Form	990	
Departm	nent of the Treasury	y

Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public.

OMB No. 1545-0047 G Open to Public

Inter	nal Reve	enue Service Information about Form 99	90 and its in:	structions	s is at www.ii	's.gov/i	orm990.		Inspect	ion
A F	or th	ne 2020 calendar year, or tax year beginning	07/0	1, 2020	, and endin	g		06/30		
B	heck if ap	C Name of organization					D Employer ide	entification	number	
		THE 52ND STREET PROJECT, INC.								
	Addre chang	ge Doing Business As					13-3467			
	Name	e change Number and street (or P.O. box if mail is not delivered to st	treet address)		Room/suite		E Telephone nu			
	Initial	I return 789 10TH AVENUE					(212) 33	3-5252		
	-+	City or town, state or province, country, and ZIP or foreign	postal code							
	Amen return	n INEW FORM, NF FOOFS					G Gross receipt		8,962	
	Applic						H(a) Is this a grou subordinates'		Yes	X No
		789 10TH AVENUE, NEW YORK, NY	10019				H(b) Are all subordi		Yes	No
		xempt status: X 501(c)(3) 501(c) () ◀ (insert	t no.) 4	947(a)(1)	or 52	7	If "No," attac	h a list. (see ir	nstructions)	
		ite: ► WWW.52PROJECT.ORG					H(c) Group exemp			
		of organization: X Corporation Trust Association	Other 🕨		L Year of	formati	on: 1981 M	State of lega	al domicile:	: NY
Ρ	art I	Summary								
	1	Briefly describe the organization's mission or most significant						M HELL	'S	
ce		KITCHEN WITH THEATER PROFESSIONALS	TO CREAT	'E ORIC	GINAL TH	EATE	२.			
nar										
Governance		Check this box ▶ if the organization discontinued its	•	•				3. 		
		Number of voting members of the governing body (Part VI, li						3		21.
s 8		Number of independent voting members of the governing b						4		19.
Activities &	5	Total number of individuals employed in calendar year 2020) (Part V, line	2a)				5		20.
cti								6		219.
<		Total unrelated business revenue from Part VIII, column (C),						7a		0
	b	Net unrelated business taxable income from Form 990-T, lin	ie 34 💶 💶					7b		0
							Prior Year		Current Y	
ē	8	Contributions and grants (Part VIII, line 1h)	· · · · · [COP	Y FOR		1,067,03			5,180
Revenue	9	Program service revenue (Part VIII, line 2g)	· · · ·		SPECTION		122,22			7,200
Rev	10	investment income (Fart viii, column (A), intes 5, 4, and 70)	L				329,99		1,089	9,364
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c					2,96			864
		Total revenue - add lines 8 through 11 (must equal Part VIII,					1,522,21		-	2,608
		Grants and similar amounts paid (Part IX, column (A), lines 1					36,24		3.	1,000
		Benefits paid to or for members (Part IX, column (A), line 4)					1 074 00	0.		0
ses	15	Salaries, other compensation, employee benefits (Part IX, co					1,274,88		91	5,439
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)						0.		0
ЕХ В	b	Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright _					040 70	1	0.2	0 40 6
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)					942,72			0,486
		Total expenses. Add lines 13-17 (must equal Part IX, column					2,253,84			6,925
- 0	19	Revenue less expenses. Subtract line 18 from line 12				Denter	-731,62			5,683
Net Assets or Fund Balances							ning of Current Y		End of Yes	
Bala	20	Total assets (Part X, line 16)					18,366,04 290,09		18,912	9,483
Ind I	21	Total liabilities (Part X, line 26)					290,09		18,443	
		Net assets or fund balances. Subtract line 21 from line 20.	<u></u>				10,075,94	0.	10,443	5,075
	rt II	Signature Block nalties of perjury, I declare that I have examined this return, includir		ing ophodu	les and states	onto or	ad to the heat of			oliof it io
		ect, and complete. Declaration of preparer (other than officer) is based						IIIY KIIOWIE	uye anu b	ellel, it is
							01/1	2/2022		
Sig	n	Signature of officer					Date	3/2022		
He		CAROL OCHS		EXECUT	CIVE DIR	ECTOF				
		Type or print name and title		111100						
		Print/Type preparer's name Preparer's signal	ature		Date		Check	if PTIN		
Paio	ł	CATHERINE BENDALL CPA			01/12	/202			461372	2
Pre	parer	Firm's name WITHUMSMITH+BROWN PC				, 2021		22-202		
Use	Only	Firm's address > 1411 BROADWAY 9TH FLOOR N	IEM YORK	. NY 1	0018			212-75		
May	/ the II	RS discuss this return with the preparer shown above? (see in		-						No
		prwork Reduction Act Notice, see the separate instructions.							Form 99	
										- 1-0-0

For Paperwork Reduction Act Notice, see the separate instructions.

For	Form 990 (2020)			Page 2
Pa	Part III Statement of Program Service			
1	Check if Schedule O contains a Briefly describe the organization's missic	a response or note to any line in this F	² art III	X
•	ATTACHMENT 1	лт.		
2	2 Did the organization undertake any sign			
	prior Form 990 or 990-EZ? If "Yes," describe these new services on	Schedule O		
3	3 Did the organization cease conductin		how it conducts, any prograı	m
	services?			Yes X No
	If "Yes," describe these changes on Sche			ince an encounted by
4	4 Describe the organization's program server expenses. Section 501(c)(3) and 501(c) the total expenses, and revenue, if any, for the total expenses.	c)(4) organizations are required to r		
4a	4a (Code:) (Expenses \$1	,438,751. including grants of \$	31,000.) (Revenue \$	2,422,608.)
	ATTACHMENT 2			,
4b	4b (Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	4c (Code:) (Expenses \$	including grants of \$) (Revenue \$)
_				
4d	4d Other program services (Describe on Scl			
_	(Expenses \$ including g		nue \$)	
JSA	4e Total program service expenses ►	1,438,751.		Form 990 (2020)
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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
-	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
0	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
5	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
••	VII, VIII, IX, or X as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	114		
5	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		x
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part	IV Checklist of Required Schedules (continued)		v	
~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		х	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Λ	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			v
	employees? If "Yes," complete Schedule J.	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			37
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			37
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			Х
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		Х
24	conservation contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			Х
	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		Х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			Х
25 -	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
		35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
26		350		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		Х
27	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		27		х
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		
38	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Part		30		
i art	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			-
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c		
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax									
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 20									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X X							
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,									
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country >									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or									
	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods									
	and services provided to the payor?	7a	X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		37						
	required to file Form 8282?	7c		X						
	If "Yes," indicate the number of Forms 8282 filed during the year	_								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h								
_										
8										
•	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.	9a								
	Did the sponsoring organization make any taxable distributions under section 4966?	9b								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	50								
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders									
	Gross income from other sources (Do not net amounts due or paid to other sources									
J	against amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which									
	the organization is licensed to issue qualified health plans									
с	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X						

Form §	290 (2020) THE 52ND STREET PROJECT, INC. 13-3467	948	F	Page 6
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.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	•		x
	any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		х
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 7a	Did the organization have members or stockholders?			
1 a	one or more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
N N	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	/	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	404		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	120		
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicte?	12b	Х	
с	rise to conflicts?			
C	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			v
	with a taxable entity during the year?	16a		X
b	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?	466		
Sect	ion C. Disclosure	16b		<u> </u>
-				
17 18	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright^{MY} . Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(900	tion F	01(~)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec		01(0)
	Own website X Another's website X Upon request Other <i>(explain on Schedule O)</i>			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	est r	olicy
	and financial statements available to the public during the tax year.			y ,
20	State the name, address, and telephone number of the person who possesses the organization's books and record CAROL OCHS 789 10TH AVENUE NEW YORK, NY 10019 212-333-5252	s 🕨		
-	CAROL OCHS 789 10TH AVENUE NEW YORK, NY 10019 212-333-5252	-		
ISA		Form	990	(2020)

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck ss pe	more erson	e than c is both or/trust employee employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) CAROL OCHS	50.00									
EXECUTIVE DIRECTOR	0.	x		Х				122,487.	0.	1,770.
(2)NATALIE HIRSCH	40.00									
ARTISTIC DIRECTOR	0.	x		Х				97,254.	0.	9,177.
(3) CATHY DANTCHIK	1.00									
CO-CHAIR	0.	X		Х				Ο.	0.	0.
(4)LOUIS FRIEDMAN	1.00									
CO-CHAIR	0.	X		Х				0.	0.	0.
(5) NOEL MIHALOW	1.00									
SECRETARY	0.	X		Х				0.	0.	0.
(6) MERRITT TILNEY	1.00									
TREASURER	0.	X		Х				Ο.	0.	0.
(7)LISA BENAVIDES	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(8) RACHEL CHANOFF	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(9) CAROLYN C. DESENA	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(10) WENDY ETTINGER	1.00									
CHAIRPERSON EMERITUS	0.	Х						0.	0.	0.
(11) ALEXANDRA GERSTEN-VASSILAROS	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(12) ROBERT GOLDBERG	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(13) STEVEN GRAHAM	1.00									
CHAIRPERSON EMERITUS	0.	Х						0.	0.	0.
(14) ANNE HAUSMANN	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.

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(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles er and	s per ladi	tion more rson i irecto	than or is both a pr/truste	an :e)	(D) Reportable compensation from the	(E) Reportable compensation f related organization		(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	from the organization and related organizations
5) VALERIE KAY BOARD MEMBER	1.00	x						0 .		0.	
6) ROSELINE MICHAEL NEVELING BOARD MEMBER	1.00	x						0.		0.	
7) MARGARET ODETTE BOARD MEMBER	1.00	x						0.		0.	
8) WILLIE REALE	1.00								•		
BOARD MEMBER/FOUNDER 9) SHIRLEY RUMIERK	0.	X						0	•	0.	
BOARD MEMBER D) JOSE SOTO	0.	X						0.	•	0.	
BOARD MEMBER 1) WENDY VANDEN HEUVAL BOARD MEMBER	0.	X X						0.	•	0.	
		-									
		-									
lb Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A	 	· · ·					219,741. 0. 219,741.		0.	10,94
 2 Total number of individuals (including but no reportable compensation from the organization) 	ot limited to t		liste				re		\$100,000 of		
 B Did the organization list any former of employee on line 1a? If "Yes," complete Scheduler 	ficer, directo	or, or	tru								Yes M
For any individual listed on line 1a, is the organization and related organizations individual.	greater than	\$15	50,00	00?	lf	"Yes,	" (complete Schedu	le J for suc	h	4
5 Did any person listed on line 1a receive for services rendered to the organization? If	or accrue co	mpen	satio	on f	rom	any	unr	related organization	on or individua	al	5
Section B. Independent Contractors Complete this table for your five highest cc compensation from the organization. Repor year.											
(A)	address							(B) Description of se	ervices	Co	(C) mpensation
Name and business a											
Name and business a											

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0. JSA 0E1055 1.000

Part VIII Statement of Revenue

		Check if Schedule O contains	a respor	ise or note to an	y line in this Part V	/III 		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
សូន	1a	Federated campaigns	. 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
ΩĘ	c	Fundraising events		281,142.				
fts,	d	Related organizations						
ila	e	Government grants (contributions)		406,140.				
ns,		All other contributions, gifts, grants,		400,140.				
rio Stio	f	and similar amounts not included above	4.6	C17 000				
the			• <u>1f</u>	617,898.				
ēĘ	g	Noncash contributions included in						
2 2 2 2 2		lines 1a-1f						
0.0	h	Total. Add lines 1a-1f			1,305,180.			
				Business Code				
Program Service Revenue	2a	THEATRE RENTAL INCOME		532000	27,200.	27,200.		
er er	b							
en S	c							
ev	d							
<u> </u>	е							
Ъ	f	All other program service revenue						
	g	Total. Add lines 2a-2f			27,200.			
	3	Investment income (including di						
		other similar amounts)			275,052.			275,052.
	4	Income from investment of tax-exe			0.			
	5	Royalties	•		0.			
			Real	(ii) Personal				
	6.2	Gross rents 6a						
	6a							
	b	Less: rental expenses 6b						
	C .	Rental income or (loss) 6c						
	_ d	Net rental income or (loss)			0.			
	7a		ecurities	(ii) Other				
		sales of assets						
		other than inventory 7a 7,	319,101.					
ue	b	Less: cost or other basis						
evenue		and sales expenses 7b ⁶ ,	504,789.					
se,	c	Gain or (loss) 7c	814,312.					
ř	d	Net gain or (loss)	<u></u>	<u></u>	814,312.			814,312.
Other	8a	Gross income from fundrais	ing					
0		events (not including \$315,9	15.					
		of contributions reported on li	ne					
		1c). See Part IV, line 18	. 8a	34,773.				
	b	Less: direct expenses		34,773.				
	c	Net income or (loss) from fundraisir			0.			
	9a	Gross income from gami	-					
	Ju	activities. See Part IV, line 19	•	0.				
	h	Less: direct expenses		0.				
	b c	Net income or (loss) from gaming a			0.			
	10a	Gross sales of inventory, le returns and allowances		0.				
				0.				
	b c	Less: cost of goods sold Net income or (loss) from sales of in	10b		0.			
		rectine or (1055) from sales of In	sentory	Business Code	υ.			
sne								
oer ue	11a	OTHER INCOME		900099	864.	864.		+
llaı /en	b							
Se Se	c							
Miscellaneous Revenue	d	All other revenue						
	e	Total. Add lines 11a-11d			864.			
154	12	Total revenue. See instructions			2,422,608.	28,064.		1,089,364.

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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 (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 31,000 31,000 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and 0 foreign individuals. See Part IV, lines 15 and 16 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, 218,794. 186,081. 14,870 17,843. trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 559,762 451,871. 35,557 72,334. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 78,578 54,372 14,066 10,140. 58,305. 47,096. 4,386 6,823. Payroll taxes 10 11 Fees for services (nonemployees): 0 a Management 0 **b** Legal 69,973. 45,862. 17,856 6,255. c Accounting 0 d Lobbying 0 e Professional fundraising services. See Part IV, line 17. 53,060. 53,060 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 9,197 6,027. 2,347 823. (A) amount, list line 11g expenses on Schedule O.) 13,019 2,098 5,794 5,127. 12 Advertising and promotion 20,627. 17,962. 1,575. 1,090. 13 Office expenses 0 14 Information technology 0 15 Royalties 129,243. 117,858 6,827. 4,558 Occupancy 16 0 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 0 Conferences, conventions, and meetings 19 3,150 3,150. Interest 20 0 21 Payments to affiliates 406,836. 382,426. 16,273 8,137. Depreciation, depletion, and amortization 22 51,660. 46,506. 2,577. 2,577. Insurance 23 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 TOURING TRAVEL, HOUSING 371. 325 46. **h**REPAIRS AND MAINTENANCE 38,522. 34,670 1,926 1,926. c SECURITY 16,007. 14,407. 800 800. dBAD DEBT EXPENSE 3,000. 3,000 3,012. 15,821. 515. 12,294. e All other expenses 1,776,925 1,438,751. 194,414 143,760. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

0

JSA 0E1052 1.000

following SOP 98-2 (ASC 958-720)

9052823

Form **990** (2020)

THE 52ND STREET PROJECT, INC.

Page	1	1
Page		

art X	Balance Sheet			_
	Check if Schedule O contains a response or note to any line in this Pa	art X		X
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	137,241.	1	69,928
2	Savings and temporary cash investments.	517,315.	2	292,434
3	Pledges and grants receivable, net	271,794.	3	480,544
4	Accounts receivable, net	21,186.	4	108,348
5	Loans and other receivables from any current or former officer, director,	•		•
Ŭ	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	(
6	Loans and other receivables from other disqualified persons (as defined			
ľ	under section $4958(f)(1)$, and persons described in section $4958(c)(3)(B)$.	0.	6	(
7	Notes and loans receivable, net	0.	7	
7 8 9	Inventories for sale or use	0.	8	
9	Prepaid expenses and deferred charges	24,999.	9	19,99
-	Land, buildings, and equipment: cost or other			
	hasis Complete Part VI of Schedule D 10a 15,333,701.			
b	Less: accumulated depreciation	10,718,282.	10c	10,320,061
11	Investments - publicly traded securities	4,674,388.	11	6,834,41
12	Investments - other securities. See Part IV, line 11	2,000,842.	12	786,82
13	Investments - program-related. See Part IV, line 11	0.	13	
14	Intangible assets	0.	14	
15	Other assets. See Part IV, line 11	0.	15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	18,366,047.	16	18,912,55
17	Accounts payable and accrued expenses	51,760.	17	84,87
18	Grants payable	0.	18	
19	Deferred revenue ATCH 5	10,199.	19	9,39
20	Tax-exempt bond liabilities.	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	22	
23	Secured mortgages and notes payable to unrelated third parties	0.	23	
24	Unsecured notes and loans payable to unrelated third parties	208,974.	24	375,21
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	19,166.	25	
26	Total liabilities. Add lines 17 through 25	290,099.	26	469,483
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	17,549,276.	27	17,871,088
28	Net assets with donor restrictions.	526,672.	28	571,98
	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
			31	
31	Retained earnings, endowment, accumulated income. or other tunds			
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds.	18,075,948.	32	18,443,075

THE	52ND	STREET	PROJECT,	INC.

			010			
Form 99	90 (2020)				Pag	je 12
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		2,4	22,6	08.
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,7	76,9	25.
3	Revenue less expenses. Subtract line 2 from line 1	3		6	45,6	83.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		18,0	75,9	48.
5	Net unrealized gains (losses) on investments	5		-2	78,5	56.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O).	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		18,4	43,0	75.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Х
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	d or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsigh	nt of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?.		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	plair	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	idits		3b		
					000	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

		of the Treasury enue Service	1	Go to www.irs.go	/Form990 for instruction	ons and t	he latest i	nformation.	Inspection
Nam	e of the	organization	•					Employer identif	ication number
TH	E 521		PROJECT,					13-34679	
Ра					organizations must	•		,	S
			-		is: (For lines 1 through	-	-		
1					tion of churches desc				
2					. (Attach Schedule E	-			
3			-		rganization described				
4			ne, city, and st	-	conjunction with a hos	spital de	scribed in	Section 170(b)(1)(A)	(III). Enter the
5		•			a college or universit		d or one	rated by a governme	ental unit described in
5		-	-	Complete Part II.)	a concyc of aniversit	.y owned		allou by a governine	
6					rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7									om the general public
		-		(1)(A)(vi). (Compl					. .
8		A community	trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	e Part II.)			
9		An agricultura	l research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	l in conjunction with a	land-grant college
	C	or university o	or a non-land-	grant college of ag	griculture (see instruct	tions). Ei	nter the	name, city, and state o	f the college or
		university:							
10 11		eceipts from support from acquired by th	activities rela gross investm ne organizatio	ted to its exempt f nent income and u in after June 30, 1	pre than 331/3 % of its functions, subject to c nrelated business tax 975. See section 509 usively to test for publi	ertain ex able inco (a)(2). (0	ceptions ome (les: Complete	s; and (2) no more than s section 511 tax) from e Part III.)	n 331/3 % of its
12		An organizatio	on organized a	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	carry out the purposes
	(of one or mo	re publicly su	pported organizati	ons described in sec	tion 509	(a)(1) or	section 509(a)(2). S	See section 509(a)(3).
	(Check the box	t in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete li	nes 12e, 12f, and 12g.
а		່ Type I. A ຣເ	upporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
		1	-	-	e Part IV, Sections A				
b					ed or controlled in co				
			-		rganization vested in	the sam	e persor	is that control or mar	age the supported
		-		-	, Sections A and C.				
С				- · ·	ng organization opera				lly integrated with,
h			-		ns). You must comple				tod organization(a)
d			-		porting organization on nization generally must	-			
			-		omplete Part IV, Sect	-		-	a an allentiveness
е		ן י		,	a written determinatio				II. Type III
Ŭ			-		ionally integrated sup				., , , , , , , , , , , , , , , , , , ,
f	Ente								
g	Pro	vide the follow	ving information	on about the suppo	orted organization(s).				
	(i) Nar	me of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)									
(~)									
(B)									
(C)									
(D)									
(E)									
Tota For l		ork Reduction	oct Notice soo th	e Instructions for Form	990 or 990-E7			Sabadula A	(Form 990 or 990-EZ) 2020
1 01 1	aperw	ork neuronon A	with the see the	C manuchuna IUI FUIM	1 3 3 0 01 3 3 0 EZ.			Schedule A	. (i oini oou ui oou-⊑∠) ∠UZU

Schedule A (Form 990 or 990-EZ) 2020

13-3467948

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.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,329,489.	1,200,062.	1,060,863.	1,067,034.	1,096,206.	5,753,654.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,329,489.	1,200,062.	1,060,863.	1,067,034.	1,096,206.	5,753,654.
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) ATCH 1.						359,919.
6	Public support. Subtract line 5 from line 4						5,393,735.
	tion B. Total Support						5,555,755.
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,329,489.	1,200,062.	1,060,863.	1,067,034.	1,096,206.	5,753,654.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	359,338.	305,822.	424,474.	306,254.	302,252.	1,698,140.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8,606.	286.	700.	2,960.	864.	13,416.
11	Total support. Add lines 7 through 10						7,465,210.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	5,874.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2020 (li	ne 6, column (f)	, divided by line	11, column (f))		14	72.25 %
15	Public support percentage from 2019					15	69.40 %
16a	331/3% support test - 2020. If the org	ganization did n	ot check the box	x on line 13, an	d line 14 is 33	1/3 % or more, cl	
	box and stop here. The organization qu						
b	331/3% support test - 2019. If the org						
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 2	•					
	10% or more, and if the organization						
	Part VI how the organization meets			•			
_	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organiz					-	
	in Part VI how the organization meets			-	-		
	organization						
18	Private foundation. If the organizatio						
	instructions						<u> ► ∟</u>

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (I	Form 990 or 990-EZ) 2020	Page 3
Part III	Support Schedule for Organizations Described in Section 509(a)(2)	
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part	II.
	If the organization fails to qualify under the tests listed below, please complete Part II.)	

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2	.020	(f) Total
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities							
	furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513 .							
4	Tax revenues levied for the							
	organization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons							
b	Amounts included on lines 2 and 3							
	received from other than disqualified persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b.							
8	Public support. (Subtract line 7c from							
	line 6.)							
	tion B. Total Support		(1) 00 (7	() 00 (0	()) 00 (0	() 0		
	ndar year (or fiscal year beginning in) 🕨 🛛	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2	020	(f) Total
	Amounts from line 6							
10 a	Gross income from interest, dividends, payments received on securities loans,							
	rents, royalties, and income from similar							
	sources							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b, whether							
	or not the business is regularly carried on.							
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
40	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
4.4	First 5 years. If the Form 990 is for	the organizati	on's first secon	d third fourth	or fifth tox vo	or oo o		E01(a)(2)
14	organization, check this box and stop here .	-			•			
500	tion C. Computation of Public Supp							
15	Public support percentage for 2020 (line 8,		•	(f))		15		%
16	Public support percentage from 2019 Sched					16		%
	tion D. Computation of Investment					10		/0
17	Investment income percentage for 2020 (lin			13 column (f))		17		%
18	Investment income percentage from 2019 S					18		%
	331/3% support tests - 2020. If the org						331/3%	
. . u	17 is not more than 331/3%, check this							
b	331/3% support tests - 2019. If the orga	-	-				-	
2	line 18 is not more than 331/3%, check							
20	Private foundation. If the organization di		•	•		••	•	
194				,,,				0 or 990-EZ) 202
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Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

JSA 0E1229 1.010 10b Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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 in lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations	Part	IV Supporting Organizations (continued)			
 a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 				Yes	No
11c below, the governing body of a supported organization? 11a b A family member of a person described in line 11a above? 11b c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations 11c	11	Has the organization accepted a gift or contribution from any of the following persons?			
 b A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 	а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations		11c below, the governing body of a supported organization?	11a		
detail in Part VI. 11c Section B. Type I Supporting Organizations	b	A family member of a person described in line 11a above?	11b		
Section B. Type I Supporting Organizations	с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		detail in Part VI.	11c		
Yes	Secti	on 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? 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.
- Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section D. All Type III Supporting Organizations

			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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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</i>			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Che	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structio	ns).	
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instru	ictions	s).
2	Activ	ities Test. Answer lines 2a and 2b below.		Yes	N

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

2a

2b

3a

1

2

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Part V Type III Non-Functionally Integrated 509(a)(3) Sup	orting Organizations
1 Check here if the organization satisfied the Integral Part Tes	as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See
instructions. All other Type III non-functionally integrated sup	porting organizations must complete Sections A through E.
Section A - Adjusted Net Income	(A) Prior Year (B) Current Ye (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 gross income or for management, conservation, or maintenance held for production of income (see instructions)	
7 Other expenses (see instructions)	7
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8
Section B - Minimum Asset Amount	(A) Prior Year (B) Current Ye (optional)
 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 	
a Average monthly value of securities	1a
b Average monthly cash balances	1b
c Fair market value of other non-exempt-use assets	1c
d Total (add lines 1a, 1b, and 1c)	1d
e Discount claimed for blockage or other factors (explain in detail ir	Part VI): 1e
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 great	
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 Yea
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, colu	nn 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 emergency temporary reduction (see instructions).	o 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1			
2	Amounts paid to perform activity that directly furthers exer	ed					
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - p	rovide 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 resp	onsive				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2020 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount	1		10			
Secti	ction E - Distribution Allocations (see instructions) (i) Pre-2020			าร	(iii) Distributable Amount for 2020		
1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020						
	(reasonable cause required - <i>explain in Part VI)</i> . See						
	instructions.						
3	Excess distributions carryover, if any, to 2020						
а	From 2015						
b	From 2016						
C	From 2017						
d	From 2018						
е	From 2019						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2020 distributable amount						
i	Carryover from 2015 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from						
	Section D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2020 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2020, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, <i>explain in Part VI</i> . See instructions.						
6	Remaining underdistributions for 2020. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, <i>explain in</i>						
	Part VI. See instructions.						
7	Excess distributions carryover to 2021. Add lines 3j and 4c.						
8	Breakdown of line 7:						
	Excess from 2016						
a b	Excess from 2017						
	Excess from 2018						
d	Excess from 2019						
e	Excess from 2020						
e			Saha	مادياه	A (Form 990 or 990-E7) 2020		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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.)

		A	TACHMEN	Г 1
SCHEDULE A, PART II - EXCESS CONTRIBUTIONS	=			
(NOT OPEN TO PUBLIC INSPECTION)				EXCESS
	TOTAL	LESS 28		CONTRIBUTION
CONTRIBUTOR NAME	CONTRIBUTION	LINE 11	l(F)	AMOUNT
HORACE GOLDSMITH	160,000.	14	49,304.	10,696.
STEPHEN GRAHAM	170,000.	14	49,304.	20,696.
STERLING FOUNDATION MANAGEMENT	175,894.	14	49,304.	26,590.
CLAWS FOUNDATION	275,000.	14	49,304.	125,696.
WILLIAM AND FLORA HEWLETT FOUNDATION	270,539.	14	49,304.	121,235.
LOUIS FRIEDMAN	204,310.	14	49,304.	55,006.
TOTAL	1,255,743.			359,919.

Schedule A (Form 990 or 990-EZ) 2020

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Schedule B

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

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

THE 52ND STREET PROJECT, INC.

13-3467948

Organization t	ype (check	one):
----------------	-------------------	-------

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

Page 2	2
Employer identification number	-
13-3467948	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	N/A	\$83,427.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	N/A	\$70,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	N/A	\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	N/A	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	N/A	\$40,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	N/A	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Page 2	_
Employer identification number	
13-3467948	

Part I	Contributors (see instructions). Use duplicate cop	plicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
7	<u>N/A</u>	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
8	N/A	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9	<u>N/A</u>	\$208,974.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
10	N/A	\$79,239.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B	(Form 990,	990-EZ, or	r 990-PF) (2020)

Name of organization THE 52ND STREET PROJECT, INC.

Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(C) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Employer identification number 13-3467948

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vame of orga	nization THE 52ND STREET PROJEC	T, INC.	Employer identification number
			13-3467948
tł c	•	ions completing Part III, enter the to e year. (Enter this information once	or. Complete columns (a) through (e) an tal of exclusively religious, charitable, etc. e. See instructions.) ► \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	l ransferee's name, address, ar	id ZIP + 4	Relatio	nship of transferor to transferee
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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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International stream intervention Inspection THE SAUD STREET PROJECT, INC. Ils3467948 THE SAUD STREET PROJECT, INC. Ils3467948 Complete if the organization Maintaining Door Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. Aggregate value of contributions to (during year) (a) Doner advised tunds (b) Funds and other accounts Aggregate value of contributions to (during year) (a) gargatization inform (during year) (b) Contraduction advised funds Yes No Date the organization inform (during year) (a) Goner advisors in writing that the assets held in donor advised funds are the organization inform all grantes, donors, and donor advisors in writing that grant tunds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring inpermissible privates benefit? Yes No Complete If the organization inform answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation Easements. Yes No Complete If the organization inform answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization inform on accounts on of a historically important land area Protection of haural habita Preservation of a certified historic structure Preservation of a certified historic structure included in ((a) conservation	Depa	rtment of the Tr	reasurv							
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Certh Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year		-						Em		
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 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X. 	Pa							' Sim	ilar Assets.	
 b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X. 		Co	mplete	if the organization answer	ed "Yes" on Form 990), Pari	t IV, line 8.			
 b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X. 	1a	If the orga of art, hist service, pro	anization torical tr ovide in	elected, as permitted under reasures, or other similar as Part XIII the text of the footno	FASB ASC 958, not to sets held for public est to its financial statem	repo xhibitio ients t	rt in its revenue on, education, hat describes th	e stat or re nese i	tement and ba esearch in fur tems.	alance sheet works therance of public
 (i) Revenue included on Form 990, Part VIII, line 1	b	If the orga art, historio	anization cal treas	elected, as permitted under sures, or other similar assets	FASB ASC 958, to repheld for public exhibition	port ir	n its revenue s	tatem	ent and balar	nce sheet works of
 (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X. 		(i) Revenu	ue incluc	ded on Form 990, Part VIII, lin	ə 1				►\$_	
following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1										
a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.	2	If the orga	anizatior	n received or held works of	art, historical treasure	s, or	other similar a	assets	s for financial	gain, provide the
b Assets included in Form 990, Part X										
	-	Revenue ir	ncluded	on Form 990, Part VIII, line 1.					· · · · ▶ \$_	
FOR EXCHANGES ENDICION ACT NOTICE SEE THE INSTRUCTIONS FOR EARNING WILL SAMAAULA D (EXAMAAULA D (EXAMAAUULA D (EXAMAAUULA D (EXAMAAUULA D (EXAMAAUULA D (EXAMAAUULA D (EXAMAUU	-									

THE 52ND STREET PROJECT, INC

Scheo	lule D (Form 990) 2020	DIREET I	100101	, 1101				10	010/010	F	Page 2
_	rt III Organizations Maintaining Coll	ections of	Art. Histo	rical Tre	asures	. or	Other S	milar Asse	ts (continu		ugo _
3	Using the organization's acquisition, acces										of its
	collection items (check all that apply):	·						-	U		
а	Public exhibition		d	Loan	or excha	inge	program				
b	Scholarly research		e	Other							
с	Preservation for future generations									-	
4	Provide a description of the organization's	collections	and expl	ain how t	hey fur	ther	the orga	nization's exe	empt purpo	se in	Part
	XIII.		-		-		-				
5	During the year, did the organization solicit	or receive d	onations o	of art, histo	orical tre	easu	res, or oth	ner similar			
	assets to be sold to raise funds rather than								. Yes		No
Ра	rt IV Escrow and Custodial Arranger				-						
	Complete if the organization and		s" on For	m 990, F	Part IV,	line	9, or rep	orted an an	nount on F	orm	
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, cus	todian or ot	her intern	nediary fo	or contr	ibutio	ons or ot	her assets r	not	-	
	included on Form 990, Part X?			-					Yes		No
b	If "Yes," explain the arrangement in Part X	II and comp	lete the fo	llowing tab	ole:						_
					[Am	ount		
с	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance				F	1f					
2a	Did the organization include an amount on					or cu	stodial ac	count liability	? Yes		No
b	If "Yes," explain the arrangement in Part XI	II. Check he	ere if the e	xplanation	has bee	en pr	ovided on	Part XIII			1
-	rt V Endowment Funds.			•							
	Complete if the organization and	swered "Ye	s" on For	m 990, F	Part IV,	line	10.				
	(a) Cu	irrent year	(b) Pric	or year	(c) Two	years	s back (d) Three years b	ack (e) Fou	r years	back
1a	Beginning of year balance	397,736.	39	7,736.	3	397,	736.	396,73	36.	396,	,736.
b	Contributions							1,00	0.00.		
	Net investment earnings, gains,										
Ŭ	and losses										
Ь	Grants or scholarships										
	Other expenditures for facilities										
Ũ	and programs										
f	Administrative expenses										
g	End of year balance	397,736.	39	7,736.	3	397,	736.	397,73	36.	396,	,736.
2	Provide the estimated percentage of the cu	irrent vear e	and balanc	e (line 1a	column	(a))	held as:				
a	Board designated or quasi-endowment	arronn your e	%	o (iii io 19,	oolaiiiii	(4))					
b	Permanent endowment ► 100.0000 %		-								
с	Term endowment %										
	The percentages on lines 2a, 2b, and 2c sh	nould equal 1	00%.								
3a	Are there endowment funds not in the poss			ation that	are held	d and	administ	ered for the			
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		Х
	(ii) Related organizations										Х
b	If "Yes" on line 3a(ii), are the related organ	izations listed	d as requir	ed on Sch	edule R'	?			3b		
4	Describe in Part XIII the intended uses of the	he organizat	ion's endo	wment fur	nds.						
Ра	rt VI Land, Buildings, and Equipment Complete if the organization an										
	Description of property										
	Description of property	(a) Cost or (invest		(b) Cost ((0	or other ba ther)	SIS	(c) Accun depreci		(d) Book v	alue	
1a	Land						·				
b	Buildings										
с	Leasehold improvements			14,2	288,41	5.	4,196	5,598.	10,0	91,8	316.
d	Equipment.			7	/19,22	1.	496	5,707.	2	22,5	514.
е	Other			3	326,06	5.	320),335.		5,5	731.
	I. Add lines 1a through 1e. (Column (d) mus	t equal Form	n 990, Part	X, colum	n (B), lin	e 10	c.)		10,3	20,0	061.

Schedule D (Form 990) 2020

JSA 0E1269 1.000

art VII	Investments - Other Securities.		
			, 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
Financi	al derivatives		
Closely	held equity interests		
Other _			
A)			
B)			
C)			
D)			
E)			
F)			
G)			
H)			
I. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨		
rt VIII		"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
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨		
int IX	Other Assets.		
		"Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15
	· · ·	scription	(b) Book value
	(a) 50.	scription	
al. (Col	umn (b) must equal Form 990, Part X, col. (B) li	ine 15)	
	Other Liabilities.		· · · · · · · · · · · · · · · · · · ·
			, Part IV, line 11e or 11f. See Form 990, Part X,
	Complete if the organization answered line 25.	"Yes" on Form 990	
	line 25.	tion of liability	T
	line 25.		
Fede	line 25. (a) Descrip		
Fede	line 25. (a) Descrip ral income taxes		
Fede	line 25. (a) Descrip ral income taxes		
Fede	line 25. (a) Descrip ral income taxes		
Fede	line 25. (a) Descrip ral income taxes		T
Fede	line 25. (a) Descrip ral income taxes		T
Fede DUE	line 25. (a) Descrip ral income taxes		T
	line 25. (a) Descrip ral income taxes		(b) Book value

Schedu	ıle D (Form 990) 2020		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total revenue, gains, and other support per audited financial statements	1	2,090,992.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	5.	
b	Donated services and use of facilities		
c	Recoveries of prior year grants.		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	-278,556.
3	Subtract line 2e from line 1	. 3	2,369,548.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•	
ч а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 53,06	o.	
a b	Other (Describe in Part XIII.)		
U C	Add lines 4a and 4b	4c	53,060.
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	•	2,422,608.
Part			<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,723,865.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	
_	Donated services and use of facilities		
a h	Prior year adjustments		
b	Other losses.		
ک اہ	Other (Describe in Part XIII.)		
d		2e	
e	Add lines 2a through 2d	. 3	1,723,865.
3		•	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a		-	
b		4c	53,060.
c د	Add lines 4a and 4b	• ++	1,776,925.
5 Port	Supplemental Information.	. j	1,110,723.

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:

THE ORGANIZATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX

POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS.

Part XIII Supplemental Information (continued)

SCHEDULE G		Information Report			-	-	OMB No. 1545-0047
(Form 990 or 990-EZ)		organization entered m	nore than \$1	5,000 on Fo	rm 990-EZ, line 6a.	s, or in the	<u>2020</u>
Department of the Treasury Internal Revenue Service	►G	► Attach o to www.irs.gov/Form) or Form 99 ructions and			Open to Public Inspection
Name of the organization	DDO TROP THO					Employer identification	on number
THE 52ND STREET	g Activities. Comp	lete if the organi	zation ar	swered "	Yes" on Form 90	13-3467948	7
Form 990-	EZ filers are not re	quired to complet	te this pa	irt.			
	the organization rais	sed funds through a		•			
a Mail solicita		e			non-government g		
b Internet and c Phone solic	l email solicitations	f			government grants ising events	5	
d In-person so		9			ising events		
2a Did the organiza		r oral agreement w	rith any ind	dividual (ir	ncludina officers. d	lirectors. trustees.	
or key employee b If "Yes," list the	es listed in Form 990, 10 highest paid indiv least \$5,000 by the o	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be
(i) Name and addi or entity (fu		(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			1	•			
	which the organizat			d to solicit	contributions or	has been notified	it is exempt from

PAGE 32

9052823

		e G (Form 990 or 990-EZ) 2020				Page 2
Ра	rt l	Fundraising Events. Complete more than \$15,000 of fundra events with gross receipts gree	aising event contributi			
			(a) Event #1 FUNDRAISING BEN	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
പ			(event type)	(event type)	(total number)	col. (c))
Kevenue	1	Gross receipts	315,915.			315,915
ř	2	Less: Contributions	281,142.			281,142
	3	Gross income (line 1 minus line 2)	34,773.			34,773
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
nirec	8	Entertainment				
	9	Other direct expenses	34,773.			34,773
	10	Direct expense summary. Add lin Net income summary. Subtract lii	es 4 through 9 in colu	mn (d)		34,773
		Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered ""			reported more than
Kevenue		· · · · · · · · · · · · · · · · · · ·	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Р Ч	1	Gross revenue				
enses	2	Cash prizes				
-xper	3	Noncash prizes				
UIrect Exp	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %	Yes%	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	<u></u>	
9 a b		Enter the state(s) in which the organization licensed to con If "No," explain:		in each of these state		Yes No
0a		Were any of the organization's gaming	g licenses revoked, susp	pended, or terminated d	uring the tax year?	. Yes No
b		If "Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2020

THE 5	52ND	STREET	PROJECT,	INC.
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	THE SZND BINDET TROBET, THE.	15 510	,,,,10	
Sched	ule G (Form 990 or 990-EZ) 2020			Page 3
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 ent			
	formed to administer charitable gaming?	-	Yes	No
13	Indicate the percentage of gaming activity conducted in:	i i i i i		
a	The organization's facility	120		%
				<u> </u>
b	An outside facility			70
14	Enter the name and address of the person who prepares the organization's gaming/special events boo	ks and		
	records:			
	Name ►			
	Address			
15 a	Does the organization have a contract with a third party from whom the organization receives	gaming		
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the		
	amount of gaming revenue retained by the third party \triangleright \$			
	If "Yes," enter name and address of the third party:			
C	in res, enter name and address of the third party:			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided			
	• • • • • • • • • • • • • • • • • • • •			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming pr	aaaada ta		
а	5 1 5 51			
_	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt org	anizations	5	
_	or spent in the organization's own exempt activities during the tax year > \$			
Part				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition	onal infor	mation	
	(see instructions).			

SCHEDULE I (Form 990)	Go	vernmei	nts, and li	Assistance t ndividuals in wered "Yes" on F	orm 990, Part IV	d States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Go		ttach to Form 990 / <i>Form990</i> for the I				Open to Public Inspection
Name of the organization		P 00	to mm.n3.gov				Employer identificat	
THE 52ND STREET							13-346794	18
 Does the organi the selection crit Describe in Part 	nformation on Grants and zation maintain records to su teria used to award the grants IV the organization's proced	bstantiate th s or assistanc ures for mor	e amount of the e? itoring the use	of grant funds in th	e United States.			X Yes No
	nd Other Assistance to Do ne 21, for any recipient th		-			•		'es" on Form 990,
	d address of organization 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 noncash assistance	(h) Purpose of grant or assistance
_(1)		-						
(2)		-						
(3)		-						
(4)		-						
(5)		-						
(6)		-						
(7)		-						
(8)		-						
(9)		-						
(10)		-						
(11)		-						
(12)		-						
	per of section 501(c)(3) and g per of other organizations list	-	-					
For Paperwork Reducti	on Act Notice, see the Instruction	ons for Form 9	90.				So	chedule I (Form 990) 2020

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients , cash grant non-cash assistance FMV, appraisal, other) 1 SCHOLARSHIPS 37. 31,000. воок 2 3 4 5 6 7

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

PART I DESCRIPTION OF PROCEDURE FOR MONITORING USE OF FUNDS

THE 52ND STREET PROJECT, INC. AWARDS SCHOLARSHIPS TO STUDENTS THAT ARE

PART OY THE ORGANIZATION'S PROJECTS. ALL STUDENTS MUST APPLY FOR THE

SCHOLARSHIP. SMALL GRANTS ARE AWARDED TO ANY PROJECT CHILD WHO IS GOING

ON TO CONTINUE THEIR EDUCATION BEYOND HIGH SCHOOL, AND TO ANY RETURNING

STUDENT WHO HAS MAINTAINED A 3.0 GPA.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



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

 Name of the organization
 Employer ide

 THE 52ND STREET PROJECT, INC.
 13-34

Employer identification number

FORM 990, PART VI, SECTION B, LINE 11: DRAFT OF FORM 990 IS PROVIDED TO THE BOARD MEMBERS AND KEY EMPLOYEES FOR REVIEW AND APPROVAL. BOARD MEMBERS AND KEY EMPLOYEES ARE REQUESTED TO COMPLETE AN ANNUAL FORM 990 DISCLOSURE FORM.

FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS AND KEY EMPLOYEES ARE REQUESTED TO SUBMIT AN ANNUAL CONFLICT OF INTEREST CERTIFICATION.

FORM 990, PART VI, SECTION B, LINE 15: KEY EMPLOYEES COMPENSATION IS DISCUSSED WITH THE BOARD EXECUTIVE COMMITTEE WHO ARE GIVEN COMPARABILITY DATA INCLUDING THE AVERAGES, TRENDS AND FIGURES OF COMPENSATION FOR SIMILAR SIZED ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19: FORM 990 IS AVAILABLE ONLINE AT WWW.GUIDESTAR.ORG AND ON THE NEW YORK STATE CHARITIES BUREAU WEBSITE. ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C THERE IS AN AUDIT COMMITTEE THAT OVERSEES THE SELECTION OF THE AUDIT FIRM AND THE OVERSIGHT OF THE AUDIT PROCESS.

lame of the organization	Employer identification number
THE 52ND STREET PROJECT, INC.	13-3467948
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	ATTACHMENT 1
THE MISSION OF THE 52ND STREET PROJECT, A COMMUNITY-BASED ARTS	
ORGANIZATION, IS TO BRING TOGETHER KIDS FROM HELL'S KITCHEN IN	
MANHATTAN, STARTING AT AGE TEN AND LASTING THROUGH THEIR TEENS, $m{w}$	ITH
THEATER PROFESSIONALS TO CREATE ORIGINAL THEATER OFFERED FREE TO	THE
GENERAL PUBLIC. BY BUILDING ON THE CORE EXPERIENCE OF ACCOMPLISHM	IENT
AND COLLABORATION, THE PROJECT FOSTERS A SENSE OF INCLUSION IN A	

ATTACHMENT 2

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

LIFE SKILLS AND THEIR ATTITUDE TOWARDS LEARNING.

HERE ARE SOME OF THE HIGHLIGHTS OF AN UNCONVENTIONAL 2020-2021:

PLACE WHERE THE CHILDREN BELONG AND WHERE THEIR CREATIVE WORK IS THE

DRIVING FORCE. THROUGH LONG-TERM MENTORING RELATIONSHIPS AND EXPOSURE

TO DIVERSE ART FORMS (INCLUDING POETRY, PHOTOGRAPHY, THEATRICAL

DESIGN, DANCE, AND FILMMAKING), THE PROJECT SEEKS TO EXPAND THE

CHILDREN'S MEANS OF EXPRESSION AND TO IMPROVE THEIR LITERACY, THEIR

THE PROJECT ENGAGED OVER 110 PROJECT MEMBERS WITH YEAR-ROUND VIRTUAL ARTS PROGRAMMING. FY21 BEGAN WITH ADAPTED VERSIONS OF OUR IN-PERSON PROGRAMS, BEFORE TRANSITIONING TO ONE-OFF PROGRAMS. THIS ALLOWED OUR YOUNG PEOPLE THE OPPORTUNITY TO REMAIN ENGAGED WHILE ACCLIMATING TO A NEW AND CHALLENGING SCHOOL YEAR.

IN RESPONSE TO THE NEEDS OF ITS CONSTITUENCY, IT WAS NECESSARY FOR THE PROJECT TO STRETCH IN UNEXPECTED DIRECTIONS. WE OPENED OUR

JSA

Employer identification number 13-3467948

ATTACHMENT 2 (CONT'D)

FACILITY TO ALUMNI WHO FOUND THEMSELVES AT HOME DURING THE SCHOOL YEAR IN AN INITIATIVE CALLED PROJECT COLLEGE, WHICH OFFERED A QUIET SPACE FOR THEM TO WORK IN WITH RELIABLE WI-FI.

IN RESPONSE TO A SURVEY CIRCULATED BY THE PROJECT, SEVERAL FAMILIES IN OUR COMMUNITY DESCRIBED ANXIETY REGARDING HOW THEY WOULD PAY FOR BASIC NECESSITIES, INCLUDING GROCERIES. THE PROJECT'S BOARD RESPONDED WITH A FUND TO OFFER GIFT CARDS TO LOCAL GROCERY STORES FOR FAMILIES IN NEED OF SUPPORT.

IN MARCH 2020, OUR PLAYMAKING PERFORMANCE OF PLAYS WRITTEN BY 10 OF OUR NEWEST MEMBERS WAS PAUSED DUE TO THE PANDEMIC. IN EARLY 2021, THOSE PLAYS WERE PERFORMED VIRTUALLY AND STREAMED LIVE TO AN AUDIENCE OF OVER 340 VIEWERS.

100% OF OUR SENIOR CLASS (7) GRADUATED FROM HIGH SCHOOL AND 24 ALUMNI ENROLLED IN COLLEGE WILL BE RECEIVING \$1,000 SCHOLARSHIPS AS PART OF OUR RON BLACK MEMORIAL SCHOLARSHIP FUND.

ATTACHMENT 3

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION

JSA

PREPAID EXPENSES

PREPAID INSURANCE

ENDING BOOK VALUE

1,930.

18,067.

9052823

9052823

FORM 990, PART X - DEFERRED REVENUE

	ENDING
DESCRIPTION	BOOK VALUE
DEFERRED REVENUE	9,390.
TOTALS	9,390.

Schedule O (Form 990 or 990-EZ) 2020

THE 52ND STREET PROJECT, INC.

Name of the organization

DESCRIPTION

GOVERNMENT SECURITIES

EQUITIES

MUTUAL FUNDS

DESCRIPTION

TOTALS

TOTALS

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

FORM 990	, PART X -	PREPAID	EXPENSES	AND	DEFERRED	CHARGES

ENDING BOOK VALUE

19,997.

Employer identification number

13-3467948

ENDING

BOOK VALUE

1,583,549.

3,055,200.

2,195,668.

6,834,417.

ATTACHMENT 5

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COST

OR FMV

FMV

FMV

ATTACHMENT 4