EXTENDED TO NOVEMBER 16, 2020

Return of Organization Exempt From Income Tax

Form 990 (Rev. January 2020) Department of the Treasury

932001 01-20-20

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

Do not enter social security numbers on this form as it may be made public.

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

2019
Open to Public Inspection

OMB No. 1545-0047

A For the 2019 calendar year, or tax year beginning Check if C Name of organization D Employer identification number Address change PROJECT SAFETY NET NEW YORK X Name change 11-2809739 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 60 ADAMS AVENUE 631-385-2451 termi ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 126,283. Amended HAUPPAUGE, NY 11788 H(a) Is this a group return Applica-F Name and address of principal officer: COLIN PEARSALL for subordinates? Yes X No 60 ADAMS AVENUE, HAUPPAUGE, NY H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) If "No," attach a list. (see instructions) J Website: ► HTTPS://WWW.PROJECTSAFETYNET.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1986 M State of legal domicile; NY Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE CARE TO PEOPLE WITH Activities & Governance HIV AND OTHER INFECTIOUS DISEASES IN NASSAU AND SUFFOLK COUNTIES if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 43 6 Total number of volunteers (estimate if necessary) 10 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, line 39 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 1,049,366. Revenue 1,379,540. Program service revenue (Part VIII, line 2g) 448,150. 528,017. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10,472. 26,598. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 272,457. 1,409. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 780,445. 935,564. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,633,458. 1,667,240. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,800,207. 1,154,172. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,433,665. 2,821,412. Revenue less expenses. Subtract line 18 from line 12 <1,653,220.> <885,848.> Or Beginning of Current Year Assets End of Year 20 Total assets (Part X, line 16) 1,766,179. 2,235,625. 21 Total liabilities (Part X, line 26) 302,266. Vet 187,908. Net assets or fund balances. Subtract line 21 from line 20 463,913. 2,047,717. Signature Block Under penalties of perjury, 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. Signature of officer Sign COLIN PEARSALL, EXECUTIVE DIRECTOR Here Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Paid THOMAS GALLO 11/03/20 P00178916 self-employed Preparer Firm's name PRAGER METIS CPAS, Firm's EIN ▶ 06-1667465 Use Only Firm's address 100 SUNNYSIDE BLVD., SUITE 200 WOODBURY, NY 11797 Phone no. 516 - 921 - 8900 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

4	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PROJECT SAFETY NET NEW YORK, INC. IS A REGIONAL COMMUNITY BASED 501C3
	NOT-FOR-PROFIT AGENCY DELIVERING COMPREHENSIVE SERVICES TO ALL LONG
	ISLANDERS INFECTED AND AFFECTED BY HIV/AIDS AND OTHER INFECTIOUS
	DISEASES. ADDITIONAL PRIORITIES INCLUDE SERVICES AND SUPPLEMENTAL
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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	(Cata) (5 a 710 505
	HEALTH HOMES SERVES MEDICAID INDIVIDUALS WHOSE CHRONIC CONDITIONS
	TNCLUDE BUT ARE NOT IMPED TO GERTOUG MINER THE TOTAL
	INCLUDE, BUT ARE NOT IMITED TO, SERIOUS MENTAL ILLNESS, HIV/AIDS, AND
	OTHER ILLNESSES THAT PERSIST OVER A PERIOD OF TIME AND REQUIRE
	OVERSIGHT FROM A COORDINATED HEALTH CARE DELIVERY SYSTEM IN ADDITION TO
	CHALLENGING HEALTH-CARE ISSUES, MOST OF OUR CLIENTS HAVE SOCIAL SERVICE
	NEEDS REQUIRING ADVOCACY AND REFERRALS OUR TEAM MANAGES BOTH THEIR
	CLINICAL AND SOCIAL DETERMINANTS OF HEALTH, SUCH AS HOMELESSNESS, FOOD
	INSECURITY, AND ENTITLEMENTS, TO IMPROVE THEIR OUTCOMES THE OBJECTIVES
	OF THE PROGRAM ARE TO REDUCE AVOIDABLE AND PREVENTABLE INPATIENT STAYS.
	REDUCE AVOIDABLE EMERGENCY DEPARTMENT VISITS, IMPROVE LINKAGE TO
	PRIMARY CARE AND SPECIALTY CLINICIANS, IMPROVE THE HEALTH OUTCOMES FOR
	PERSON WITH MENTAL ILLNESS AND/OR SUBSTANCE USE DISORDERS. ETC.
4b	(Code:) (Expenses \$ 478,341. including grants of \$) (Revenue \$
	OFFERING FREE AND CONFIDENTIAL TESTING AND THE DEPARTMENT OF COMMUNITY
	ENGAGEMENT AND GRANT PROGRAMS PROVIDES MOBILE OUTREACH TO MEMBERS OF
	THE COMMUNITY WHO ARE AT RISK FOR HIV, HCV, AND OTHER SEXUALLY
	TRANSMITTED INFECTIONS EMPHASIS IS PLACED ON SPECIFIC POPULATIONS WHICH
	ARE CONSIDERED HIGH RISK E G , YOUNG MEN OF COLOR WHO HAVE SEX WITH MEN
	AND THOSE FROM UNDESERVED POPULATIONS WHO STRUGGLE WITH MENTAL HEALTH
	THREE FEDERALLY FUNDED GRANT PROGRAMS THAT SERVE THE COMMUNITY,
	SIBSTANCE ARIGE AND MENTAL HEALTH CHRISTIAN ADMINISTRA
	FUNDS BOTH AN INTERVENTION AND A TREATMENT PROGRAM, AND THE THE CENTERS
	FOR DISEASE CONTROL AND PREVENTION CDC, WHICH FUNDS AN INTERVENTION
	PROGRAM.
4c	(Code:) (Expenses \$ 558,122. including grants of \$) (Revenue \$)
	OFFERING FREE DISSEMINATION OF PREVENTION EDUCATION AND THE DEPARTMENT
	OF COMMINITY ENGAGEMENT AND CRANT PROCESSES PROVIDED WORTH DEPARTMENT
	OF COMMUNITY ENGAGEMENT AND GRANT PROGRAMS PROVIDES MOBILE OUTREACH TO
	MEMBERS OF THE COMMUNITY WHO ARE AT RISK FOR HIV, HCV, AND OTHER
	SEXUALLY TRANSMITTED INFECTIONS EMPHASIS IS PLACED ON SPECIFIC
	POPULATIONS WHICH ARE CONSIDERED HIGH RISK E G , YOUNG MEN OF COLOR WHO
	HAVE SEX WITH MEN AND THOSE FROM UNDESERVED POPULATIONS WHO STRUGGLE
	WITH MENTAL HEALTH AND SUBSTANCE ABUSE CURRENTLY, PROJECT SAFETY NET
	NEW YORK, INC. HAS THREE FEDERALLY FUNDED GRANT DROCKAMS THAT GERLE
	THE COMMUNITY, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
	ADMINISTRATION SAMHSA, WHICH FUNDS BOTH AN INTERVENTION AND A TREATMENT
	PROGRAM, AND THE THE CENTERS FOR DISEASE CONTROL AND PREVENTION CDC
	WHICH FUNDS AN INTERVENTION PROGRAM.
	Other program services (Describe on Schedule O.)
	(Expenses \$ 642,863. including grants of \$) (Revenue \$
le	Total program service expenses ► 2,398,911.

Form 990 (2019)

Part IV Checklist of Required Schedules

1	Is the organization described in section 501(a)(b) as 4047(a)(4) (all all all all all all all all all al		Yes	No
	(other than a private foundation)?		77	
2	If "Yes," complete Schedule A	1	X	V
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		X
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		21
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C. Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes " complete Schedule D. Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space			
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
10	If "Yes," complete Schedule D, Part IV	9		X
	or in quasi endowments? If "Yos " complete School/de D. Bord V			
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	10		X
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha	21	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	bid the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Bid the organization report an amount for other liabilities in Part X, line 25? If "Yes." complete Schedule D. Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
b	Schedule D, Parts XI and XII	12a	X	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		77
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX			
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
.0	The organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII lines			-22
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		X
No.	complete Schedule G. Part III	2200		37
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19	_	X
b	II TES TO line 203, did the ordanization attach a convict ite audited financial etatements to the	20a		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	-	-
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
32003	01-20-20	THE OWNER OF TAXABLE PARTY.	200 (=	

Part IV Checklist of Required Schedules (continued)

			Yes	s No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		10.	3 140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	bid the organization answer res to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
04	Schedule J	23		X
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	_	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
0	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d	+-	+-
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	05-		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a	-	1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		- 21
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee.			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
h	"Yes," complete Schedule L, Part IV	28a		X
0	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b		X
	"Yes " complete Schedule I. Part IV			37
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	_	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	_	X
	contributions? If "Yes," complete Schedule M	20		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	01		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
0.5	Part V, line 1	34		X
35a	bid the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
00	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
37	If "Yes," complete Schedule R, Part V, line 2	36		X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			37
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		X
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	Statements Regarding Other IRS Filings and Tax Compliance	30	21	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
32004	01-20-20	1c	990	
		E-market	1 16 24 4	10101

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)	9/39	F	Page
	(continued)		V	N
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No
	filed for the calendar year ending with or within the year covered by this return 2a 4	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2.0		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	32		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	a promotion transaction at any time during the tax year?	5a		X
b	in a signification that it was or is a party to a prohibited tax sheller transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
L	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
7	were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c).			
b	as a contribution and party as a contribution and party for goods and services provided to the payor?	7a		X
	the deficient title goods of services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
Ч	If "Vas " indicate the number of Forms 2000 filed designation	7c		X
е				
f	Did the organization during the year pay promising directly or indirectly as a second of the control of the con	7e		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	30		
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10	amounts due or received from them.)			
ıza	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a		
מ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
C	organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
4a	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?			
b	If "Yes." has it filed a Form 720 to report these payments? (# NAIS III and the tax year?	14a		X
5	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
	excess parachute payment(s) during the year?			77
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			v
	If "Yes," complete Form 4720, Schedule O.	16		X
		Form (990 (2	20101

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
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	of the state of th			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	bid the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	and the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on benaif of the governing body?	8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	if a yes, and the organization have written policies and procedures governing the activities of such chapters, affiliates.			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in 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	12a	X	
D	were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X	
a	Other officers or key employees of the organization	15b	X	
	res to line 15a or 15b, describe the process in Schedule O (see instructions).		r-jue	
ба	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
la.	taxable entity during the year?	16a		X
D	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			
act	exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 990 is required to be filed ▶NY			
8	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) a	vailabl	е
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (contain as Octoor to Check all that apply).			
9	Other (explain on Schedule ())			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	inanci	al	
	statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records			
	COLIN PEARSALL, EXECUTIVE DIRECTOR - (631) 385-2451 60 ADAMS AVENUE, HAUPPAUGE, NY 11788			
-	TO THE TYPINGE, MACFROGE, NI 11/00			

Part VIII 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization (A) Name and title	(B) Average	(d	o not	Pos check	C) sition	n e than	one	(D) Reportable	(E) Reportable	(F) Estimated
(1) TYOUR TO THE	hours per week (list any hours for related organizations below line)	tee or director	x, unle ficer a	ess pe	erson	is bot	h an stee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensatio from the organization and related organizations
(1) THOMAS J. FABBRICANTE BOARD CHAIR	7.00	X		X				0.	0.	C
(2) JOHN R. LEWIN BOARD TREASURER	7.00	Х		Х						
(3) COLIN PEARSALL	40.00	Δ						0.	0.	(
EXECUTIVE DIRECTOR (4) JOHN HAIGNEY	40.00	-	_	X				58,734.	0.	(
CHIEF EXECUTIVE OFFICER	10,00			X				48,900.	0.	(

932007 01-20-20

Form 990 (2019)

	Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employee	s (continued)			
	(A)	(B)				C)			(D)	(E)		(F))
	Name and title	Average	(dc	not c		more		one	Reportable	Reportable		Estima	
		hours per week	box	c, unle	ss pe	erson	is bot	h an	compensation	compensation		amour	nt of
		(list any		Т		Т		T	from	from related		othe	
		hours for	director						the	organizations		ompen	
		related	0	tee			Sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		from	
		organizations	trustee	al trus		aa/	mpen		(***2/1099*101130)			organiz	
		below	ndividual	nstitutional trustee	-	Ојфш	stco	La La				organiza	
		line)	Indiv	Instit	Officer	Кеу етріоуее	Highest compensated employee	Former				rigariize	1110113
											+		
											\top		
											_		
											_		
											_		
					_						-		
											_		
1b	Subtotal								107,634.	0	+		0
C	Total from continuation sheets to Part VI	Section A					1		0.	0			0.
d	Total (add lines 1b and 1c)	, Section A								0			0.
2	Total number of individuals (including but n	at limited to the							107,634.	0	•		0.
~	Total number of individuals (including but no compensation from the organization	or innited to the	seı	istec	abo	ove)	wno	o rec	ceived more than \$100,0	00 of reportable			
	compensation from the organization			_		_							0
3	Did the organization list any former officer	director trusts	a le									Yes	No
	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so												
4	For any individual listed on line 1a is the su	ich individual m of roportoble				 :		- 41			3		X
	For any individual listed on line 1a, is the su	0002 K IV	COI	nper	isati	ion a	and	otne	er compensation from th	e organization			
5	and related organizations greater than \$150	,000? If "Yes,"	con	nple	te So	ched	dule	J foi	r such individual		4		X
0	Did any person listed on line 1a receive or a	ccrue compens	atio	n tro	om a	iny t	unrel	atec	d organization or individu	al for services			
Sec	rendered to the organization? If "Yes." comparison B. Independent Contractors	olete Schedule	J fo	rsuc	ch pe	erso	n				5		X
		1 11 1		V									
1	Complete this table for your five highest con	npensated inde	pen	deni	cor	ntra	ctors	tha	at received more than \$1	00,000 of compens	ation	from	
	the organization. Report compensation for the	ne calendar yea	ar er	nding	wit	h or	with	nin ti	he organization's tax yes	ar.			
	(A) Name and business a	address	NTO	NTT2					(B)			(C)	
	rtaine and pasiness (2001000	NO:	NE				+	Description of se	rvices	Comp	ensatio	n
			_					+				_	
								_					
								_					
	Page 18 W THE RESERVE TO THE RESERVE												
2	Total number of independent contractors (ind	cluding but not	limi	ted t	to th	ose	liste	d at	bove) who received more	e than			
	\$100,000 of compensation from the organization	ation >				0							
											Forn	990 (2	2019)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Total revenue Related or exempt Unrelated Revenue excluded function revenue | business revenue from tax under sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues c Fundraising events d Related organizations 1,362,693. e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ... 16,847. g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f ,379,540. **Business Code** 2 a MEDICAID SERVICE REVEN 900099 528,017. 528,017. Program Service f All other program service revenue g Total. Add lines 2a-2f 528,017. Investment income (including dividends, interest, and other similar amounts) 24,993. 24,993. Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6a 54,512. 6 a Gross rents b Less: rental expenses ... 54,512. 6b c Rental income or (loss) d Net rental income or (loss) 0. 7 a Gross amount from sales of (i) Securities (ii) Other 7a 126,312. assets other than inventory 11,500. **b** Less: cost or other basis 7ь 136,207. and sales expenses Other Revenue 7c < 9,895.> c Gain or (loss) 11,500. d Net gain or (loss) 1,605. 1,605. 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous 11 a MISCELLANEOUS 900099 1,409. 1,409. d All other revenue e Total. Add lines 11a-11d 1,409. 12 Total revenue. See instructions **▶** 1,935,564. 529,426. 26,598.

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. (A) Total expenses (C) (D) Fundraising Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 415,371. 358,872. 56,499. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,029,193. 885,015. 144,178. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 99,391. 86,247. 13,144. Payroll taxes 123,285. 106,975. 16,310. Fees for services (nonemployees): a Management **b** Legal 70,946. 58,176. 12,770. c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25. 215,349. column (A) amount, list line 11g expenses on Sch O.) 177,496. 37,853. Advertising and promotion 92,954. 12 76,519. 16,435. 13 Office expenses 102,418. 84,308. 18,110. Information technology 14 Royalties 15 Occupancy 318,843. 16 274,175. 44,668. 17 Travel 51,532. 42,420. 9,112. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 39,274. 32,330. 6,944. 23 82,863. 68,211. 14,652. Other expenses. Itemize expenses not covered 24 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.) EQUIPMENT RENTAL 104,003. 85,614. 18,389. TELEPHONE 43,806. 36,060. 7,746. c DUES 17,099. 14,075. 3,024. d PARTICIPANT INCENTIVES 11,675. 9,611. 2,064. 3,410. e All other expenses 2,807. 603. Total functional expenses. Add lines 1 through 24e 2,821,412. 2,398,911. 422,501. 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

932010 01-20-20

Form 990 (2019)

	Check if Schedule O contains a response or no				Т Т	State of the state
				(A) Beginning of year		(B) End of year
1				825,503.	1	749,97
2	g , caci invocinonio		***************************************		2	-
3	Pledges and grants receivable, net			82,839.	3	114,38
4	Accounts receivable, net			73,768.		124,23
5	Loans and other receivables from any current of	r former off	icer, director,			
	trustee, key employee, creator or founder, subs	tantial cont	ributor, or 35%			
	controlled entity or family member of any of the				5	
6	and the receivables from other disquar	ified person	s (as defined			
	under section 4958(f)(1)), and persons describe	d in section	4958(c)(3)(B)		6	
2 7					7	
Assels 8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			54,761.	9	1,42
10:	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D					
1	b Less: accumulated depreciation	10b	633,979.	113,545.	10c	74,27
11	Investments - publicly traded securities			515,763.	11	1,128,65
12	Investments - other securities. See Part IV, line	11			12	
13	Investments - program-related. See Part IV, line	11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			100,000.	15	42,67
16	Total assets. Add lines 1 through 15 (must equ	al line 33)		1,766,179.	16	2,235,62
17	Accounts payable and accrued expenses			302,266.	17	187,90
18	Grants payable				18	•
19	Deferred revenue		********		19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete F	Part IV of So	chedule D		21	
22	Loans and other payables to any current or form	er officer, d	lirector,			
	trustee, key employee, creator or founder, subst	antial contr	ibutor, or 35%			
	controlled entity or family member of any of thes		*********		22	
23	Secured mortgages and notes payable to unrela	ted third pa	rties		23	
24	Unsecured notes and loans payable to unrelated	third partie	es		24	
25	Other liabilities (including federal income tax, pay	ables to re	lated third			
	parties, and other liabilities not included on lines	17-24). Cor	mplete Part X			
00	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25	***************		302,266.	26	187,90
	Organizations that follow FASB ASC 958, check	ck here	X			
07	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions			1,463,913.	27	2,047,71
28	Net assets with donor restrictions				28	
	Organizations that do not follow FASB ASC 95	8, check h	ere 🕨 🔙			
20	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or equ	uipment fun	d		30	
31	Retained earnings, endowment, accumulated inc		Wego Myster place and a		31	
27 28 29 30 31 32	Total net assets or fund balances			1,463,913.	32	2,047,717
33	Total liabilities and net assets/fund balances			1,766,179.	33	2,235,625

Form **990** (2019)

I Pa	Reconciliation of Net Assets	11-7	809/39	Pag	ge 12
	Check if Schedule O contains a response or note to any line in this Part XI	I I	************	****	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,93	5 54	5 1
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,82		
3	Revenue less expenses. Subtract line 2 from line 1	3	<885		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,463		
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities		4 (5,37	70.
7	Investment expenses	6			
8	Prior period adjustments	7			
9	Other changes in net assets or fund balances (explain on Schedule O)	8	1 // 2	2 20	20
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	9	1,423	, 28	54.
	column (B))	40	2 045	7 71	7
Pa	rt XII Financial Statements and Reporting	10	2,047	, / 1	. / •
	Check if Schedule O contains a response or note to any line in this Part XII			1	
	,			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			163	INO
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (`	-		
2a	Were the organization's financial statements compiled or reviewed by an independent				V
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	·····	2a		X
	separate basis, consolidated basis, or both:	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements and itself			х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	hoois	2b	Λ	
	consolidated basis, or both:	Dasis,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	oudit			
	review, or compilation of its financial statements and selection of an independent accountant?	audit,		x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scher	dula 0	2c	Δ	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	Jule O.			
	Act and OMB Circular A-133? If "Yes " did the organization undergo the required guidit as a with 0 Kill.	e Audit		v	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit	3a	X	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	u audit	01-	v	
	and steps taken to analogo sach addits		3b Form 9	X	

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PROJECT SAFETY NET NEW YORK

Employer identification number

11-2809739 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other organization (described on lines 1-10 support (see instructions) support (see instructions) Yes No above (see instructions))

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

(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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and				(4) 2010	(0) 2013	(I) IOIAI
	membership fees received. (Do not						
	include any "unusual grants.")	4782455.	4057623.	3861066.	1049366.	1907557.	15658067.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4782455.	4057623.	3861066.	1049366.	1907557.	15658067.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						15658067.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	4782455.	4057623.	3861066.	1049366.	1907557.	15658067.
8	Gross income from interest,		8				
	dividends, payments received on						
	securities loans, rents, royalties,			555 SSEC. 1280			
200	and income from similar sources	33,261.	25,952.	9,205.	27,172.	26,598.	122,188.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					1,409.	1,409.
	Total support. Add lines 7 through 10						L5781664.
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	year as a section	501(c)(3)	
Sec	organization, check this box and stop	c Support Perc	entage				
	Public support percentage for 2019 (lin			luma (6)			00 00
15	Public support percentage from 2018	Schedule A Part II	line 14	iumm (i))		14	99.22 %
16a	33 1/3% support test - 2019. If the o	rganization did not	check the boy on	line 12 and line 1	L	15	99.19 %
	stop here. The organization qualifies a	as a publicly suppo	rted organization				and the same of th
	33 1/3% support test - 2018. If the o			0 12 or 160 and 1			▶ X
	and stop here. The organization qualit	fies as a nublicly su	innorted organizat				
	10% -facts-and-circumstances test				10 10 10		
	and if the organization meets the "fact	s-and-circumstance	riization did not ch	box and stark	13, 16a, or 16b, ar	nd line 14 is 10% or	r more,
	and if the organization meets the "fact meets the "facts-and-circumstances" t	est. The organization	on qualifies as a se	blick supports			
b	10% -facts-and-circumstances test	- 2018 If the organization	nization did not ab	uplicity supported o	organization		
100	more, and if the organization meets the	e "facts-and-circum	stances" toot che	ok this bey and	10, 10a, 16b, or 17	a, and line 15 is 10	J% or
	organization meets the "facts-and-circu	Imstances" test Th	organization and	alifies as a subli-	top nere. Explain	in Part VI how the	
18	Private foundation. If the organization	did not check a be	ox on line 12 16a	16b 17a or 17b	supported organi	zation	
	J. ga. nzacioi	and the shook a bi	ox off fine 10, 10a,	100, 17a, 01 17D,		d see instructions	

Schedule A (Form 990 or 990-EZ) 2019 PROJECT SAFETY NET NEW YORK 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) 2015	(b) 2016	(c) 2017	(d) 2018	(a) 2010	(D.T.)
1 Gifts, grants, contributions, and		10/-0:0	(0) 2011	(u) 2010	(e) 2019	(f) Total
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2015	(h) 0010	() 0047			
9 Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
	ne organization!-	first second this is	foundly from			
First five years. If the Form 990 is for the check this box and stop here	le organization s	nirst, second, third	tourth, or fifth tax	year as a section	n 501(c)(3) organizati	ion,
ection C. Computation of Public	Support Pore	ontogo				
Public support percentage for 2019 (line	8, column (f), div	rided by line 13, co	olumn (f))		15	9
Public support percentage from 2018 Scient D. Computation of Investor	chedule A, Part II	l, line 15			16	9
ection D. Computation of Investr	nent income	Percentage				
7 Investment income percentage for 2019	(line 10c, colum	n (f), divided by line	13, column (f))		17	9
Investment income percentage from 20	18 Schedule A, P	art III, line 17		*********************	18	0,
9a 33 1/3% support tests - 2019. If the or	ganization did no	t check the box or	line 14, and line 1	5 is more than 3	3 1/3%, and line 17 i	s not
more than 33 1/3%, check this box and	stop here. The o	rganization qualifie	s as a publicly sur	ported organiza	tion	
b 33 1/3% support tests - 2018. If the or	ganization did no	t check a box on li	ne 14 or line 19a, a	and line 16 is mo	re than 33 1/3%, and	·······
line 18 is not more than 33 1/3%, check	this box and sto	p here. The organi	zation qualifies as	a publicly suppo	rted organization	
Private foundation. If the organization of	did not check a bo	ox on line 14 19a	or 19h check this	hay and see inc	tructions	

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

1			
2			
3a			
3b			
3c	+		
4a			
4h	+		
4b			
4c	I		
	F		
5a			
EL		-	
5b 5c		+	
6			
7			
0			
8			
9a			
9b			
9c			
		1	200

	Supporting Organizations (continued)			ago
			Yes	No
11	and a substitution from any of the following persons?		100	140
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	EU		
	below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
0	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
36	ection B. Type I Supporting Organizations	1		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		205	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes " explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated			
0	supervised, or controlled the supporting organization	2		
Se	ction C. Type II Supporting Organizations			
		.,,	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sal	the supported organization(s).	1		
360	ction D. All Type III Supporting Organizations			
- 4	Did Alexander 1		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1				
a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	s).		
b	The organization is the parent of each of its guarant of each of eac			
c	The organization supported a governmental artitle organizations. Complete line 3 below.			
2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instantive See instantive). Activities Test. Answer (a) and (b) below.	tructions),		
a	Allawer (a) and (b) below.		Yes	No
u	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
b	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that the sectivities that the sectivities described in (b) constitute activities that the sectivities that the section that	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
3	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations?			
h	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
2	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? (# Wee II describe in Port VII)			
022025	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	11-2809739 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	ctions A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		39108 54.39
_2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally		Type III supporting organ	nization (see
	instructions).	3.2.34	,, porting organ	

Schedule A (Form 990 or 990-EZ) 2019

	ction D - Distributions	9(a)(3) Supporting Orga	inizations (continued)	Tage
1				Current Year
2	Amounts paid to perform activity that directly furthers exem	empt purposes		
	organizations, in excess of income from activity	ipt purposes of supported		
3				
4	and expenses paid to decomplish exempt purpos	ses of supported organizations	3	
5	Qualified set-aside amounts (prior IRS approval required)			
6				
7	Other distributions (describe in Part VI). See instructions.			
8	and and a section of the section of			
0	Distributions to attentive supported organizations to which to	the organization is responsive		
0	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
C	LA0000 HOIH 2018			

Schedule A (Form 990 or 990-EZ) 2019

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 Inspection

Name of the organization

PROJECT SAFETY NET NEW YORK

Employer identification number

P	art I Organizations Maintaining Donor Advised Funds or Other Similar 5	11-2809739
_	organizations Maintaining Donor Advised Funds or Other Similar Funds or A organization answered "Yes" on Form 990, Part IV, line 6.	ccounts. Complete if the
_	4.1.5	
4	Total number at and of years	(b) Funds and other accounts
2	Total number at end of year	
3	33 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
4	99 - 9 and or grants norm (during year)	
5	Aggregate value at end of year	
J	and donors and donors and donor advisors in writing that the assets held in donor advised fund	ds
6	are the organization's property, subject to the organization's exclusive legal control?	Yes No
0	Bid the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used or	nly
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferr	ing
P	impermissible private benefit? art II Conservation Easements Complete if the accession in	Yes No
	Complete II the organization answered "Yes" on Form 990, Part IV	line 7.
1	r dipose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (for example, recreation or education) Preservation of a history of the preservation of a history of the preservation of the pres	prically important land area
	Preservation of natural nabitat	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a col	rservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
ć	and a control validities and a control to	2a
k	lotal acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
C	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	rember of conservation easements modified, transferred, released, extinguished, or terminated by the organization	ration during the tax
	year	and a constant
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?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ements during the year
	Ψ	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(n)(4)(B)(ii)?	Vee N
9	are Air, describe now the organization reports conservation easements in its revenue and expense statements	nt and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	describes the
D .	organization's accounting for conservation easements	
Pal	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other Sin	nilar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance for the biotoxical through the t	ce sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e 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 s	heet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	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, pro	pyide.
	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	9
НА	For Panerwork Reduction Act Nation, see the Instruction (s. 5	φ

Sch	edule D (Form 990) 2019 PROJECT	SAFETY NE	T NEW Y	ORK			11-28	0973	39	Page 2
Pa	rt III Organizations Maintaining (Collections of A	rt, Historica	I Treasures,	or Othe	r Simila	r Asset	s (con	tinued)
3	Using the organization's acquisition, access	ion, and other record	ds, check any o	of the following th	at make s	ignificant	use of its		11000	
	collection items (check all that apply):									
а	Public exhibition		d Loan	or exchange prog	ram					
b				8						
C										
4	Provide a description of the organization's c	ollections and explai	n how they fur	ther the organizat	ion's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit	or receive donations	of art, historica	al treasures, or oth	ner similar	assets				
	to be sold to raise funds rather than to be m	aintained as part of t	he organizatio	n's collection?				Yes		No
Pa	Escrow and Custodial Arran	gements. Compl	ete if the organ	nization answered	"Yes" on	Form 990), Part IV.	line 9. c	r	110
	reported an amount on Form 990, Pa	irt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contrib	outions or other as	ssets not i	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						il.	
								Amou	nt	
C		.,		*****		1c				
d	Additions during the year			************		1d				
е	Distributions during the year			************************		1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow	or custodial acco	ount liabili	ty?		Yes	7	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has	been provided on	Part XIII					
Pa	rt V Endowment Funds. Complete	if the organization an	swered "Yes"	on Form 990, Par	t IV, line 1	0.				
		(a) Current year	(b) Prior ye	ar (c) Two year	ars back	(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
120	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, colur	nn (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	The state of the s								
C	SOUNDED CONTROL OF THE CONTROL OF TH	%								
0-	The percentages on lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are he	eld and administe	red for the	e organiza	tion			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
h	(ii) Related organizations							3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza:	tions listed as require	ed on Schedule	e R?		• • • • • • • • • • • • • • • •		3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipme	organization's endov	vment funds.							
· ui	, , ,		D-18/1: 1							
	Complete if the organization answered									
	Description of property	(a) Cost or ot basis (investm	1 1	Cost or other		cumulated	d	(d) Boo	k value	Э
12	Land		ionity D	asis (other)	aep	reciation				
h	Land	• • (
0	Buildings Leasehold improvements						_			
				708 251		22 07	0		1 0'	7.0
	Equipment Other			708,251.	0	33,97	9.	1	4,27	14.
	Add lines 1a through 1e. (Column (d) must as	The same of the sa	(/ D) /	40.1				7	1 25	7.2

Schedule D (Form 990) 2019

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 1	1f. See Form 990, Part X, line 25.
. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	
Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the orga	anization'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 ... X

Schedule D (Form 990) 2019

	edule D (Form 990) 2019 PROJECT SAFETY NET NEW YORK	11-	2809739 Page
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	, ago
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements		1 001 024
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	_1_	1,981,934
а			
b	Net unrealized gains (losses) on investments Donated services and use of facilities 2a 46,370.		
C	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е			16 270
3	Subtract line 2e from line 1	2e	46,370.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	1,935,564.
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b			
C	Add lines 4a and 4b		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)	4c	1,935,564.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	Return	1, 555, 564.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,821,412.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments 2b		
C	Other losses 2c		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,821,412.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I line 18)	5	2,821,412.
Par	t XIII Supplemental Information.		
rovi	de 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.
ines :	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF PSNNY HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2019, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. PSNNY IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS PENDING OR IN PROGRESS. PSNNY HAS NOT INCURRED ANY UNRELATED BUSINESS INCOME.

932054 10-02-19

Schedule D (Form 990) 2019

Schedule D	(Form 990) 2019 Supplemental Infor	PROJECT	SAFETY	NET	NEW	YORK	11-2809739	Page 5
· circ XIII	Supplemental infor	mation (continu	ued)					
					-			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

PROJECT SAFETY NET NEW YORK

Employer identification number 11-2809739

P	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
h	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,	1b		
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	Self-Winnerson		
	trustees, and officers, including the OEO/Executive Director, regarding the Items checked on line 12?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	500		
	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.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
a	The organization?	5a		Х
b	Any related organization?	5b		Х
	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	THE S		
	contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
3	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)? For Paperwork Reduction Act Notice, see the Instructions for Form 990. Sched	9		

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. PROJECT SAFETY NET NEW YORK

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B)	(B) Breakdown of W-2	W-2 and/or 1099-M	and/or 1099-MISC compensation	Poor tromonitor	Alderstandille		
				o combandado	other deferred	(b) Norreaxable	(E) lotal of columns	(F) Compensation
(A) Name and Title	8	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denemis	(a)-(l)(a)	in column (B) reported as deferred on prior Form 990
	(9)							
	(3)							
	(ii)							
	(i)							
0	(ii)							
	(i)							
0	(ii)							
	(i)							
0	(ii)							
	(i)							
ij	(ii)							
	(i)							
i)	(ii)							
1)	(E)							
(i)	(ii)							
1)	(i)							
(i)	(ii)							
0	(E)							
(0)	(ii)							
9	(E)							
(<u>j</u>	(ii)							
D O	(E)							
(1)	(II)							
<u> </u>	(i)							
(i)	(ii)							
1)	(i)							
ii)	(ii)							
<u>(i)</u>	(i)							
(i)	(ii)							
(1)	(j)							
(ii)	(ii)							

28

Schedule J (Form 990) 2019

Ju.	
natic	
forn	
nal in	
tion	
addi	
lny 8	
ora	
art	
is p	
e th	
plet	
com	
Iso	
=	
art	
for F	
pu	
œ,	
and	
, 7,	
, 6b	
, 6a	
1, 5b	
2, 58	
0,40	
a, 4k	
3, 45	
1b,	
12,	
nes	
Part	
for	
uired	
requ	
ions	
riptic	
escr	
or d	
_	
nat	
-	
n, ex	
atio	
orm	
e infe	
‡	
ovide	
2	

ART I, LINE 3:
HE ORGANIZATION HAS AN INDEPENDENT COMPENSATION COMMITTE WHICH REVIEWS
URRENT SALARY OF THE EXECUTIVE DIRECTOR AND RECOMENDS THE SALARY OF THE
XECUTIVE DIRECTOR WHICH IS THE APPROVED BY THE BOARD.

Schedule J (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

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 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2019
Open to Public Inspection

Name of the organization

PROJECT SAFETY NET NEW YORK

Employer identification number 11 – 2809739

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SUPPORT TO PROMOTE HEALTH AND WELLNESS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THESE SERVICES INCLUDE PROMOTING ACCESS TO CARE AND ASSISTANCE WITH ACCESS TO ADAPM MEDICAID, APIC MEDICARE, OTHER BENEFITS, AND FOLLOW-UP ACTIVITIES. EXPENSES \$ 642,863. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: COPY OF THE 990 IS GIVEN TO THE GOVERNING BODY AND IS REVIEWED AND APPROVED BEFORE THE RETURN IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION ON AN ANNUAL BASIS MONITORS ITS COMPLIANCE WITH CONFLICT OF INTERST POLICY BY ASKING ALL BOARD MEMBERS IF THEY HAVE ANY CONFLICT OF INTEREST WITH THE ORGANIZATION. FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION REVIEWS THE COMPENSATION OF THE OFFICERS AND KEY EMPLOYEES AND COMPARES THEM TO SIMILAR DATA FROM OTHER ORGANIZATIONS ANNUALLY. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVENING DOCUMENTS AVAILABLE UPON REQUEST AND ON THEIR WEBSITE.

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

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization PROJECT SAFETY NET NEW YORK	Employer identification number 11-2809739
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CONTRIBUTIONS IN THE ACQUISITION OF LINCS	1,423,282.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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.

filing of th	nis form, visit www.irs.gov/e-file-providers/e-file-for-chan	ities-and-r	non-profits.				
Automa	atic 6-Month Extension of Time. Only subm	nit origin	nal (no copies needed).				
	rations required to file an income tax return other than Fo			s, REMIC	s, and trusts		
must use	Form 7004 to request an extension of time to file incom	e tax retui	rns.				
Type or	Name of exempt organization or other filer, see instructions.			Taxpaye	Faxpayer identification number (TIN)		
File by the due date for filing your return. See instructions.	PROJECT SAFETY NET NEW YORK				11-2809739		
	for Number, street, and room or suite no. If a P.O. box, see instructions. 60 ADAMS AVENUE						
	City, town or post office, state, and ZIP code. For a for HAUPPAUGE, NY 11788	oreign add	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Applicati	on	Return	Application			Return	
Is For	or Code Is For					Code	
Form 990	rm 990 or Form 990-EZ 01 Form 990-T (corporation)					07	
Form 990	BL	02	Form 1041-A			08	
Form 472	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) COLIN PEARSALL, EXECUTIVE DIRECTOR						12	
Teleph If the o	oks are in the care of \blacktriangleright 60 ADAMS AVENUE one No. \blacktriangleright (631) $385-2451$ rganization does not have an office or place of business of or a Group Return, enter the organization's four digit 60 . If it is for part of the group, check this box \blacktriangleright	in the Uni Group Exe	Fax No. ▶ited States, check this box	f this is fo	r the whole g	roup, check this	
the ►[►	puest an automatic 6-month extension of time until	anization's	return for:	the exen	npt organizati ·	on return for	
	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less					0	
	any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				\$	0.	
	actionated to a property words last description of the second state of the second stat					0	
	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by					0.	
	using FETDS (Flactuagia Faderal Tay Barrel O. 1.) See in 1991					0	
	f you are going to make an electronic funds withdrawal (3c 53-EO an	\$ d Form 8879-	0 . EO for payment	
Control Section	r Privacy Act and Paperwork Reduction Act Notice	oo inat	-Ai		Form 00		

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)