

Return of Organization Exempt From Income Tax

Form 990

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.

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: NEW YORKERS FOR CHILDREN, INC.
D Employer identification number: 13-3904537
E Telephone number: 646-257-2930
G Gross receipts \$: 3,032,679.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: HTTPS://WWW.NEWYORKERSFORCHILDREN.ORG/
K Form of organization: Corporation
L Year of formation: 1996
M State of legal domicile: NY

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... TO PROTECT THE WELL-BEING OF NYC'S CHILDREN AND FAMILIES...; 2-7 Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer ALAN YU, EXECUTIVE DIRECTOR
Date
Paid: Preparer's name TANIA QUIGLEY, Preparer's signature, Date 07/24/25, PTIN P01549343
Preparer Use Only: Firm's name CERINI & ASSOCIATES, LLP, Firm's EIN 11-3066459, Firm's address 3340 VETERANS MEMORIAL HWY BOHEMIA, NY 11716, Phone no. 631-582-1600

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: NEW YORKERS FOR CHILDREN (NYFC) IMPROVES THE WELL-BEING OF YOUTH AND FAMILIES IN THE CHILD WELFARE SYSTEM WITH AN EMPHASIS ON OLDER YOUTH AGING OUT OF THE SYSTEM. NYFC PROVIDES DIRECT EDUCATIONAL, FINANCIAL AND EMOTIONAL SUPPORT AND DEVELOPS PROGRAMS TO FILL GAPS IN THE SYSTEM

2 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 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 643,177. including grants of \$ 450,515.) (Revenue \$) SIGNATURE PROGRAMS: IN ORDER TO HELP YOUTH IN NYC FOSTER CARE AND THOSE WHO HAVE AGED OUT LIVE INDEPENDENTLY WITH UNPRECEDENTED SUCCESS, NYFC PROVIDES DIRECT SERVICES THAT FOCUS ON ENROLLING YOUTH IN COLLEGE, SUPPORTING THEM THROUGH GRADUATION, AND GAIN THE SKILLS NEEDED TO ENTER THE WORKFORCE FROM A POSITION OF EMPOWERMENT.

OUR TIME-TESTED SIGNATURE PROGRAMS INCLUDE: *THE BACK TO SCHOOL PACKAGE PROGRAM *THE NICHOLAS SCOPPETTA SCHOLARSHIP PROGRAM *EMERGENCY FUNDS *THE SPIRIT AWARD *THE YOUTH ADVISORY BOARD/PEER MENTORING NETWORK TO SUCCESS

NYFC SIGNATURE PROGRAMS HELP YOUTH TRANSITIONING OUT OF FOSTER CARE

4b (Code:) (Expenses \$ 3,608,958. including grants of \$ 2,090,448.) (Revenue \$) INNOVATIVE PROGRAMS: A PORTION OF NEW YORKERS FOR CHILDREN WORK IS DEDICATED TO PILOTING AND IMPLEMENTING PROGRAMS THAT DEMONSTRATE PROMISING PRACTICE IN THE FIELD OF CHILD WELFARE. BOTH IN PARTNERSHIP WITH ACS AND INDEPENDENTLY, NYFC OPERATES OVER 22 UNIQUE PROGRAMS WHERE IT SERVES AS EITHER A GRANT MANAGER OR DIRECT PROJECT MANAGER. WORKING CLOSELY WITH COMMUNITY PARTNERS, EXPERTS IN THE FIELD AND/OR THE 26 FOSTER CARE AGENCIES NYFC DEVELOPS CONTRACTS, TRACKS DATA, MAKES PAYMENT AND IN SOME INSTANCES PROVIDES TECHNICAL ASSISTANCE. BELOW ARE EXAMPLES OF A HANDFUL OF INNOVATED PROGRAMS AND PILOTS THAT NYFC OPERATES IN THIS CAPACITY:

LIFESSET IS AN EXAMPLE OF NYFC INNOVATIVE PROGRAM: IN PARTNERSHIP WITH

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,252,135.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (22); 1b Enter the number of voting members included on line 1a, above, who are independent (22); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 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 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY, NJ, CT
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ALAN YU - 646-257-2930
450 SEVENTH AVENUE, SUITE #1707, NEW YORK, NY 10123

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALAN YU EXECUTIVE DIRECTOR	40.00			X			234,026.	0.	23,030.	
(2) YEYMI HOFFMANS (4 DAYS/WK) SENIOR DIR, FINANCE & ADMI	40.00				X		174,449.	0.	46,821.	
(3) SUSAN L. BURDEN PRESIDENT	3.00	X		X			0.	0.	0.	
(4) DENISE MAYBANK CO-PRESIDENT	3.00	X		X			0.	0.	0.	
(5) LAURA MCVEY VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(6) LOUIS KLEIN TREASURER	2.00	X		X			0.	0.	0.	
(7) SUSAN GILROY SECRETARY	1.00	X		X			0.	0.	0.	
(8) JOHN ALDERMAN MEMBER	2.00	X					0.	0.	0.	
(9) JESSICA FLAYSER MEMBER	1.00	X					0.	0.	0.	
(10) ERIC BRETTSCHEIDER MEMBER	1.00	X					0.	0.	0.	
(11) JANEL CALLON MEMBER (THRU MAR 2024)	1.00	X					0.	0.	0.	
(12) KATHRYN CONROY MEMBER (THRU DEC 2024)	1.00	X					0.	0.	0.	
(13) YVES DUROSEAU MEMBER	1.00	X					0.	0.	0.	
(14) ROLAND ESTEVEZ MEMBER	1.00	X					0.	0.	0.	
(15) LISE B. EVANS MEMBER (THRU FEB 2024)	1.00	X					0.	0.	0.	
(16) SALVATORE GOGLIORMELLA MEMBER	1.00	X					0.	0.	0.	
(17) DAVID HANSELL MEMBER	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ABIGAIL JAMES MEMBER	1.00	X						0.	0.	0.
(19) NANCY JARECKI MEMBER	1.00	X						0.	0.	0.
(20) AMY LAROCCA MEMBER	1.00	X						0.	0.	0.
(21) ELIZABETH MYERS MEMBER	1.00	X						0.	0.	0.
(22) RONA NELSON MEMBER	1.00	X						0.	0.	0.
(23) PATTI ONGMAN MEMBER (THRU FEB 2024)	1.00	X						0.	0.	0.
(24) SEETHA RAMACHANDRAN MEMBER	1.00	X						0.	0.	0.
(25) ANDREA SCOPPETTA MEMBER	1.00	X						0.	0.	0.
(26) JESS DANNHAUSER MEMBER EX OFFICIO	1.00	X						0.	0.	0.
1b Subtotal								408,475.	0.	69,851.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								408,475.	0.	69,851.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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) Name and business address	(B) Description of services	(C) Compensation
ACTION RESEARCH PARTNERS 318 5TH STREET, BROOKLYN, NY 11215	CONSULTANT ON GRANTS	344,467.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c 861,449.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 50,000.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f 1,796,601.					
	g Noncash contributions included in lines 1a-1f	1g \$ 175,947.					
	h Total. Add lines 1a-1f		2,708,050.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		289,112.			289,112.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ 861,449. of contributions reported on line 1c). See Part IV, line 18	8a		35,517.				
			157,689.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-122,172.			-122,172.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			2,874,990.	0.	0.	166,940.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,090,448.	2,090,448.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	450,515.	450,515.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	422,379.	99,894.	289,398.	33,087.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	603,593.	497,246.	62,785.	43,562.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,200.	2,394.	13,801.	3,005.
9 Other employee benefits	96,718.	12,061.	69,520.	15,137.
10 Payroll taxes	78,363.	9,772.	56,327.	12,264.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	27,500.		27,500.	
d Lobbying	9,000.			9,000.
e Professional fundraising services. See Part IV, line 17	72,500.			72,500.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	989,318.	875,041.	103,552.	10,725.
12 Advertising and promotion	10,000.			10,000.
13 Office expenses	56,108.	4,845.	45,765.	5,498.
14 Information technology	18,818.	2,347.	13,527.	2,944.
15 Royalties				
16 Occupancy	170,448.	21,255.	122,518.	26,675.
17 Travel	9,565.	9,307.	258.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,058.	2,002.	11,543.	2,513.
23 Insurance	21,035.		21,035.	
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.)				
a IN-KIND MATERIALS	175,947.	162,347.	0.	13,600.
b INDIRECT EVENT EXPENSES	16,603.			16,603.
c PROGRAM EVENTS	12,661.	12,661.		
d ALL OTHER EXPENSES	764.		764.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,367,541.	4,252,135.	838,293.	277,113.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,305,913.	1	974,417.
	2 Savings and temporary cash investments	6,140,346.	2	3,786,526.
	3 Pledges and grants receivable, net	3,331,880.	3	1,943,823.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	78,859.	9	71,506.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 132,587.		
	b Less: accumulated depreciation	10b 112,622.	36,023.	10c 19,965.
	11 Investments - publicly traded securities	3,564,332.	11	4,634,603.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	481,707.	15	349,448.
16 Total assets. Add lines 1 through 15 (must equal line 33)	14,939,060.	16	11,780,288.	
Liabilities	17 Accounts payable and accrued expenses	854,640.	17	643,815.
	18 Grants payable	477.	18	17,602.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	966,640.	25	316,500.
	26 Total liabilities. Add lines 17 through 25	1,821,757.	26	977,917.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,404,582.	27	4,864,052.
	28 Net assets with donor restrictions	8,712,721.	28	5,938,319.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	13,117,303.	32	10,802,371.
33 Total liabilities and net assets/fund balances	14,939,060.	33	11,780,288.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,874,990.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,367,541.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,492,551.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,117,303.
5	Net unrealized gains (losses) on investments	5	177,619.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,802,371.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2024)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5366878.	8440676.	2675018.	8763967.	2708050.	27954589.
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	5366878.	8440676.	2675018.	8763967.	2708050.	27954589.
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.						27954589.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	5366878.	8440676.	2675018.	8763967.	2708050.	27954589.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	57,325.	55,455.	108,788.	345,544.	289,112.	856,224.
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						28810813.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	97.03	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	97.48	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," 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? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

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.)

Lined area for supplemental information.

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization NEW YORKERS FOR CHILDREN, INC.	Employer identification number (EIN) 13-3904537
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC).
If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		9,000.
j Total. Add lines 1c through 1i			9,000.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments, and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

NYFC ENGAGED A LOBBYIST TO HELP SECURE GOVERNMENT FUNDING TO SUPPORT NYFC PROGRAMS.

SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

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

Name of the organization NEW YORKERS FOR CHILDREN, INC. Employer identification number 13-3904537

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and others), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) (Rev. 12-2024)

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition **d** Loan or exchange program
- b** Scholarly research **e** Other _____
- c** Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,216,502.	1,073,987.	1,226,544.	1,118,445.	1,012,852.
b Contributions					
c Net investment earnings, gains, and losses	80,027.	147,515.	-147,557.	113,099.	113,093.
d Grants or scholarships					
e Other expenditures for facilities and programs	5,000.	5,000.	5,000.	5,000.	7,500.
f Administrative expenses					
g End of year balance	1,291,529.	1,216,502.	1,073,987.	1,226,544.	1,118,445.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment 65.8770 %
- c** Term endowment 34.1200 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		7,650.	4,208.	3,442.
d Equipment		53,298.	36,775.	16,523.
e Other		71,639.	71,639.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				19,965.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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, line 15, col. (B))	

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) LEASE LIABILITY	316,500.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,147,423.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 177,619.		
b	Donated services and use of facilities	2b 94,814.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	272,433.
3	Subtract line 2e from line 1		3	2,874,990.
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.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,874,990.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	5,462,355.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 94,814.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	94,814.
3	Subtract line 2e from line 1		3	5,367,541.
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	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	5,367,541.

Part XIII Supplemental Information

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

PART X, LINE 2:

NYFC BELIEVES THAT TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE AFFECT ON NYFC'S FINANCIAL CONDITION, RESULTS OF OPERATIONS, OR CASH FLOWS. ACCORDINGLY, NYFC HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2024.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FALL GALA (FALL FETE) (event type)	HALF MARATHON (event type)	NONE (total number)	
Revenue	1	Gross receipts	890,790.	6,176.	896,966.
	2	Less: Contributions	855,273.	6,176.	861,449.
	3	Gross income (line 1 minus line 2)	35,517.		35,517.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	44,012.		44,012.
	7	Food and beverages			
	8	Entertainment	2,667.		2,667.
	9	Other direct expenses	111,009.	1,250.	112,259.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			158,938.
11	Net income summary. Subtract line 10 from line 3, column (d)			-123,421.	

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

		(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			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 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:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes 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 \$ _____
- c If "Yes," enter the 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? Yes No
- 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 \$ _____

Part IV Supplemental Information. Provide the explanations 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, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: THE JFM GROUP, LLC

(I) ADDRESS OF FUNDRAISER: 25 BANK STREET #212B, WHITE PLAINS, NY 10606

**SCHEDULE I
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

**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.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

NEW YORKERS FOR CHILDREN, INC.

Employer identification number
13-3904537

Part I General Information on Grants and Assistance

- 1** 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? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NEW ALTERNATIVES FOR CHILDREN 37 WEST 26TH STREET NEW YORK, NY 10010	13-3149298	501C3	202,751.	0.			TO SUPPORT THE POST PERMANENCY SUPPORT PROGRAM
MERCYFIRST 525 CONVENT ROAD SYOSSET, NY 11791	11-1635089	501C3	178,722.	0.			TO SUPPORT THE POST PERMANENCY SUPPORT PROGRAM
NEW YORK COUNCIL ON ADOPTABLE CHILDREN - 333 WEST 39 STREET, SUITE 201 - NEW YORK, NY 10018	23-7269678	501C3	117,297.	0.			TO SUPPORT THE POST PERMANENCY SUPPORT PROGRAM
FOSTER CARE UNPLUGGED FCUP, INC 117-12 OCEAN PROMENADE, #3D ROCKAWAY PARK, NY 11694	82-0966198	501C3	96,821.	0.			TO SUPPORT THE MITIGATING TRAUMA PROGRAM AND TO SUPPORT THE CITY'S ECOSYSTEM OF
CORA GROUP INC 50 LEXINGTON AVENUE # 292 NEW YORK, NY 10010	13-4099444	501C3	91,136.	0.			TO SUPPORT A COMPREHENSIVE CO-DESIGN EVALUATION OF COMMUNITY PARTNERSHIPS. IN
INSTITUTE FOR A RESTORATIVE FUTURE, LLC - 9685 BASKET RING RD, #3 - COLUMBIA, MD 21045	83-3835068	501C3	90,967.	0.			TO DEVELOP AND IMPLEMENT A BALANCED AND RESTORATIVE JUSTICE IMPLEMENTATION PLAN

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (Rev. 12-2024)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN INSTITUTE 500 L'ENFANT PLAZA, SW WASHINGTON, DC 20024	52-0880375	501C3	193,953.	0.			DESIGN AND EXECUTE A RIGOROUS STUDY THAT WILL FILL SOME OF THE CRITICAL KNOWLEDGE GAP AROUND THE
ADOPTIVE AND FOSTER FAMILY COALITION OF NY - 108 MAIN STREET - SUITE #5 - NEW PALTZ, NY 12561	51-0194916	501C3	75,000.	0.			TO SUPPORT THE CITY'S ECOSYSTEM OF SMALL CHILD WELFARE ORGANIZATIONS WHO ARE CARRYING OUT DIRECT
AT THE TABLE 609 WARREN STREET BROOKLYN, NY 11217	85-0992541	501C3	50,000.	0.			TO SUPPORT THE CITY'S ECOSYSTEM OF SMALL CHILD WELFARE ORGANIZATIONS WHO ARE CARRYING OUT DIRECT
DAY ONE NEW YORK, INC P.O. BOX 3220, CHURCH STREET STATIO NEW YORK, NY 10008	06-1103000	501C3	75,000.	0.			TO SUPPORT THE CITY'S ECOSYSTEM OF SMALL CHILD WELFARE ORGANIZATIONS WHO ARE CARRYING OUT DIRECT
JEREMIAH PROGRAM THE GREGORY JACKSON CENTER, 519 ROCKAWAY AVE, 4TH FLOOR, - BROOKLYN, NY 1121	41-1801834	501C3	75,000.	0.			TO SUPPORT THE CITY'S ECOSYSTEM OF SMALL CHILD WELFARE ORGANIZATIONS WHO ARE CARRYING OUT DIRECT
NOT ON MY WATCH, INC 811 ALLERTON AVENUE BRONX, NY 10467	82-3809384	501C3	100,000.	0.			TO SUPPORT THE CITY'S ECOSYSTEM OF SMALL CHILD WELFARE ORGANIZATIONS WHO ARE CARRYING OUT DIRECT
THE ALEX HOUSE PROJECT INC 76 LORRAINE STREET BROOKLYN, NY 11231	47-5488301	501C3	75,000.	0.			THE OVERALL GOAL OF THE PROJECT IS TO ENHANCE CITYWIDE MENTAL HEALTH AND WELLBEING SERVICES
DUKE UNIVERSITY 2200 W. MAIN ST. STE A-200 DURHAM, NC 27705-4677	56-0532129	501C3	111,485.	0.			AIMS TO CONDUCT AN EVALUATION OF THE LIFESET PROGRAM IDENTIFYING CURRENT STRENGTHS OF AND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEART SHARE ST. VINCENT'S SERVICES 66 BOERUM PLACE BROOKLYN, NY 11201	11-1631823	501C3	15,000.	0.			AIMS TO PILOT AND EVALUATE A NEW IMPLEMENTATION MODEL OF HIGH-FIDELITY WRAPAROUND
NEW TOMORROW PARTNERS LLC (COMMUNITY IMPACT ADVISORS) - 185 HALL STREET #1712 - BROOKLYN, NY 11205	86-2150927	501C3	75,000.	0.			TO PROVIDE TECHNICAL ASSISTANCE AND TO COLLECTIVELY SUPPORT THE WORK OF SEVERAL CHILD
RISING GROUND, INC 463 HAWTHORNE AVENUE YONKERS, NY 10705	13-18660451	501C3	15,600.	0.			AIMS TO PILOT AND EVALUATE A NEW IMPLEMENTATION MODEL OF HIGH-FIDELITY WRAPAROUND

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 noncash assistance
BACK TO SCHOOL PACKAGE	281	0.	87,193.	FMV	BACK TO SCHOOL PACKAGES TO PARTICIPANTS (LAPTOPS / GIFT CARDS)
STIPENDS	196	214,090.	0.	FMV	STIPENDS FOR SCHOLARS AND INTERNSHIP RECIPIENTS
PROGRAM SUPPLIES	285	0.	59,221.	FMV	YOUTH PROGRAMMATIC SUPPORT
EMERGENCY PARTICIPANTS GRANTS	39	29,419.	0.		EMERGENCY GRANTS TO YOUTH
TUITION & TUTORING ASSISTANCE	8	39,592.	0.	FMV	TUITION AND TUTORING ASSISTANCE

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

PART II, LINE 1, COLUMN (H) :
 NAME OF ORGANIZATION OR GOVERNMENT: FOSTER CARE UNPLUGGED FCUP, INC
 (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE MITIGATING TRAUMA PROGRAM AND TO SUPPORT THE CITY'S ECOSYSTEM OF SMALL CHILD WELFARE ORGANIZATIONS WHO ARE CARRYING OUT DIRECT SERVICE, POLICY CHANGE, AND/OR RESEARCH WORK.
 NAME OF ORGANIZATION OR GOVERNMENT: CORA GROUP INC
 (H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A COMPREHENSIVE CO-DESIGN EVALUATION OF COMMUNITY PARTNERSHIPS. IN ADDITION, PROJECT AIMS TO PILOT AND EVALUATE A NEW IMPLEMENTATION MODEL OF HIGH-FIDELITY WRAPAROUND (HFW) SERVICES FOR TRANSITION-AGED YOUTH IN FOSTER CARE THAT HAVE HISTORIES OF EXTREME TRAUMA AND RESULTING SERIOUS EMOTIONAL DISTURBANCES (SED).
 NAME OF ORGANIZATION OR GOVERNMENT: URBAN INSTITUTE
 (H) PURPOSE OF GRANT OR ASSISTANCE: DESIGN AND EXECUTE A RIGOROUS STUDY THAT WILL FILL SOME OF THE CRITICAL KNOWLEDGE GAP AROUND THE CAUSAL RELATIONSHIP BETWEEN ECONOMIC AND RESOURCE SCARCITY.

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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 noncash assistance
SCHOLARSHIP	4.	20,000.	0.	FMV	SCHOLARSHIPS
OTHER YOUTH SUPPORT (HOUSING, ASSISTANCE & OTHER)	2.	1,000.	0.	FMV	OTHER YOUTH SUPPORT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

ADOPTIVE AND FOSTER FAMILY COALITION OF NY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CITY'S ECOSYSTEM OF SMALL CHILD WELFARE ORGANIZATIONS WHO ARE CARRYING OUT DIRECT SERVICE, POLICY CHANGE, AND/OR RESEARCH WORK.

NAME OF ORGANIZATION OR GOVERNMENT: AT THE TABLE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CITY'S ECOSYSTEM OF SMALL CHILD WELFARE ORGANIZATIONS WHO ARE CARRYING OUT DIRECT SERVICE, POLICY CHANGE, AND/OR RESEARCH WORK.

NAME OF ORGANIZATION OR GOVERNMENT: DAY ONE NEW YORK, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CITY'S ECOSYSTEM OF SMALL CHILD WELFARE ORGANIZATIONS WHO ARE CARRYING OUT DIRECT SERVICE, POLICY CHANGE, AND/OR RESEARCH WORK.

NAME OF ORGANIZATION OR GOVERNMENT: JEREMIAH PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CITY'S ECOSYSTEM OF SMALL CHILD WELFARE ORGANIZATIONS WHO ARE CARRYING OUT DIRECT SERVICE, POLICY CHANGE, AND/OR RESEARCH WORK.

NAME OF ORGANIZATION OR GOVERNMENT: NOT ON MY WATCH, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CITY'S ECOSYSTEM OF SMALL CHILD WELFARE ORGANIZATIONS WHO ARE CARRYING OUT DIRECT SERVICE, POLICY CHANGE, AND/OR RESEARCH WORK.

NAME OF ORGANIZATION OR GOVERNMENT: THE ALEX HOUSE PROJECT INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CITY'S ECOSYSTEM OF SMALL CHILD WELFARE ORGANIZATIONS WHO ARE CARRYING OUT DIRECT SERVICE, POLICY CHANGE, AND/OR RESEARCH WORK.

NAME OF ORGANIZATION OR GOVERNMENT: PUBLIC POLICY LAB

(H) PURPOSE OF GRANT OR ASSISTANCE: THE OVERALL GOAL OF THE PROJECT IS TO ENHANCE CITYWIDE MENTAL HEALTH AND WELLBEING SERVICES FOR YOUTH INVOLVED IN FOSTER CARE IN NYC.

NAME OF ORGANIZATION OR GOVERNMENT: DUKE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: AIMS TO CONDUCT AN EVALUATION OF THE LIFESET PROGRAM IDENTIFYING CURRENT STRENGTHS OF AND AREAS FOR IMPROVEMENT FOR THE PROGRAM AND BY BETTER UNDERSTANDING THE RECRUITMENT, ENROLLMENT, AND PROGRAM PARTICIPATION.

NAME OF ORGANIZATION OR GOVERNMENT: HEART SHARE ST. VINCENT'S SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: AIMS TO PILOT AND EVALUATE A NEW IMPLEMENTATION MODEL OF HIGH-FIDELITY WRAPAROUND (HFW) SERVICES FOR TRANSITION-AGED YOUTH IN CARE THAT HAVE HISTORIES OF EXTREME TRAUMA AND RESULTING SERIOUS EMOTIONAL DISTURBANCE (SED)

NAME OF ORGANIZATION OR GOVERNMENT:

NEW TOMORROW PARTNERS LLC (COMMUNITY IMPACT ADVISORS)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TECHNICAL ASSISTANCE AND TO COLLECTIVELY SUPPORT THE WORK OF SEVERAL CHILD WELFARE ORGANIZATIONS OF VARYING ANNUAL BUDGETS AND CAPACITY, AND TO PROVIDE MANAGEMENT AND OVERSIGHT OF THE HILTON FOUNDATION'S NYC PLACE-BASED PRIORITIES.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: RISING GROUND, INC
(H) PURPOSE OF GRANT OR ASSISTANCE: AIMS TO PILOT AND EVALUATE A NEW IMPLEMENTATION MODEL OF HIGH-FIDELITY WRAPAROUND (HFW) SERVICES FOR TRANSITION-AGED YOUTH IN CARE THAT HAVE HISTORIES OF EXTREME TRAUMA AND RESULTING SERIOUS EMOTIONAL DISTURBANCE (SED).

PART I, LINE 2:
FOR THE RESOURCE GRANTS: A DETAILED REQUEST WAS VETTED AND APPROVED BY ACS AND THEN FORWARDED TO NYFC. A LETTER OF AGREEMENT (LOA) WAS DRAFTED BETWEEN THE ORGANIZATION AND NYFC. PAYMENTS WERE RELEASED UPON EXECUTION OF THE LOA AND SUBMISSION OF RECEIPTS. FOR YVLIFESET DETAILED INVOICES ALONG WITH A PAYMENT REQUEST FORM WERE SUBMITTED BY CHILDREN'S AID. PAYMENTS WERE TRACKED AGAINST THE BUDGET. YOUTH VILLAGES CONDUCTED AN ASSESSMENT OF THE WORK BEING DONE BY CHILDREN'S AID.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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

Open to Public
Inspection

Name of the organization **NEW YORKERS FOR CHILDREN, INC.** Employer identification number **13-3904537**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. 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. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	<input checked="" type="checkbox"/>
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>
c Participate in or receive payment from an equity-based compensation arrangement?	4c	<input checked="" type="checkbox"/>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	<input checked="" type="checkbox"/>
b Any related organization?	5b	<input checked="" type="checkbox"/>
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:		
a The organization?	6a	<input checked="" type="checkbox"/>
b Any related organization?	6b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<input checked="" type="checkbox"/>
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) (Rev. 12-2024)

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

NEW YORKERS FOR CHILDREN, INC.

Employer identification number

13-3904537

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		172,347.	FAIR VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (BEVERAGES)	X	1	3,600.	FAIR VALUE
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X

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		X
----	--	---

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		X
-----	--	---

b If "Yes," describe in Part II.

33 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.

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

Schedule M (Form 990) 2024

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 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

NEW YORKERS FOR CHILDREN, INC.

Employer identification number

13-3904537

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IN PARTNERSHIP WITH FOSTER CARE AGENCIES, COMMUNITY ORGANIZATIONS, AND
THE NYC ADMINISTRATION FOR CHILDREN'S SERVICES (ASC).

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
LIVE INDEPENDENTLY AND ENROLL IN AND GRADUATE FROM COLLEGE WITH
UNPRECEDENTED SUCCESS. FOR MANY OF THESE DESERVING YOUNG PEOPLE, THE
RESOURCES PROVIDED BY NYFC WILL BE THE ONLY SUPPORT EITHER EMOTIONAL,
FINANCIAL, OR OTHERWISE THAT THEY RECEIVE DURING THEIR TRANSITION FROM
FOSTER CARE TO INDEPENDENT ADULTHOOD.

THE BACK-TO-SCHOOL PACKAGE PROGRAM HAS PROVIDED CURRENT AND AGED OUT
FOSTER YOUTH ENROLLED IN COLLEGE OR A VOCATIONAL PROGRAM WITH THE TOOLS
THEY NEED TO SUCCEED SINCE 1999. THE PACKAGE CONSISTS OF A BRAND-NEW
LAPTOP COMPUTER, TWO GIFT CARDS PER YEAR FOR EDUCATIONAL EXPENSES SUCH
AS TEXTBOOKS, AND A HEARTFELT LETTER FROM NYFC STAFF WISHING THEM GOOD
LUCK WITH THEIR STUDIES. TO DATE, THIS PROGRAM HAS SUPPORTED MORE THAN
10,000 FOSTER YOUTH. WHILE THE PACKAGE IS CONSIDERED ONE OF NYFC'S
"LIGHTER TOUCH" SUPPORTS, IT IMPACTS THE ENTIRE POPULATION OF COLLEGE
AGE YOUTH IN NYC FOSTER CARE WHO ARE PURSUING POST-SECONDARY EDUCATION
OPPORTUNITIES.

THE NICHOLAS SCOPPETTA SCHOLARSHIP PROGRAM (NICK'S SCHOLARS) HAS
SUPPORTED CURRENT AND AGED OUT NEW YORK CITY FOSTER YOUTH THROUGHOUT
THEIR UNDERGRADUATE EXPERIENCE SINCE 2006, FROM ENROLLMENT THROUGH
GRADUATION. THIS COMPREHENSIVE PROGRAM HELPS STUDENTS REALIZE THEIR
EDUCATIONAL AND PERSONAL GOALS BY PROVIDING ESSENTIAL FINANCIAL,
ACADEMIC, EMOTIONAL AND PEER SUPPORT SERVICES. SERVICES PROVIDED
INCLUDE:

*INDIVIDUAL IN PERSON COLLEGE ADVISEMENT AND COACHING MEETINGS WITH
NYFC'S YOUTH PROGRAM MANAGER *MONTHLY STIPENDS TO COVER LIVING EXPENSES
*TUITION ASSISTANCE AND STIPENDS FOR TEXTBOOKS *FUNDING FOR SUMMER OR
WINTER COURSES NOT COVERED BY FINANCIAL AID *VARIOUS NETWORKING AND
COMMUNITY-BUILDING SOCIAL EVENTS *REFERRALS TO PERSONALIZED SERVICES
SUCH AS ACADEMIC TUTORING, HOUSING RESOURCES, SPECIALIZED CAREER
COUNSELING AND PRIVATE MENTAL HEALTH SERVICES.

NYFC OFFERS A SUITE OF EMERGENCY FUNDS TO THE MEET THE NEEDS OF YOUTH
IN AND AGED OUT OF NYC FOSTER CARE EXPERIENCING A CRISIS, WHETHER THEY
ARE IN SCHOOL OR NOT.

*THE CHARLES EVANS EDUCATIONAL EMERGENCY FUND HAS SUPPORTED YOUNG
ADULTS, AGES 18-26, WHO HAVE AGED OUT OF FOSTER CARE AND ARE ENROLLED
IN A TWO OR FOUR-YEAR VOCATIONAL OR EDUCATIONAL PROGRAM WHO ARE
EXPERIENCING AN EMERGENCY SITUATION SINCE 2006. DUE TO THE POPULARITY
OF THE CHARLES EVANS FUND, NYFC LAUNCHED THE IN-CARE EMERGENCY FUND IN
AUGUST 2018 SPECIFICALLY FOR YOUTH WHO ARE STILL IN FOSTER CARE, AND IN
THE CUSTODY OF THE ADMINISTRATION FOR CHILDREN'S SERVICES (ACS).

THE SPIRIT AWARD IS A MERIT-BASED SCHOLARSHIP AWARDED TO YOUNG ADULTS
CURRENTLY OR FORMERLY IN NYC FOSTER CARE WHO ARE ATTENDING A FOUR-YEAR

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization NEW YORKERS FOR CHILDREN, INC.	Employer identification number 13-3904537
COLLEGE WITH PLANS TO COMPLETE A BACHELOR'S DEGREE. SINCE 2004, THIS SCHOLARSHIP HAS GIVEN UP TO \$20,000 ANNUALLY WORTH OF SCHOLARSHIP FUNDING TO HARDWORKING STUDENTS. STUDENTS CAN RECEIVE UP TO \$10,000 PER AWARD.	

YOUTH ADVISORY BOARD/PEER MENTORING: ESTABLISHED IN 2007, THE YOUTH ADVISORY BOARD (YAB) SUPPORTS NEW YORKERS FOR CHILDREN (NYFC) BY SHAPING PUBLIC AWARENESS AND PERCEPTIONS OF CHILDREN AND YOUTH IN FOSTER CARE, AND INSPIRING PEERS TO BECOME ADVOCATES IN THEIR COMMUNITIES. THIS YOUTH-LED BOARD IS COMPRISED OF CURRENT AND FORMER YOUTH IN FOSTER CARE, AGES 16-24. YAB COLLABORATIONS WITH OTHER PROGRAMS TO FOSTER POSITIVE YOUTH DEVELOPMENT, EDUCATION, AND PROFESSIONAL SUCCESS WHILE ADVISING NYFC ON THE NEEDS AND CONCERNS OF THE FOSTER CARE POPULATION.

NYFC LAUNCHED ITS YAB PEER MENTORING PROGRAM IN APRIL 2019. THE YAB PEER MENTORING PROGRAM PAIRS HIGH SCHOOL JUNIORS, SENIORS, OR COLLEGE FRESHMAN AND SOPHOMORES WITH UPPERCLASSMEN AND GRADUATE ROLE MODELS, ALL WITH LIVED FOSTER CARE EXPERIENCE, IN THE HOPES OF PROVIDING A SUPPORT SYSTEM AMONG PEERS. AFTER ATTENDING A SCHEDULED (QUARTERLY) PEER MIXER AND COMPLETING A BASELINE ASSESSMENT, A PORTION OF YOUTH ARE PAIRED IN 1:1 MENTOR/MENTEE DYADS. FOR SOME YOUNG PEOPLE, THIS ONE-ON-ONE STRUCTURE IS CRITICAL AND NECESSARY FOR FACILITATING THE TRUST AND SUPPORT NEEDED. IN THESE INSTANCES, MENTORS MEET WITH THEIR MENTEE MONTHLY AND BEFORE THE REGULARLY SCHEDULED YAB MEETING. DURING THESE HOUR-LONG CHECK-INS BETWEEN MENTOR AND MENTEES, A MODULE OF THE CURRICULUM MIGHT BE DISCUSSED ALONG WITH ANY ISSUES, QUESTIONS OR CHALLENGES THEIR MENTEE MIGHT HAVE. IN ADDITION TO RECEIVING THE PEER EDUCATOR TRAINING, YAB MENTORS TAKE TURNS FACILITATING A TOPIC OF DISCUSSION DURING MEETINGS TO IMPROVE THEIR PRESENTATION SKILLS. MENTORS AND MENTEES ARE ALSO PROVIDED WITH ACCESS TO RESOURCES AND REFERRALS AS NEEDED, INCLUDING HOUSING RESOURCES, PUBLIC ASSISTANCE APPLICATION SUPPORT, MENTAL HEALTH COUNSELING, AND NETWORKING AND INTERNSHIP OPPORTUNITIES. WORTH NOTING IS THAT SOME YOUTHS ARE NOT PAIRED INTO MENTOR/MENTEE RELATIONSHIPS AND INSTEAD CHOOSE TO SERVE AS PEER EDUCATORS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: ACS, YOUTH VILLAGES AND FOUR LOCAL FOSTER CARE AGENCIES, IN 2019 THE LIFESET MODEL SOUGHT TO ACHIEVE SUCCESSFUL TRANSITIONS INTO ADULTHOOD AS WELL AS CREATE AND STRENGTHEN PERMANENT RELATIONSHIPS. LIFESET SPECIALISTS - STATIONED AT THE FOSTER CARE AGENCIES - ENGAGE YOUNG ADULTS AND PROVIDE THEM WITH THE INTENSIVE COMMUNITY-BASED SUPPORT AND GUIDANCE THEY NEED. THIS SUPPORT IS COMPRISED OF BOTH CLINICAL AND SKILL-BUILDING INTERVENTIONS. SUCCESS IS DEFINED BY THE YOUNG ADULT WHICH INCLUDES, MAINTAINING STABLE AND SUITABLE HOUSING, PARTICIPATING IN EDUCATIONAL/VOCATIONAL PROGRAMS, FINDING AND SUSTAINING A JOB, REMAINING FREE FROM LEGAL INVOLVEMENT, DEVELOPING HEALTHY RELATIONSHIPS, BUILDING A STRONG AND PERMANENT SUPPORT SYSTEM, ATTAINING MENTAL HEALTH STABILITY AND DEVELOPING THE LIFE SKILLS NECESSARY TO BECOME SUCCESSFUL, PRODUCTIVE CITIZENS. ANOTHER INNOVATIVE PROGRAM IS THE POST-PERMANENCY SUPPORT PROGRAM PROVIDES ESSENTIAL POST-ADOPTION/GUARDIANSHIP SERVICES TO FAMILIES, IMPROVING OUTCOMES FOR CHILDREN. THROUGH THREE QUALIFIED PROVIDERS, THE PPSP PROVIDES 80-100 FAMILIES ANNUALLY WITH A RANGE OF SERVICES, INCLUDING ADOPTION/GUARDIANSHIP-COMPETENT PROGRAMMING, TRAUMA-INFORMED CARE,

Name of the organization NEW YORKERS FOR CHILDREN, INC.	Employer identification number 13-3904537
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PEER-TO-PEER SUPPORT GROUPS, MENTORSHIP OPPORTUNITIES, A VARIETY OF WORKSHOPS, AND MORE. IN ADDITION, THE SMALL GRANTS PROGRAM PROVIDES SUBGRANTS TO EIGHT SMALLER ORGANIZATIONS WHO ARE CARRYING OUT DIRECT SERVICE, POLICY CHANGE, OR RESEARCH WORK IN KEY AREAS INCLUDING MENTAL HEALTH, CAREGIVER SUPPORT, EDUCATION AND CAREER DEVELOPMENT, AND SUPPORT FOR VICTIMS OF SEX TRAFFICKING. NYFC PROVIDES THESE ORGANIZATIONS WITH TARGETED FINANCIAL AND TECHNICAL SUPPORT TO GROW THEIR SERVICES OFFERINGS, AND IN DOING SO ENRICH THE QUALITY OF PUBLIC SERVICES ACROSS NYC FOR YOUTH AND FAMILIES.

ACS GRANTS AND INITIATIVES ARE A BIG PART OF OUR INNOVATIVE PROGRAMS.

ACS GRANTS AND INITIATIVES: NYFC PROVIDES PROGRAM AND GRANT MANAGEMENT SUPPORT TO A WIDE ARRAY OF INITIATIVES ON BEHALF OF ACS WITH GRANTS FROM OUTSIDE FUNDERS. THESE GRANTS VARY IN FOCUS AREA, BUT ALL SHARE A COMMON THREAD OF SEEKING TO IMPROVE THE NEW YORK CITY CHILD WELFARE SYSTEM IN SOME WAY.

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

TWO MEMBERS (SALVATORE GOGLIORMELLA AND SEETHA RAMACHANDRAN) OF THE BOARD ARE PARTNERS AT THE LAW FIRMS THAT PROVIDED PRO-BONO LEGAL SERVICES TO NYFC IN 2023. JESS DAN DANNHAUSER AND ERIC BRETTSCHEIDER, BOARD MEMBERS, HAVE A BUSINESS RELATIONSHIP.

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

THE 990 IS FIRST REVIEWED BY THE AUDIT COMMITTEE. FOLLOWING THIS REVIEW, THE 990 IS FORWARDED TO THE FULL BOARD OF DIRECTORS.

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

THE CONFLICT OF INTEREST POLICY AND DISCLOSURE FORMS ARE DISTRIBUTED ANNUALLY TO ALL BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES. THE FORM IS NOTED IN THE BOARD MEMBER RECORD DATABASE, AND THE FORMS ARE REVIEWED BY THE AUDIT CHAIR. IN ADDITION, EACH INDIVIDUAL MUST REPORT PROMPTLY TO THE CORPORATION ANY POTENTIAL CONFLICT OF INTEREST AS AND WHEN IT ARISES. AN INDIVIDUAL WITH A CONFLICT MAY PARTICIPATE IN THE INFORMATION-GATHERING STAGE OF THE BOARD'S DISCUSSION BUT MUST EXCUSE HIMSELF/HERSELF FROM THE MEETING AND WILL NOT PARTICIPATE IN THE DELIBERATION OR VOTING ON THE MATTER. THE RECUSAL IS NOTED IN THE MINUTES.

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

THE CHAIR OF THE PERSONNEL COMMITTEE PERFORMS AN APPRAISAL OF THE EXECUTIVE DIRECTOR'S PERFORMANCE, BASED ON GOALS SET FORTH AND APPROVED IN JANUARY, AND COMPENSATION AND RECOMMENDATIONS ARE SHARED WITH AND APPROVED BY THE PERSONNEL COMMITTEE, WHICH THEN FORWARDS THE DECISION TO THE BOARD PRESIDENT FOR INPUT.

FOR OTHER EMPLOYEES, PERFORMANCE REVIEWS ARE DONE ANNUALLY AND A DETERMINATION OF SALARY INCREASE ELIGIBILITY IS MADE. PERIODICALLY, JOB TITLES AND DUTIES ARE COMPARED TO SIMILAR JOBS IN COMPARABLE INDUSTRIES AND ORGANIZATION SIZE. THE EXECUTIVE DIRECTOR, IN CONSULTATION WITH THE SENIOR DIRECTOR OF FINANCE & ADMINISTRATION, RECOMMENDS SALARY ADJUSTMENTS AND RATIONALE TO THE CHAIR OF THE PERSONNEL COMMITTEE. THE CHAIR OF PERSONNEL APPROVES OR MAKES RECOMMENDATIONS FOR REVISIONS TO THE PROPOSED CHANGES. THE FINANCE COMMITTEE, EXECUTIVE COMMITTEE AND FULL BOARD OF DIRECTORS VOTE TO APPROVE THE FOLLOWING YEAR'S BUDGET, WHICH INCLUDES COMPENSATION ADJUSTMENTS FOR STAFF INCLUDING THE EXECUTIVE DIRECTOR.

Name of the organization NEW YORKERS FOR CHILDREN, INC.	Employer identification number 13-3904537
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FORM 990, PART VI, SECTION C, LINE 18:
 NYFC 990 IS ALSO AVAILABLE ON GUIDESTAR AND PROPUBLICA.

FORM 990, PART VI, SECTION C, LINE 19:
 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE FOR REVIEW AT THEIR OFFICE, DURING NORMAL BUSINESS HOURS, FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D). IN ADDITION, THE 990, WITHOUT SCHEDULE B, IS AVAILABLE AT WWW.CHARITYNAVIGATOR.ORG, WWW.GUIDESTAR.ORG AND ON THE NYFC WEBSITE AT WWW.NEWYORKERSFORCHILDREN.ORG.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROGRAM SERVICE CONSULTANTS:	
PROGRAM SERVICE EXPENSES	857,381.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	857,381.

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	17,660.
MANAGEMENT AND GENERAL EXPENSES	103,552.
FUNDRAISING EXPENSES	10,725.
TOTAL EXPENSES	131,937.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	989,318.

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