

WEAVER AND TIDWELL, LLP  
ONE PENNSYLVANIA PLAZA, SUITE 3200  
NEW YORK, NY 10119

FDNY FOUNDATION, INC.  
9 METROTECH CENTER  
BROOKLYN, NY 11201

|||||||



MAY 15, 2024

**PRIVATE AND CONFIDENTIAL**

FDNY FOUNDATION, INC.  
9 METROTECH CENTER  
BROOKLYN, NY 11201

FDNY FOUNDATION, INC.:

ENCLOSED IS/ARE THE FOLLOWING RETURNS(S) THAT WE HAVE PREPARED ON YOUR BEHALF:

- 2022 FORM 990 – NO TAX DUE
- 2022 FORM 990-T – NO TAX DUE

THE RETURNS(S) LISTED WAS/WERE PREPARED PRIMARILY FROM INFORMATION AND DATA SUBMITTED BY YOU. PLEASE REVIEW THE RETURNS(S) CAREFULLY TO ENSURE THAT THERE ARE NO OMISSIONS OR MISSTATEMENTS.

REGARDS,

PETER METZ  
CERTIFIED PUBLIC ACCOUNTANT

ENCLOSURES

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
JUNE 30, 2023

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**PREPARED FOR:**

FDNY FOUNDATION, INC.  
9 METROTECH CENTER  
BROOKLYN, NY 11201

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**PREPARED BY:**

WEAVER AND TIDWELL, LLP  
ONE PENNSYLVANIA PLAZA, SUITE 3200  
NEW YORK, NY 10119

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**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 15, 2024

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

JUNE 30, 2023

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**PREPARED FOR:**

FDNY FOUNDATION, INC.  
9 METROTECH CENTER  
BROOKLYN, NY 11201

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**PREPARED BY:**

WEAVER AND TIDWELL, LLP  
ONE PENNSYLVANIA PLAZA, SUITE 3200  
NEW YORK, NY 10119

---

**AMOUNT DUE OR REFUND:**

NO AMOUNT IS DUE.

---

**MAKE CHECK PAYABLE TO:**

NO AMOUNT IS DUE.

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2023

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**PREPARED FOR:**

FDNY FOUNDATION, INC.  
9 METROTECH CENTER  
BROOKLYN, NY 11201

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**PREPARED BY:**

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NEW YORK, NY 10119

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**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

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**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

---

**RETURN MUST BE DELIVERED PER INSTRUCTIONS BELOW ON OR BEFORE:**

NOT APPLICABLE

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. AFTER REVIEWING YOUR RETURN, PLEASE SIGN AND DATE FORM 8879. RETURN THE FORM 8879 TO OUR OFFICE AS SOON AS POSSIBLE AND WE WILL TRANSMIT YOUR RETURN ELECTRONICALLY TO THE IRS.

FORM 8879 MAY BE RETURNED TO US BY HAND DELIVERY, FAXED TO 917.983.9051, OR EMAILED TO PNY.EFILE@WEAVER.COM.

**NOTE: WE MUST RECEIVE YOUR SIGNED FORM 8879 BACK IN ORDER TO TRANSMIT YOUR RETURN ELECTRONICALLY.**

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**SPECIAL INSTRUCTIONS:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 15, 2024

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>FDNY FOUNDATION, INC.</b>	Taxpayer identification number (TIN) <b>11-2632404</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>9 METROTECH CENTER</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BROOKLYN, NY 11201</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**JEAN O'SHEA**

- The books are in the care of ▶ **9 METRO TECH CENTER - BROOKLYN, NY 11201-3857**

Telephone No. ▶ **718-999-0779** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

# Return of Organization Exempt From Income Tax

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2022**

Open to Public Inspection

**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FDNY FOUNDATION, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>9 METROTECH CENTER</b> City or town, state or province, country, and ZIP or foreign postal code <b>BROOKLYN, NY 11201</b> <b>F</b> Name and address of principal officer: <b>JEAN O'SHEA</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>11-2632404</b> <b>E</b> Telephone number <b>718-999-0779</b> <b>G</b> Gross receipts \$ <b>10,216,881.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.FDNYFOUNDATION.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1981</b> <b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO ASSIST THE FDNY IN ITS MISSION TO PREVENT AND RESPOND TO FIRES AND MEDICAL EMERGENCIES,</b>																			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																			
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b> <b>23</b>																		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b> <b>23</b>																		
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a) .....	<b>5</b> <b>8</b>																		
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b> <b>100</b>																		
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b> <b>162,429.</b>																		
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b> <b>0.</b>																		
	Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Prior Year</th> <th style="width:35%;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">8,422,065.</td> <td style="text-align: right;">6,474,985.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">327,104.</td> <td style="text-align: right;">362,748.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">517,708.</td> <td style="text-align: right;">400,921.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">1,280,856.</td> <td style="text-align: right;">749,584.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">10,547,733.</td> <td style="text-align: right;">7,988,238.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	8,422,065.	6,474,985.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	327,104.	362,748.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	517,708.	400,921.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	1,280,856.	749,584.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	10,547,733.
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Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	2,422,211.	3,763,625.																	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.																	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	718,923.	773,835.																	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.																	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) .....	299,079.																		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	5,747,387.	4,348,908.																	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	8,888,521.	8,886,368.																	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	1,659,212.	-898,130.																		
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Beginning of Current Year</th> <th style="width:35%;">End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b> Total assets (Part X, line 16) .....</td> <td style="text-align: right;">24,969,854.</td> <td style="text-align: right;">27,482,885.</td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26) .....</td> <td style="text-align: right;">92,485.</td> <td style="text-align: right;">2,689,278.</td> </tr> <tr> <td><b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....</td> <td style="text-align: right;">24,877,369.</td> <td style="text-align: right;">24,793,607.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	<b>20</b> Total assets (Part X, line 16) .....	24,969,854.	27,482,885.	<b>21</b> Total liabilities (Part X, line 26) .....	92,485.	2,689,278.	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	24,877,369.	24,793,607.						
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**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>JEAN O'SHEA, EXECUTIVE DIRECTOR</b> Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>PETER METZ</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P01491688</b>
	Firm's name <b>WEAVER AND TIDWELL, LLP</b>	Firm's EIN <b>75-0786316</b>		Phone no. <b>212.695.5003</b>	
	Firm's address <b>ONE PENNSYLVANIA PLAZA, SUITE 3200 NEW YORK, NY 10119</b>				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE FDNY FOUNDATION IS THE OFFICIAL NOT-FOR-PROFIT ORGANIZATION OF THE NEW YORK CITY FIRE DEPARTMENT (FDNY) TO HELP THE FDNY SAVE LIVES AND PROTECT PROPERTY. WE FUND FDNY PROGRAMS IN FIRE AND LIFE SAFETY THROUGHOUT NEW YORK CITY AND PROVIDE EQUIPMENT, TRAINING, & EDUCATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code: ) (Expenses \$ 1,970,263. including grants of \$ ) (Revenue \$ 429,767. ) FIRE ZONE EDUCATIONAL PROGRAM - THE FDNY FOUNDATION OPERATES THE FIREZONE, A NEW STATE-OF-THE-ART LEARNING CENTER LOCATED IN MIDTOWN MANHATTAN IN ROCKEFELLER CENTER. THE FDNY FIRE ZONE HAD BEEN PROVIDING FIRE AND LIFE SAFETY EDUCATION TO THOUSANDS OF SCHOOL CHILDREN, ADULTS AND VISITORS EACH YEAR. AT THE FIRE ZONE, VISITORS EXPERIENCE THE DANGERS OF FIRE AND UNDERSTAND THE IMPORTANCE OF FIRE SAFETY AND PREVENTION.

4b (Code: ) (Expenses \$ 5,477,826. including grants of \$ 3,763,625. ) (Revenue \$ 283,996. ) FIRE AND LIFE SAFETY PROGRAMS - THE FDNY FOUNDATION FUNDS EDUCATION, TRAINING AND EQUIPMENT FOR FDNY MEMBERS TO SERVE THE PUBLIC TO SAVE LIVES AND PROTECT PROPERTY. FUNDING INCLUDES THE FDNY FIRE SAFETY EDUCATION UNIT, THE FDNY CPR UNIT, COMMUNITY AFFAIRS, YOUTH WORKFORCE DEVELOPMENT AND AN ARRAY OF PROGRAMS TO EDUCATE THE PUBLIC IN FIRE AND SAFETY. THIS INCLUDES A COMPREHENSIVE SMOKE/CO ALARM INSTALLATION IN THOUSANDS OF HI FIRE RISK HOMES.

4c (Code: ) (Expenses \$ 823,464. including grants of \$ ) (Revenue \$ 66,382. ) WELLNESS PROGRAMS - THE FDNY FOUNDATION HELPS TO FUND VARIOUS FDNY HEALTH AND WELLNESS PROGRAMS TO HELP MEET THE NEEDS OF OUR FIRST RESPONDERS AND THEIR FAMILIES IMPACTED BY SICKNESS, TRAGEDY AND OTHER CHALLENGES. THIS SUPPORT INCLUDES THE FDNY COUNSELING PROGRAM, FAMILY ASSISTANCE UNIT, 9/11 HEALTH AND WELLNESS INITIATIVES. THE FDNY FOUNDATION FUNDING ALSO SUPPORTS VARIOUS TRAINING, FITNESS, HEALTH AND WELLNESS PROJECTS TO HELP FIRST RESPONDERS STAY IN OPTIMAL CONDITION.

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

4e Total program service expenses 8,271,553.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 32	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (23); 1b Enter the number of voting members included on line 1a, above, who are independent (23); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [ ] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JEAN O'SHEA - 718-999-0779
9 METRO TECH CENTER, BROOKLYN, NY 11201-3857

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEAN O'SHEA EXECUTIVE DIRECTOR	50.00			X			224,323.	0.	6,835.	
(2) STEPHEN RUZOW CHAIRMAN	5.00	X		X			0.	0.	0.	
(3) ROBERT S. TUCKER SECRETARY	2.00	X		X			0.	0.	0.	
(4) ROBERT T. ZITO VICE CHAIRMAN	2.00	X		X			0.	0.	0.	
(5) RETIRED COMMISSIONR SALVATORE C DIRECTOR	2.00	X					0.	0.	0.	
(6) CHRIS J. CARRERA DIRECTOR	2.00	X					0.	0.	0.	
(7) PETER ARNELL DIRECTOR	2.00	X					0.	0.	0.	
(8) HOWARD KOEPEL DIRECTOR	2.00	X					0.	0.	0.	
(9) JOHN C. SANTORA DIRECTOR	2.00	X					0.	0.	0.	
(10) WILLIAM B. SCHWARTZ DIRECTOR	2.00	X					0.	0.	0.	
(11) JERRY I. SPEYER DIRECTOR	2.00	X					0.	0.	0.	
(12) MICHAEL J. REGAN DIRECTOR	2.00	X					0.	0.	0.	
(13) WILLIAM BROWN DIRECTOR	2.00	X					0.	0.	0.	
(14) DANI JAMES FORMER DIRECTOR	2.00	X					0.	0.	0.	
(15) ADAM ROSE FORMER DIRECTOR	2.00	X					0.	0.	0.	
(16) JURGEN TIMPERMAN DIRECTOR	2.00	X					0.	0.	0.	
(17) JON FOX DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) EB KELLY FORMER DIRECTOR	2.00	X						0.	0.	0.
(19) JONATHAN KOHAN DIRECTOR	2.00	X						0.	0.	0.
(20) AMANDA RUBIN DIRECTOR	2.00	X						0.	0.	0.
(21) MATT DILIBERTO TREASURER	5.00	X		X				0.	0.	0.
(22) ANTHONY PASQUARIELLO DIRECTOR	2.00	X						0.	0.	0.
(23) COMMISSIONER LAURA KAVANAGH DIRECTOR	2.00	X						0.	0.	0.
(24) GRACE HIGHTOWER DIRECTOR	2.00	X						0.	0.	0.
(25) JOHN HODGENS DIRECTOR	2.00	X						0.	0.	0.
(26) RETIRED COMMISSIONER DANIEL A. DIRECTOR	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								224,323.	0.	6,835.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								224,323.	0.	6,835.

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
22ND CENTURY TECHNOLOGIES, 8251 GREENSBORO DRIVE, SUITE # 900, MCLEAN, VA 22102	TEMP EMPLOYMENT	1,029,498.
KIDDE SAFETY. 1016 CORPORATE PARK DRIVE, MCBANE, NC 27302	FIRE SAFETY PREVENTION	548,100.
ADIL BUSINESS SYSTEMS, INC. 167 MADISON AVENUE, NEW YORK, NY 10016	TEMP EMPLOYMENT	513,263.
FIRE SMART PROMOTIONS 1 BEISTLE PLAZA, SHIPPENSBURG, PA 17257	UNIFORMS	188,855.
VF IMAGEWEAR INC PO BOX 640396, PITTSBURGH, PA 15264	UNIFORMS	184,994.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 8

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	3,222,723.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	354,427.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	2,897,835.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 63,003.				
	<b>h Total.</b> Add lines 1a-1f .....		6,474,985.				
Program Service Revenue	<b>2 a</b> EMS SEMINAR FEES	Business Code					
		900099	256,011.	256,011.			
	<b>b</b> PUBLICATION	513120	66,382.	66,382.			
	<b>c</b> DOCUMENT CONTROL UNIT PROCESSING	513190	40,355.	40,355.			
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		362,748.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		315,012.			315,012.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....		165,758.			165,758.	
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	4,000.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	4,000.				
	<b>d</b> Net rental income or (loss) .....		4,000.				4,000.
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	1,310,243.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	1,224,334.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	85,909.				
	<b>d</b> Net gain or (loss) .....		85,909.				85,909.
<b>8 a</b> Gross income from fundraising events (not including \$ 3,222,723. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		450,420.				
<b>b</b> Less: direct expenses .....	<b>8b</b>	450,420.					
<b>c</b> Net income or (loss) from fundraising events .....		0.					
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		1,105,730.				
<b>b</b> Less: cost of goods sold .....	<b>10b</b>	553,889.					
<b>c</b> Net income or (loss) from sales of inventory .....		551,841.	389,412.	162,429.			
Miscellaneous Revenue	<b>11 a</b> MISCELLANEOUS	Business Code					
		900099	27,985.	27,985.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....		27,985.					
<b>12 Total revenue.</b> See instructions .....		7,988,238.	780,145.	162,429.		570,679.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,283,900.	3,283,900.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	479,725.	479,725.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	232,280.	139,368.	34,842.	58,070.
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 .....	446,105.	321,574.	50,127.	74,404.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,738.	1,344.	898.	1,496.
9 Other employee benefits .....	38,276.	27,762.	4,118.	6,396.
10 Payroll taxes .....	53,436.	36,375.	6,745.	10,316.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....				
c Accounting .....	65,000.		65,000.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	55,129.		55,129.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	128,740.	128,740.		
12 Advertising and promotion .....	53,086.	51,137.	1,949.	
13 Office expenses .....	440,914.	384,690.	16,041.	40,183.
14 Information technology .....	21,096.	21,096.		
15 Royalties .....				
16 Occupancy .....	1,203,751.	1,169,218.	34,533.	
17 Travel .....	10,968.	8,066.	117.	2,785.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	159,033.	82,357.	1,697.	74,979.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	617,797.	617,797.		
23 Insurance .....				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>TEMPORARY HELP</b>	534,465.	532,834.	1,631.	
b <b>EQUIPMENT EXPENSE</b>	419,494.	401,687.	3,288.	14,519.
c <b>SUPPORT FOR UNIFORM MEM</b>	363,781.	363,781.		
d <b>MISCELLANEOUS</b>	150,679.	110,985.	31,319.	8,375.
e All other expenses	124,975.	109,117.	8,302.	7,556.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>8,886,368.</b>	<b>8,271,553.</b>	<b>315,736.</b>	<b>299,079.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,938,839.	<b>1</b>	4,069,031.
	<b>2</b> Savings and temporary cash investments .....	1,447,498.	<b>2</b>	1,622,353.
	<b>3</b> Pledges and grants receivable, net .....	5,497,710.	<b>3</b>	5,355,481.
	<b>4</b> Accounts receivable, net .....	141,071.	<b>4</b>	169,465.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	860,624.	<b>8</b>	834,564.
	<b>9</b> Prepaid expenses and deferred charges .....	56,252.	<b>9</b>	35,877.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,430,838.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,120,756.		
	<b>11</b> Investments - publicly traded securities .....	3,927,879.	<b>10c</b>	3,310,082.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	9,099,981.	<b>11</b>	10,336,556.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	0.	<b>14</b>	1,749,476.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	24,969,854.	<b>15</b>	27,482,885.	
<b>17</b> Accounts payable and accrued expenses .....	92,485.	<b>16</b>	837,567.	
<b>18</b> Grants payable .....	0.	<b>17</b>	0.	
<b>19</b> Deferred revenue .....		<b>18</b>	73,700.	
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>		
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>		
<b>25</b> 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 .....	0.	<b>24</b>	1,778,011.	
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	92,485.	<b>25</b>	2,689,278.	
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....		<b>26</b>		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	19,479,625.		19,887,617.
	<b>28</b> Net assets with donor restrictions .....	5,397,744.		4,905,990.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....			
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....			
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....			
	<b>32</b> Total net assets or fund balances .....	24,877,369.		24,793,607.
	<b>33</b> Total liabilities and net assets/fund balances .....	24,969,854.		27,482,885.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,988,238.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,886,368.
3	Revenue less expenses. Subtract line 2 from line 1	3	-898,130.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,877,369.
5	Net unrealized gains (losses) on investments	5	814,368.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	24,793,607.

**Part XII Financial Statements and Reporting**

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  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and 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:  
 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? .....  
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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
1		
2a		X
b	X	
c	X	
3a		X
3b		

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

<b>Name of the organization</b> FDNY FOUNDATION, INC.	<b>Employer identification number</b> 11-2632404
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**Part I Reason for Public Charity Status.** (All 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)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the 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. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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 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. 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 organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6536046.	7939532.	7066391.	8422065.	6474985.	36439019.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	6536046.	7939532.	7066391.	8422065.	6474985.	36439019.
<b>5</b> 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) .....						1202936.
<b>6 Public support.</b> Subtract line 5 from line 4.						35236083.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	6536046.	7939532.	7066391.	8422065.	6474985.	36439019.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	426,898.	365,087.	268,083.	436,692.	484,770.	1981530.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	607,330.	307,810.	191,845.	458,334.	390,733.	1956052.
<b>11 Total support.</b> Add lines 7 through 10						40376601.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	87.27 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	86.62 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

**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.)

Multiple horizontal lines for supplemental information.



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

**FDNY FOUNDATION, INC.**

Employer identification number

**11-2632404**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>FDNY FOUNDATION, INC.</b>	Employer identification number  <b>11-2632404</b>
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>BLACKROCK INC.</u>  <u>C/O FDNY FOUNDATION, INC</u>  <u>BROOKLYN, NY 11201</u>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>MARK BEZOS</u>  <u>C/O FDNY FOUNDATION, INC</u>  <u>BROOKLYN, NY 11201</u>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>WALLY POON</u>  <u>C/O FDNY FOUNDATION, INC</u>  <u>BROOKLYN, NY 11201</u>	\$ <u>194,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>MIKE AND JACKIE BEZOS</u>  <u>C/O FDNY FOUNDATION, INC</u>  <u>BROOKLYN, NY 11201</u>	\$ <u>151,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>FDNY FOUNDATION, INC.</b>	Employer identification number  <b>11-2632404</b>
--	---

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

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

Name of organization  <b>FDNY FOUNDATION, INC.</b>	Employer identification number  <b>11-2632404</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization FDNY FOUNDATION, INC. Employer identification number 11-2632404

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,947,312.	11,136,959.	8,960,330.	8,579,149.	7,972,827.
b Contributions		250,000.			250,000.
c Net investment earnings, gains, and losses	1,297,595.	-1,439,647.	2,176,629.	381,181.	356,322.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	11,244,907.	9,947,312.	11,136,959.	8,960,330.	8,579,149.

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		4,656,183.	1,431,596.	3,224,587.
d Equipment		774,655.	689,160.	85,495.
e Other				0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,310,082.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT-OF-USE ASSET - OPERATING LEASE	1,749,476.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,749,476.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY - OPERATING LEASE	1,778,011.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,778,011.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	10,431,903.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	814,368.	
b	Donated services and use of facilities	2b	1,684,426.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		2,498,794.
3	Subtract line 2e from line 1	3		7,933,109.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	55,129.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		55,129.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		7,988,238.

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

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

1	Total expenses and losses per audited financial statements		1	10,515,665.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,684,426.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		1,684,426.
3	Subtract line 2e from line 1	3		8,831,239.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	55,129.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		55,129.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		8,886,368.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE FOUNDATION'S BOARD OF DIRECTORS HAS DESIGNATED PORTIONS OF DONOR WITHOUT RESTRICTIONS NET ASSETS FOR LONG TERM INVESTMENT. THE INCOME FROM THE BOARD-DESIGNATED ENDOWMENT WOULD BE AVAILABLE TO BE SPENT ON THE PROMOTION OF THE FOUNDATION'S MISSION.

**PART X, LINE 2:**

THE FOUNDATION ADOPTED THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740-10-05, RELATING TO THE ACCOUNTING AND REPORTING FOR UNCERTAINTY ON INCOME TAXES. FOR THE FOUNDATION, THESE PROVISIONS COULD BE APPLICABLE TO THE INCURRENCE OF UNRELATED BUSINESS INCOME ("UBIT") ATTRIBUTABLE TO SOME

**Part XIII** Supplemental Information (continued)

OF THE FIRE ZONE RETAIL STORE MERCHANDISE. BECAUSE OF THE FOUNDATION'S  
GENERAL TAX-EXEMPT STATUS, ASC TOPIC 740-10-05 DID NOT HAVE, AND IS NOT  
ANTICIPATED TO HAVE, A MATERIAL IMPACT ON THE FOUNDATION'S FINANCIAL  
STATEMENTS.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		DINNER (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	3,673,143.		3,673,143.
	2	Less: Contributions	3,222,723.		3,222,723.
	3	Gross income (line 1 minus line 2)	450,420.		450,420.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	198,247.		198,247.
	7	Food and beverages	72,479.		72,479.
	8	Entertainment			
	9	Other direct expenses	179,694.		179,694.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			450,420.
11	Net income summary. Subtract line 10 from line 3, column (d)			0.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**FDNY FOUNDATION, INC.**

Employer identification number  
**11-2632404**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NEW YORK CITY FIRE DEPARTMENT C/O FDNY FOUNDATION, INC. BROOKLYN, NY 11201	13-6400434		3,283,900.	0.			TRAINING AND EDUCATION

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

**3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

**Part III**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SUPPORT FOR FALLEN UNIFORM MEMBERS	43	479,725.	0.	FMV	

**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 FDNY FOUNDATION PROVIDES SCHOLARSHIPS TO UNIFORMED MEMBERS THAT NEED COLLEGE DEGREES TO FURTHER THEIR EXPERTISE AND ADVANCE IN THE RANKS OF THE FDNY. SCHOLARSHIP RECIPIENTS MUST GET PRIOR APPROVAL OF CLASSES, RECEIVE A MINIMUM OF A C GRADE AND WILL BE REIMBURSED AT THE END OF THE SCHOOL YEAR UPON CHIEF OF TRAINING SIGN OFF.

THE FOUNDATION ALSO PROVIDES SCHOLARSHIPS AND OTHER SUPPORT TO CHILDREN/FAMILIES WHO HAVE LOST A PARENT THAT IS A UNIFORMED MEMBER OF THE

**Part IV** Supplemental Information

FDNY. THE NAMES ARE PROVIDED AND CONFIRMED BY THE FDNY FAMILY ASSISTANCE UNIT ASSISTANT COMMISSIONER. FUNDS ARE SENT DIRECTLY TO SCHOOLS, 529 ACCOUNTS, OR BANK ACCOUNTS OF THE RECEIPIENTS FOR EDUCATION AND/OR ADDITIONAL SUPPORT WHEN REQUESTED AND APPROVED BY FAMILY ASSISTANCE AND FDNY FOUNDATION. SCHOLARSHIP RECIPIENTS ARE REQUIRED TO SEND CONFIRMATION OF ENROLLMENT TO THE FDNY FAMILY ASSISTANCE UNIT.

PART I, LINE 2:

THE FDNY FOUNDATION PROVIDES SCHOLARSHIPS TO UNIFORMED MEMBERS THAT NEED COLLEGE DEGREES TO FURTHER THEIR EXPERTISE AND ADVANCE IN THE RANKS OF THE FDNY. SCHOLARSHIP RECIPIENTS MUST GET PRIOR APPROVAL OF CLASSES, RECEIVE A MINIMUM OF A C GRADE AND WILL BE REIMBURSED AT THE END OF THE SCHOOL YEAR UPON CHIEF OF TRAINING SIGN OFF.

THE FOUNDATION ALSO PROVIDES SCHOLARSHIPS AND OTHER SUPPORT TO CHILDREN/FAMILIES WHO HAVE LOST A PARENT THAT IS A UNIFORMED MEMBER OF THE FDNY. THE NAMES ARE PROVIDED AND CONFIRMED BY THE FDNY FAMILY ASSISTANCE UNIT ASSISTANT COMMISSIONER. FUNDS ARE SENT DIRECTLY TO SCHOOLS, 529 ACCOUNTS, OR BANK ACCOUNTS OF THE RECEIPIENTS FOR EDUCATION AND/OR ADDITIONAL SUPPORT WHEN REQUESTED AND APPROVED BY FAMILY ASSISTANCE AND FDNY FOUNDATION. SCHOLARSHIP RECIPIENTS ARE REQUIRED TO SEND CONFIRMATION OF ENROLLMENT TO THE FDNY FAMILY ASSISTANCE UNIT.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**FDNY FOUNDATION, INC.**

Employer identification number

**11-2632404**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |  |
|---|--|
| <input type="checkbox"/> Compensation committee                     | <input checked="" type="checkbox"/> Written employment contract          |
| <input type="checkbox"/> Independent compensation consultant        | <input type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2022





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**FDNY FOUNDATION, INC.**

Employer identification number

**11-2632404**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <b>FITNESS EQUIPME</b> )	<b>X</b>	<b>0</b>	<b>63,003.</b>	<b>CASH VALUE</b>
26 Other ( _____ )				
27 Other ( _____ )				
28 Other ( _____ )				

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

**29**

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

	Yes	No
30a		<b>X</b>
31	<b>X</b>	
32a		<b>X</b>

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2022



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

FDNY FOUNDATION, INC.

Employer identification number

11-2632404

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

DISASTER AND TERRORIST ACTS, PROTECTING THE LIVES AND PROPERTIES OF  
RESIDENTS AND VISITORS IN NEW YORK CITY.

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

FOR FDNY FIREFIGHTERS, EMTS, AND PARAMEDICS.

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

PROCESS FOR REVIEW OF FORM 990

A DRAFT COPY OF THE FORM 990 IS FIRST REVIEWED BY THE FINANCE COMMITTEE.

THE REVISED DRAFT IS GIVEN TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND  
QUESTIONS. AFTER ALL CHANGES HAVE BEEN ADDRESSED, THE FINAL 990 IS PROVIDED  
TO THE BOARD BEFORE FILING.

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

CONFLICT OF INTEREST POLICY

BOARD MEMBERS AND PROFESSIONAL STAFF ARE REQUIRED TO ATTEST ANNUALLY TO  
THEIR FAMILIARITY WITH THE FOUNDATION'S POLICIES AND PROVIDE INFORMATION  
CONCERNING ANY POSSIBLE CONFLICT OF INTEREST.

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

EXECUTIVE COMPENSATION POLICY

THE FDNY FOUNDATION PROCESS FOR DETERMINING EMPLOYEE COMPENSATION IS TO

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

Schedule O (Form 990) 2022

Name of the organization FDNY FOUNDATION, INC.	Employer identification number 11-2632404
---	--

REVIEW COMPARABLE SALARIES IN OTHER NOT FOR PROFIT ORGANIZATIONS, USE VARIOUS POSTINGS SUCH AS THE CHRONICLE OF PHILANTHROPY AND THE CITY GUIDE IN SALARY SCALES AND ALSO USE THE PROFESSIONALS FOR NON PROFIT SALARY RANGE. ALL COMPENSATION IS APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

PUBLIC INSPECTION:

CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. GOVERNING DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	COMPUTERS	05/01/02	SL	5.00		16	10,406.				10,406.	10,406.		0.	10,406.
2	COMPUTERS	12/01/02	SL	5.00		16	5,663.				5,663.	5,663.		0.	5,663.
7	DIGITAL PROJECTORS	02/01/04	SL	5.00		16	1,650.				1,650.	1,650.		0.	1,650.
8	EQUIPMENT	07/01/13	SL	5.00		16	173,586.				173,586.	173,586.		0.	173,586.
9	PROJECTOR	08/01/06	SL	5.00		16	7,863.				7,863.	7,863.		0.	7,863.
10	HAZARD HOUSES	02/01/05	SL	5.00		16	45,000.				45,000.	45,000.		0.	45,000.
11	AUDIO/VIDEO EQUIPMENT	07/01/00	SL	5.00		16	44,042.				44,042.	44,042.		0.	44,042.
12	PROJECTOR/CAMERAS	02/01/98	SL	5.00		16	13,455.				13,455.	13,455.		0.	13,455.
13	CASH REGISTERS AND SCANNERS	08/01/10	SL	7.00		16	19,662.				19,662.	19,662.		0.	19,662.
14	COMPUTERS	06/01/05	SL	5.00		16	4,720.				4,720.	4,720.		0.	4,720.
15	COMPUTERS	12/01/03	SL	5.00		16	1,105.				1,105.	1,105.		0.	1,105.
16	COMPUTERS	03/01/98	SL	5.00		16	9,960.				9,960.	9,960.		0.	9,960.
17	EQUIPMENT	06/01/15	SL	5.00		16	7,250.				7,250.	7,250.		0.	7,250.
18	EQUIPMENT	12/31/15	SL	3.00		16	20,744.				20,744.	20,744.		0.	20,744.
19	EQUIPMENT	12/31/15	SL	7.00		16	22,845.				22,845.	21,216.		1,632.	22,848.
20	EQUIPMENT	12/31/15	SL	5.00		16	1,303.				1,303.	1,303.		0.	1,303.
21	EQUIPMENT	12/31/16	SL	5.00		16	2,860.				2,860.	2,860.		0.	2,860.

228111 04-01-22

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
22	EQUIPMENT	12/31/17	SL	5.00		16	1,213.				1,213.	1,093.		121.	1,214.
23	VEHICLES	12/31/17	SL	7.00		16	207,081.				207,081.	133,124.		29,583.	162,707.
24	COMPUTERS	12/31/17	SL	5.00		16	60,000.				60,000.	54,000.		6,000.	60,000.
25	EQUIPMENT	12/31/17	SL	5.00		16	20,324.				20,324.	18,292.		2,032.	20,324.
26	VEHICLES	12/31/18	SL	7.00		16	41,133.				41,133.	20,566.		5,876.	26,442.
27	EQUIPMENT	06/30/19	SL	5.00		16	1,847.				1,847.	1,198.		309.	1,507.
28	EQUIPMENT	12/31/18	SL	7.00		16	85.				85.	54.		12.	66.
30	COMPUTERS	12/31/19	SL	5.00		16	6,212.				6,212.	3,105.		1,242.	4,347.
31	CASH REGISTERS AND SCANNERS	12/31/19	SL	7.00		16	3,295.				3,295.	1,177.		471.	1,648.
32	EQUIPMENT	09/30/20	SL	5.00		16	32,054.				32,054.	9,499.		6,411.	15,910.
33	EQUIPMENT	01/13/02	SL	5.00		16	9,598.				9,598.	960.		1,921.	2,881.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						774,656.				774,656.	633,553.		55,610.	689,163.
	OTHER														
3	LEASEHOLD IMPROVEMENTS	02/01/11	SL	15.00		16	40,303.				40,303.	30,617.		2,687.	33,304.
29	LEASEHOLD IMPROVEMENTS	09/30/20	SL	8.00		16	4,615,879.				4,615,879.	838,789.		559,500.	1,398,289.
	* 990 PAGE 10 TOTAL OTHER						4,656,182.				4,656,182.	869,406.		562,187.	1,431,593.
	* GRAND TOTAL 990 PAGE 10 DEPR						5,430,838.				5,430,838.	1,502,959.		617,797.	2,120,756.

228111 04-01-22

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>FDNY FOUNDATION, INC.</b>	Taxpayer identification number (TIN) <b>11-2632404</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>9 METROTECH CENTER</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BROOKLYN, NY 11201</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**JEAN O'SHEA**

- The books are in the care of ▶ **9 METRO TECH CENTER - BROOKLYN, NY 11201-3857**

Telephone No. ▶ **718-999-0779** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2022 or other tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

## 2022

Department of the Treasury  
Internal Revenue Service

**Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**  
**Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>FDNY FOUNDATION, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>9 METROTECH CENTER</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>BROOKLYN, NY 11201</b></p>	<p><b>D</b> Employer identification number <b>11-2632404</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
<p><b>C</b> Book value of all assets at end of year ..... <b>27,247,182.</b></p>			
<p><b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university</p>			
<p><b>H</b> Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>			
<p><b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... <input type="checkbox"/></p>			
<p><b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... <b>1</b></p>			
<p><b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation.</p>			
<p><b>L</b> The books are in care of <b>JEAN O' SHEA</b></p>		<p>Telephone number <b>718-999-0779</b></p>	

Part I Total Unrelated Business Taxable Income		
1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	0.
2	Reserved .....	
3	Add lines 1 and 2 .....	
4	Charitable contributions (see instructions for limitation rules) .....	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	
6	Deduction for net operating loss. See instructions .....	0.
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	
8	Specific deduction (generally \$1,000, but see instructions for exceptions) .....	1,000.
9	<b>Trusts.</b> Section 199A deduction. See instructions .....	
10	<b>Total deductions.</b> Add lines 8 and 9 .....	1,000.
11	<b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	0.

Part II Tax Computation		
1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) .....	0.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	
3	Proxy tax. See instructions .....	
4	Other tax amounts. See instructions .....	
5	Alternative minimum tax (trusts only) .....	
6	Tax on noncompliant facility income. See instructions .....	
7	<b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	0.

LHA For Paperwork Reduction Act Notice, see instructions.

<b>Part III Tax and Payments</b>			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
b Other credits (see instructions) .....	<b>1b</b>		
c General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
e <b>Total credits.</b> Add lines 1a through 1d .....		<b>1e</b>	
2 Subtract line 1e from Part II, line 7 .....		<b>2</b>	0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....		<b>3</b>	
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....		<b>4</b>	0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....		<b>5</b>	0.
6a Payments: A 2021 overpayment credited to 2022 .....	<b>6a</b>		
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> .....	<b>6b</b>		
c Tax deposited with Form 8868 .....	<b>6c</b>		
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
e Backup withholding (see instructions) .....	<b>6e</b>		
f Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total .....	<b>6g</b>		
7 <b>Total payments.</b> Add lines 6a through 6g .....		<b>7</b>	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> .....		<b>8</b>	
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....		<b>9</b>	
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....		<b>10</b>	
11 Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> <span style="float: right;"><b>Refunded</b></span> .....		<b>11</b>	

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....		Yes	No
			X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....			X
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ .....			
4 Enter available pre-2018 NOL carryovers here \$ <u>677,313.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.			
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
459900	\$ 212,099.		
	\$		
6a Did the organization change its method of accounting? (see instructions) .....			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....			

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	EXECUTIVE DIRECTOR	Title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature	Check <input type="checkbox"/> if self-employed	PTIN
	PETER METZ				P01491688
	Firm's name <b>WEAVER AND TIDWELL, LLP</b>			Firm's EIN <b>75-0786316</b>	
	Firm's address <b>ONE PENNSYLVANIA PLAZA, SUITE 3200 NEW YORK, NY 10119</b>			Phone no. <b>212.695.5003</b>	

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/06	31,899.	0.	31,899.	31,899.
06/30/07	28,158.	0.	28,158.	28,158.
06/30/08	18,497.	0.	18,497.	18,497.
06/30/09	58,161.	0.	58,161.	58,161.
06/30/10	24,861.	0.	24,861.	24,861.
06/30/11	1,866.	0.	1,866.	1,866.
06/30/12	32,327.	0.	32,327.	32,327.
06/30/13	39,205.	0.	39,205.	39,205.
06/30/14	33,019.	0.	33,019.	33,019.
06/30/15	371,241.	0.	371,241.	371,241.
06/30/16	15,345.	0.	15,345.	15,345.
06/30/17	20,305.	0.	20,305.	20,305.
06/30/18	2,429.	0.	2,429.	2,429.
NOL CARRYOVER AVAILABLE THIS YEAR			677,313.	677,313.

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1  
OMB No. 1545-0047

**2022**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>FDNY FOUNDATION, INC.</b>	<b>B</b> Employer identification number <b>11-2632404</b>
<b>C</b> Unrelated business activity code (see instructions) <b>459900</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business **MERCHANDISE SALES**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <u>286,894.</u>				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance	<b>1c</b>	286,894.		
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>	124,465.		
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>	162,429.		162,429.
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....	<b>5</b>			
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	162,429.		162,429.

**Part II Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....				
<b>2</b> Salaries and wages .....	<b>2</b>			43,132.
<b>3</b> Repairs and maintenance .....	<b>3</b>			43,222.
<b>4</b> Bad debts .....	<b>4</b>			
<b>5</b> Interest (attach statement). See instructions .....	<b>5</b>			
<b>6</b> Taxes and licenses .....	<b>6</b>			
<b>7</b> Depreciation (attach Form 4562). See instructions .....	<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....	<b>8a</b>			
<b>9</b> Depletion .....	<b>9</b>			
<b>10</b> Contributions to deferred compensation plans .....	<b>10</b>			
<b>11</b> Employee benefit programs .....	<b>11</b>			
<b>12</b> Excess exempt expenses (Part VIII) .....	<b>12</b>			
<b>13</b> Excess readership costs (Part IX) .....	<b>13</b>			
<b>14</b> Other deductions (attach statement) .....	<b>14</b>	SEE STATEMENT 2		112,125.
<b>15 Total deductions.</b> Add lines 1 through 14 .....	<b>15</b>			198,479.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....	<b>16</b>			-36,050.
<b>17</b> Deduction for net operating loss. See instructions .....	<b>17</b>			0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....	<b>18</b>			-36,050.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

<b>Part III Cost of Goods Sold</b>		Enter method of inventory valuation	COST
1	Inventory at beginning of year .....		239,303.
2	Purchases .....		101,699.
3	Cost of labor .....		0.
4	Additional section 263A costs (attach statement) .....		0.
5	Other costs (attach statement) .....		0.
6	<b>Total.</b> Add lines 1 through 5 .....		341,002.
7	Inventory at end of year .....		216,537.
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....		124,465.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)</b>					
1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5	<b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) .....				0.

<b>Part V Unrelated Debt-Financed Income</b> (see instructions)					
1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
		A	B	C	D
2	Gross income from or allocable to debt-financed property .....				
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement) .....				
b	Other deductions (attach statement) .....				
c	Total deductions (add lines 3a and 3b, columns A through D) .....				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5	Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6	Divide line 4 by line 5 .....	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6 .....				
8	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....				0.
9	Allocable deductions. Multiply line 3c by line 6 .....				
10	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....				0.
11	<b>Total dividends-received deductions</b> included in line 10 .....				0.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>			0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	



## FORM 990-T (A)

## OTHER DEDUCTIONS

## STATEMENT 2

DESCRIPTION	AMOUNT
ADVERTISING AND PROMOTION	4,083.
OFFICE EXPENSE	53,829.
TEMP HELP	52,681.
PROFESSIONAL FEES	1,532.
TOTAL TO SCHEDULE A, PART II, LINE 14	112,125.

## 990-T SCH A

## POST-2017 NET OPERATING LOSS DEDUCTION

## STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	54,670.	0.	54,670.	54,670.
06/30/20	14,888.	0.	14,888.	14,888.
06/30/21	115,223.	0.	115,223.	115,223.
06/30/22	27,318.	0.	27,318.	27,318.
NOL CARRYOVER AVAILABLE THIS YEAR			212,099.	212,099.

# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CT-13

FOR THE YEAR ENDING  
JUNE 30, 2023

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**PREPARED FOR:**

FDNY FOUNDATION, INC.  
9 METROTECH CENTER  
BROOKLYN, NY 11201

---

**PREPARED BY:**

WEAVER AND TIDWELL, LLP  
ONE PENNSYLVANIA PLAZA, SUITE 3200  
NEW YORK, NY 10119

---

**TO BE SIGNED AND DATED BY:**

NOT APPLICABLE

---

**AMOUNT OF TAX:**

TOTAL TAX	\$	250
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
BALANCE DUE	\$	250

---

**OVERPAYMENT:**

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

---

**MAKE CHECK PAYABLE TO:**

NEW YORK STATE CORPORATION TAX

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM TR-579-CT TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE NYSDTF. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE NYSDTF.

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

YOUR PAYMENT SHOULD BE MADE AS INSTRUCTED BELOW ON OR BEFORE MAY 15, 2024.

SEPARATELY MAIL NEW YORK FORM CT-200-V WITH A CHECK OR MONEY ORDER FOR \$250, PAYABLE TO NEW YORK STATE CORPORATION TAX.

MAIL TO: NYS DEPT OF TAXATION & FINANCE  
CORP-V  
P.O. BOX 15163  
ALBANY, NY 12212-5163



CT-2

Department of Taxation and Finance

Corporation Tax Return Summary

THIS FORM MUST BE FILED WITH YOUR RETURN

1 Legal name of corporation

1. FDNY FOUNDATION, INC.

Payment enclosed

2. 250.00

3 Return type

3. CT13

4 Employer ID number (EIN)

4. 11-2632404

5 File number (FCC)

5. MM8

6 Period beginning date (mm-dd-yy)

6. 07-01-22

7 Period ending date (mm-dd-yy)

7. 06-30-23

8 Amended (Y=1; N=0)

8. 0

9 Final (Y=1; N=0)

9.

10 NAICS code

10.

11 MTA indicator (None = 0; Y = 1; N = 2; Both = 3)

11.

12 Federal 1120-H filed (Y = 1; N = 0)

12.

13 REIT/RIC indicator (Y=1; N=0)

13.

14 Tax due/MTA surcharge

14. 250.00

15 Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000

15.

16 Balance due

16. 250.00

17 Amount of overpayment credited to next period - NYS

17.

18 Refund of overpayment

18.

19 Refund of unused tax credits

19.

20 Tax credits to be credited as an overpayment to next year's return

20.

21 Amount of overpayment credited to next period - MTA

21.

22 Amount of MTA surcharge retaliatory tax credit to be refunded

22.

23 Fixed dollar minimum

23.

24 Designated agent's (Article 9-A) or combined parent's (Article 33) EIN

24. -

25 New York receipts

25.

26 Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section 195.20)?

26.

27 Paid preparer's EIN

27. 75-0786316

28 Preparer's NYTPRIN

28.

29 Excl. code

29. 03

541001221019



284951 11-16-22

1019

For office use only

Form CT-186-E filers only

30	Excise tax on telecommunication services - NYS	30.	<input type="text"/>	<input type="text"/>
31	Excise tax on mobile telecommunication services subject to the 2.9% rate	31.	<input type="text"/>	<input type="text"/>
32	Total excise tax on telecommunication services	32.	<input type="text"/>	<input type="text"/>
33	Tax on gross income - NYS	33.	<input type="text"/>	<input type="text"/>
34	MTA surcharge related to telecommunication services	34.	<input type="text"/>	<input type="text"/>
35	MTA surcharge related to telecommunication services subject to the 0.721% tax rate	35.	<input type="text"/>	<input type="text"/>
36	Total MTA surcharge related to telecommunication services	36.	<input type="text"/>	<input type="text"/>
37	MTA surcharge on gross income	37.	<input type="text"/>	<input type="text"/>
38	Balance due - NYS	38.	<input type="text"/>	<input type="text"/>
39	Balance due - MTA	39.	<input type="text"/>	<input type="text"/>
40	Provided telecommunication services in the MCTD this year? (None = 0; Y = 1; N = 2; Both = 3)	40.	<input type="text"/>	<input type="text"/>
41	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None = 0; Y = 1; N = 2; Both = 3)	41.	<input type="text"/>	<input type="text"/>
42	Overpayment credited to next year's tax - NYS	42.	<input type="text"/>	<input type="text"/>
43	Overpayment credited to next year's tax - MTA	43.	<input type="text"/>	<input type="text"/>
44	Refund of overpayment - NYS	44.	<input type="text"/>	<input type="text"/>
45	Refund of overpayment - MTA	45.	<input type="text"/>	<input type="text"/>
46	Refund of unused tax credits - NYS	46.	<input type="text"/>	<input type="text"/>
47	Refund of unused tax credits - MTA	47.	<input type="text"/>	<input type="text"/>
48	Refundable tax credits to be credited to next year's tax - NYS	48.	<input type="text"/>	<input type="text"/>
49	Refundable tax credits to be credited to next year's tax - MTA	49.	<input type="text"/>	<input type="text"/>

541002221019





CT-200-V

Department of Taxation and Finance

Payment Voucher for E-Filed Corporation Tax Returns and Extensions

Employer identification number: 11-2632404; Primary return type: CT13; Tax period beginning: 07-01-2022; Tax period ending: 06-30-2023; Legal name: FDNY FOUNDATION, INC.; Address: 9 METROTECH CENTER, BROOKLYN, NY 11201; Business telephone number: 718-999-0779

Type of form e-filed: Return [X]; Extension [ ]; Mandatory first installment (MFI) [ ]; Amount(s) due: NYS amount 250.00; MTA amount .00

Make your check or money order payable in U.S. funds to: New York State Corporation Tax. Do not staple or clip your check or money order. Detach all check stubs. Enter payment enclosed ... 250.00

File this entire page with your payment

Where to mail

Mail your payment along with this entire page to: NYS DEPT OF TAXATION & FINANCE CORP - V PO BOX 15163 ALBANY NY 12212-5163





# New York State E-File Authorization for Tax Year 2022

# TR-579-CT

## For Certain Corporation Tax Returns and Estimated Tax Payments for Corporations

(9/22)

Electronic return originator (ERO)/paid preparer: **Do not** mail this form to the Tax Department. Keep it for your records.

Legal name of corporation **FDNY FOUNDATION, INC.**

Return type (mark an X for all that apply): CT-3  CT-3-A  CT-3-M  CT-3-S  CT-13  CT-33   
 CT-33-A  CT-33-C  CT-33-M  CT-33-NL  CT-183  CT-183-M  CT-184  CT-184-M   
 CT-186-E  CT-300  CT-400

### Purpose

Form TR-579-CT must be completed to authorize an ERO to e-file a corporation tax return and to transmit bank account information for the electronic funds withdrawal.

### General instructions

Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return before the ERO transmits the electronically filed Form CT-3, *General Business Corporation Franchise Tax Return*; CT-3-A, *General Business Corporation Combined Franchise Tax Return*; CT-3-M, *General Business Corporation MTA Surcharge Return*; CT-3-S, *New York S Corporation Franchise Tax Return*; CT-13, *Unrelated Business Income Tax Return*; CT-33, *Life Insurance Corporation Franchise Tax Return*; CT-33-A, *Life Insurance Corporation Combined Franchise Tax Return*; CT-33-C, *Captive Insurance Company Franchise Tax Return*; CT-33-M, *Insurance Corporation MTA Surcharge Return*; CT-33-NL, *Non-Life Insurance Corporation Franchise Tax Return*; CT-183, *Transportation and Transmission Corporation Franchise Tax Return on Capital Stock*; CT-183-M, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-184, *Transportation and Transmission Corporation Franchise Tax Return on Gross Earnings*; CT-184-M, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-186-E, *Telecommunications Tax Return and Utility Services Tax Return*; CT-300, *Mandatory First Installment (MFI) of Estimated Tax for Corporations*; or CT-400, *Estimated Tax for Corporations*.

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*. Go to our website at [www.tax.ny.gov](http://www.tax.ny.gov) to find this document.

**Do not mail this form to the Tax Department.** EROs/paid preparers must keep this form for three years and present it to the Tax Department upon request.

**Do not** use this form for electronically filed Form CT-5, *Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both)*; CT-5.3, *Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge return, or both)*; CT-5.4, *Request for Six-Month Extension to File New York S Corporation Franchise Tax Return*; CT-5.6, *Request for Three-Month Extension to File Form CT-186 (for utility corporation franchise tax return, MTA surcharge return, or both)*; CT-5.9, *Request for Three-Month Extension to File (for certain Article 9 tax returns, MTA surcharge, or both)*; or CT-5.9-E, *Request for Three-Month Extension to File Form CT-186-E (for telecommunications tax return and utility services tax return)*. Instead use Form TR-579.1-CT, *New York State Authorization for Electronic Funds Withdrawal For Tax Year 2022 Corporation Tax Extensions*.

### Financial institution information (required if electronic payment is authorized)

- 1 Amount of authorized debit .....
- 2 Financial institution routing number .....
- 3 Financial institution account number .....

1	
2	
3	

### Part A - Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, CT-183, CT-183-M, CT-184, CT-184-M, CT-186-E, CT-300, or CT-400

Under penalty of perjury, I declare that I have examined the information on this 2022 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filing includes Form DTF-686, *Tax Shelter Reportable Transactions*, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2022 New York State electronic corporate return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-CT, I am authorizing the ERO to sign and file this return on behalf of the corporation and agree that the ERO's submission of the corporation's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying New York State corporation taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2022 electronic return, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two business days prior to the payment date.

Signature of authorized officer of the corporation	Print your name and title <b>JEAN O'SHEA, EXECUTIVE DIRECTOR</b>	Date <b>05-15-24</b>
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### Part B - Declaration of ERO and paid preparer

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2022 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2022 New York State electronic corporate tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2022 New York State electronic corporate tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature	Print name	Date
Paid preparer's signature	Print name <b>PETER METZ</b>	Date



# CT-13

Department of Taxation and Finance

## Unrelated Business Income Tax Return

All filers enter tax period:

beginning **07-01-22** ending **06-30-23**

Recommended return

Tax Law - Article 13

Employer identification number (EIN) <b>11-2632404</b>	File number <b>MM8</b>	Business telephone number <b>718-999-0779</b>	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation <b>FDNY FOUNDATION, INC.</b>		Trade name/DBA	
Mailing address Care of (c/o) Number and street or PO Box <b>9 METROTECH CENTER</b>		State or country of incorporation	
City <b>BROOKLYN, NY</b>		Date of incorporation <b>09-11-81</b>	Foreign corporations: date began business in NYS
U.S. state/Canadian province <b>NY</b>	ZIP/Postal code <b>11201</b>	Country (if not United States)	
NAICS business code number (from federal return)	For office use only		
Principal unrelated business activity (see instructions) <b>MERCHANDISE SALES</b>	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.		

### Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit

Organization - Have you filed this New York State application for exemption? (see instructions) ..... Yes  No

Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a) .....

Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions) .....

A. Pay amount shown on line 22. Make payable to: <i>New York State Corporation Tax</i> Attach your payment here. Detach all check stubs. (See instructions for details.)	Payment enclosed
<b>A</b>	<b>250.</b>

### Computation of income and tax

1	Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction	1	-36,050.
2	New York State Article 13 and Article 23 tax deducted on federal return	2	
3	Additions required for shareholders of federal S corporations (see instructions)	3	
4	Grossed-up taxes for shareholders of New York S corporations (see instructions)	4	
5	Other additions (see instructions)	5	
6	Add lines 1 through 5	6	-36,050.
7	Other income (see instructions)	7	
8	Federal S corporation shareholder subtractions (see instructions)	8	
9	Other subtractions (see instructions)	9	
10	Total subtractions (add lines 7, 8, and 9)	10	
11	Taxable income before net operating loss deduction (subtract line 10 from line 6)	11	-36,050.
12	New York net operating loss deduction (attach federal and NYS computations; see instructions)	12	
13	Taxable income (subtract line 12 from line 11)	13	-36,050.
14	Allocated taxable income (multiply line 13 by _____% from line 42; or enter amount from line 13 if allocation is not claimed)	14	-36,050.
15	Tax based on income (multiply line 14 by 9% (.09))	15	0.
16	Minimum tax	16	250.00
17	Tax (line 15 or line 16, whichever is larger)	17	250.
18	Total prepayments from line 46	18	
19	Balance (if line 18 is less than line 17, subtract line 18 from line 17)	19	250.
20	Interest on late payment (see instructions)	20	
21	Late filing and late payment penalties (see instructions)	21	
22	Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above)	22	250.
23	Overpayment (if line 17 is less than line 18, subtract line 17 from line 18)	23	
24	Amount of overpayment on line 23 to be credited to next year	24	
25	Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23)	25	

See page 3 for third-party designee, certification, and signature entry areas.

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Have you been audited by the Internal Revenue Service in the past 5 years? Yes  No  If Yes, list years: \_\_\_\_\_

Federal return was filed on: 990-T  Other:  Attach a complete copy of your federal return.

**Schedule A - Unrelated business allocation**

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Average value of:	A New York State	B Everywhere	
26 Real estate owned (see instructions) .....	26		
27 Gross rents (attach list; see instructions) .....	27		
28 Inventories owned .....	28		
29 Other tangible personal property owned (see instructions) .....	29		
30 Total (add lines 26 through 29) .....	30		
31 Percentage in New York State (divide line 30, column A, by line 30, column B) .....			31 %

**Receipts in the regular course of business from:**

32 Sales of tangible personal property shipped to points within New York State .....	32		
33 All sales of tangible personal property .....	33		
34 Services performed .....	34		
35 Rentals of property .....	35		
36 Other business receipts .....	36		
37 Total (add lines 32 through 36) .....	37		
38 Percentage in New York State (divide line 37, column A, by line 37, column B) .....			38 %
39 Wages, salaries, and other compensation of employees (except general executive officers; see instructions) .....	39		
40 Percentage in New York State (divide line 39, column A, by line 39, column B) .....			40 %
41 Total of New York State percentages (add lines 31, 38, and 40) .....			41 %
42 Business allocation percentage (divide line 41 by three or by the number of percentages) .....			42 %

**Composition of prepayments claimed on line 18\***

	Date paid	Amount
43 Payment with extension request, Form CT-5, line 5 .....	43	
44a Second installment from Form CT-400 .....	44a	
44b Third installment from Form CT-400 .....	44b	
44c Fourth installment from Form CT-400 .....	44c	
45 Amount of overpayment credited from prior years .....		45
46 Total prepayments (add lines 43 through 45; enter here and on line 18) .....		46

\* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

**Amended return information**

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination .....  If marked, enter date of determination: • \_\_\_\_\_

Capital loss carryback .....  Federal return filed ..... Form 1139 •

Amended Form 990-T .....

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Third - party designee (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)	Designee's phone number
	Designee's email address		PIN

**Certification:** I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person <b>JEAN O'SHEA</b>	Signature of authorized person	Official title <b>EXECUTIVE DIRECTOR</b>	
	Email address of authorized person <b>JEAN.OSHEA@FDNY.NYC.GOV</b>		Telephone number <b>718-999-1251</b>	Date <b>05-15-24</b>

Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) <b>WEAVER AND TIDWELL, LLP</b>		Firm's EIN <b>75-0786316</b>	Preparer's PTIN or SSN <b>P01491688</b>
	Signature of individual preparing this return	Address City State ZIP code <b>ONE PENNSYLVANIA PLAZA, SUITE 3200 NEW YORK, NY 10119</b>		
	Email address of individual preparing this return <b>MATT.SIMON@WEAVER.COM</b>		Preparer's NYTPRIN or Excl. code <b>03</b>	Date

See instructions for where to file.

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