Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047 Inspection

A F	or th	e 202	0 calendar year, or tax year begin	ning	, 2020	, and end	ling	_	, 2	20	
B c	heck if a	pplicable:	C Name of organization SWISS BENEVOLENT SOCIE	ETY OF NEW YORK				D Employer ide	entification nu	mber	
	Addre		Doing Business As	211 01 1.2,, 1014				13-1624	199		
	chang	ge e change	Number and street (or P.O. box if mail is r	not delivered to street address)	Room/suite		E Telephone nu			
	+	l return	500 FIFTH AVENUE		,	1800		(212) 24			
	+		City or town, state or province, country, a	nd ZIP or foreign postal code		1000		(212) 21	0 0033		
X	-	inated nded	NEW YORK, NY 10110	a 2 or toroig pootar oodo				G Gross receipt	· · · · ·	277	,182.
- 25	returi	n cation	F Name and address of principal officer:	MARKUS BRUDER	rp.			H(a) Is this a grou	Yes	X No	
	pend	ing	500 FIFTH AVENUE1800,					subordinates'	?	=	\vdash
_	Taylor					<u> </u>		H(b) Are all subordi	h a list. (see insti	Yes	No
		empt st	atus: X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or :	527	1	•		
_				A i-ti-m		1. ٧	((H(c) Group exemp			NY
-				Association Other		L Yea	r or forma	tion: 1851 M	State of legal of	iomicile:	
P	art I		mmary		יקון קוע	LD DEOL	T F OF	י אדד ארהים	T TYTE MC	יז מי	
			describe the organization's mission or								
nce			IVE, INDEPENDENT, SAFER, VICE PROGRAMS. WE ASSIST								
rna			·								
Governance	2		this box if the organization di	•	•				1		13.
رن م	1	Numb	er of voting members of the governing	body (Part VI, line 1a)					3		12.
es	4		er of independent voting members of the						4		5.
Activities &	5		number of individuals employed in cale						5		20.
ć	6	Total	number of volunteers (estimate if necess	sary)					6		0
_			unrelated business revenue from Part VI						7a		0
	b	Net ur	nrelated business taxable income from F	orm 990-1, line 34					7b	V	
	_							Prior Year		rrent Y	
ne	8	Contri	ibutions and grants (Part VIII, line 1h)		COP	Y FOR	٦	514,26		<u> </u>	1,953
Revenue	9	Progra	am service revenue (Part VIII, line 2g)		PUBLIC IN	NSPECTIO	√	206.20	0.	400	
Re		mvesi	ment income (Part VIII, column (A), line	S 3, 4, and 70)			」	386,39			2,557
	11		revenue (Part VIII, column (A), lines 5,					25,88			3,807
	12		revenue - add lines 8 through 11 (must					926,55			3,317
	13		s and similar amounts paid (Part IX, colu					233,95		T T 5	3,298
	14		its paid to or for members (Part IX, colur				420.04	0.	400		
ses	15		es, other compensation, employee bene					430,24		422	2,451
Expenses	16a		ssional fundraising fees (Part IX, column			0.					
Ä	b		fundraising expenses (Part IX, column (E) . 	-	206 00	0	21/	2 601
			expenses (Part IX, column (A), lines 11a					326,87			2,601
	18		expenses. Add lines 13-17 (must equal					991,08			3,350
_ s	19	Rever	nue less expenses. Subtract line 18 from	ı line 12				-64,53			5,033
ts o nce		_					Begir	nning of Current Y		nd of Yea	
sse 3ala	20		assets (Part X, line 16)					9,481,37			5,057
Net Assets or Fund Balances	21		liabilities (Part X, line 26)				. —	136,97			5,333
			ssets or fund balances. Subtract line 21	from line 20				9,344,40	3.	9,865	724
	rt II		gnature Block								
tru	aer pei e, corre	naities c ect, and	of perjury, I declare that I have examined thi complete. Declaration of preparer (other than	s return, including accompa officer) is based on all inform	nying schedi nation of whi	ules and sta ich preparer	tements, a has any k	and to the best of nowledge.	my knowledg	e and b	ellef, it is
Sig	ın		Signature of officer					 Date			
He			Signature of officer					Date			
	-		Type or print name and title								
			Type or print name and title Type preparer's name	Preparer's signature		Date			: PTIN		
Paid	t			i reparer a aignature		Date		Check	"	2016	
	parer	AAR	. FORTIE IID					self-employe			
	Only	Only Firm's name ► FORVIS, LLP Firm's EIN ► 44-0160260									
			address > 1155 AVENUE OF THE AMERI					Phone no.	212-867-		
			cuss this return with the preparer showr	,	·					Yes	No
For	Pape	rwork	Reduction Act Notice, see the separate	e instructions.					Fo	orm 99 (0 (2020)

Pa	art III	Statement of Program Service A Check if Schedule O contains a re		II X
1		escribe the organization's mission: CHMENT 1	, , , , , , , , , , , , , , , , , , ,	
	prior Fo	m 990 or 990-EZ?	cant program services during the year	
		describe these new services on Sc		
	services		or make significant changes in ho	
4	Describe expense	e the organization's program serv	vice accomplishments for each of its 4) organizations are required to repo	s three largest program services, as measured by rt the amount of grants and allocations to others,
			MENT AND COUNSELING TO 51	5,798.)(Revenue \$) CLIENTS AND
4 1-	(Codo:) (Eymanaaa ¢	including groups of C	//Dayanya th
	(Code: _		BASED ON MERIT FOR STUDENT	
			HIP: 49 AWARDS. SBS OUTSTA	
			RDS. MEDICUS STUDENT EXCHA	
		. SBS GRADUATE AWARD: 1		
4 c	(Code:) (Expenses \$	including grants of \$) (Revenue \$
70	(Code) (Εχρέπθεθ ψ	micidaling grains or \$) (Nevenue ψ
4d	-	ogram services (Describe on Sche		
4 -	(Expens	es \$ including gra	nts of \$) (Revenue S	5)

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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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			37
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			77
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII.	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	426		Х
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		
b	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	140		
	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
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		X

Part	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
L	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? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			3.5
	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		Х
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			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			Х
31	conservation contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		- 21
32	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			37
0.7	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "You" gamplets Schodule R. Part VI	27		Х
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		
30	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part		00		
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
10 ^	reportable gaming (gambling) winnings to prize winners?	1c	000	
JSA 0E1030	1.000 6656TT V01D 7/12/2022 12:51:24 DM V 20 7 24 1101466	Form	990	(2020
	6656TL V01B 7/13/2022 12:51:34 PM V 20-7.24 1181466			

Par	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 5					
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		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,					
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х		
h						
D	- · · · · · · · · · · · · · · · · · · ·					
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		Х		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		- 21		
	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			3.7		
	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				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	7c		X		
d	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		Х		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
_		7g 7h				
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8				
•	sponsoring organization have excess business holdings at any time during the year?	-				
9	Sponsoring organizations maintaining donor advised funds.	00				
	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
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					
а	Gross income from members or shareholders					
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	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					
c	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? <i>If "No," provide an explanation on Schedule O</i>	14b				
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
15	excess parachute payment(s) during the year?	15		Х		
		13		25		
4.5	If "Yes," see instructions and file Form 4720, Schedule N.	16		X		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		22		
	If "Yes," complete Form 4720, Schedule O.					

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. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Soot	ion A. Coverning Redy and Management			21
Seci	ion A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the toy year.		162	NO
1a	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.			
	Enter the humber of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		Х
_	any other officer, director, trustee, or key employee?			-
3	Did the organization delegate control over management duties customarily performed by or under the direct	9		Х
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		^
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		37
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			37
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	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,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		A
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Λ	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	401-	Х	
	rise to conflicts?	12b		-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	Х	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Λ
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?	45-	X	
а	The organization's CEO, Executive Director, or top management official	15a	Λ	-
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a		160		Х
	with a taxable entity during the year?	16a		21
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?	16b		
Secti	ion C. Disclosure	וטט		
17	List the states with which a copy of this Form 990 is required to be filed \triangleright NY.	. (0 -	tio	04/-1
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Y Upon request Other (explain on Schedule O)	(Sec	tion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
	and financial statements available to the public during the tax year.		·	•
20	State the name, address, and telephone number of the person who possesses the organization's books and record MARKUS BRUDERER 500 FIFTH AVENUE, ROOM 1800 NEW YORK, NY 10110 212-246-0655	s >		

Form **990** (2020)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **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.

		(C)								
(A)	(B)	Position				(D)	(E)	(F)		
Name and title	Average	(do r	not ch	eck ı	more	than o	one	Reportable	Reportable	Estimated amount
	hours					is both		compensation	compensation	of other
	per week (list any		т т			or/trust	· ·	from the organization	from related organizations	compensation from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	/idua	tutic	ĕ	emp	loye	ner			related organizations
	organizations	al tr	nal		loye	e com				
	below dotted line)	istee	trust		ë	pen				
	======,		ee			Highest compensated employee				
(1) CHRISTINE HUBACHER	37.50									
EXECUTIVE DIRECTOR	0.			Х				120,000.	0.	25,510.
(2) MARKUS BRUDERER	1.00									
PRESIDENT	0.	X		Х				0.	0.	0.
(3) JOHANNA REINHART	1.00									
VICE PRESIDENT	0.	Х		Х				0.	0.	0.
(4) ALBERTO ZONCA	1.00									
TREASURER	0.	Х		Х				0.	0.	0.
(5) ALEXANDRE-C. MANZ	1.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(6) RICHARD DAETWILER	1.00									
DIRECTOR	0.	X						0.	0.	0.
(7) RUEDI GREINER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(8) PEGGY GUBELMANN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(9) RALF KUBLI	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(10) LORENZ LOBSIGER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(11) ANDREAS MAERKI	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(12) MARIANNE MAZZONELLI	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(13) DANIELE PEDRAZZOLI	1.00			\neg						
DIRECTOR	0.	Х						0.	0.	0.
(14) VALERIE WOLFMAN	1.00									
DIRECTOR	0.	X						0.	0.	0.
										5 000 (2222)

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	990 (2020)	1/-	F					1:1	haat Camananas	- - - - - - - - - -				age 8
Pa	rt VII Section A. Officers, Directors, Tru	(B)	y ⊑n	ipic			and F	ug	(D)	ea Emplo (E)	yees (c		(F)	
	(A) Name and title	Average hours per week (list any hours for loss for per week (list any hours for loss for los		on from	Estimated amount of other compensatior									
		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		fro orga and	om the anization if related inization	n I
	Cub total							_	120,000.		0.		25,5	510
С	Sub-total	ection A				• •		>	0.		0.		25,5	0.
	Total number of individuals (including but not reportable compensation from the organization	limited to t		liste				re		\$100,000				
_													Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3		X
4	For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	0,0	00?	' If	"Yes	,"	complete Schedu	sation from <i>le J for</i>	the such	4		X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	from	n any	un	related organization			5		X
Se	ction B. Independent Contractors													
1	Complete this table for your five highest comcompensation from the organization. Report of year.													
	(A) Name and business add	dress							(B) Description of se	rvices	С	(C) ompens	ation	

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.

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Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to ar	ny 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
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
۵ٌج	С	Fundraising events 1c					
ifts	d	Related organizations 1d					
פֿיַּׂ	е	Government grants (contributions) 1e					
Sin	f	All other contributions, gifts, grants,					
atio er		and similar amounts not included above . 1f	251,953.				
	g	Noncash contributions included in					
d E		lines 1a-1f 1g	\$				
ĕ ĕ	h	Total. Add lines 1a-1f		251,953.			
			Business Code				
မွ	2a						
ه چَ	b						
Series	C						
am	d						
P.S.	e						
Program Service Revenue	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividends,					
		other similar amounts)	_	195,204.			195,204.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties	•	0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 1,756,218.					
<u>e</u>	b	Less: cost or other basis					
evenue		and sales expenses 7b 1,468,865.					
ě	С	Gain or (loss) 7c 287,353.					
<u>ت</u> ح	d	Net gain or (loss)		287,353.			287,353.
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses	0.				
	С	Net income or (loss) from fundraising events	<u> </u>	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities	<u> ▶</u>	0.			
	10a	Gross sales of inventory, less					
		returns and allowances10a					
	b	Less: cost of goods sold 10b	0.				
	С	Net income or (loss) from sales of inventory		0.			
ns			Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS	900099	73,807.			73,807.
llar ⁄en	b						
Se.	С						
Ξ	d	All other revenue					
	e	Total. Add lines 11a-11d		73,807.			
	12	Total revenue. See instructions	<u> ▶</u>	808,317.			556,364.

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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									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	0.								
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	88,298.	88,298.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and									
	foreign individuals. See Part IV, lines 15 and 16	30,000.	30,000.							
4	Benefits paid to or for members	0.								
5	Compensation of current officers, directors,									
	trustees, and key employees	145,510.	58,204.	87,306.						
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	0.	165 502	F0 003						
7	Other salaries and wages	224,786.	165,703.	59,083.						
8	Pension plan accruals and contributions (include	10 000	7 500	0 400						
	section 401(k) and 403(b) employer contributions)	10,000.	7,520.	2,480.						
9		15,787. 26,368.	14,080. 16,348.	1,707.						
10	Payroll taxes	∠0,308.	10,348.	10,020.						
	Fees for services (nonemployees):	0.								
	Management	23,418.		23,418.						
	Legal	25,323.		25,323.						
	Accounting	0.		23,323.						
	Lobbying	0.								
	Professional fundraising services. See Part IV, line 17.	72,918.		72,918.						
	I Nestment management fees	/,		, ,						
9	Other. (If line 11g amount exceeds 10% of line 25, column	1,900.	1,900.							
12	(A) amount, list line 11g expenses on Schedule C.) Advertising and promotion	0.								
13	Office expenses	43,320.	26,858.	16,462.						
14	Information technology	6,480.	4,018.	2,462.						
15	Royalties	0.								
16	Occupancy	107,567.	66,692.	40,875.						
17	Travel	5,344.	3,313.	2,031.						
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	0.								
19	Conferences, conventions, and meetings	0.								
20	Interest	0.								
21	Payments to affiliates	0.								
22	Depreciation, depletion, and amortization	1,997.	1,238.	759.						
23	Insurance	13,680.	8,482.	5,198.						
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.)	10 654	7.057	2 507						
а	MISCELLANEOUS	10,654.	7,057.	3,597.						
b										
c										
d										
	All other expenses Add lines 4 through 24s	853,350.	499,711.	353,639.						
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	000,000.	4 22,/1⊥.	333,039.						
	organization reported in column (B) joint costs from a combined educational campaign and									
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.								
		٠٠								

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	120,232.	1	0.
	2	Savings and temporary cash investments	527,725.	2	109,991.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	0.	4	3,603.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	9,888.	8	3,658.
As	9	Prepaid expenses and deferred charges	0.	9	2,541.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 43,495.			
	b	Less: accumulated depreciation	0.	10c	37,948.
	11	Investments - publicly traded securities	7,395,265.	11	8,472,896.
	12	Investments - other securities. See Part IV, line 11	1,410,706.	12	1,237,862.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	17,558.	15	17,558.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	9,481,374.	16	9,886,057.
_	17	Accounts payable and accrued expenses	12,081.	17	12,833.
	18	Grants payable	124,890.	18	3,500.
	19	Deferred revenue.	0.	19	0.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
'n	22	Loans and other payables to any current or former officer, director,	<u> </u>	21	J.
ţį		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0.	22	0.
Lia	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third		24	<u> </u>
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	136,971.	26	16,333.
	20	Organizations that follow FASB ASC 958, check here ► X	200,772	20	10,000.
Fund Balances		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	6,455,860.	27	6,682,846.
Ba	28	Net assets with donor restrictions.	2,888,543.	28	3,186,878.
рg	-0	Organizations that do not follow FASB ASC 958, check here ▶	2,000,010.	20	3723373737
Ŀ		and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
χĄ	32	Total net assets or fund balances	9,344,403.	32	9,869,724.
Net	33	Total liabilities and net assets/fund balances	9,481,374.	33	9,886,057.
_	100		-, -0-, -, -, -, -, -, -, -, -, -, -, -, -, -	55	Form 990 (2020)

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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			08,3			
2	Total expenses (must equal Part IX, column (A), line 25)	2		8	53,3	350.		
3	Revenue less expenses. Subtract line 2 from line 1	3		-	45,0	33.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	s or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments	5		570,354.				
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		9,8	69,7	24.		
Part								
	Check if Schedule O contains a response or note to any line in this Part XII							
			_		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	xplain 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 cor	npiled	or					
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited o	na					
	separate basis, consolidated basis, or both:							
	Separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of					
	the audit, review, or compilation of its financial statements and selection of an independent accounts	ant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on					
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the					
	Single Audit Act and OMB Circular A-133?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	dergo	the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b				

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 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

SW.	122	BENEVOLENT SOCIETY	OF NEW YORK				13-16241	99
Pa	rt I	Reason for Public Cha	rity Status. (All o	organizations must	complet	te this p	art.) See instructions	S.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu		·	_	-	•	
2		A school described in secti						
3		A hospital or a cooperative			-			
4		A medical research organiz	-	-				(iii). Enter the
		hospital's name, city, and st	-					(,
5		An organization operated t		a college or universit	v owne	d or ope	erated by a governme	ental unit described in
•		section 170(b)(1)(A)(iv). (C		a conego or annocon	,	ч с. срс		
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170('h)(1)(Δ)(v)	
7	X	An organization that norma	_			-		om the general public
•		described in section 170(b)	-	· · · · · · · · · · · · · · · · · · ·	pport	om a go	vorminomar and or me	om the general pasit
8		A community trust describe		·	Part II \			
9	\vdash	An agricultural research org	-		-		l in conjunction with a	land-grant college
3		or university or a non-land-	=			-	•	
		university:	grant conege or ag	griculture (see iristruct	юна). С	inter the	name, city, and state of	i the college of
10		An organization that norma	Illy receives (1) me	oro than 221/20/ of its	cupport	from cou	atributions mambarsh	in foot, and grace
		receipts from activities rela	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s: and (2) no more thar	n 331/3 % of its
		support from gross investm	nent income and ui	nrelated business tax	able inco	ome (les:	s section 511 tax) from	businesses
1.1		acquired by the organization						
11 12	\vdash	An organization organized an organization organization	•	•	-		, , , ,	
12		•	•	•				
		of one or more publicly su	· ·					
		Check the box in lines 12a t	=				•	_
а		Type I. A supporting orga	•		•		• , ,	,, , , , ,
		the supported organization				ajority of	the directors or truste	es of the
		supporting organization.	-					
b		Type II. A supporting org	•				- · · ·	· · · · · -
		control or management of		=	the sam	e persor	ns that control or man	age the supported
		organization(s). You must	•					
С		☐ Type III functionally integrated integrated in the property of the prop						lly integrated with,
		$_{_}$ its supported organization						
d			-		-			
		that is not functionally into	_		-		•	d an attentiveness
	_	_ requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		$oxedsymbol{oxed}$ Check this box if the orga	anization received	a written determinatio	n from t	he IRS tl	hat it is a Type I, Type I	I, Type III
		functionally integrated, or	• •		-	-		
f		ter the number of supported						
g		ovide the following information			I		T	T
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	· ,	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
رد. -								
(E)								
	_							
Tota	al							

Schedule A (Form 990 or 990-EZ) 2020 Page **2**

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support									
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.")	112,254.	2,150,089.	171,138.	514,266.	251,953.	3,199,700.		
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	112,254.	2,150,089.	171,138.	514,266.	251,953.	3,199,700.		
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).						2,267,096.		
6	Public support. Subtract line 5 from line 4						932,604.		
Sec	tion B. Total Support			-					
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
7	Amounts from line 4	112,254.	2,150,089.	171,138.	514,266.	251,953.	3,199,700.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	147,421.	133,324.	197,400.	237,298.	195,204.	910,647.		
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.) ATCH 1	15,186.	14,465.	22,345.	25,887.	73,807.	151,690.		
11	Total support. Add lines 7 through 10						4,262,037.		
12	Gross receipts from related activities, etc. (s	ee instructions) .				12			
13	First 5 years. If the Form 990 is for organization, check this box and stop here.								
Sec	tion C. Computation of Public Supp		•						
14	Public support percentage for 2020 (lin		-				21.88%		
15	Public support percentage from 2019 \$	Schedule A, Pa	rt II, line 14			15	21.94%		
16a	331/3% support test - 2020. If the org	anization did n	ot check the bo	x on line 13, an	nd line 14 is 33	1/3 % or more, ch	neck this		
	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 t			_	=				
	organization								
b	b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line								
	15 is 10% or more, and if the organiz					-			
	in Part VI how the organization meets			_		-			
	organization								
18	Private foundation. If the organization								
	instructions						<u>▶ ∟</u>		

Schedule A (Form 990 or 990-EZ) 2020 Page 3

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

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

16 Public support percentage from 2019 Schedule A, Part III, line 15	Sec	tion A. Public Support				<u> </u>	,	
1 dills, grams, contributions, and membership fees received. The one include any various grants 7) 2 Gross receipts from admissions, membandine sold or services performed, or facilities furnished in any activity that is related to the organization's time exempt perspose - or unrelated trade or business under section 513 - or any unrelated trade or business under section 513 - or appended on its behalf - or expended on			(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
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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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
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.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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			

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.

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.)

9a

9b

9c

10a

10b

described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in line 11a above?	11b		
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		
Secti	on B. Type I Supporting Organizations	110		
			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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			ı
			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		
Secti	on 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance) The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		s). No
2	Activities Test. Answer lines 2a and 2b below.		. 55	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in 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.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		

Schedule A (Form 990 or 990-EZ) 2020 Page **6**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations							
1							
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
_7		7					
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
C	Total (add lines 1a, 1b, and 1c)	1d					
e	Discount claimed for blockage or other factors (explain in detail in 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 greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Se	ection C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6					
7			ated Type III supporting	g organization			
	(see instructions).	-		· -			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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

Sect	Current Year				
1	Amounts paid to supported organizations to accomplish ea	1			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	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			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(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 - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
a	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				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	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				

Schedule A (Form 990 or 990-EZ) 2020

5

b Applied to 2020 distributable amount

Part VI. See instructions.

Breakdown of line 7:

a Excess from 2016...

b Excess from 2017...

c Excess from 2018...

d Excess from 2019...

e Excess from 2020...

and 4c.

Remainder. Subtract lines 4a and 4b from line 4.

Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI.** See instructions.

Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2021. Add lines 3j

ATTACHMENT 1

Schedule A (Form 990 or 990-EZ) 2020 Page **8**

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.)

SCHEDULE A, PART II, LINE 17A

THE SOCIETY HAS AN ANNUAL APPEAL PROCESS THAT GENERATES MOST OF ITS

ANNUAL CONTRIBUTIONS. OVER THE PAST FEW YEARS THE SOCIETY RECEIVED A FEW

LARGE CONTRIBUTIONS AND BEQUESTS THAT ARE NOT EXPECTED TO REOCCUR. THESE

GIFTS COUPLED WITH HIGHER THEN EXPECTED INVESTMENT RETURN RESULTED IN A

LOWER THEN EXPECTED CONTRIBUTION PERCENTAGE. THE SOCIETY EXPECTS THE

ANNUAL FUND CONTRIBUTION TO GROW RESULTING IN A STEADY INCREASE IN THE

PERCENTAGE OF CONTRIBUTIONS FROM THE GENERAL PUBLIC.

SCHEDULE A, PART II -	OTHER INCOME					
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
MISCELLANEOUS	15,186.	14,465.	22,345.	25,887.	73,807.	151,690.
TOTALS	15,186.	14,465.	22,345.	25,887.	73,807.	151,690.

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

SWISS BENEVOLENT SOCIETY OF NEW YORK 13-1624199 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 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** $\lfloor exttt{X}
floor$ 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 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).

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

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

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

Name of organization SWISS BENEVOLENT SOCIETY OF NEW YORK

Employer identification number 13-1624199

art 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
1_	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$59,569.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$6,588.	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.)

Name of organization SWISS BENEVOLENT SOCIETY OF NEW YORK

Employer identification number 13-1624199

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

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

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization SWISS BENEVOLENT SOCIETY OF NEW YORK **Employer identification number** 13-1624199 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SWI	SS BENEVOLENT SOCIETY OF NEW YORK	13-1624199
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds o	r Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?.	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant f	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for	
	conferring impermissible private benefit?	
Pa	rt Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education) Preservation	of a historically important land area
	Protection of natural habitat Preservation	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	n the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or term	ninated by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspec	tion, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	
	and section 170(h)(4)(B)(ii)?	Yes L No
9	In Part XIII, describe how the organization reports conservation easements in its revenue an	
	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	cial statements that describes the
Da	organization's accounting for conservation easements. It III Organizations Maintaining Collections of Art, Historical Treasures, or Other	or Similar Assots
1 6	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	olilliai Assets.
4.	· · · · · · · · · · · · · · · · · · ·	us statement and belones about works
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenu of art, historical treasures, or other similar assets held for public exhibition, education, service, provide in Part XIII the text of the footnote to its financial statements that describes to	or research in furtherance of public
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue s	
-	art, historical treasures, or other similar assets held for public exhibition, education, or resprovide the following amounts relating to these items:	search in furtherance of public service,
	(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	<u></u>

Schedule D (Form 990) 2020 Page **2**

Pa	rt III Organizations Maintaini	ng Collections of	Art, Historical Tr	easures, or	Other	Similar Assets (continu		age =				
3	Using the organization's acquisition	n, accession, and o	ther records, chec	k any of the	e followi	ng that make sigi	nificant	use c	of its				
	collection items (check all that app	y):											
а	Public exhibition		d Loan	or exchange	progran	า							
b	Scholarly research		e Othei	·									
С	Preservation for future gene	rations											
4	Provide a description of the organ	nization's collections	and explain how	they further	the org	anization's exemp	t purpo	se in	Part				
	XIII.												
5	During the year, did the organization								,				
	assets to be sold to raise funds rath		nined as part of the	organization	's collec	tion? L	Yes		No				
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form												
		tion answered "Ye	s" on Form 990,	Part IV, line	9, or re	ported an amou	nt on F	orm					
	990, Part X, line 21.												
1 a	Is the organization an agent, trus								٦				
	included on Form 990, Part X?						Yes		No				
b	If "Yes," explain the arrangement in	n Part XIII and comp	lete the following ta	ble:									
						Amount	•						
C	Beginning balance												
d	Additions during the year												
e	Distributions during the year												
f	Ending balance				t P . l .				T				
2a	Did the organization include an am					_	Yes		No				
	If "Yes," explain the arrangement in	n Part XIII. Check ne	ere if the explanatio	n nas been p	roviaea c	on Part XIII							
Pa	rt V Endowment Funds. Complete if the organiza	tion answered "Ve	s" on Form 900	Dart IV line	. 10								
	Complete ii the organiza			(c) Two yea		(d) Three years book	(a) Fau	rvooro	hook				
		(a) Current year 2,888,543.	(b) Prior year 2,440,406.	2,595		(d) Three years back 1,614,581.	(e) Fou		795.				
1 a	Beginning of year balance	2,000,343.	2,440,400.	2,393	,002.	800,000.	Ι,	559,					
b	Contributions					800,000.							
С	Net investment earnings, gains,	308,335.	478,137.	105	,196.	202,021.	. 89,7		706				
	and losses	300,333.	470,137.	-103	,190.	202,021.		09,					
	Grants or scholarships												
е	Other expenditures for facilities	10,000.	30,000.	50	,000.	21,000.		2 5	000.				
	and programs	10,000.	30,000.	30	,000.	21,000.		33,					
f	Administrative expenses	3,186,878.	2,888,543.	2,440	106	2,595,602.	1	611	581.				
g	End of year balance							O14,					
2	Provide the estimated percentage Board designated or quasi-endown		· · · · · ·	, column (a))	held as:								
a	Permanent endowment > 72.1		_%										
C	Term endowment ► 27.8300												
C	The percentages on lines 2a, 2b, a		00%										
3 a	Are there endowment funds not in	•		are held an	d admini	istered for the							
Ju	organization by:	the possession of th	organization that	are neid an	a aanniin	Stered for the	1	Yes	No				
	(i) Unrelated organizations						3a(i)		X				
	(ii) Related organizations						3a(ii)		X				
h	If "Yes" on line 3a(ii), are the relate						3b						
4	Describe in Part XIII the intended u	•	•										
	rt VI Land, Buildings, and Equ	ipment.											
	Complete if the organiza	ation answered "Ye											
	Description of property	(a) Cost or (invest		or other basis other)		umulated (c	i) Book va	alue					
1a	Land		,										
b	Buildings												
С	Leasehold improvements												
d	Equipment			3,550.		3,550.							
е	Other			39,945.		1,997.		37,9	48.				
	I. Add lines 1a through 1e. (Column		n 990, Part X, colun	n (B), line 10)c.)	▶		37,9	48.				

Schedule D (Form 990) 2020 Page 3

Part VII	Investments - Other Securities.	L"Voo" on Form 000	Port IV line 11h See Form 000 De	ert V. ling 10
	Complete if the organization answered			irt 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 va	alue
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A) ALTI	ERNATIVE FUNDS	1,237,862.	FMV	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨	1,237,862.		
Part VIII	Investments - Program Related.			
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11c. See Form 990, Pa	rt X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market va	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
I dit ix	Complete if the organization answered	l "Yes" on Form 990	Part IV. line 11d. See Form 990. Pa	rt X. line 15.
	-	scription	, , , , , , , , , , , , , , , , , , , ,	(b) Book value
(1)	(2) 2 0			(3) 20011 Tailed
(2)				
(3)				
(4)				
<u>(5)</u>				
(6)				
<u>(7)</u>				
(8)				
(9)	umn (b) must equal Form 990, Part X, col. (B) I	ino 15)		
		IIIe 15.)	· · · · · · · · · · · · · · · · · · ·	
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 9	90, Part X,
1.		tion of liability		(b) Book value
	ral income taxes	ntion of hability		(b) DOOK Value
	ai income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		·	
	or uncertain tax positions. In Part XIII, provide the			

Schedule D (Form 990) 2020 Page 4

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	1,305,753.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		550 254
е	Add lines 2a through 2d	2e	570,354.
3	Subtract line 2e from line 1	3	735,399.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a 72,918.		
	investment expenses not included on Form 350, Fait Viii, line 75	-	
	Other (Describe in Part XIII.)	4c	72,918.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	808,317.
Part 2		ırn.	
		1	780,432.
1 2	Total expenses and losses per audited financial statements	•	
	Donated services and use of facilities		
	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	780,432.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a 72,918.	-	
	Other (Describe in Part XIII.)		72 010
	Add lines 4a and 4b	4c 5	72,918. 853,350.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u> </u>	033,330.
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
	DULE D, PART V, LINE 4	iation	
THE (ORGANIZATION'S ENDOWMENT FUNDS INTENDED USE IS FOR SCHOLARSHIPS,		
SOCT	AL SERVICES AND ADMINISTRATIVE COSTS.		
50017	AL SERVICES AND ADMINISTRATIVE COSTS.		

Part XIII Supplemental Information (continued)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

SWISS BENEVOLENT SOCIETY	OF NEW YOR	K		13-162	24199
General Information o Form 990, Part IV, line 14		Outside the	United States. Comple	ete if the organization	on answered "Yes" on
1 For grantmakers. Does the or other assistance, the grantees' award the grants or assistance?	eligibility for	the grants or	assistance, and the selec	tion criteria used to	
2 For grantmakers. Describe in outside the United States.	Part V the org	anization's pro	ocedures for monitoring t	he use of its grants	and other assistance
Activities per Region. (The follow (a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors	e duplicated if additional sp (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	ace is needed.) (e) If activity listed in (d a program service, describe specific type service(s) in the region	expenditures for of and investments
		in the region			
(1) EUROPE	0.	0.	GRANTMAKING		30,000.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal b Total from continuation sheets to Part I					30,000.
c Totals (add lines 3a and 3b)					30,000.

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

SWISS BENEVOLENT SOCIETY OF NEW YORK 13-1624199

Schedule F (Form 990) 2020

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,												
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.												
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)				
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													
exe	er total number of recipient or mpt 501(c)(3) organization by the er total number of other organiz	ne IRS, or for which t	he grantee or counsel has	provided a sec	ction 501(c)(3) equiv	alency letter	▶						

Schedule F (Form 990) 2020 Page 1990

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SCHOLARSHIPS	EUROPE/ICELAND/GREENLAND	3.	30,000.	WIRE TRANSFE			
(2)							
(3)							
(4)							
(5)							
(6)							
_(7)							
(8)							
_ (9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2020 Page **4**Part IV Foreign Forms

Part	Foreign Forms	
1	Nas the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Yes X	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) Yes X	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Yes No	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) Yes No	

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 Page 5

Part V

Supplemental InformationProvide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

THE SOCIETY RECEIVES CONFIRMATIONS BY THE COLLEGES AND UNIVERSITIES THAT

THE STUDENTS ARE ATTENDING CLASSES ALONG WITH THE NUMBER OF CREDITS

EARNED PER SEMESTER.

SCHEDULE I (Form 990)

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

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

2020

OMB No. 1545-0047

Open to Public

Inspection

Schedule I (Form 990) 2020

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization **Employer identification number** SWISS BENEVOLENT SOCIETY OF NEW YORK 13-1624199 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (b) EIN (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)For Paperwork Reduction Act Notice, see the Instructions for Form 990.

JSA

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	53.	82,500.			
2 ASSISTANCE	188.	7,160.			
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.

SCHEDULE I, PART I, LINE 2

THE SOCIETY RECEIVES CONFIRMATIONS BY THE COLLEGES AND UNIVERSITIES THAT

THE STUDENTS ARE ATTENDING CLASSES ALONG WITH THE NUMBER OF CREDITS

EARNED PER SEMESTER.

SCHEDULE L

Transactions With Interested Persons

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization SWISS BENEVOLENT SC	OCTETY OF	NEM VORK						Employer 13-	identifi 1624		numbe	r	
Part I Excess Benefit	Transactions	(section 501						nizations	only).				
Complete if the	organization a	answered "Ye	es" oı	1 Form	1 990, Part IV	/, line	25a or 25b, or Fo	orm 990-	EZ, P	art V,	line 40		
1 (a) Name of disqualified	person	(b) Relatio	nship l		disqualified person	on and	(c) De	escription	of trans	action			Corrected
				organiz	ation		(1)					Ye	s No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
2 Enter the amount of t					•								
under section 4958 .													
3 Enter the amount of ta	ax, if any, on li	ne 2, above,	reiml	oursed	I by the orgar	nizatio	n		>	* \$ _			
Part II Loans to and/or Complete if the organization rep	organization a	answered "Ye	es" oı				ine 38a or Form 9	990, Part	t IV, lir	ne 26;	or if th	ne	
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	froi	an to or m the ization?	(e) Origina principal am		(f) Balance due	(g) In	default?	by bo	proved pard or nittee?	(i) Wi	
			То	From				Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Part III Grants or Assis Complete if the	tance Benefit	ting Interest	ed Pe	rsons.									
(a) Name of interested person	(b) Relationshi	ip between intere	sted ((d) Type of assistance	e	(e)	Purpos	se of as	sistance	.
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													

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

Schedule L (Form 990 or 990-EZ) 2020

(10)

Schedule L (Form 990 or 990-EZ) 2020 Page 2

Business Transactions Involving Interested Persons. Part IV

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?	
				Yes	No	
(1) JOHANNA REINHART	VICE PRESIDENT	11,400.	IT - TELEPHONE SERVICES		Х	
_(2)						
_(3)						
_(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

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.

OMB No. 1545-0047

On

Open to Public Inspection

Employer identification number

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

SWISS BENEVOLENT SOCIETY OF NEW YORK

13-1624199

FORM 990, PART VI, LINE 1A

THE EXECUTIVE COMMITTEE CONSISTING OF THE PRESIDENT, VICE PRESIDENT,

TREASURER AND SECRETARY ARE HANDLING MAJOR ITEMS SUCH AS BONUS AND

COMPENSATION AS WELL AS THE SCHOLARSHIP AWARD APPROVAL

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

THE TREASURER REVIEWS THE COMPLETED FORM 990. ALL QUESTIONS THAT ARISE

DURING THE REVIEW ARE RESOLVED PRIOR TO FILING THE 990. THE FORM 990 IS

DISTRIBUTED TO THE ENTIRE BOARD AFTER ITS SUBMISSION TO THE IRS.

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

THE SOCIETY REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY REQUIRING OFFICERS

AND DIRECTORS TO SIGN THE POLICY ON A YEARLY BASIS. IN THE EVENT A

CONFLICT ARISES, THE AFFECTED MEMBER IS NOT PERMITTED TO VOTE ON THE

SUBJECT IN WHICH A CONFLICT EXISTS.

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

THE EXECUTIVE COMMITTEE APPROVES THE EXECUTIVE DIRECTOR'S COMPENSATION

AFTER DOING COMPARISONS WITH SIMILAR ORGANIZATIONS AND CONSIDERING THE

EXECUTIVE DIRECTOR'S RESPONSIBILITIES. THIS PROCESS WAS LAST PERFORMED IN

2019. THE BOARD IS INFORMED OF THE COMPENSATION DECISIONS.

FORM 990, PART VI, SECTION C, LINE 19
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

Name of the organization

SWISS BENEVOLENT SOCIETY OF NEW YORK

13-1624199

AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PAGE 1, BOX B

THE 990 IS BEING AMENDED DUE TO THE SIGNING OF THE AUDITED FINANCIAL STATEMENTS. CHANGES WERE MADE TO PARTS I, III, IV, IX, X, XI AND XII.

CHANGES WERE ALSO MADE TO SCHEDULES D, F, I AND O.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE MISSION OF THE SWISS BENEVOLENT SOCIETY OF NEW YORK (SOCIETY) IS
TO PROVIDE INFORMATION AND PROGRAMS TO ITS MEMBERS, SERVE THE NEEDS
OF THE SWISS NEW YORKERS AND PROMOTE INTERCULTURAL COOPERATION. THE
SOCIETY PROVIDES FINANCIAL AND OTHER RELIEF TO QUALIFIED PERSONS,
INCLUDING, BUT NOT LIMITED TO NATIVES OF SWITZERLAND, OR OF SWISS
ORIGIN WHO ARE IN THE US AND IN NEED OF ASSISTANCE. (NOTE: OUR
SERVICES ARE SPECIFICALLY NOT LIMITED TO OUR MEMBERS)