JURISDICTION. WITH FEW EXCEPTIONS, HMI IS NO LONGER SUBJECT TO FEDERAL INCOME TAX EXAMINATIONS FOR FISCAL YEARS BEFORE 2017.

HMI BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE POSITIONS TAKEN ON ITS TAX RETURNS. NONETHELESS, THE AMOUNTS ULTIMATELY PAID, IF ANY, UPON RESOLUTION OF THE ISSUES RAISED BY THE TAXING AUTHORITIES MAY DIFFER MATERIALLY FROM THE AMOUNTS PAID. MANAGEMENT BELIEVES THAT ITS NONPROFIT STATUS WOULD BE SUSTAINED UPON EXAMINATION.

SHOULD THERE BE INTEREST ON UNDERPAYMENTS OF INCOME TAX, HMI WOULD CLASSIFY IT AS INTEREST EXPENSE. HMI WOULD CLASSIFY PENALTIES IN CONNECTION WITH UNDERPAYMENTS OF INCOME TAX AS OTHER EXPENSES.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number

THE HETRICK-MARTIN INSTITUTE, INC. 13-3104537 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. PartI Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Solicitation of non-government grants а Mail solicitations Internet and email solicitations f Solicitation of government grants b Special fundraising events Phone solicitations d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vI) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of fundraiser listed in from activity or entity (fundraiser) contributions? organization col. (i) Yes Νo 1 2 3 5 7 8 9 10 æ List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2019

NEW

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List PartII

		events with gross receipts gre	ater than \$5,000.			
			(a) Event #1 EMERY AWARDS	(b) Event #2 SCHOOL'S OUT	(c) Other events	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	cos. (c))
Revenue	1	Gross receipts	447,746.	26,175.	193,522.	667,443.
∝	2	Less: Contributions	153,825.		:	153,825.
1	3	Gross income (line 1 minus line 2)			193,522.	513,618.
		Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Exp	7	Food and beverages	196,145.	99.		196,244.
Direct	8	Entertainment	75,000.			75,000.
	9	Other direct expenses	357,961.	5,594.	14,070.	377,625.
	4.0	Direct expense summary. Add lin	age 4 through 9 in colu	umn (d)	▶	648,869.
	10 11	Not income cummary Subtract I	ine 10 from line 3 col	iumn (d)	>	-135,251
#10/07/2005		Gaming. Complete if the org	ganization answered	"Yes" on Form 990,	Part IV, line 19, or	reported more than
		\$15,000 on Form 990-EZ, li	ne 6a.			
e E			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
Ц	5	Other direct expenses,				
		Volunteer labor	Yes	% Yes9	Yes 9	6
	7	Direct expense summary. Add l	ines 2 through 5 in co	lumn (d)	, , 🕨	
	8	Net gaming income summary.	Subtract line 7 from lin	ne 1, column (d)	>	
9	a b	Enter the state(s) in which the or is the organization licensed to could "No," explain:	onduct gaming activitie	gaming activities: es in each of these sta		Yes No
10	a b	Were any of the organization's gam If "Yes," explain:		uspended, or terminated		Yes No

Schedu	ule G (Form 990 or 990-EZ) 2019 Page 3
11	Does the organization conduct gaming activities with nonmembers?,,,
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?
13	Indicate the percentage of gaming activity conducted in: The organization's facility 13a %
a	The organization's facility 13a % An outside facility 13b %
b 14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
r	amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:
v	The poor, differ hamo and assessed the sine party.
	Name ▶
	Address ►
16	Gaming manager information:
	Name
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	,
	or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE I (Form 990)

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

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

2019 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 13-3104537 THE HETRICK-MARTIN INSTITUTE, INC. Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Partil Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance (g) Description of noncash assistance (h) Purpose of grant or assistance 1 (a) Name and address of organization or government (b) EIN _(1)_ (2) (3) (4) (5) (6) _(7)_ (8) (9) (10) (11) $\{12\}$ For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule 1 (Form 990) (2019)

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Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIFS	24.	21,031.			
2 STIPENDS	182.	281,159.			
3					
4					
5					A A A A A A A A A A A A A A A A A A A
6		Millerature			
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2:

THE SCHOLARSHIP AWARDS ARE GIVEN AFTER STUDENTS HAVE DEMONSTRATED THEIR ACCEPTANCE OR COURSE WORK AT ACCREDITED COLLEGE. THE SCHOLARSHIP CHECKS ARE ISSUED DIRECTLY TO THE INSTITUTIONS FOR THE BENEFIT OF THE STUDENTS. STIPENDS ARE PROVIDED TO YOUTH WHO ATTEND AND PARTICIPATE IN VARIOUS PROGRAMS.

Schedule I (Form 990) (2019)

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization THE HETRICK-MARTIN INSTITUTE, INC. Employer identification number

13-3104537

Questions Regarding Compensation Parti Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Discretionary spending account 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 1b 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 2 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. Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations 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: Χ 4a Receive a severance payment or change-of-control payment?.... Χ b Participate in, or receive payment from, a supplemental nonqualified retirement plan?........ 4b X 4c c Participate in, or receive payment from, an equity-based compensation arrangement?..... If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: Χ 5a Χ 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Χ 6a 6b Χ If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 Χ 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 Χ 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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Schedule J (Form 990) 2019

Page 2

Schedule J (Form 990) 2019

Partill 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 (8)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B) reported as deferred on prior Form 990	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)·(D)		
THOMAS KREVER	(i)	240,640.	0.	0.	8,250.	18,468.	267,358.	0	
1 ^{CEO}	(ii)	0.	0.	0.	0.	0.	0.	Û	
AMY BARCIEDODE	(i)	146,800.	0.	0.	4,800.	10,092.	161,692.	(
2CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	(
DANIEL DOUCETTE	(i)	191,667.	0	0.	0.	7,500.	199,167.	(
3 ^{COO/CEO}	(ii)	0.	0.	0.	0.	Q.	0.	(
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(ii) (i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
0	(ii)								
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1	(ii)						J		
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13	(ii)								
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14	(ii)								
	(i)							1	
15	(ii)						<u> </u>		
	(i)						ļ		
16	(ii)							 	

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Schedule J (Form 990) 2019

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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) 2019

SCHEDULE M (Form 990)

Noncash Contributions

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer Identification number

THE HETRICK-MARTIN INSTITUTE, INC.

13-3104537

Rani	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr			ints
1	Art - Works of art , , , ,							
	Art - Historical treasures							
	Art - Fractional interests							
	Books and publications	l'						
	Clothing and household							
	goods							
	Cars and other vehicles							•
7	Boats and planes							
8	Intellectual property							
	Securities - Publicly traded		3.	15,234.	FMV			
	Securities - Closely held stock	1						
	Securities - Partnership, LLC,							
''	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
10	contribution - Historic							
	structures							
1.4	Qualified conservation							
14	contribution - Other,	[
4 =	Real estate - Residential , , ,	1						
15	Real estate - Commercial							
16								
17	Real estate - Other							
18	Collectibles	1						
19	Food inventory	1						
20	Drugs and medical supplies	1						
21	Taxidermy							
22	Historical artifacts	1	1					
23	Scientific specimens	1	1					
24	Archeological artifacts , , , ,	•	11.	65,221.				
25	Other ►(ATCH 1)	-	<u> </u>	OJ/ZZI.				
26	Other ()							
27	Other ▶()							
28	Other ►()	1	, , , , , , , , , , , , , , , , , , , ,					
29	Number of Forms 8283 received				29			
	which the organization completed	Form 8283,	Part IV, Donee Acknowled	gement	Z9		Yes	No
				and a support of the Donald Wash	. 4 41		165	140
30a	During the year, did the organiza						ŀ	
	28, that it must hold for at least					30a		Х
	to be used for exempt purposes fo		nolding period?			Sua		
	If "Yes," describe the arrangement	in Part II.						
31	Does the organization have a						x	
	contributions?					31		
32a	Does the organization hire or us							v
	contributions?				<i></i>	32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report ar	n amount in	column (c) for a type of pro	operty for which column (a	a) is checked,			
	describe in Part II.					<u> </u>		

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

Schedule M (Form 990) 2019

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

PART I, COLUMN (B):

THE FILING ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS

RECEIVED.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION (A)	CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
5 TICKETS TO JAGGED LITTL	X	1.	1,221.	COST
GET DRAWN INTO A COMIC BO	Х	1.	50,000.	COST
VERSACE RED TAPESTY VANIT	Х	1.	2,500.	COST
\$500 SHIPPING SPREE @ DIE	Х	1.	500.	COST
DIESEL 5D BOOK	Χ	1.	100.	COST
WALKING DEAD DVD GIFT BAS	Χ	1.	500.	COST
JV SHOPPING SPREE	X	1.	5,000.	COST
GABRIELA HEARST DEMI BAG	X	1.	2,150.	COST
FRESH GIFT BOX	Χ	2.	750.	COST
4 TICKETS TO CELINE DION	X	1.	2,500.	COST
TOTALS	=	11.	65,221.	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

Name of the organization

THE HETRICK-MARTIN INSTITUTE, INC.

Employer identification number 13-3104537

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

HETRICK MARTIN INSTITUTE PROVIDED A COPY VIA EMAIL TO THE FINANCE

COMMITTEE AND THE BOARD OF DIRECTORS FOR REVIEW AND FEEDBACK. ANY

CORRECTIONS OR CONCERNS ARE ADDRESSED BEFORE IT IS FILED WITH THE IRS.

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

A CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO BOARD MEMBERS AND OFFICERS UPON JOINING HMI. THIS POLICY IS REVIEWED ON AN ANNUAL BASIS. IN ADDITION TO THE POLICY, EACH MEMBER AND OFFICER IS REQUIRED TO DISCLOSE ANY ACQUIRED OR PROSPECTIVE DEALINGS WHICH WOULD CREATE A CONFLICT. IF A PERSON HAS A CONFLICT, BOARD MEMBERS REPORT IT TO THE CO-CHAIRS OF THE BOARD, AND EMPLOYEES NOTIFY THE EXECUTIVE DIRECTOR. AFTER THAT, THE PERSON IS EXCLUDED FROM THE DELIBERATIONS RELEVANT TO THE CONFLICT.

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

THE CEO'S SALARY IS DETERMINED BY THE BOARD WHICH USES COMPARATIVE DATA

OF THE INDUSTRY, SALARY SURVEYS, AND OTHER ORGANIZATIONS' FORM 990'S. ANY
BOARD MEMBER WITH A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION

ARRANGEMENT WERE NOT INVOLVED IN THE DECISION. THIS WAS LAST DONE ON

DECEMBER 31, 2016.

FORM 990, PART VI, SECTION B, LINE 15B: COMPENSATION OF OTHER OFFICERS OR
KEY EMPLOYEES OF THE ORGANIZATION IS DETERMINED BY THE CHIEF EXECUTIVE
OFFICER AND THE CHIEF OPERATING & FINANCIAL OFFICER USING COMPARATIVE

DATA OF THE INDUSTRY, SALARY SURVEYS, AND OTHER ORGANIZATIONS' FORM 990'S. THE CHIEF EXECUTIVE OFFICER AND THE CHIEF OPERATING & FINANCIAL OFFICER ARE AUTHORIZED TO HIRE OFFICERS AND EMPLOYEES OF THE COMPANY; PROVIDED, THAT THE ANNUAL COMPENSATION PAID BY THE COMPANY TO SUCH EMPLOYEES SHALL NOT EXCEED \$200,000 WITHOUT PRIOR AUTHORIZATION OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C LINE 19:

UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE ONLY THOSE DOCUMENTS

REQUIRED TO BE DISCLOSED UNDER THE PUBLIC INSPECTION LAWS.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

LARGEST NON-PROFIT AGENCY SERVING LESBIAN, GAY, BISEXUAL,

TRANSGENDER AND QUESTIONING (LGBTQ) YOUNG PEOPLE FOR MORE THAN 40

YEARS. DURING FY 20, HMI SERVICED MORE THAN 2,000 YOUTH MEMBERS

AND THEIR FAMILIES FROM OVER 300 ZIP CODES IN NEW YORK, NEW

JERSEY, AND BEYOND THOSE MEMBERS RECEIVED SERVICES ON A CONTINUUM

RANGING FROM INDIVIDUAL COUNSELING AND CASE MANAGEMENT SERVICES,

OTHER MENTAL HEALTH SERVICES SUCH AS SUPPORT GROUPS AND

PSYCHIATRIC SERVICES, ACADEMIC SUPPORT PROGRAMS, EXPANDED LEARNING

TIME AND OUT OF SCHOOL PROGRAMMING, JOB READINESS PROGRAMS AND

PAID INTERNSHIPS, HEALTH EDUCATION AND PREGNANCY PREVENTION, HIV

PREVENTION, TESTING AND LINKAGE TO CARE, AS WELL AS COMMUNITY

Name of the organization

THE HETRICK-MARTIN INSTITUTE, INC.

Employer identification number 13-3104537

ATTACHMENT 1 (CONT'D)

EDUCATION AND OUTREACH ACTIVITIES, INCLUDING STREET OUTREACH TO
YOUTH EXPERIENCING HOMELESSNESS, AND OUTREACH EFFORTS TO SUPPORT
COVID TESTING AND CONTACT TRACING INITIATIVES AND TO DISTRIBUTE

PPE. HMI HAS BEEN A PROVIDER OF HOT MEALS TO LGBTQ YOUTH, AND

DURING THE PANDEMIC PIVOTED TO PROVIDE YOUTH FACING ISSUES WITH

FOOD ACCESS WITH DIRECT CASH ASSISTANCE AND A FOOD DISTRIBUTION

PROGRAM. HMI HEADQUARTERS ARE LOCATED IN NEW YORK CITY. DURING THE

PANDEMIC OUR STREET OUTREACH PROGRAMS HAVE CONTINUED TO OPERATE

IN-PERSON. IN ADDITION, HMI HAS PROVIDED CONTINUOUS CARE AND

SERVICES TO YOUTH VIA TELEHEALTH PLATFORMS, AND HAVE IMPLEMENTED A

FULL CONTINUUM OF VIRTUAL, ON-LINE PROGRAMS USING VIDEO

CONFERENCING SERVICES, AND ON-LINE CHAT ROOMS, AND BY PROVIDING

YOUTH WITH SHIP-TO-HOME SUPPLIES.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

SORAYA E. ELCOCK 255 EASTERN PARKWAY, APARTMENT C-14 BROOKLYN, NY 11238

CONSULTANT

120,240.