Form **990** 

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

AF	For th	e 2021 calendar year, or tax year beginning and	ending		
B (	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre				
	Name			13-16241	99
	Initial		Room/suite	E Telephone number	
	 Final returr		1800	(212) 24	
	termi ated	<sup>h-</sup> City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	2,224,520.
	Amer returr	NEW IORK, NI IOIIO		H(a) Is this a group re	turn
	Appli tion	F Name and address of principal officer: MARKOS BRODERER		for subordinates	? Yes 🗶 No
	pendi	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: $X = 501(c)(3) = 501(c) ( ) = (insert no.) = 4947(a)(1)$	or 527	If "No," attach a	list. See instructions
		te: ► WWW.SBSNY.ORG		H(c) Group exemption	n number 🕨
		f organization: 🚺 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 1851 N	State of legal domicile: NY
Pa	art I	Summary			
đ	1	Briefly describe the organization's mission or most significant activities: WE H			
ŭ		MORE ACTIVE, INDEPENDENT, SAFER, HEALTHIE			
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
ove	3				12
ۍ م	4	Number of independent voting members of the governing body (Part VI, line 1b)			10
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			6
Viti	6	Total number of volunteers (estimate if necessary)		6	18
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		251,953.	168,029.
Revenue	9	Program service revenue (Part VIII, line 2g)			
Rev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		482,557.	663,878.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		73,807.	26,643.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		808,317.	858,550.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		118,298.	225,500.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0. 422,451.	<u> </u>
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		422,451.	<u> </u>
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	-	0.	0.
, a	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	312,601.	327,286.
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		853,350.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-45,033.	<u>943,651.</u> -85,101.
	19	Revenue less expenses. Subtract line 18 from line 12		,	
ts or				ginning of Current Year 9,886,057.	End of Year 10,216,184.
Assets	20	Total assets (Part X, line 16)			53,914.
let A		Total liabilities (Part X, line 26)		<u>    16,333.</u> 9,869,724.	10,162,270.
	art II	Net assets or fund balances. Subtract line 21 from line 20		9,009,/24.	10,102,270.
ГС	ai t 11				

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

				·				
Sign		Signature of	officer			Date		
Here		MARKUS	BRUDERER	, EXECU	TIVE DIRECTOR			
		Type or prin	t name and title					
	Prin	nt/Type prepare	er's name		Preparer's signature	Date	Check	PTIN
Paid	HAI	RRISON	PEREIRA			07/06		P00746867
Preparer	Firm	n's name 🕒	TAIT, WEI	LER & B	AKER LLP		Firm's EIN 🕨 23	-1144520
Use Only	Firm	n's address 🕨	50 SOUTH	16TH ST	REET, SUITE 2	900		
		-	PHILADELE	PHIA, PA	19102		Phone no. 215 -	979-8800
May the IF	RS di	iscuss this re	turn with the prepa	arer shown abo	ve? See instructions			X Yes No
132001 12-0	9-21	LHA For	Paperwork Redu	ction Act Notic	e, see the separate instr	ructions.		Form <b>990</b> (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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		13-1624199	Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments		<b></b>
	Check if Schedule O contains a response or note to any line in this Part III		Χ
1	Briefly describe the organization's mission: THE MISSION OF THE SWISS BENEVOLENT SOCIETY OF NEW YORK (	SOCIETY) IS	
		THE NEEDS (	<u>ጋ</u> ሞ
	THE SWISS NEW YORKERS AND PROMOTE INTERCULTURAL COOPERAT:		<u>)</u>
	SOCIETY PROVIDES FINANCIAL AND OTHER RELIEF TO QUALIFIED		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	, the total expenses, an	d
4a	revenue, if any, for each program service reported. (Code: ) (Expenses \$ 283,408 · including grants of \$ ) (Revenue)	•	<u>`</u>
<del>4</del> d		<b>.</b> CLIENTS WITH	, Ŧ
	92 HOME VISITS. IN ADDITION, THERE WERE TELEPHONE CONSULT		
	INFORMATION ON AVAILABLE SERVICES AND GUIDANCE WAS PROVID		
	CLIENTS AS WELL AS REGULAR MEMBERS OF THE SWISS BENEVOLEN	T SOCIETY. 1	THE
	ORGANIZATION ALSO HELD REGULAR EVENTS, SUCH AS MONTHLY GA		6
	LOCATIONS (UPPER EAST SIDE, UPPER WEST SIDE, QUEENS, LONG		
	WESTCHESTER AND NEW JERSEY). THE ATTENDANCE WAS BETWEEN 8		
	PER EVENT. THERE WERE ALSO WEEKLY EXERCISE CLASSES (VIA T		-
	MOVIE AFTERNOONS (VIRTUAL). IN DECEMBER 6 HOLIDAY LUNCHEON	NS WERE HELI	)
	WITH A TOTAL ATTENDANCE OF 109 PEOPLE.		
4b	(Code:) (Expenses \$ 307,339. including grants of \$ 225,500. ) (Revenue	\$	)
	THE SWISS BENEVOLENT SOCIETY HAS A SCHOLARSHIP PROGRAM WI		/
	FOLLOWING COMPONENTS: MERIT, OUTSTANDING SCHOLASTIC ACHIE	VEMENT,	
	GRADUATE AND MEDICUS. THE MEDICUS PROGRAM IS AN EXCHANGE		
	BETWEEN SWITZERLAND AND THE UNITED STATES WHILE ALL OTHER		RE
	U.S. BASED. SBS MERIT SCHOLARSHIP: 73 RECIPIENTS \$167,000		
	SCHOLASTIC ACHIEVEMENT: 4 RECIPIENTS, \$16,000 PAID; SBS G		
	RECIPIENTS \$10,000 PAID; MEDICUS: 2 RECIPIENTS \$20,000 PA	10.	
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue	\$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses ► 590,747.	)	
4e	Total program service expenses ► 590, 747.		<b>90</b> (2021)
132000	2 12-09-21	Form	~~ <sub>(</sub> 2021)
,02002	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		

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Par	t IV Checklist of Required Schedules			
		r	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
0	If "Yes," complete Schedule A	1 2	л Х	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	л	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		- 23
-	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	<u> </u>		
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	v	
	Schedule D, Parts XI and XII	<u>12a</u>	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	106		x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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Form	990 (2021) SWISS BENEVOLENT SOCIETY OF NEW YORK 13-1624 <b>t IV</b> Checklist of Required Schedules (continued)	1199	Р	age <b>4</b>
1 41			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	
	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 X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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	0.51		v
06	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			v
L	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28b		
U	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		
01	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance		•	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	_		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
132004	(ganoing) withings to prize withers:		990	(2021)
	4	7 5111	=	,

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Part	<b>V</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)				
• -				Yes	No
	nter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 6			
	ed for the calendar year ending with or within the year covered by this return		0	х	
	at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	^	
	<b>lote:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e_{-fi/e}$ . See instructions in the argonization have unrelated by increasing the argonization for the unrelated by increasing the argonization of $\pounds$ 1,000 or more during the unrelated by increasing the unrelated by the argonization of $\pounds$ 1,000 or more during the unrelated by th		22		Х
		•	3a 3b		- 11
	"Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule t any time during the calendar year, did the organization have an interest in, or a signature or other a		30		
	nancial account in a foreign country (such as a bank account, securities account, or other financial a		4a		х
	"Yes," enter the name of the foreign country		та		
	ee instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR)			
			5a		х
	id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
	"Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	oes the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	ny contributions that were not tax deductible as charitable contributions?		6a		х
	"Yes," did the organization include with every solicitation an express statement that such contribution				
	rere not tax deductible?		6b		
	rganizations that may receive deductible contributions under section 170(c).				
<b>a</b> D	id the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
			7b		
c D	id the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
to	o file Form 8282?		7c		Х
d If	"Yes," indicate the number of Forms 8282 filed during the year	7d			
e D	id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		Х
f D	id the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		Х
g If	the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required? $\dots$	7g		
h lf	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
B S	ponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
S	ponsoring organization have excess business holdings at any time during the year?		8		
e s	ponsoring organizations maintaining donor advised funds.				
<b>a</b> D	id the sponsoring organization make any taxable distributions under section 4966?		9a		
<b>b</b> D	id the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$		9b		
	ection 501(c)(7) organizations. Enter:				
	itiation fees and capital contributions included on Part VIII, line 12	10a			
	ross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	ection 501(c)(12) organizations. Enter:				
	ross income from members or shareholders	11a			
	ross income from other sources. (Do not net amounts due or paid to other sources against				
	mounts due or received from them.)	11b			
	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	"Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
	ection 501(c)(29) qualified nonprofit health insurance issuers.		10-		
	the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>		
	<b>lote:</b> See the instructions for additional information the organization must report on Schedule O.				
	nter the amount of reserves the organization is required to maintain by the states in which the	13b			
	rganization is licensed to issue qualified health plans	13c			
		•	14a		Х
	"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	ά Ο	14b		
	the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	xcess parachute payment(s) during the year?		15		х
	"Yes," see the instructions and file Form 4720, Schedule N.				
	the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
	"Yes," complete Form 4720, Schedule O.				_
	ection 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	anv			
7 S			I		
	ctivities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		

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Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number 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 any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	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		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, 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?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion 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		X
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	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10	v	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	х	
40	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	~	x
14 15	Did the organization have a written document retention and destruction policy?	14		
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-	Х	
	The organization's CEO, Executive Director, or top management official	15a	Δ	x
b	Other officers or key employees of the organization	15b		
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable active during the vertex.	160		x
<b>h</b>	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?			L
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only	availat	
10	for public inspection. Indicate how you made these available. Check all that apply.	Offiy)	avanai	ЛС
	Own website       Another's website       X       Upon request       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ		
15	statements available to the public during the tax year.	man		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	MARKUS BRUDERER - 212-246-0655			
	500 FIFTH AVENUE, ROOM 1800, NEW YORK, NY 10110			
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			NEW YORK	13-1624	199 <sub>Page</sub> 7				
Part VII Compensation of Officers, D Employees, and Independen	•		oyees, Highest Co	mpensated					
Check if Schedule O contains a respo		,	· <b>-</b> ·						
Section A. Officers, Directors, Trustees, Key I	Employees, a	nd Highest Compensate	ed Employees						
1a Complete this table for all persons required to	be listed. Rep	ort compensation for the	e calendar year ending v	vith or within the organ	ization's tax year.				
• List all of the organization's <b>current</b> 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.									
<ul> <li>List all of the organization's current key employees, if any. See the instructions for definition of "key employee."</li> </ul>									
• List the organization's five <b>current</b> highest compensated employees (other than an officer, director, trustee, or key employee) who received report- able compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.									
• List all of the organization's <b>former</b> officers, reportable compensation from the organization ar			ated employees who re	ceived more than \$100	),000 of				
• List all of the organization's <b>former director</b> more than \$10,000 of reportable compensation fro				or or trustee of the org	anization,				
See the instructions for the order in which to list the	ne persons ab	ove.							
Check this box if neither the organization no	or any related	organization compensate	d any current officer, di	rector, or trustee.					
(A)	(B)	(C)	(D)	(E)	(F)				
Name and title	Average	Position	Reportable	Reportable	Estimated				
	hours per	(do not check more than one box, unless person is both an	compensation	compensation	amount of				
	week	officer and a director/trustee)	from	from related	other				

(A) Name and title	Average hours per week	box	not c , unles	Pos heck i ss per	more rson i	than of s both	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MARKUS BRUDERER	37.50									
EXECUTIVE DIRECTOR - CURRENT		Х		X				88,000.	0.	10,321.
(2) CHRISTINE HUBACHER	37.50	-						10.000		050
EXECUTIVE DIRECTOR - UNTIL JAN 21	1 00			Х				10,000.	0.	250.
(3) JOHANNA REINHART	1.00	.,		37						
PRESIDENT - SINCE 6/1/21	1.00	X		Х				0.	0.	0.
(4) RUEDI GREINER	1.00	x		x				0.	0.	0.
VICE PRESIDENT (5) ALEXANDRE C. MANZ	1.00	<u> </u>		Λ				0.	0.	0.
SECRETARY	1.00	x		х				0.	0.	0.
(6) ALBERTO ZONCA	1.00			Δ						0.
TREASURER	1.00	x		х				0.	0.	0.
(7) RICHARD DAETWILER	1.00									
DIRECTOR		x						0.	0.	0.
(8) PEGGY GUBELMAN	1.00	1								
DIRECTOR		x						0.	0.	0.
(9) RALF KUBLI	1.00									
DIRECTOR		x						0.	0.	0.
(10) LORENZ LOBSIGER	1.00									
DIRECTOR		Х						0.	0.	0.
(11) ANDREAS MAERKI	1.00									
DIRECTOR		Х						0.	0.	0.
(12) MARIANNE MAZZONELLI	1.00									
DIRECTOR		Х						0.	0.	0.
(13) VALERIE WOLFMAN	1.00									
DIRECTOR		Х						0.	0.	0.
		-								
		-					-			
		1								
		1								
		1								
	•		•		•	•		•	•	

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Form 990 (2021)

	990 (2021)	SWISS	BEN	EVOLENI	' S	OC	ΙE	TΥ	0	F	NEW YORK	13-16	5241	199	Paç	ge <b>8</b>
Par	VII Section A. Officer	rs, Directors	, Truste	ees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)			(B)			(0	C)			(D)	(E)			(F)	
	Name and tit	le		Average	(do		Posi		<b>l</b> than o	ne	Reportable	Reportable		Es	timated	1
				hours per	box	, unles	ss per	son is	s both	an	compensation	compensatio	n	am	ount of	f
				week		cer an	d a di	irecto	r/trust	ee)	from	from related			other	
				(list any hours for	rector						the	organization			oensatio	on
				related	e or di	ee			sated		organization	(W-2/1099-MIS	,C/		om the	
				organizations	rustee	trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anizatio I relateo	
				below	dual t	itiona		nploy	st cor yee	-					nizatior	
				line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				5-		
								-								
			ľ													
													$ \rightarrow $			
			ŀ													
													$ \rightarrow $			
			ŀ													
													-+			
			ŀ													
			F													
	Subtotal										98,000.		0.	1(	),57	
с	Total from continuation	n sheets to P	Part VII,	Section A					J		0.		0.			0.
d	Total (add lines 1b and										98,000.		0.	1(	),57	1.
2	Total number of individua			t limited to th	ose	liste	d ab	ove	) who	o re	eceived more than \$100,	000 of reportable	;			•
	compensation from the o	organization														0
		-											ſ		Yes	No
3	Did the organization list	-		-		-	•	-		Ŭ	• •					v
	line 1a? If "Yes," comple													3		<u>x</u>
4	For any individual listed of															х
5	and related organizations Did any person listed on													4		Δ
5	rendered to the organiza													5		х
Sec	ion B. Independent Con		<u>, com</u>		2010	JI SU		<u>JEI 30</u>	011 .				<u></u>	Ŭ	I	
1	Complete this table for y	our five high	est con	pensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
	the organization. Report	•		•	•							•				
		(4	A)								(B)			(C		
	N	lame and bus	siness a	address	NC	ONE	2				Description of s	ervices	C	omper	nsation	
										_						
										-						
										1						
2	Total number of indepen	dent contrac	tors (in	cluding but no	ot lin	nited	to t	thos	se list	ed	above) who received mo	ore than				
	\$100,000 of compensati	on from the o	organiza	ation 🕨				0	)							
														Form 9	<b>990</b> (20	)21)

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			2021) SWISS BENEVOI	LENT SOCI	ETY OF NEW	YORK	13-1624	199 Page <b>9</b>
Pa	rt \	VIII	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin		(5)	(0)	
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue	function revenue	business revenue	from tax under
								sections 512 - 514
s s	1	а	Federated campaigns					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b		1			
ΩĘ			Fundraising events 1c		1			
r A			Related organizations		1			
ig ila					-			
Sins			<b>3</b> ( ) ( ) ( )		1			
er ;		т	All other contributions, gifts, grants, and	160.000				
ie E			similar amounts not included above 1f	168,029.	4			
ont of		-	Noncash contributions included in lines 1a-1f					
<u>aŭ</u>		h	Total. Add lines 1a-1f		168,029.			
				Business Code				
e	2	a a						
εζ		b						
Se		с						
an eve		d						
Program Service Revenue		е						
Pr		f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter					
	Ŭ		other similar amounts)		253,634.			253,634.
	4		Income from investment of tax-exempt bond					
	5	)	Royalties					
				(ii) Personal	4			
	6		Gross rents 6a		-			
			Less: rental expenses 6b		-			
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)	🕨				
	7	'a	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b> 1,776,214	•				
		b	Less: cost or other basis					
e			and sales expenses					
evenue		с	Gain or (loss)		1			
ev Se			Net gain or (loss)		410,244.			410,244.
Other R	Q		Gross income from fundraising events (not		,			,
Ę	Ŭ		including \$ of					
0			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8	<u>v</u>				
			Net income or (loss) from fundraising events	<b>▶</b>				
	9	a	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses9	ס				
		с	Net income or (loss) from gaming activities	🕨				
	10	a	Gross sales of inventory, less returns					
			and allowances 10	a				
		b	Less: cost of goods sold 10	b				
			Net income or (loss) from sales of inventory	<b>&gt;</b>				
				Business Code				
snu	11	а	MISCELLANEOUS		26,643.			26,643.
nec	• •	b			, ,			,
ila ver								
Miscellaneous Revenue		с С	All other revenue					
Ϊ			All other revenue		26,643.			
			Total. Add lines 11a-11d			0.	0.	600 E21
	12		Total revenue. See instructions	····· P	858,550.	L <sup>0</sup> .	I <sup>0</sup> .	690,521.
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#### SWISS BENEVOLENT SOCIETY OF NEW YORK Form 990 (2021) Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	e or note to any line in t	his Part IX		
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		•		•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	215,500.	215,500.		
3	Grants and other assistance to foreign	-			
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	10,000.	10,000.		
4	Benefits paid to or for members		,		
5	Compensation of current officers, directors,				
	trustees, and key employees	108,939.	43,576.	65,363.	
6	Compensation not included above to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	225,349.	165,302.	60,047.	
8	Pension plan accruals and contributions (include				
2	section 401(k) and 403(b) employer contributions)	9,800.	8,934.	866.	
9	Other employee benefits	20,231.	17,294.	2,937.	
10	Payroll taxes	26,546.	16,789.	9,757.	
11	Fees for services (nonemployees):	,	,,,,,,,		
''a					
b		8,309.	5,161.	3,148.	
c		45,341.	28,163.	17,178.	
	Lobbying	10 / 0 11 1			
e					
f	Investment management fees	79,435.		79,435.	
	Other. (If line 11g amount exceeds 10% of line 25,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
9	column (A), amount, list line 11g expenses on Sch 0.)	400.	249.	151.	
12	Advertising and promotion	1000	219.		
13		24,092.	15,495.	8,597.	
13 14	Office expenses Information technology	12,389.	6,279.	6,110.	
14 15		12,505.	0,215.	0,110.	
15 16	Royalties	111,000.	43,061.	67,939.	
		9,129.	3,178.	5,951.	
17 18	Travel Payments of travel or entertainment expenses	5,125.	5,1701	5,551.	
10	-				
40	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 00					
20	Interest				
21	Payments to affiliates Depreciation, depletion, and amortization	3,209.	1,990.	1,219.	
22	. Г	9,837.	4,011.	5,826.	
23	Insurance	5,057.	+,011.	5,020.	
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 0.)	14,165.	856.	13,309.	
a		14,103.	.000	13,303.	
b					
c					
d		0 000	1 000	<u> </u>	
	All other expenses	9,980.	4,909.	5,071.	
25	Total functional expenses. Add lines 1 through 24e	943,651.	590,747.	352,904.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	Out and interview	Beginning of year	_	End of year
1	Cash - non-interest-bearing	109,991.	1 2	483,64
2	Savings and temporary cash investments	109,991.		403,04
3	Pledges and grants receivable, net	3,603.	3	16,50
4	Accounts receivable, net	5,005.	4	10,50
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%		_	
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net	2 (50	7	2 65
8	Inventories for sale or use	3,658.	8	3,65
	Prepaid expenses and deferred charges	2,541.	9	1,93
10	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 66,511.	27 040		F 7 7 F
	Less: accumulated depreciation     10b     8,756.	37,948.	10c	57,75
11	Investments - publicly traded securities	8,472,896.	11	8,489,88
12	Investments - other securities. See Part IV, line 11	1,237,862.	12	1,145,25
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	18 550	14	48.55
15	Other assets. See Part IV, line 11	17,558.	15	17,55
16	Total assets. Add lines 1 through 15 (must equal line 33)	9,886,057.	16	10,216,18
17	Accounts payable and accrued expenses	12,833.	17	37,91
18	Grants payable	3,500.	18	16,00
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	16 222	25	F0 04
26	Total liabilities. Add lines 17 through 25	16,333.	26	53,91
	Organizations that follow FASB ASC 958, check here 🕨 🔀			
	and complete lines 27, 28, 32, and 33.	6 600 046		C C 0 0 C 0
27	Net assets without donor restrictions	6,682,846.	27	6,689,69
28	Net assets with donor restrictions	3,186,878.	28	3,472,58
	Organizations that do not follow FASB ASC 958, check here 🕨 🗌			
27 28 29 30 31 32	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	4.0.4.00.5=
32	Total net assets or fund balances	9,869,724.	32	10,162,27
33	Total liabilities and net assets/fund balances	9,886,057.	33	10,216,18

Form **990** (2021)

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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         1       Total revenue (must equal Part VIII, column (A), line 12)       2       943, 651.         2       Total expenses (must equal Part VII, column (A), line 25)       2       943, 651.         3       -855, 101.       3       -855, 101.         4       9, 869, 724.       5         5       0 noted services and use of facilities       6         7       1       Investment expenses       7         8       7       1       0.162, 270.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       ntestment expenses       7       10       10, 162, 270.         Part XII       Financial Statements and Reporting       10       10, 162, 270.         Check if Schedule O contains a response or note to any line in this Part XI       1       2a       X         1       Accounting method used to prepare the Form 990:       Cash X       Accrual       Other       10       162, 270.         Part XII       Financial Statements and Reporting       10       10, 162, 270.       2a       X       17         1		990 (2021) SWISS BENEVOLENT SOCIETY OF NEW YORK	13-1	624199	Pag	<sub>ge</sub> 12		
1       Total revenue (must equal Part VIII, column (A), line 12)       1       858, 550.         2       Total expenses (must equal Part IX, column (A), line 25)       2       943, 651.         3       Revenue less expenses. Subtract line 2 from line 1       3       -85, 101.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       9, 869, 724.         5       Net unrealized gains (losses) on investments       6       -         7       6       -       -         8       -       -       -         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       10       1.62, 2.70.         Part XII       Financial Statements and Reporting       -       10       1.0, 1.62, 2.70.         9       Check if Schedule 0 contains a response or note to any line in this Part XII       -       10       1.62, 2.70.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       -         1       the organization's financial statements compiled or reviewed by an independent accountant?       2a       X       X	Par	rt XI Reconciliation of Net Assets						
2       Total expenses (must equal Part X, column (A), line 25)       2       943,651.         3       Revenue less expenses. Subtract line 2 from line 1       3       -85,101.         4       4       9,869,724.         5       3 Total expenses       5       377,647.         6       6       7         7       7       6         8       9       0.         9       0.       7         7       7       7         8       9       0.         9       0.       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)       10,162,270.         Part XII       Financial Statements and Reporting       10       10,162,270.         Calumm (B)       Check if Schedule 0 contains a response or note to any line in this Part XII       10       10,162,270.         Part XII       Financial Statements compiled or reviewed by an independent accountant?       2       2       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2       X         1       Accounting method used to prepare the form 990:       Cash       X Accrual       Other		Check if Schedule O contains a response or note to any line in this Part XI	<u></u>					
2       Total expenses (must equal Part X, column (A), line 25)       2       943,651.         3       Revenue less expenses. Subtract line 2 from line 1       3       -85,101.         4       4       9,869,724.         5       3 Total expenses       5       377,647.         6       6       7         7       7       6         8       9       0.         9       0.       7         7       7       7         8       9       0.         9       0.       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)       10,162,270.         Part XII       Financial Statements and Reporting       10       10,162,270.         Calumm (B)       Check if Schedule 0 contains a response or note to any line in this Part XII       10       10,162,270.         Part XII       Financial Statements compiled or reviewed by an independent accountant?       2       2       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2       X         1       Accounting method used to prepare the form 990:       Cash       X Accrual       Other								
3       Revenue less expenses. Subtract line 2 from line 1       3       -85,101.         4       Wet assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       9,869,724.         5       Net unrealized gains (losses) on investments       5       377,647.         6       Onated services and use of facilities       6         7       8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       10,162,270.         Part XIII       Financial Statements and Reporting       10       10,162,270.         Part XIII       Financial Statements compiled or reviewed by an independent accountant?       1         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       H*Yes, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <t< td=""><td>1</td><td>Total revenue (must equal Part VIII, column (A), line 12)</td><td>1</td><td></td><td></td><td></td></t<>	1	Total revenue (must equal Part VIII, column (A), line 12)	1					
4       9,869,724.         5       Net unrealized gains (losses) on investments       5         6       377,647.         6       6         7       6         7       6         9       0ther changes in net assets or fund balances (explain on Schedule O)       9         9       0ther changes in net assets or fund balances (explain on Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10         Part XII       financial Statements and Reporting       10       10, 162, 270.         Part XII       financial Statements and Reporting       10       10, 162, 270.         2a       Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0.       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X hccrual       Other," explain on Schedule 0.         2a       Were the organization is 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 compiled or reviewed on a separate basis. consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both: </td <td>2</td> <td>Total expenses (must equal Part IX, column (A), line 25)</td> <td>2</td> <td></td> <td></td> <td></td>	2	Total expenses (must equal Part IX, column (A), line 25)	2					
5       Net unrealized gains (losses) on investments       5       377,647.         6       6       7         7       7       8         8       Prior period adjustments       8       9         9       0.1       9       0.1         10       Net assets or fund balances (explain on Schedule O)       9       0.1         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       10.162,270.         Part XII Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII         Yes         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       10,162,270.         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       10       122,270.         12       Atternet the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       Shoth consolidated and separate basis.       Consolidated basis, or both:       2a       X       X       2a       X <td>3</td> <td colspan="7">Revenue less expenses. Subtract line 2 from line 1</td>	3	Revenue less expenses. Subtract line 2 from line 1						
6       Donated services and use of facilities       6         7       1         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)       10       , 162, 270.         Part XII       Financial Statements and Reporting       10       , 162, 270.         Check if Schedule O contains a response or note to any line in this Part XII       10       , 162, 270.         Part XII       Financial Statements and Reporting       10       , 162, 270.         Check if Schedule O contains a response or note to any line in this Part XII       10       , 162, 270.         Part XII       Financial Statements compiled or reviewed by an independent accountant?       10       , 162, 270.         If 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 compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4					
6 Donated services and use of facilities   7 Investment expenses   8 Prior period adjustments   9 Other changes in net assets or fund balances (explain on Schedule O)   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   10 10, 162, 270.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII    2a X   1 Accounting method used to prepare the Form 990:   2a X   1 Accounting method used to prepare the Form 990:   2a X      1 Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:    2a Separate basis   2b X   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   3 Separate basis   2b X   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   3 Separate basis   Consolidated basis   b Were the organization's financial statements and selection of an independent accounta	5	Net unrealized gains (losses) on investments	5	375	7,64	<u>47.</u>		
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       10, 162, 270.         Part XII       Financial Statements and Reporting       10       10, 162, 270.         Check if Schedule O contains a response or note to any line in this Part XII       1       10       10, 162, 270.         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization's financial statements compiled or reviewed by an independent accountant?       2a       X       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       I         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       I         If	6		6					
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule 0)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       10, 162, 270.         Part XII       Financial Statements and Reporting       10       10, 162, 270.         Check if Schedule O contains a response or note to any line in this Part XII       1       10       10, 162, 270.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       1         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         2a       X       If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X <t< td=""><td>7</td><td>Investment expenses</td><td>7</td><td></td><td></td><td></td></t<>	7	Investment expenses	7					
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, 162, 270.   Part XII   Financial Statements and Reporting   Yes   Other discrete the form 990:   Cash X Accrual   Other - Yes   1 Accounting method used to prepare the Form 990:   1 Accounting method used to prepare the Form 990:   2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   2a Were the organization's financial statements compiled or reviewed by an independent accountant?   16 Trees," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis   b Were the organization's financial statements audited by an independent accountant?   16 Trees," check a box below to indicate whether the financial statements for the year were audited on a separate basis.   b Were the organization's financial statements audited by an independent accountant?   17 Yes   18 Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.   b Were the organization's financial statements and Bept consolidated and separate basis.   consolidated basis, or both: Zb   X X   If "Yes," check a box below to indicate whether the financial statements countan	8		8					
column (B)       10       10,162,270.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         2a       X       Image: Schedule Consolidated basis, or both:       2a       X         Separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," the ing a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, revi	9		9			0.		
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Yes         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation or its financial statements and selection of an independent accountant?       2c       X         If "Yes" to line 2a or 2b, does the organization nave a committee that assumes responsibility for oversight of the audit, review, or compilation or hanged either its oversight process or selection process during the tax year, explain on Schedule O.       3a	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII		column (B))	10	10,162	2,2	70.		
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Par	rt XII Financial Statements and Reporting						
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other		Check if Schedule O contains a response or note to any line in this Part XII						
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   D   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis   b   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   D   Both consolidated and separate basis   Consolidated basis   D   Separate basis   Consolidated basis   D   Separate basis   Consolidated basis   D   Both consolidated and separate basis   C   If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a   As a result of a federal					Yes	No		
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 compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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 audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2a       X         3a       X       3a       X       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       3a       X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.					
separate basis, consolidated basis, or both:   Separate basis   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   2b   X   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a   As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   b   If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
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 audited on a separate basis, consolidated basis, or both:       2b       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       4       4         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       4       4         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth 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 undergo the required audit       4       4		separate basis, consolidated basis, or both:						
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolidated basis       Image:		Separate basis Consolidated basis Both consolidated and separate basis						
consolidated basis, or both:       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2a       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth 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 undergo the required audit       Image: Common comments and common commo	b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
consolidated basis, or both:       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2a       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth 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 undergo the required audit       Image: Common comments and common commo		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2c       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth 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 undergo the required audit       Image: Committee the committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       3a       X								
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparis tax or selectins oversight process or sel		X Separate basis Consolidated basis Both consolidated and separate basis						
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If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
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 undergo the required audit       Image: Control of the organization of the organization did not undergo the required 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 undergo the required audit       Image: Control of the organization of the organization did not undergo the required audit	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit					
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			-	3a		х		
	b		ed audit					
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2021)

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Name of the organization         Employee identification numbers           9         Part I         Reason for Public Charity Status. (At organizations must complete this part) See instructions.           The organization is not a private foundation because it is. (For lines 1 through 12, check only one box)         1         A church, convention of churches, or association of churches described in section 170(b)(1/A)(ii).         A school described in section 170(b)(1/A)(iii).         A church, convention of churches, or association of churches described in section 170(b)(1/A)(iii).         A medical research organization organization described in section 170(b)(1/A)(iii).         A medical research organization organization described in section 170(b)(1/A)(iii).         A model association of governmental unit described in section 170(b)(1/A)(iii).         A model association organization described in section 170(b)(1/A)(iii).         A checkeri, state, or local governmental unit described in section 170(b)(1/A)(iv).           8         A comparization transmity receives a substantial part of its support from a governmental unit or trom the general public described in section 170(b)(1/A)(iv).           9         An againization tharmally medves of association 170(b)(1/A)(iv).           9         An againization described in section 170(b)(1/A)(iv).           9         An againization described in section 170(b)(1/A)(iv).           9         An againization metal network or governmental unit or trom the subget of comparization adapted sections in a subget of an adapted section 170(b)(1/A)(iv).           9         An againiza	SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service	Co	Public Charity Status and Public Support         Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.         ► Attach to Form 990 or Form 990-EZ.         ► Go to www.irs.gov/Form990 for instructions and the latest information.					OMB No. 1545-0047	
Part II         Rescon for Public Charity Status. ( <i>Mi</i> organizations must complete this part 3 see instructions.           The organization in ort a pinet downlation because it is if or lines 11 through 12, check only one box.)         A church, convention of churches, or association of churches described in section 1700(1)((A)(ii)).           A Achurch, convention of churches, or association of churches described in section 1700(1)((A)(ii)).         A hoopting of the object of the object of severe organization described in section 1700(1)((A)(iii)). Enter the hospital's name, cit, and state:           A no organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 1700(1)((A)(ii)). Complete Part II.)           B         A community thust described in section 1700(1)((A)(ii)). (Complete Part II.)           B         A comparization that commaly receives a substantial part of its support from a governmental unit or from the general public described in section 1700(1)((A)(ii)). Complete Part II.)           B         A comparization that normally receives a substantial part of its support from contributions, membership fies, and gross receipts from activities related to its seconting from public (A) and state of the college or university.           10         An organization described in section 1700(1)((A)(ii)) constate A3 1/3% of its support from contributions, membership fies, and gross receipts from activities related to its secont from the support from contributions, membership fies, and gross receipts from activities related to its secont from spatial discribed in section 500(a)(2).           11         An organization organized and operated	Name of the organization							Employer	identification number
The organization is not a private foundation because it is: (For Ines 1 through 12, check only one box)           Image: A private foundation because it is: (For Ines 1 through 12, check only one box)           A chool described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990))           A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).           A chool described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990))           A noganization operated in conjunction with it hospital described in section 170(b)(1)(A)(iii).           E (Form 900)           A noganization operated or powermental unit described in section 170(b)(1)(A)(iv).           A noganization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(v). (Complete Part II)           B a described in section 170(b)(1)(A)(v). (Complete Part II)           A community trust described in section 170(b)(1)(A)(v). (Complete Part II)           A community trust described in section 170(b)(1)(A)(v). (Complete Part II)           A community trust described in section 170(b)(1)(A)(v). (Complete Part II)           A noganization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from achivities related to its exempt functions, subject to cartain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated busines taxable income (less section 500(a)(2). See section 500(a)(2). Complete Part II)           I A noganization oparated and operated exclusively to the part o									3-1624199
<ul> <li>A church, convention of churches, or association of churches described in section 1700() (1)(A)(i).</li> <li>A hospital or a cooperative hospital service organization described in section 1700() (1)(A)(iii).</li> <li>A medical research organization operated in conjunction with a hospital described in section 1700() (1)(A)(iii). Enter the hospital's name, city, and state.</li> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 1700() (1)(A)(ii). Complete Part II.)</li> <li>A dedeal, state, or local government or governmental unit described in section 1700() (1)(A)(v).</li> <li>A conganization that normally receives a substantial part of its support form a governmental unit described in section 1700() (1)(A)(v).</li> <li>A norganization that normally receives a substantial part of its support from contributions, membership fees, and gross receipts from ancientity or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.</li> <li>An organization that normally receives (i) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from ancibiter selection 500(a)(2). Complete Part II.)</li> <li>An organization of agricultura (see clusively to the star public sately. See section 500(a)(3). Check the box on lines that a 31 1/3% of its support from contributions, membership fees, and gross receipts from ancibiter selection 500(a)(2). Complete Part II) section 500(a)(1). Complete Part II)</li> <li>An organization organizated and oparated exclusively to the starby. See section 500(a)(3). Check the purposes of one or more publicly supported organization section (S00(a)(1) or section 500(a)(2). See section 500(a)(3). Check the box on lines tar through 12 througe of supporting organization secribed. A and, and and a suppor</li></ul>	Part I Reason	n for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructior	IS.	
6       A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).         7       M A organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II).         8       A community trust described in section 170(b)(1)(A) operated in conjunction with a land-grant college or university:         10       An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.         9       An organization organization organization adported exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). See section 509(a)(2). See section 509(a)(2). See section 509(a)(2). See	1    A church, c      2    A school de      3    A hospital de      4    A medical r      city, and str	convention of ch escribed in <b>sect</b> or a cooperative esearch organiz ate:	urches, or association ion 170(b)(1)(A)(ii). ( hospital service organization operated in con- cation operated in con-	on of churches described (Attach Schedule E (Forn anization described in <b>s</b> on njunction with a hospital	in section 1990).) ection 170 described	on 170(b)(1 0(b)(1)(A)(ii in sectio	i). n 170(b)(1)(A		
<ul> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>An organization that normally receives (a) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to cartine exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (ess section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2, Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(2, Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(2, Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Check the box on lines 12a through 12d that describes the type of supporting organization aganization and complete lines 12a. 172, and 12g.</li> <li>Type I.A supporting organization separited. supervised, or controlled by this supported organization (3), the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization supervised or controlled by the supported organization (4), by having control or management of the supporting organization operated in connection with its supported organization(4), by having control or management of the supporting organization operated in connection with and functionally integrated. A supporting organization operated in connection with is supported organization(4), by having control or supporte</li></ul>	section 17	' <b>0(b)(1)(A)(iv).</b> (C	Complete Part II.)						
university:	7    X    An organiza      section 17      8    A communi      9    An agricultu	<ul> <li>6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college</li> </ul>							
10       An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization arganized and operated exclusively to test for public safety. See section 509(a)(4).         11       An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization described in section 509(a)(4) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         a       Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with its supported organization(s). Type III sourcitonally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) the organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) the organization specific organization (S) and C.         c       Type III sourcitonally integrat		,	<u>.</u>			·····, ··· <b>,</b>	,		
the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b  Type II. A supporting organization graphization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with, and functionally integrated. A supporting organization operated in connection with and functionally integrated. A supporting organization operated in connection with and functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its upported organization(s) that is not functionally integrated. A supporting organization operated in connection with its upported organization(s) that is not functionally integrated. A supporting organization operated in connection with its upported organization(s) that is not functionally integrated. A supporting organization operated in connection with its upported organization(s) that is not functionally integrated. Supporting organization operated in connection with its usported organization(s) that is not functionally integrated. Supporting organization operated in connection with its usported organization(s) that is not functionally integrated. The organization from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organization (ii) Ein organization (iii) Ein organization (iii) Amount of other graphization (iii) Ein (iii) Functionally integrated organization (iii) Ein (iii) organization (iii) Ein (iii) organization (iii) Ein organization (iii) Ein (iii) organization (iii) Ein (iii) Ein (iii) (iiii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (ii	activities re income and See section 11 An organiza 12 An organiza more public lines 12a th	<ul> <li>An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> </ul>							
organization. You must complete Part IV, Sections A and B.  b  Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.  c  Type III non-functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.  d  Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e  C  Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated organization(s). f Enter the number of supported organizations g Provide the following information about the supported organization(s). i (i) Name of supported (ii) EIN (iii) Type of organization(s). i (iv) Amount of other supported (iii) Type of organization(s). i (v) Amount of other supported (iii) Type of organization (begin instructions). i (v) Amount of other support (see i				-	• • • •	-		•••••	
b       Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.         c       Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.         d       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       Check this box if the organization received a writhe determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.       (v) Amount of monetary (v) Amount of other support (see instructions)         g       Provide the following information about the supported organization (if) Type of organization (see instructions)       (v) Amount of other support (see instructions)         (i) Name of supported organization       (vi) Amount of monetary (vi) Amount of other support (see instructions)       (vi) Amount of other support (see instructions)         (ii) Name of supported organization       (vi) Eliiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		-			majonty c				pporting
organization(s). You must complete Part IV, Sections A and C. c  Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d  Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization generald in connection with its supported organization(s) that is not functionally integrated. A supporting organization generald in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s).     (i) Name of supported (ii) EIN (iii) Type of organization) (iii) Support (see instructions) support (see instructions))     (ii) Name of supported (iii) EIN (iii) Support (see instructions))     (ii) Support (see instructions))     (ii) Support (see instructions))     (vi) Amount of other support (see instructions))     (vi) Amount of monetary (vi) Amount of monetary (vi) Amount of monetary (support (see instructions))     (vi) Support (see instructions))     (vi) Support (see instructions)     (vi) Amount of monetary (see instructions))     (vi) Support (see instructions)     (vi) Support (see instructions)     (vi) Support (see instructions)     (vi) Support (see instructions)     (vi) Support (see instruction	b 🗌 Type II. A	supporting org	anization supervised	l or controlled in connect			-		-
c       Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.         d       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Enter the number of supported organizations         g       Provide the following information about the supported organization(s).         (i) Name of supported       (ii) ElN         (iii) Type of organization (described on lines 1:10       (iv) Amount of monetary support (see instructions)         support (see instructions)       support (see instructions)         value governing document?       Yes         No       support (see instructions)								ge the supp	
d       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Enter the number of supported organizations         g       Provide the following information about the supported organization (s).         (ii) Name of supported       (iii) EIN         (iii) Type of organization (described on lines 1-10)       (v) Amount of monetary support (see instructions)         organization       (v) Amount of contert (see instructions)         above (see instructions))       Yes         No       support (see instructions)         support (see instructions)       support (see instructions)         u       u       u       u         u       u       u       u       u         (i) Name of supported       u       u       u       u         u       u       u       u       u       u         u       u       u       u       u       u       u </td <td>c 🗌 Type III f</td> <td>unctionally inte</td> <td>egrated. A supportin</td> <td>g organization operated</td> <td></td> <td></td> <td></td> <td>lly integrate</td> <td>d with,</td>	c 🗌 Type III f	unctionally inte	egrated. A supportin	g organization operated				lly integrate	d with,
that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization():     (ii) Name of supported     (iii) EIN     (iii) Type of organization     (described on lines 1-10         above (see instructions))     Yes     No     verify support (see instructions)     (vi) Amount of monetary     support (see instructions)     (vi) Amount of monetary     (vi) Amount of complex     (b) Amount of monetary     (vi) Amount of moneta	' ' '	0	()(	, ,	,	,		rted organiz	zation(s)
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). ii) Name of supported iii) EIN iii) Type of organization if (described on lines 1-10 above (see instructions)) ivour governing document? Yes No upport (see instructions) ivour governing document?									
e       Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Enter the number of supported organizations         g       Provide the following information about the supported organization (ii) Type of organization (described on lines 1-10 above (see instructions))       (iv) Is the organization issted in your governing document?       (v) Amount of monetary support (see instructions)         in (v) above (see instructions)       in (v) is the organization issted in the support (see instructions)       (vi) Amount of monetary support (see instructions)         in (v) above (see instructions)       in (vi) is the organization issted in the support (see instructions)       (vi) Amount of monetary support (see instructions)         in (vi) above (see instructions)       in (vi) above (see instructions)       in (vi) above (see instructions)       (vi) above (see instructions)         in (vi) above (see instructions)       in (vi) above (see instructions)       in (vi) above (see instructions)       in (vi) above (see instructions)         in (vi) above (see instructions)       in (vi) above (see instructions)       in (vi) above (see instructions)       in (vi) above (see instructions)         in (vi) above (see instructions)       in (vi) above (see instructions)       in (vi) above (see instructions)       in (vi) above (see instructions)									
f Enter the number of supported organizations		-						II, Type III	
f Enter the number of supported organizations       g Provide the following information about the supported organization (ii) Type of organization organization       (iii) Type of organization (iii) Type of organization (described on lines 1-10)       (iv) Is the organization listed in your governing document?       (v) Amount of monetary support (see instructions)         organization       (iii) EIN       (iii) Type of organization (described on lines 1-10)       (v) Amount of monetary support (see instructions)       (vi) Amount of other support (see instructions)         g       No       No       support (see instructions)       support (see instructions)         g       No       No       support (see instructions)       support (see instructions)         g       Image: Support (see instructions)       Image: Support (see instructions)       Image: Support (see instructions)       Support (see instructions)         g       Image: Support (see instructions)       Image: Support (see instructions)       Image: Support (see instructions)       Image: Support (see instructions)         g       Image: Support (see instructions)       Image: Support (see instructions)       Image: Support (see instructions)       Image: Support (see instructions)         g       Image: Support (see instructions)       Image: Support (see instructions)       Image: Support (see instructions)       Image: Support (see instructions)         g       Image: Support (see instructing)       Image: Supp	functiona	Ily integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
(i) Name of supported organization       (ii) EIN       (iii) Type of organization (described on lines 1·10) above (see instructions))       (iv) Sthe organization in your governing document? Yes       (v) Amount of monetary support (see instructions)       (vi) Amount of other support (see instructions)         Image: State of the support of the organization (described on lines 1·10) above (see instructions))       Image: State of the organization (described on lines 1·10) above (see instructions))       (v) Amount of monetary support (see instructions)       (vi) Amount of other support (see instructions)         Image: State of the organization (described on lines 1·10) above (see instructions))       Image: State of the organization (described on lines 1·10) above (see instructions))       Image: State of the organization (described on lines 1·10) support (see instructions)       Image: State of the organization (described on lines 1·10) support (see instructions)         Image: State of the organization (described on lines 1·10) above (see instructions))       Image: State of the organization (described on lines 1·10) support (see instructions)       Image: State of the organization (described on lines 1·10) support (see instructions)         Image: State of the organization (described on lines 1·10) support (described on lin	f Enter the number	er of supported of	organizations						
In your governing document?     (r) function of set interview       organization     (r) function of set interview       in your governing document?     (r) function of set interview       yes     No									
Organization     Labove (see instructions))     Yes     No     Support (see instructions)     Support (see instructions)		-	(ii) EIN		in your governi	ing document?			
	organizati	on			Yes	No	support (see ii	istructions)	support (see instructions)
Image: Constraint of the second se									
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Schedule A (Form 990) 2021	SWISS BENE	VOLENT S	SOCIETY	OF	NEW	YORK	13-1624	4199	Page 2	
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)										
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization										
fails to qualify under the test	s listed below, plea	se complete Pa	art III.)							
Section A. Public Support										
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2	019	(	<b>d)</b> 2020	(e) 2021	(f) 1	otal	

Uait	inual year (or inscar year beginning in)	(a) 2017	(b) 2010	(0) 2013	<b>(u)</b> 2020	(6) 2021	(1) TOTAI		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not include any "unusual grants.")	2150089	171 138	514 266	251 053	168,029.	3255475.		
2	Tax revenues levied for the organ-	2130003.	1/1,150.	514,200.	251,555.	100,025.	5255475		
2	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	2150089.	171,138.	514,266.	251,953.	168,029.	3255475.		
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)						2104940.		
	Public support. Subtract line 5 from line 4.						1150535.		
Se	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 4	2150089.	171,138.	514,266.	251,953.	168,029.	3255475.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources $\dots$	133,324.	197,400.	237,298.	195,204.	253,634.	1016860.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	14,465.	22,345.	25,887.	73,807.	26,643.	163,147.		
	Total support. Add lines 7 through 10						4435482.		
	Gross receipts from related activities,					12			
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)			
_	organization, check this box and stop								
	ction C. Computation of Publi		-				25.04		
	Public support percentage for 2021 (I					14	25.94 %		
	Public support percentage from 2020					15	21.88 %		
16a	a 33 1/3% support test - 2021. If the o				14 is 33 1/3% or m	ore, check this boy	and		
	stop here. The organization qualifies		-						
k	<b>33 1/3% support test - 2020.</b> If the o								
	and <b>stop here.</b> The organization qual								
17a	10% -facts-and-circumstances test	-							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
-	meets the facts-and-circumstances te	-			-				
k	0 10% -facts-and-circumstances test	-					10% or		
	more, and if the organization meets the								
40	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organization	on dia not check a l	box on line 13, 16a	a, 160, 17a, or 17b	, check this box a				
						Schedule A	(Form 990) 2021		

Schedule A (Form 990) 2021	SWISS	BENEVOLENT	SOCIETY	OF	NEW	YORK	13-1624199	Page 3
Part III Support Schedule fo	r Organiz	ations Described	in Section	509(a	a)(2)			

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

Sec	ction A. Public Support				1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•					·
Sec	check this box and stop here	c Support Per	rcentage				
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020	, (),				16	<u> </u>
	ction D. Computation of Inves						///
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from		B			18	%
	<b>33 1/3% support tests - 2021.</b> If the						
	more than 33 1/3%, check this box ar	-					
b	<b>33 1/3% support tests - 2020.</b> If the	-	-				and
-	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization						
	23 01-04-22						A (Form 990) 2021
			15	5			

<sup>2021.06000</sup> SWISS BENEVOLENT SOCIETY 3249.001

#### SWISS BENEVOLENT SOCIETY OF NEW YORK 13-1624199 Page 4 Schedule A (Form 990) 2021 Part IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations 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 2 organization was described in section 509(a)(1) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 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 3b organization made the determination. c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? // 4a "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) 4c purposes. **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action 5a was accomplished (such as by amendment to the organizing document). b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? 8 If "Yes." complete Part I of Schedule L (Form 990). 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

**b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2021

10b

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	dule A (Form 990) 2021 SWISS BENEVOLENT SOCIETY OF NEW YORK 13-16	2410	0 -	_
	dule A (Form 990) 2021       SWISS BENEVOLENT SOCIETY OF NEW YORK       13-16         t IV       Supporting Organizations (continued)	2419	э Pa	ige <b>5</b>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	115		
Ŭ	detail in Part VI.	11c		
Sec	tion 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		100	
•	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	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supported organization of the trian the supported organization of the supported organization or			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		L
			Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Tes	NO
1				
	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			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		<u> </u>
000			V.	
			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		<b></b>
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structior	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
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 on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

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3a

12360706 758275 3249.000

Sche	dule A (Form 990) 2021 SWISS BENEVOLENT SOCIETY			13-1624199 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 ( <i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally i	integra	ated Type III supporting or	rganization (see

instructions).

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Sche Par		ENT SOCIETY OF a)(3) Supporting Orga			3-1624199	Page 7
Secti	on D - Distributions	100/	Current Ye	ar		
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributab Amount for 2	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
е	Excess from 2021					
					-	

Schedule A (Form 990) 2021

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 Part VI
 Supplemental Information.
 Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, line 1e; Part V, Section B, 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.)
 Supplemental Information

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS	
2017 AMOUNT: \$	14,465.
2018 AMOUNT: \$	22,345.
2019 AMOUNT: \$	25,887.
2020 AMOUNT: \$	73,807.
2021 AMOUNT: \$	26,643.

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

THE ORGANIZATION MEETS THE 10% FACTS AND CIRCUMSTANCES TEST FOR THE

FOLLOWING REASONS: (1) IT HAS A PUBLIC SUPPORT PERCENTAGE IN EXCESS OF THE

10% SUPPORT LIMITATION; (2) IT ATTRACTS PUBLIC SUPPORT; (3) IT HAS A BROAD

BASE OF SUPPORT SOURCES; (4) IT HAS A REPRESENTATIVE GOVERNING BODY, AND

(5) IT MAKES ITS FACILITIES AVAILABLE TO THE PUBLIC AND HAS PUBLIC

PARTICIPATION IN ITS PROGRAMS.

10% OF SUPPORT LIMITATION: THE ORGANIZATION HAS A PUBLIC SUPPORT OF 25.94% FOR THE YEAR ENDED 12/31/21 BASED ON AGGREGATE FINANCIAL INFORMATION FOR THE YEARS ENDED 12/31/17 THROUGH 12/31/21. THIS AMOUNT IS IN EXCESS OF THE 10% REQUIRED BY REGULATION SECTION 1.170A-(9)(E)(3)(I).

ATTRACTION OF PUBLIC SUPPORT: THE ORGANIZATION HAS A PROGRAM OF REGULARLY SOLICITING CONTRIBUTIONS FROM ITS CONSTITUENCY.

SOURCES OF SUPPORT: THE ORGANIZATION RECEIVES CONTRIBUTIONS AND SUPPORT

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FROM A WIDE VARIETY OF INDIVIDUALS AND ORGANIZATIONS.

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 Schedule A (Form 990) 2021
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 Part VI
 Supplemental Information.
 Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

REPRESENTATIVE GOVERNING BODY: THE ORGANIZATION HAS A BOARD OF DIRECTORS CONSISTING OF 12 INDIVIDUALS DRAWN FROM BOTH THE PUBLIC AND PRIVATE SECTORS. GENERALLY, BOARD MEMBERS HAVE A COMMON INTEREST IN THE MISSION OF THE ORGANIZATION.

AVAILABILITY OF FACILITIES TO THE PUBLIC AND PUBLIC PARTICIPATION IN PROGRAMS: THE SWISS BENEVOLENT SOCIETY HANDLED 54 CLIENTS WITH 92 HOME VISITS . IN ADDITION, THERE WERE TELEPHONE CONSULTATIONS WHERE INFORMATION ON AVAILABLE SERVICES AND GUIDANCE WAS PROVIDED TO BOTH CLIENTS AS WELL AS REGULAR MEMBERS OF THE SWISS BENEVOLENT SOCIETY. THE ORGANIZATION ALSO HOLDS REGULAR EVENTS, SUCH AS MONTHLY GATHERINGS IN 6 LOCATIONS (UPPER EAST SIDE, UPPER WEST SIDE, QUEENS, LONG ISLAND, WESTCHESTER AND NEW JERSEY). THE ATTENDANCE WAS BETWEEN 8 AND 15 PEOPLE PER EVENT. THERE WERE ALSO WEEKLY EXERCISE CLASSES (VIA TELEPHONE) AND MOVIE AFTERNOONS (VIRTUAL). IN DECEMBER 6 HOLIDAY LUNCHEONS WERE HELD WITH A TOTAL ATTENDANCE OF 109 PEOPLE. IN ADDITION, THE SWISS BENEVOLENT SOCIETY HAS A SCHOLARSHIP PROGRAM WITH THE FOLLOWING COMPONENTS: MERIT, OUTSTANDING SCHOLASTIC ACHIEVEMENT, GRADUATE AND MEDICUS. THE MEDICUS PROGRAM IS AN EXCHANGE PROGRAM BETWEEN SWITZERLAND AND THE UNITED STATES WHILE ALL OTHER PROGRAMS ARE U.S. BASED. SBS MERIT SCHOLARSHIP: 73 RECIPIENTS \$167,000 PAID; SBS SCHOLASTIC ACHIEVEMENT: 4 RECIPIENTS, \$16,000 PAID; SBS GRADUATE: 2 RECIPIENTS, \$10,000 PAID; MEDICUS 2 RECIPIENTS, \$20,000 PAID.

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	HEDULE D	Supplementa				OMB No. 1545-0047	
(Forr	n 990)	Complete if the organized part IV, line 6, 7, 8, 9, 10				<b>ZUZ I</b>	
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form9	Attach to Form 990 90 for instructions a		on.	Open to Public Inspection	
Nam	e of the organization					r identification number	
		SWISS BENEVOLENT SC				.3-1624199	
Pa		ations Maintaining Donor Advised		er Similar Funds or	Accounts.	Complete if the	
	organizatio	n answered "Yes" on Form 990, Part IV, lin	е 6. (а) Donor ac	huipod fundo	(b) Euroda an	d other accounts	
	Total number at an	ad of year			(D) Fullus al	nd other accounts	
1		nd of year f contributions to (during year)					
2 3		f grants from (during year)					
4		t end of year					
5		on inform all donors and donor advisors in v		s held in donor advised f	unds		
U	-	on's property, subject to the organization's	-			Yes No	
6		on inform all grantees, donors, and donor a					
Ŭ		oses and not for the benefit of the donor o					
	impermissible priva				0	Yes No	
Pa		ation Easements. Complete if the org					
1		servation easements held by the organization					
	Preservation	of land for public use (for example, recrea	tion or education)	Preservation of a h	istorically impo	rtant land area	
	Protection o	f natural habitat		Preservation of a c	ertified historic	structure	
	Preservation	of open space					
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation cor	tribution in the form of a	conservation e	asement on the last	
	day of the tax year				Held	at the End of the Tax Year	
а	Total number of co	onservation easements			. 2a		
b		And and the second second from the second seco					
с	Number of conserv	vation easements on a certified historic stru	ucture included in (a)		2c		
d	Number of conserv	vation easements included in (c) acquired a	after 7/25/06, and no	t on a historic structure			
	listed in the Nation	nal Register			2d		
3		vation easements modified, transferred, rel				g the tax	
	year 🕨						
4	Number of states v	where property subject to conservation eas	sement is located				
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, ins	pection, handling of			
		orcement of the conservation easements it				Yes No	
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violation	s, and enforcing conserv	ation easement	s during the year	
	▶						
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and	d enforcing conservation	easements dur	ing the year	
	▶\$						
8		vation easement reported on line 2(d) abov					
		(4)(B)(ii)?				Yes No	
9		be how the organization reports conservation		-			
		d include, if applicable, the text of the footn	iote to the organizati	on's financial statements	that describes	the	
Pa		ounting for conservation easements. ations Maintaining Collections of	Art Historical	Freasures or Othe	r Similar As	sets	
I GI		the organization answered "Yes" on Form	-			5013.	
10		elected, as permitted under FASB ASC 95		rovonuo statomont and	aalanco shoot y	vorke	
Id		easures, or other similar assets held for put					
		Part XIII the text of the footnote to its finar					
h	· •	elected, as permitted under FASB ASC 95			nce sheet work	's of	
D D	-	sures, or other similar assets held for public					
		ng amounts relating to these items:	exhibition, educatio			, vice,	
	•	ded on Form 990, Part VIII, line 1			▶ .\$		
		ed in Form 990, Part X					
2		received or held works of art, historical trea					
-	the following amounts required to be reported under FASB ASC 958 relating to these items:						
а							
	b Assets included in Form 990, Part X						
		eduction Act Notice, see the Instructions				edule D (Form 990) 2021	
	1 10-28-21					. , _	
			22				

12360706 758275 3249.000

<sup>2021.06000</sup> SWISS BENEVOLENT SOCIETY 3249.001

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		ENEVOLENT S						13-16			age <b>2</b>
Pa	t III Organizations Maintaining C	ollections of Art	, Historica	al Trea	asures, o	r Other	<sup>r</sup> Simila	ar Assets	s (contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any	of the fo	ollowing that	t make si	gnificant	use of its			
	collection items (check all that apply):										
а	a Public exhibition d Loan or exchange program										
b											
С											
4	Provide a description of the organization's co							ose in Part	XIII.		
5											
De	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
Pa			te if the orga	nization	answered	"Yes" on	Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Par										
<b>1</b> a	Is the organization an agent, trustee, custodia		•						7.4		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:					1	Amount		
									Amount		
C -	Beginning balance										
a	Additions during the year										
e f	Distributions during the year						. <u>1e</u> 1f				
f 2a	Ending balance Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.		-								
Pa							0.				
		(a) Current year	(b) Prior y		(c) Two yea			years back	(e) Four	years	back
1a	Beginning of year balance	3,186,878.	2,888		2,44	0,406.		595,602.		614,	
b											
	241 706 200 225 479 127 105 106 200 0										
	Other expenditures for facilities										
	and programs	30,000.	10	,000.	3	0,000.		50,000.		21,	000.
f	Administrative expenses	26,094.									
g	End of year balance	3,472,580.	3,186	,878.	2,88	8,543.	2,	440,406.	2,	595,	602.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, colu	umn (a))	held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment ► <u>66.2300</u>	%									
с	Term endowment ► <u>33.7700</u>	%									
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are	held and	d administer	red for th	e organiz	zation	-		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the	ŭ	vment funds.								
Pa	<b>t VI</b> Land, Buildings, and Equipm		Dest N/ Kern	11. 0.		Dent Y					
	Complete if the organization answered										
	Description of property	(a) Cost or ot	•	•	or other	. ,	ccumula		(d) Bool	value	е
		basis (investm	ient)	basis (o	Juner)	ae	preciatio	1			
-	Land										
b	Buildings										
	Leasehold improvements						2 5	50			
	Equipment				3,550.			50.		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.
	Other				2,961.			06.		7,7 7,7	
Tota	I <b>.</b> Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part >	( <u>, column (B)</u>	. line 10	<u>c.)</u>	<u></u>	<u></u>				
								Schedule	u (Form) ח	990)	2021

Schedule D (Form 990) 2021         SWISS         BENEV(C)           Part VII         Investments - Other Securities.           Complete if the organization answered "Yes" of the securities.	DLENT SOCIETY		13-1624199 Page 3
(a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-vear market value
(1) Financial derivatives			
(2) Closely held equity interests			
(2) Closely field equily interests (3) Other			
(A) ALTERNATIVE INVESTMENTS	1,145,254.	END-OF-YEAR MARK	ET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,145,254.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	1d See Form 990 Part X line 15	
	Description		(b) Book value
(1)	I		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.	15.)		🕨
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, lir	ne 25.
1.         (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			▶
<ol> <li>Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under</li> </ol>			

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 SWISS BENEVOLENT SOCIETY OF NEW YORK	L3-1	624199	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	1,156,	762.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a 377,647.			
b	Donated services and use of facilities 2b			
с	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.) 2d			
е	Add lines 2a through 2d	2e	377,	<u>647.</u> 115.
3	Subtract line <b>2e</b> from line <b>1</b>	3	779,	<u>,115.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.) 4b			
С	Add lines 4a and 4b	4c	79,	435.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		550.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturn	<b>.</b>	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			01.6
1	Total expenses and losses per audited financial statements	1	864,	216.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments 2b			
С	Other losses 2c			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e		0.
3	Subtract line <b>2e</b> from line <b>1</b>	3	864,	216.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.) 4b			
С	Add lines 4a and 4b	4c		435.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	943,	,651 <b>.</b>
Pa	t XIII Supplemental Information.			

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

#### PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT FUNDS INTENDED USE IS FOR SCHOLARSHIPS,

SOCIAL SERVICES AND ADMINISTRATIVE COSTS.

PART X, LINE 2:

THE SOCIETY HAS BEEN GRANTED EXEMPTION FROM FEDERAL INCOME TAX UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS BEEN HELD TO BE A

PUBLICLY SUPPORTED ORGANIZATION, AND NOT A PRIVATE FOUNDATION UNDER

SECTION 509(A). HOWEVER, THE SOCIETY IS SUBJECT TO FEDERAL INCOME TAX ON

ANY UNRELATED BUSINESS TAXABLE INCOME. THE SOCIETY FILES TAX RETURNS IN

25

THE U.S. FEDERAL JURISDICTION.

Schedule D (Form 990) 2021	SWISS BENEVOLENT SOCIETY OF NEW YO	RK 13-1624199 Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental Inf	formation (continued)	
		Schedule D (Form 990) 202 <sup>-</sup>

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SCHEDULE F			ivities Outside the Un		OMB No. 1545-0047
(Form 990)	Complete if	the organizatio	n answered "Yes" on Form 990, Part I	V, line 14b, 15, or 16.	2021
Department of the Treasury Internal Revenue Service	Go to	www.irs.gov/Fo	Attach to Form 990. orm990 for instructions and the latest	information.	Open to Public Inspection
Name of the organization				Employe	r identification number
SWISS BENEVOLEN	T SOCIET	Y OF NEW	YORK	13-16	24199
	ormation on A		side the United States. Comple		
		n maintain record	ds to substantiate the amount of its grai	nts and other assistance.	
-	-		he selection criteria used to award the		X Yes No
2 For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and other assistar	nce outside the
			an be duplicated if additional space is no		() () - ()
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in is a program servic describe specific ty of service(s) in the re-	e, expenditures pe for and investments
EUROPE (INCLUDING			GRANTS TO RECIPIENTS IN		
ICELAND & GREENLAND)	0	0	REGION		10,000.
2 a Subtatal	0	0			10,000.
<b>3 a</b> Subtotal <b>b</b> Total from continuation					10,000.
sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			10,000.

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

Schedule F (Form 990) 2021

132071 12-20-21

## Schedule F (Form 990) 2021 SWISS BENEVOLENT SOCIETY OF NEW YORK

13-1624199

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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
	<ul> <li>2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter</li> </ul>								
3 Enter total number of			or counsel has provided a sect		invalency letter	<b>P</b>			

Schedule F (Form 990) 2021

### Schedule F (Form 990) 2021 SWISS BENEVOLENT SOCIETY OF NEW YORK

13-1624199

Page 3

Part III 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 neede	d.					
(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
	EUROPE (INCLUDING ICELAND &						
SCHOLARSHIP	GREENLAND)	1	10,000.	WIRE TRANSFER	0.		

Schedule F (Form 990) 2021

Schedu	ule F (Form 990) 2021 SWISS BENEVOLENT SOCIETY OF NEW YORK	13-1624199	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "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 No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may</i> 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 No
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)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

chedule F	(Form 990) 2021	SWISS	BENEVOLENT	SOCIETY	OF NEW	V YORK	13-1624199	Page
Part V	Supplement	tal Informat	tion					T age
							counting method; amounts of nethod); and Part III, column (c	)
							information. See instructions.	)
אסת ד	, LINE 2	•						
	., DINE Z	•						
HE SC	CIETY REC	CEIVES C	CONFIRMATIO	NS BY THE	E COLLE	GES AND U	UNIVERSITIES THA	T
HE SI	UDENTS A	RE ATTEN	DING CLASS	ES ALONG	WITH 1	HE NUMBE	R OF CREDITS	
ARNEL	D PER SEMI	LSTER.						

132075 12-20-21

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.									21 Public ction
Name of the organization Employer identificat										
SWISS BENEVOLENT SOCIETY OF NEW YORK 13									13-162	
	formation on Grants a									
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?								X Yes	
	IV the organization's pro								121 165	
Part II Grants an	d Other Assistance to I nat received more than \$	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	′es" on Form 990, Par	t IV, line 21,	for any	
	(f) Mothed of							Purpose of g or assistance		
	er of section 501(c)(3) a er of other organizations			e line 1 table				Þ		

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

#### Schedule I (Form 990) 2021 SWISS BENEVOLENT SOCIETY OF NEW YORK

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	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS	81	215,500.	0.		

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

PART I, LINE 2:

#### THE SOCIETY RECEIVES CONFIRMATIONS BY THE COLLEGES AND UNIVERSITIES THAT

#### THE STUDENTS ARE ATTENDING CLASSES ALONG WITH THE NUMBER OF CREDITS EARNED

PER SEMESTER.

Page 2

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SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.	·EZ				
Name of the organization	SWISS BENEVOLENT SOCIETY OF NEW YORK	Employer identification number 13-1624199				
FORM 990, PART	I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:				
SOCIAL SERVICE PROGRAMS WE ASSIST STUDENTS THROUGH SCHOLARSHIPS						

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

INCLUDING, BUT NOT LIMITED TO NATIVES OF SWITZERLAND, OR OF SWISS

ORIGIN WHO ARE IN THE U.S.AND IN NEED OF ASSISTANCE. (NOTE: OUR

SERVICES ARE SPECIFICALLY NOT LIMITED TO OUR MEMBERS).

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 COMPARISIONS 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.

Name of the organization		Employer identification number
SWISS BENEVOLI	ENT SOCIETY OF NEW YORK	13-1624199
FORM 990, PART VI, SECTION C	C, LINE 19:	
THE ORGANIZATION'S GOVERNING	G DOCUMENTS, CONFLICT OF I	NTEREST POLICY, AND
FINANCIAL STATEMENTS ARE AVA	ALLABLE TO THE PUBLIC UPON	I REQUEST.
132212 11-11-21	35	Schedule O (Form 990) 202

# SWISS BENEVOLENT SOCIETY OF NEW YORK

# INDEPENDENT AUDITOR'S REPORT AND FINANCIAL STATEMENTS

**DECEMBER 31, 2021 AND 2020** 

# TABLE OF CONTENTS

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FINANCIAL STATEMENTS	
Statement of Financial Position, December 31, 2021 and 2020	3
Statement of Activities and Changes in Net Assets, Year ended December 31, 2021 and 2020	4
Statement of Functional Expenses, Year ended December 31, 2021	5
Statement of Functional Expenses, Year ended December 31, 2020	6
Statements of Cash Flows, Years ended December 31, 2021 and 2020	7
Notes to Financial Statements	8 - 17



### **INDEPENDENT AUDITOR'S REPORT**

Board of Directors Swiss Benevolent Society of New York

#### Opinion

We have audited the accompanying financial statements of Swiss Benevolent Society of New York, which comprise the statement of financial position as of December 31, 2021, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Swiss Benevolent Society of New York as of December 31, 2021, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

#### Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Swiss Benevolent Society of New York and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Swiss Benevolent Society of New York's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

#### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether dure to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forger, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

Board of Directors Swiss Benevolent Society of New York New York, New York

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Swiss Benevolent Society of New York's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Swiss Benevolent Society of New York's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

#### Report on Comparative Information

The financial statements of Swiss Benevolent Society of New York as of December 31, 2020 and for the year then ended, were audited by other auditors whose report dated May 18, 2022, expressed an unmodified opinion on those audited financial statements.

Tait, Weller + Baker (LP

TAIT, WELLER & BAKER LLP

Philadelphia, Pennsylvania July 5, 2023

## STATEMENT OF FINANCIAL POSITION

### December 31, 2021 And 2020

		2021			2020	
	Without Donor <u>Restrictions</u>	With Donor <u>Restrictions</u>	Total	Without Donor <u>Restrictions</u>	With Donor <u>Restrictions</u>	<u>Total</u>
Assets						
Cash and cash equivalents Investments Prepaid expenses and other assets Niches at Oakwood Cemetery	\$ 96,023 6,550,174 39,652 <u>57,755</u>	\$ 3,472,580 	\$ 96,023 10,022,754 39,652 <u>57,755</u>	\$ 109,991 6,523,880 25,363 <u>39,945</u>	\$ - 3,186,878 - -	\$ 109,991 9,710,758 25,363 <u>39,945</u>
Total assets	<u>\$6,743,604</u>	<u>\$3,472,580</u>	<u>\$10,216,184</u>	<u>\$6,699,179</u>	<u>\$3,186,878</u>	<u>\$9,886,057</u>
Liabilities and Net Assets Liabilities Accounts payable and accrued expenses	\$ 37,914	\$ -	\$ 37,914	\$ 12,833	\$ -	\$ 12,833
Scholarships payable	16,000	φ -	<u>+ 16,000</u>	<u>3,500</u>	φ –	<u>+ 12,833</u>
Total liabilities	53,914		53,914	16,333		16,333
Net Assets	6,689,690	<u>3,472,580</u>	10,162,270	6,682,846	3,186,878	9,869,724
Total liabilities and net assets	<u>\$6,743,604</u>	<u>\$3,472,580</u>	<u>\$10,216,184</u>	<u>\$6,699,179</u>	<u>\$3,186,878</u>	<u>\$9,886,057</u>

# STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

### Years Ended December 31, 2021 And 2020

		2021			2020	
	Without Donor <u>Restrictions</u>	With Donor <u>Restrictions</u>	Total	Without Donor <u>Restrictions</u>	With Donor <u>Restrictions</u>	Total
Revenues, Gains and Other Support						
Contributions	\$ 118,029	\$ -	\$ 118,029	\$ 86,746	\$ -	\$ 86,746
Legacies	50,000	-	50,000	165,207	-	165,207
Investment income	646,388	315,702	962,090	671,658	308,335	979,993
Miscellaneous	26,643	-	26,643	73,807	-	73,807
Net assets released from restrictions	30,000	(30,000)		10,000	(10,000)	
Total revenues, gains and other support	871,060	285,702	1,156,762	1,007,418	298,335	1,305,753
Expenses						
Program services						
Social services	283,408	-	283,408	312,611	-	312,611
Scholarships	307,339		307,339	187,100		187,100
Total program services	590,747		590,747	499,711		499,711
Supporting services						
Management and general	273,469		273,469	280,721		280,721
Total supporting services	273,469		273,469	280,721		280,721
Total expenses	864,216		864,216	780,432		780,432
Change in Net Assets	6,844	285,702	292,546	226,986	298,335	525,321
Net Assets, Beginning of Year	6,682,846	3,186,878	9,869,724	6,455,860	2,888,543	9,344,403
Net Assets, End of Year	<u>\$6,689,690</u>	<u>\$3,472,580</u>	<u>\$10,162,270</u>	<u>\$6,682,846</u>	<u>\$3,186,878</u>	<u>\$9,869,724</u>

### STATEMENT OF FUNCTIONAL EXPENSES

### Year Ended December 31, 2021

		Program Services		Supporting Services	
	Social <u>Services</u>	<u>Scholarships</u>	<u>Total</u>	Management <u>And General</u>	Total
Salaries and payroll taxes	\$ 174,744	\$ 46,547	\$ 221,291	\$ 128,604	\$ 349,895
Employee benefits	28,080	2,524	30,604	10,366	40,970
Scholarships	-	225,500	225,500	-	225,500
Assistance and client activities	856	-	856	13,309	14,165
Rent	24,356	18,705	43,061	67,939	111,000
Supplies and equipment	6,206	1,588	7,794	4,339	12,133
Professional fees	26,818	6,755	33,573	20,477	54,050
Insurance	3,194	817	4,011	5,826	9,837
Telephone	6,751	1,354	8,105	3,455	11,560
Postage and messengers	746	191	937	522	1,459
Printing	-	-	-	1,151	1,151
Information technology	4,813	1,466	6,279	6,110	12,389
Travel and entertainment	3,178	-	3,178	5,951	9,129
Miscellaneous	3,666	1,892	5,558	5,420	10,978
Total expenses	<u>\$ 283,408</u>	<u>\$ 307,339</u>	<u>\$ 590,747</u>	<u>\$273,469</u>	<u>\$ 864,216</u>

### STATEMENT OF FUNCTIONAL EXPENSES

### Year Ended December 31, 2020

	Program Services			Supporting Services	
	Social <u>Services</u>			Management And General	Total
Salaries and payroll taxes	\$ 184,113	\$ 45,934	\$230,047	\$141,107	\$ 371,154
Employee benefits	25,649	6,156	31,805	19,492	51,297
Scholarships	-	112,500	112,500	-	112,500
Assistance and client activities	7,160	-	7,160	-	7,160
Rent	53,784	12,908	66,692	40,875	107,567
Supplies and equipment	7,037	1,689	8,726	5,348	14,074
Professional fees	1,900	-	1,900	48,741	50,641
Board expenses	-	-	-	106	106
Insurance	6,840	1,642	8,482	5,198	13,680
Telephone	8,718	2,092	10,810	6,625	17,435
Postage and messengers	1,104	265	1,369	838	2,207
Printing	3,235	776	4,011	2,458	6,469
Information technology	3,240	778	4,018	2,462	6,480
Travel and entertainment	3,190	766	3,956	2,424	6,380
Miscellaneous	6,641	1,594	8,235	5,047	13,282
Total expenses	<u>\$ 312,611</u>	<u>\$187,100</u>	<u>\$ 499,711</u>	<u>\$280,721</u>	<u>\$ 780,432</u>

# STATEMENT OF CASH FLOWS

# Years Ended December 31, 2021 And 2020

	<u>2021</u>	<u>2020</u>
CASH FLOWS FROM OPERATING ACTIVITIES Change in net assets	\$ 292,546	\$ 525,321
Adjustments to reconcile the net change in net assets to net cash used for operating activities Net realized and unrealized gains on investments	(787,891)	(784,789)
Decrease (Increase) in operating assets: Prepaid expenses and other assets Niches at Oakwood Cemetery	(14,289) (17,810)	2,083 (39,945)
Increase (Decrease) in operating liabilities: Accounts payable and accrued expenses Scholarships payable	25,081 	752 (121,390)
Net cash used for operating activities	(489,863)	<u>(417,968</u> )
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b> Proceeds from sale of investments Purchase of investments	1,776,214 (1,300,319)	1,756,218 (1,501,402)
Net cash provided by investing activities	475,895	254,816
Net Change in Cash and Cash Equivalents	(13,968)	(163,152)
CASH AND CASH EQUIVALENTS Beginning of Year	109,991	273,143
End of Year	<u>\$ 96,023</u>	<u>\$ 109,991</u>

## NOTES TO FINANCIAL STATEMENTS

#### December 31, 2021 And 2020

### (1) ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Swiss Benevolent Society of New York (the Society) is a not-for-profit corporation formed in 1851. The mission of the Society is to provide information and programs to its members, serve the needs of Swiss New Yorkers and promote intercultural cooperation.

The Society's social service program offers services that are available free of charge to both members and non-members of the Society. The Society's social workers offer case management, short-term counseling, referrals and advice. They advocate on behalf of their clients with other agencies, American and Swiss, from the school system to the Medicare system. They coordinate their clients' overall care and visit them at home, in the hospital and in nursing homes, often taking the place of the family their elderly clients no longer have.

The Society awards scholarships and grants on the basis of need and merit for education above the high school level. Since the inception of the various scholarship and grant programs, the Society's assistance has made a tremendous difference in the lives of many Swiss-Americans and their families. The scholarship assistance sporadically provided by the Society became a formal program in 1979, when a legacy from Swiss businessman Andrew Pellegrini provided the funds for the regular payment of grants. In 1997, Dr. Heinrich Medicus gave the Society funds to create an endowment fund. Income on the endowment is to support a scholarship for a student exchange program between Switzerland and the United States.

The Society's primary sources of revenues are contributions, legacies and investment income. The Society receives no financial support from the United States or Swiss governments.

## INCOME TAXES

The Society has been granted exemption from federal income tax under Section 501(c)(3) of the Internal Revenue Code and has been held to be a publicly supported organization, and not a private foundation under Section 509(a). However, the Society is subject to federal income tax on any unrelated business taxable income. The Society files tax returns in the U.S. federal jurisdiction.

## USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues, expenses, gains, losses and other changes in net assets during the reporting period. Actual results could differ from those estimates.

## CASH AND CASH EQUIVALENTS

Cash equivalents include certain investments in highly liquid instruments with original maturities, when acquired, of three months or less. Uninvested cash and cash equivalents included in investment accounts are not considered to be cash and cash equivalents.

### NOTES TO FINANCIAL STATEMENTS - (Continued)

#### December 31, 2021 And 2020

#### INVESTMENTS AND NET INVESTMENT RETURN

Investments in equity and debt securities are carried at fair value. Investment return includes dividend, interest and other investment income; realized and unrealized gains and losses on investments carried at fair value; and realized gains and losses on other investments, less external and direct internal investment expenses. Gains and losses on the sale of securities are recorded on the trade date and are determined using the specific identification method.

Investment return is reflected in the statements of activities with or without donor restrictions based upon the existence and nature of any donor or legally imposed restrictions.

The Society maintains pooled investment accounts for its endowments. Investment income and realized and unrealized gains and losses from securities in the pooled investment accounts are allocated monthly to the individual endowments based on the relationship of the fair value of the interest of each endowment to the total fair value of the pooled investments accounts, as adjusted for additions to or deductions from those accounts.

### NICHES AT OAKWOOD CEMETERY

The inventory of niches at Oakwood Cemetery are stated at the lower of cost or net realizable value. Costs are determined using the first-in, first-out method.

#### SCHOLARSHIP EXPENSE/PAYABLE

The Society grants scholarship awards which are recorded on the accrual basis. Grants are expensed once conditions are met and are paid semiannually. All scholarships payables are due within the next fiscal year. Payment of scholarships awarded to students are contingent upon the recipient being enrolled full-time for the semesters related to the scholarships. The Society verifies the recipient's full time status directly with the school at the beginning of each semester before the related scholarships are paid. Scholarships granted that did not have verification of enrollment prior to year-end are considered conditional. Therefore, any grant expense for spring semester scholarships for which verification was not received from the school as of December 31 is recorded in the subsequent year when enrollment is verified. The Society had granted \$89,750 and \$111,250 in scholarships in 2021 and 2020, respectively for the 2022 and 2021 spring semesters which are not yet recognized as grant expense in 2021 and 2020, contingent upon enrollment verification.

#### NET ASSETS

Net assets are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Society are classified and reported as follows:

*Without donor restrictions* – Net assets that are not subject to donor-imposed stipulations and that may be expendable for any purpose in performing the primary mission of the Society.

With Donor Restrictions: Net assets with donor restrictions are the net assets of the Society that are subject to donor-imposed restrictions. The restrictions may expire with time or may be satisfied by the actions of the Society according to the intention of the donor. Other restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Upon satisfaction of such restrictions, the associated net assets are released from net assets with donor restrictions and reported as net assets without donor restrictions.

# NOTES TO FINANCIAL STATEMENTS – (Continued)

#### December 31, 2021 And 2020

### **REVENUE RECOGNITION**

Contributions are provided to the Society either with or without restrictions placed on the gift by the donor. Revenues and net assets are separately reported to reflect the nature of those gifts – with or without donor restrictions. The value recorded for each contribution is recognized as follows:

Nature of the Gift	Value Recognized
<i>Conditional gifts, with or without restriction</i> Gifts that depend on the Society overcoming a donor-imposed barrier to be entitled to the funds	Not recognized until the gift becomes unconditional, i.e., the donor-imposed barrier is met
Unconditional gifts, with or without restriction Received at date of gift – cash and other assets	Fair value
Received at date of gift – property, equipment and long-lived assets	Estimated fair value
Expected to be collected within one year	Net realizable value
Collected in future years	Initially reported at fair value determined using the discounted present value of estimated future cash flows technique

In addition to the amount initially recognized, revenue for unconditional gifts to be collected in future years is also recognized each year as the present-value discount is amortized using the level- yield method.

When a donor stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions. Absent explicit donor stipulations for the period of time that long-lived assets must be held, expirations of restrictions for gifts of land, buildings, equipment and other long-lived assets are reported when those assets are placed in service.

Gifts and investment income that are originally restricted by the donor and for which the restriction is met in the same time period are recorded as revenue with donor restrictions and then released from restriction.

Conditional contributions having donor stipulations which are satisfied in the period the gift is received are recorded as revenue and net assets without donor restrictions.

# NOTES TO FINANCIAL STATEMENTS – (Continued)

#### December 31, 2021 And 2020

## FUNCTIONAL ALLOCATION OF EXPENSES

The costs of supporting the various programs and other activities have been summarized on a functional basis in the statements of activities. The statements of functional expenses present the natural classification detail of expenses by function. Certain costs have been allocated among the program, management and general and fundraising categories based on the time spent by level of employee, square footage of space used and other methods.

### ACCOUNTING PRONOUNCEMENTS NOT YET ADOPTED

In 2016, the FASB issued ASU 2016-02, Leases (Topic 842). The ASU changes the accounting treatment for operating leases by recognizing a lease asset and lease liability at the present value of the lease payments in the statement of financial position and disclosing key information about leasing arrangements. The ASU is effective for private entities for fiscal years beginning after December 15, 2021. Early adoption is permitted. The ASU should be applied at the beginning of the earliest period presented using a modified retrospective approach. The Society plans to adopt the new ASU at the required implementation date.

### RECLASSIFICATIONS

Certain reclassifications were made to the 2020 financial statements to conform to the 2021 presentation.

## (2) FAIR VALUE MEASUREMENTS

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. The hierarchy comprises three levels of inputs that may be used to measure fair value:

- Level 1 Quoted prices in active markets for identical assets
- Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets
- Level 3 Unobservable inputs supported by little or no market activity and that are significant to the fair value of the assets

The inputs methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

# NOTES TO FINANCIAL STATEMENTS – (Continued)

#### December 31, 2021 And 2020

The summary of inputs used to value the Institute's financial instruments as of December 31, 2021 and 2020 is as follows:

		Fair Value Measurement Using			
	Total	Quoted Prices In Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
December 31, 2021					
Assets					
Fixed Income	<b>*</b> 0 <b>7</b> 1,00 <b>0</b>	<b>*</b> 0 <b>74</b> 00 <b>0</b>	<b>.</b>	0	
Domestic mutual funds	\$ 871,982	\$ 871,982	\$ -	\$ -	
International mutual funds	699,699	699,699	-	-	
U.S. Government Obligations	534,377	-	534,377	-	
Corporate Bonds	781,025		781,025		
Total fixed income	2,887,083	1,571,681	1,315,402		
Equities					
Consumer discretionary	460,272	460,272	-	-	
Consumer staples	76,019	76,019	-	-	
Energy	3,975	3,975	-	-	
Financials	354,979	354,979	-	-	
Health care	207,534	207,534	-	-	
Industrials	468,110	468,110	-	-	
Information technology	951,242	951,242	-	-	
Materials	90,645	90,645	-	-	
Real Estate Investment Trusts	212,659	212,659	-	-	
Telecommunication services	5,149	5,149	-	-	
International equities	551,385	551,385	-	-	
Domestic mutual funds	1,277,872	1,277,872	-	-	
Real Estate mutual funds	567,196	567,196	-	-	
International mutual funds	358,237	358,237	-	-	
Specialty equities	17,526	17,526			
Total equities	5,602,800	5,602,800			
Alternative investments					
Hedge investments	248,388	-	-	248,388	
Mutual funds	896,866	896,866			
Total alternative investments	1,145,254	896,866		248,388	
Investments reported on the fair value hierarchy	9,635,137	<u>\$ 8,071,347</u>	<u>\$1,315,402</u>	<u>\$ 248,388</u>	
Cash equivalents	387,617				
Total investments	<u>\$10,022,754</u>				

# NOTES TO FINANCIAL STATEMENTS – (Continued)

#### December 31, 2021 And 2020

		Fair Value Measurement Usi		
December 31, 2020	Total	Quoted Prices In Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets				
Fixed Income				
Domestic mutual funds	\$ 911,900	\$ 911,900	\$ -	\$ -
International mutual funds	806,590	806,590	-	-
U.S. Government Obligations	606,889	-	606,889	-
Corporate Bonds	675,538		675,538	
Total fixed income	3,000,917	1,718,490	1,282,427	
Equities				
Consumer discretionary	392,257	392,257	-	-
Consumer staples	68,092	68,092	-	-
Energy	5,983	5,983	-	-
Financials	322,632	322,632	-	-
Health care	159,391	159,391	-	-
Industrials	339,259	339,259	-	-
Information technology	731,920	731,920	-	-
Materials	75,871	75,871	-	-
Real Estate Investment Trusts	163,424	163,424	-	-
Telecommunication services	22,514	22,514	-	-
International equities	531,043	531,043	-	-
Domestic mutual funds	1,051,367	1,051,367	-	-
Real Estate mutual funds	490,832	490,832	-	-
International mutual funds	729,318	729,318	-	-
Specialty equities	23,108	23,108		
Total equities	5,107,011	5,107,011		
Alternative investments				
Hedge investments	229,714	-	-	229,714
Mutual funds	1,008,148	1,008,148		
Total alternative investments	1,237,862	1,008,148		229,714
Investments reported on the fair value hierarchy	9,345,790	<u>\$ 7,833,649</u>	<u>\$ 1,282,427</u>	<u>\$ 229,714</u>
Cash equivalents	364,968			
Total investments	\$ 9,710,758			
	<del>*************************************</del>			

The following is a description of the valuation methodologies and inputs used for assets and liabilities measured at fair value on a recurring basis and recognized in the accompanying statements of financial position, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2021 and 2020.

#### **INVESTMENTS**

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. See the table below for inputs and valuation techniques used for Level 3 securities.

NOTES TO FINANCIAL STATEMENTS - (Continued)

#### December 31, 2021 And 2020

#### (A) Level 3 funds consist of the following:

*Hedge funds*: The Fund seeks to achieve a capital appreciation principally through investing in investment funds managed by third-party investment managers that employ a variety of alternative investment strategies. These investment strategies allow investment managers the flexibility to use leverage or short-side position to take advantage of perceived inefficiencies across the global markets, often referred to as "alternative" strategies. Because the investment funds following alternative investment strategies are often described as hedge funds, the investment program of the company can be described as a fund of hedge funds.

## (3) DONOR RESTRICTED FUNDS

#### ENDOWMENT FUND

The Society is incorporated in the state of New York, which has enacted the Uniform Prudent Management of Institutional Funds Act ("UPMIFA"). UPMIFA governs donor restricted or permanently restricted endowment funds for not-for-profit corporations. The Society has interpreted the applicable state standards and guidelines for the prudent management of an endowment fund as requiring the preservation of the fair value of the original gift as of the gift date of the endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Society classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment; (b) the original value of subsequent gifts to the permanent endowment; and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulated realized and unrealized gains/losses) that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Society. The Society considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- (1) The duration and preservation of the fund
- (2) The purposes of the Society and the donor-restricted endowment fund
- (3) General economic conditions
- (4) The possible effect of inflation and deflation
- (5) The expected total return from income and the appreciation of investments
- (6) Other resources of the Society
- (7) The investment policies of the Society

The Society's endowment consists of one individual donor-restricted endowment fund (Medicus fund) established for scholarships for a student exchange program between Switzerland and the United States. As required by GAAP, net assets associated with endowment funds, including any board-designated endowment funds, are classified and reported based on the existence or absence of donor-imposed restrictions.

# NOTES TO FINANCIAL STATEMENTS - (Continued)

#### December 31, 2021 And 2020

The composition of net assets by type of endowment fund at December 31, 2021 and 2020, was:

	2021	2020
	With Donor	Restrictions
Donor-restricted endowment funds		
Original donor-restricted gift amount and amounts required to be maintained in perpetuity by donor Accumulated investment gains	\$2,300,000 _1,172,580	\$2,300,000 <u>886,878</u>
Total endowment funds	<u>\$3,472,580</u>	<u>\$3,186,878</u>
	 With Donor	2020 Restrictions
Endowment net assets, beginning of year	\$3,186,878	\$2,888,543
Interest and dividends	83,226	61,417
Net realized gain	134,634	90,410
Net unrealized gain (loss)	123,936	179,450
Investment expenses	(26,094)	(22,942)
Appropriation of endowment assets for expenditures	(30,000)	(10,000)
Endowment net assets, end of year	<u>\$3,472,580</u>	<u>\$3,186,878</u>

## NET ASSETS RELEASED FROM RESTRICTIONS

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of other events specified by donors.

	2021	2020
Satisfaction of purpose restrictions		
Scholarships	<u>\$ 30,000</u>	<u>\$ 10,000</u>

2021

2020

## RETURN OBJECTIVES, STRATEGIES EMPLOYED AND SPENDING POLICY

The objective of the Society is to maintain the principal endowment funds at the original amount designated by the donor while generating investment return to fund program objectives. The investment policy to achieve this objective is to invest in a diversified investment portfolio with a balance between income and long-term growth, with a moderate tolerance for short-term losses. Investment income earned in relation to the endowment funds is recorded as with donor restrictions income and released from restriction upon expenditure for the program for which the endowment fund was established. The Society grants scholarships annually based on anticipated earnings and grant requests received in the preceding year. The donor allows the Society to spend between 3 percent and 5 percent of the total investment value per year based on a five-year moving average.

## FUNDS WITH DEFICIENCIES

The Society does not have any funds with deficiencies.

## NOTES TO FINANCIAL STATEMENTS - (Continued)

#### December 31, 2021 And 2020

### (4) LEASED COMMITMENTS

The Society is located at 500 Fifth Avenue, New York City. The Society leases this space for program and administrative purposes. The Society is obligated under a lease agreement for office space through June 30, 2022. In April 2022 the Society signed a new lease for office space located at 420 Lexington Avenue, New York City through July 31, 2024. Rent expense related to office space was \$111,000 and \$107,567 for 2021 and 2020, respectively. Minimum future rental payments are as follows:

Year Ended December 31,	Amount
2022	\$ 89,021
2023	61,467
2024	31,345
	<u>\$181,833</u>

### (5) **RETIREMENT BENEFITS**

The Society has a contributory tax-deferred 403(b) annuity plan for all full-time employees who have completed one month of service. The Society contributes an amount equal to 5 percent of eligible employees' earnings whether or not the employees contribute to the plan. Pension expense for the years ended December 31, 2021 and 2020 was approximately \$14,500 and \$16,000, respectively.

### (6) LIQUIDITY AND AVAILABILITY

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of December 31, 2021 and 2020, comprise the following:

	2021	2020
Cash and cash equivalents Investments	\$ 96,023 <u>10,022,754</u>	\$   109,991 
Total financial assets	10,118,777	9,820,749
Donor-imposed restrictions Restricted funds	(3,472,580)	_(3,186,878)
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 6,646,197</u>	<u>\$ 6,633,871</u>

The Society manages their liquidity and reserves following three guiding principles: operating within a prudent range of financial soundness and stability, maintaining adequate liquid assets to fund near-term operating needs and maintaining sufficient reserves to provide reasonable assurance that long-term obligations will be discharged.

The Society has a liquidity policy to maintain current financial assets less current liabilities at a minimum of 30 days' operating expenses. The Society has a policy to target a year-end balance of reserves without donor restriction and which are undesignated by the board to meet 30 to 45 days of expected expenditures. To achieve these targets, the Society forecasts its future cash flows and monitors its liquidity quarterly and monitors its reserves annually. During the years ended December 31, 2021 and 2020, the level of liquidity and reserves was managed within the policy requirements.

NOTES TO FINANCIAL STATEMENTS - (Continued)

### December 31, 2021 And 2020

## (7) SIGNIFICANT ESTIMATES AND CONCENTRATIONS

GAAP require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations. Those matters include the following:

## LEGACY AND CONTRIBUTIONS REVENUES

In 2021, 100 percent of all legacy revenue received was from one donor and approximately 40 percent of all contribution revenue received was from three donors. In 2020, approximately 62 percent of all legacy revenues received were from two donors and approximately 17 percent of all contribution revenue received was from one donor.

## RISKS AND UNCERTAINTIES

As a result of the spread of SARS-CoV-2 virus and the incidence of COVID-19, economic uncertainties have arisen which may negatively affect the financial position, results of operations and cash flows of the Society. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

## (8) SUBSEQUENT EVENTS

Subsequent events have been evaluated through July 5, 2023, which is the date the financial statements were available to be issued.