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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

À F	or the	2008 calendar year, or tax year beginning MAR 1, 2008 and ending	FEB 28, 2009
B c	heck if	Please C Name of organization	D Employer identification number
a	pplicable	use Irio	
	Addres change	print or THE NEW TORK TIMES NEEDTEST CASES TONE	12 (0((0))
	Name change		13-6066063
	initial return	See Number and street (or P 0 bbx if mail is not delivered to street address) Room/suite	
<u></u>	Termination	Instruction O2U 81H AVENUE	212-556-1092
<u></u>	Amend	City or town, state or country, and zir + 4	G Gross receipts \$ 22,557,598
<u> </u>	Application pending	1011 10111 10 10 10 10 10 10 10 10 10 10	H(a) Is this a group return
	pendin	F Name and address of principal officer: PICHAEL GOLDEN	for affiliates? Yes X N
		SAME AS C ABOVE	H(b) Are all affiliates included? Yes N
		mpt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a list. (see instructions)
		e: ▶ N/A	H(c) Group exemption number
			r of formation: 1941 M State of legal domicile. N
Pa	rt I	Summary	ODICINAMED MO DATCH
9	1 8	Briefly describe the organization's mission or most significant activities: NYTNC WAS	ORIGINATED TO RAISE
ä		FUNDS TO PROVIDE TO INDIVIDUALS AND FAMILIES	
e.		Check this box if the organization discontinued its operations or disposed of more	
ွဲ့		Number of voting members of the governing body (Part VI, line 1a)	3
ಷ		Number of independent voting members of the governing body (Part VI, line 1b)	4
Activities & Governance	ł	Total number of employees (Part V, line 2a)	5
Ĭ.		Total number of volunteers (estimate if necessary)	7a (
Act		Total gross unrelated business revenue from Part VIII, line 12, column (C)	
\rightarrow	<u>b_1</u>	Net unrelated business taxable income from Form 990-T, line 34	
		<u> </u>	Prior Year
9		Contributions and grants (Part VIII, line 1h)	9,422,735. 10,430,83
Revenue		Program service revenue (Part VIII, line 2g)	3,177,744. 2,127,46
§		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	3,177,744. 2,127,40
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,600,479. 12,558,30
-		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,288,398. 14,112,98
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,200,390. 14,112,70
		Benefits paid to or for members (Part IX, column (A), line 4)	
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
i ii		Professional fundraising fees (Part IX, column (A), line 11e)	
훘	ł	Total fundraising expenses (Part IX, column (D), line 25)	76,702. 58,79
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	13,365,100. 14,171,77
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<764,621.> <1,613,47
_ v	19 F	Revenue less expenses. Subtract line 18 from Received	
Net Assets or Fund Balances		1 112	Beginning of Year End of Year 58, 193, 630. 50, 883, 522
Bass	20	Fotal liabilities (Part X, line 16)	7,298,385. 11,234,37
돌림	21	Notal liabilities (Part X, line 26) MAR . 0 & 2010	50,895,245. 39,649,14
쯙	22		30,033,243: 33,043,14
ra	ert II	Signature Block Under penalties of penury I declary that I have examined his setum including accompanying schedules and statements	, and to the best of my knowledge and belief, it is true, correct
	}	Under penalties of penury, I declare that I have training this stum, including accompanying schedules and statements and complete. Declaration of preparer (other training training to a light information of which preparer has any knowledge.	e
٥.	_	Lucka V Sert	1 2/19/10
Sign		Signature of officer	Date
Here	е	RANDALL K. SHORT, ASSISTANT TREASURER	
		Type or print name and title	
		Data C	heck if Preparer's identifying number
Paid		rieparei s	elf- (see instructions)
	arer's	signature	mployed Fine Fine Fine Fine Fine Fine Fine Fine
Use		vours if	EIN ►
	·	self-employed), address, and NEW YORK NY 10036	Dhanna N 212 207 0400
		NEW YORK, NY 10036	Phone no ► 212-297-0400
May	the IR	S discuss this return with the preparer shown above? (see instructions)	X Yes

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		ĺ	
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		<u> X</u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	88		_X_
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16_		_X_
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		_X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		_X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u>X</u>
		Form	990 (2	20081

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
Ь	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-37 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, Parts II, III, IV, and V, line 1	34	X	_
35	is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		_X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Form **990** (2008)

THE NEW YORK TIMES NEEDIEST CASES FUND 13-6066063 Form 990 (2008) Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 0 U.S. Information Returns. 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 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c X 6a Did the organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Х a Did the organization provide goods or services in exchange for any guid pro quo contribution of more than \$75? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make a distribution to a donor, donor advisor, or related person? 9ь 10 Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: N/A 11a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against

Form 990 (2008)

12a

11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

amounts due or received from them.)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the

	mena hevenue odde)		_	
<u>Sec</u>	tion A. Governing Body and Management			
		F	Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.	5		
1a	Lines the name of the lag the line governing and	김		
Ь	Enter the number of voting members that are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		Х	
_	officer, director, trustee, or key employee?	2	^	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	l_		v
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:	_	v	
а	The governing body?	8a	Х	
Ь	Each committee with authority to act on behalf of the governing body?	8b	-	37
9a	Does the organization have local chapters, branches, or affiliates?	9a		<u>X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,		ļ	
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must		١.,	
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or 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 in Schedule O	11	l .	X
<u>Sec</u>	tion B. Policies			
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		.,	
	in Schedule O how this is done .	12c	X	<u> </u>
13	Does the organization have a written whistleblower policy?	13	X	
14	Does 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:		N/	
а	The organization's CEO, Executive Director, or top management official?	15a	N/	<u> </u>
b	Other officers or key employees of the organization?	15b	N/	A
	Describe the process in Schedule O. (see instructions)]	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			.,
	taxable entity during the year?	16a		X
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation		-	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NY, CT, NJ, PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	ind fina	incial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ation.	-	
	MS. KAREN MARCHIONE - 757-628-2044			
	101 WEST MAIN STREET, SUITE 2000, NORTHFOLK, VA 23510			
832000		Form	990	2008)

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 rf additional space is needed.

X Check this box if the organization did not compensate any officer, director, trustee, or key employee.

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

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours	10		Pos		app	dvA	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director		N all		Highest compensated Employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization
		Individual	Institutional frustee	Officer	Key employee	Highest co	Former			and related organizations
LYNN DOLNICK	0.20	,,							0	
DIRECTOR/CHAIR	0.30	X	-	-	┝	├—	-	0.	0.	0.
MICHAEL GOLDEN	0.20	X		X	ļ			0.	0.	0
DIRECTOR/SR. VP JANET ROBINSON	0.30	^	┢	^		 	\vdash	0.	0.	0.
DIRECTOR/EXC. VP	0.30	x		Х				0.	0.	0.
JACK ROSENTHAL	0.30	_		^				0.	0.	
DIRECTOR/PRESIDENT	20.00	X		X		ŀ		0.	0.	0.
DOREEN TOBEN	20.00	<u> </u>	-	^						
DIRECTOR	0.30	X			ļ			0.	0.	0.
R. ANTHONY BENTEN					 					
SR. VICE PRESIDENT	0.30			X				0.	0.	0.
KENNETH RICHIERI				_					-312	
SECRETARY/SR. VP	0.30			X		}	ļ	0.	0.	0.
RANDALL SHORT										
ASST TREASURER	0.30			Х				0.	0.	0.
LAURENA EMHOFF										
TREASURER	0.30			X	<u>L.</u> .			0.	0.	0.
JAMES M. FOLLO	1		l			}				
SR. VP - FINANCE	0.30	ļ		X	_	_		0.	0.	0.
									· · · · · · · · · · · · · · · · · · ·	
				-						
		-			\vdash					· · · · · · · · · · · · · · · · · · ·
										
							-			
	<u> </u>									

Form 990 (2008)

ra	(A)	rustees, Key E (B)	mpi	oyee			Higr	<u>iest</u>	(D)	rees (continued) (E)			(F)	
	Name and title	Average	(C) Position						Reportable	Reportable	e	Es	(F) timate	ed
		hours per	-	hecl	k all	that	app	oly)	compensation from	compensati from relate	on d	an	nount other	of
		week	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-Mi		fr org and	pensa om the anizat d relate anizatie	e Ion ed
-														
								_						
							<u></u>							
1 b	Total	· · · · · · · · ·					▶		0.		0.			0.
2	Total number of individuals (including thos	se in 1a) who re	ceive	ed n	nore	tha	n \$1	00,0	000 in reportable					C
	compensation from the organization												Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for	such individual								-		3		Х
4	For any individual listed on line 1a, is the sand related organizations greater than \$15								•	the organization		4		X
5	Did any person listed on line 1a receive or the organization? If "Yes," complete Schee	-			rom	any	unr	elat	ed organization for servi	ces rendered to		5		Х
Sec	tion B. Independent Contractors	oule o for sacif	DEIS	<u> </u>			-							
1	Complete this table for your five highest countries the organization.	ompensated inc	depe	nde	nt c	ontr	acto	rs tl	hat received more than	\$100,000 of cor	npensa	ition fr	om	
-	(A) Name and business	s address							(B) Description of s	ervices	Cc	C) mpen	-) ısatior	 1
								+						
2	Total number of independent contractors from the organization	(including those	ın 1) wt	ю ге	ceiv	ed r	more	e than \$100,000 in comp	pensation	······································			
											F	orm S	90 (2	(800

Forn	a 9 90	(2008) THE 1	NEW YORK	TIMES NE	EDIEST CAS	ES FUND	13-6066	063 Page 9
	rt V		nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts its	1 (a Federated campaigns	. 1a					
Contributions, gifts, grants and other similar amounts	1	b Membership dues	1b					
ts,	•	c Fundraising events	1c	41 500				
įgį	•	d Related organizations	1d 4	41,500.				
S.E		e Government grants (contribu						
흕	1	f All other contributions, gifts, gran	1 1					
흥히		similar amounts not included abo		9,989,335.				
55		Noncash contributions included in lines	s 1a-1f \$		10 430 935			
- " 		h Total. Add lines 1a-1f		Business Code	10,430,835.	,	•••	
.	ο.	_		Busiliess Code	<u>.</u>			
Program Service Revenue	2 6	ab						
Ser	_	c		· · · · · · · · · · · · · · · · · · ·			.==	-
E a		d						
8		e						
בֿ	1	f All other program service reve	enue					
	9	g Total. Add lines 2a-2f						
	3	investment income (including	ı dıvıdends, ıntere	est, and	1714047			
		other similar amounts)		>	1714247.			1,714,247.
	4	Income from investment of ta	x-exempt bond p	roceeds				
	5	Royalties		F) D			·	
	_		(i) Real	(ii) Personal				
i	6 a							
		b Less: rental expenses						
		c Rental income or (loss) d Net rental income or (loss)	L	>				
		a Gross amount from sales of	(i) Securities	(ii) Other				
	, ,	assets other than inventory	10,412,516.	(ii) Ottioi				
	ŀ	b Less: cost or other basis						
l		and sales expenses	9,999,294.					
		c Gain or (loss)	413222.					
		d Net gain or (loss)		•	413,222.			413,222.
Other Revenue		a Gross income from fundraisin including \$						
eve		contributions reported on line						
Ę.		Part IV, line 18	a					
돭	t	b Less: direct expenses	b					
0	•	c Net income or (loss) from fund	draising events	•				
	9 a	a Gross income from gaming a	ctivities. See					
		Part IV, line 19	а					
		b Less: direct expenses	b	<u> </u>				
		 Net income or (loss) from gan 		<u> </u>				
	10 a	a Gross sales of inventory, less	retums					
ľ	_	and allowances	. а					
ľ		b Less: cost of goods sold	ь					
ŀ		c Net income or (loss) from sale Miscellaneous Revenu		Business Code				
-	44 .			Business Code				
	11 a	a b			·-·			
		c	<u></u>					
		d All other revenue .						
İ	•	e Total. Add lines 11a-11d						
	12	Total Revenue. Add lines 1h, 2g, 3,	4, 5, 6d, 7d, 8c, 9c, 10	c, and 11e	12,558,304.	0.	0.	2,127,469.
83200 02-02	9 -09				_			Form 990 (2008)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 (and 15 the	Do 1	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Beanfills pald to or for members Compensation of unrest database, to disqualified persons (se defined under section 4958(r)(1) and persons described in section 4958(r)(3)(8) Profession described in section 4958(r)(3)(8) Profession described in section 4958(r)(1) and persons and the following control and the following section 4958(r)(1) and persons and the following control and the following and the following section 4958(r) and 4958(r)	1	Grants and other assistance to governments and				
the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 15 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualfied persons (so differed under section 4950(f(1)) and persons described in section 4950(f(3)) and persons described in foreign 4950(f(3)) and persons described i		organizations in the U.S. See Part IV, line 21	13,482,081.	13,482,081.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of trustees of section 4958(c)(3)(8) 7 Other sadares and vages 8 Penson plan contributions (include section 401(k) and secti	2	Grants and other assistance to individuals in				
organizations, and individuals outside the U.S. See Part IV, line 15 and 16 leanefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Cither satisfacts and wages 8 Penson plan contributions (include section 491(k) and persons described in section 4958(c)(3)(8) 9 Cither employee benefits 10 Payroll taxes 11 Feas for services (non-employees): 12 Management 13 Lagal 14 Accounting 15 Lagal 16 Accounting 17 Investment management fees 18 Other employees 19 Cither 20 Cither semplement fees 3, 0.41 3, 0.41 1. 21 Advertising and promotion 21 Advertising and promotion 22 Advertising and promotion 23 Office expenses 3, 0.41 3, 0.41 1. 24 Advertising and promotion 25 Occupancy 26 Occupancy 27 Travel 28 Payments of travel or entertainment expenses for any federal, state, or local public officials 29 Conference, conventions, and meetings 10 Insurance 20 Interest 21 Payments of affiliates 22 Deprociation, depletion, and amortization languages in the properties of the p		the U.S. See Part IV, line 22	630,906.	630,906.		
See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers of disqualified persons (as defined under section 4958(I(1)) and persons described in section 4958(I(1)) and section 405(I) employer contributions) Other employee benefits Payroll taxes Person (as envices (non-employees): Management Legal Cocounting Colbyring Professional fundrasing services See Part IV, line 17 Investment management fees Gother Colbyring Professional fundrasing services See Part IV, line 17 Investment management fees Gother Colbyring Professional fundrasing services See Part IV, line 17 Investment management fees Gother Colopsing Professional fundrasing services See Part IV, line 17 Investment management fees Gother Colopsing Professional fundrasing services See Part IV, line 17 Investment management fees Gother Colopsing Colbyring Professional fundrasing services See Part IV, line 17 Investment management fees Gother Colopsing Colbyring Colopsing Colopsi	3	Grants and other assistance to governments,				
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26 Joint Casts. Check here Inf following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined	_	· · · · · · · · · · · · · · · · · · ·	14,171,777.	14,117,497.	54,280.	0.
SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined			,			
reported in column (B) joint costs from a combined	20					
		educational campaign and fundraising solicitation				

Pan	こへ	Dalance Sheet			
<u> </u>			(A) Beginning of year		(B) End of year
		Out	365,223.	1	7,612,555.
	1	Cash - non-interest-bearing	6,452,272.	2	1,032,636.
	2	Savings and temporary cash investments	120,000.	3	60,000.
	3	Pledges and grants receivable, net	12070001	4	
	4	Accounts receivable, net		-	
	5	Receivables from current and former officers, directors, trustees, key		5	
	_	employees, or other related parties. Complete Part II of Schedule L		3	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		6	
_	_	Part II of Schedule L .	-	7	
Assets	7	Notes and loans receivable, net Inventories for sale or use		8	
Ass	8			9	
1	9	Prepaid expenses and deferred charges Land, buildings, and equipment: cost basis 10a	***************************************		
1	10a		-		
	D	Less: accumulated depreciation. Complete Part VI of Schedule D 10b		10c	
	4.4		36,809,330.	11	33,300,566.
- 1	11	Investments - publicly traded securities Investments - other securities. See Part IV, line 11		12	
- 1	12 13	Investments - program-related. See Part IV, line 11	-	13	*************
- 1	14	Intangible assets		14	
1	15	Other assets. See Part IV, line 11	14,446,805.	15	8,877,765.
1	16	Total assets. Add lines 1 through 15 (must equal line 34)	58,193,630.	16	50,883,522.
-	17	Accounts payable and accrued expenses		17	
1	18	Grants payable	7,298,385.	18	11,234,378.
1	19	Deferred revenue		19	
- 1	20	Tax-exempt bond liabilities		20	
- 1	21	Escrow account liability. Complete Part IV of Schedule D		21	
iĝ.	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II			
ٿ		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
1	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	7,298,385.	26	11,234,378.
		Organizations that follow SFAS 117, check here X and complete			
တ္က		lines 27 through 29, and lines 33 and 34.			
Fund Balance	27	Unrestricted net assets	30,697,074.	27	23,928,292.
ala	28	Temporarily restricted net assets	120,000.	28	60,000.
P	29	Permanently restricted net assets	20,078,171.	29	15,660,852.
됩		Organizations that do not follow SFAS 117, check here and			
<u>ه</u> ا		complete lines 30 through 34.			
Net Assets or	30	Capital stock or trust principal, or current funds .		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et	32	Retained earnings, endowment, accumulated income, or other funds		32	20 640 244
Ž	33	Total net assets or fund balances	50,895,245.	33	39,649,144.
	34	Total liabilities and net assets/fund balances	58,193,630.	34	50,883,522.
Par		l			
	t XI	Financial Statements and Reporting			Yes No
			Other		Yes No
	Acco	ounting method used to prepare the Form 990: Cash X Accrual	Other		
2a	Acco	ounting method used to prepare the Form 990: Cash X Accrual the organization's financial statements compiled or reviewed by an independe	nt accountant?		2a X
2a b	Acco Were	ounting method used to prepare the Form 990: Cash X Accrual to be the organization's financial statements compiled or reviewed by an independent accountant to organization's financial statements audited by an independent accountant	nt accountant?	audit	2a X 2b X
2a b c	Acco Were Were	ounting method used to prepare the Form 990: Cash X Accrual the organization's financial statements compiled or reviewed by an independe the organization's financial statements audited by an independent accountanties to lines 2a or 2b, does the organization have a committee that assumes res	nt accountant? 1? ponsibility for oversight of the	e audit	2a X 2b X
2a b c	Acco Were Were If "Ye	ounting method used to prepare the Form 990: Cash X Accrual the organization's financial statements compiled or reviewed by an independent the organization's financial statements audited by an independent accountant est to lines 2a or 2b, does the organization have a committee that assumes responding to compilation of its financial statements and selection of an independent account and selection of account and selection account and selection account and selection account account and selection account account account and selection account accoun	int accountant? t? ponsibility for oversight of the countant?		2a X 2b X 2c X
2a b c	Acco Were Were If "Ye revie As a	counting method used to prepare the Form 990: Cash X Accrual to the organization's financial statements compiled or reviewed by an independent the organization's financial statements audited by an independent accountanties to lines 2a or 2b, does the organization have a committee that assumes residue, or compilation of its financial statements and selection of an independent accresult of a federal award, was the organization required to undergo an audit or	int accountant? t? ponsibility for oversight of the countant?		2a X 2b X 2c X
2a b c	Acco Were Were If "Ye revie As a Act a	ounting method used to prepare the Form 990: Cash X Accrual the organization's financial statements compiled or reviewed by an independent the organization's financial statements audited by an independent accountant est to lines 2a or 2b, does the organization have a committee that assumes responding to compilation of its financial statements and selection of an independent account and selection of account and selection account and selection account and selection account account and selection account account account and selection account accoun	int accountant? t? ponsibility for oversight of the countant?		2a X 2b X 2c X

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

			Y YORK TIMES						13	3-6066	063	
	 						t.) (see ins	tructions)		.		
Part I The orga 1	nization is not A church, co A school des A hospital or A medical re city, and sta An organizat section 170 A federal, sta An organizat section 170 A community An organizat activities rela income and See section An organizat more publicly describes th a Type By checking	for Public Char a private foundation onvention of churche scribed in section 1 a cooperative hosp search organization te: tion operated for the b(b)(1)(A)(iv). (Complet ition that normally rec ition organized and o ition organized organiz is type of supporting if it b it this box, I certify the	because it is: (Please of es, or association of chur 70(b)(1)(A)(ii). (Attach Sofital service organization operated in conjunction benefit of a college or ulete Part II.) ment or governmental uniceives a substantial part ete Part III.) section 170(b)(1)(A)(vi). Serves: (1) more than 33 inctions - subject to certataxable income (less secte the Part III.) perated exclusively to te perated exclusively for that organization and complete organization and completes.	zations mucheck only or rches described described with a host inversity of the support of the su	ust complete one organic ribed in section in section spital descripted or organic with the section of the secti	te this par zation.) ection 17(b)(1) ribed in second of the perated by on 170(b)(1) government from control of the perated by from 509(a)(2) from 11h. ctionally introndirectly	t.) (see ins D(b)(1)(A)(ii A(A)(iii). (At ection 170 A governation of a governation of	tach Sche (b)(1)(A)(i mental un or from the nembershi 1/3% of its by the orga 4). (see ins or to carr ction 509(i	edule H.) ii). Enter the describe egeneral properties and properties and the properties	d gross reform gross fter June 3 outposes of the box Type III - (cribed in celpts from investment that	om nent
f g	supporting of Since Augus (i) A perso the gov (ii) A family (iii) A 35%	zation received a writer and a	tten determination from this box organization accepted and directly controls, either a supported organization? In described in (i) above? A person described in (i)	the IRS that ny gift or colone or tog or (ii) abov	at it is a Ty ontribution jether with	pe I, Type n from any persons o	II, or Type	e III owing per	sons?	11g(i) 11g(ii)	·	No
	e of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section									
			(see instructions))	Yes	No	Yes	No	Yes	No			
										_		
otal			1									

Schedule A (Form 990 or 990-EZ) 2008

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

Schedule A (Form 990 or 990-EZ) 2008 THE NEW YORK TIMES NEEDIEST CASES FUND 13-6066063 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) **(b)** 2005 (c) 2006(a) 2004 1 Gifts, grants, contributions, and membership fees received. (Do not 47,912,123. 9,422,735 10,430,835. 8,386,686 include any "unusual grants.") 12,389,734 7,282,133. 2 Tax revenues levied for the organization'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 47,912,123. 10,430,835. 12,389,734 7,282,133. 8,386,686 9,422,735. 4 Total, Add lines 1 · 3 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) 4,500,322. 43,411,801. 6 Public Support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 10,430,835 8,386,686 9,422,735 47,912,123. 12,389,734 7,282,133, 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties 2,141,093. 1,683,910, 1,990,419 1,714,247 8,680,841. and income from similar sources 1,151,172, 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 IV.) 56,592,964. 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 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) organization, check this box and stop here Section C. Computation of Public Support Percentage 76.71 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 87.60 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2008

	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and	(4) 2004	10) 2005	10, 2000	(0) 2001	(6) 2000	(i) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						,
_	·						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities		1			İ	
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 · 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			L			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b						
_8	Public support (Subtract line 7c from line 6)			-			
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from businesses		1			1	
	acquired after June 30, 1975						
	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 IV.)						
	Total support (Add lines 9, 10c, 11, and 12)		1.	<u> </u>			
14	First five years. If the Form 990 is for	the organization	's first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here				<u></u> .		▶□
Sec	tion C. Computation of Publ	c Support Pe	ercentage				
15	Public support percentage for 2008 (i	ine 8, column (f) o	divided by line 13, o	olumn (f))		15	
	Public support percentage from 2007		•			16	
	tion D. Computation of Inves						
	Investment income percentage for 20			e 13 column (fi)		17	
	Investment income percentage from 2			10,00,011111 (1)	••	18	
				n line 14 and line	15 is more than		7 is not
	33 1/3% support tests - 2008. If the	_					JOHEN T
	more than 33 1/3%, check this box as	<u>-</u>	=	, -			-
	33 1/3% support tests - 2007. If the	organization did i	not check a box on	ime 14 or line 19a	, ano line 16 is m	บาย เกลก 33 1/3%, a	u i O
b	, -	•					
b	line 18 is not more than 33 1/3%, che Private foundation. If the organizatio	ck this box and s	t op here. The orga	•		=	. •

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008 Open to Public Inspection

Name of the organization

THE NEW YORK TIMES NEEDIEST CASES FUND

Employer identification number 13-6066063

Pa	rt 1 Organizations Maintaining Donor Advise		s or Accounts. Complete if the
<u> </u>	organization answered "Yes" to Form 990, Part IV, line		•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in the	writing that the assets held in donor advi	sed funds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
U	for charitable purposes and not for the benefit of the donor of		
Pa			
1	Purpose(s) of conservation easements held by the organization		i divity into 7.
•			storically important land area
	Preservation of land for public use (e.g., recreation or p		fied historic structure
			ned historic structure
•	Preservation of open space	anisting and the literature of a second	annuation annuant on the last day.
2	Complete lines 2a-2d if the organization held a qualified cons	ervation contribution in the form of a cor	iservation easement on the last day
	of the tax year.		Held at the End of the Year
	Takal assarbas of assarbables assarbable		
a	Total number of conservation easements		2a
Ь	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stri	• •	2c 2d
q	Number of conservation easements included in (c) acquired a		L
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	e organization during the taxable
4	year >	nament is legated	
4	Number of states where property subject to conservation eas		and
5	Does the organization have a written policy regarding the per	lodic monitoring, inspection, violations, a	Yes No
_	enforcement of the conservation easements it holds?		 ··· ·
6	Staff or volunteer hours devoted to monitoring, inspecting, ar	_	
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
Day	conservation easements. ↑ III Organizations Maintaining Collections of	Art Historical Treasures or C	ther Similar Assets
Fall	Complete if the organization answered "Yes" to Form		ther Sillinai Assets.
	Complete if the diganization answered Tes to Form	550, 1 at 14, iii 6 5.	· · · · · · · · · · · · · · · · · · ·
4	If the organization elected, as permitted under SFAS 116, not	t to report in its revenue statement and h	colonge phast works of ort. historical
ıa			
	treasures, or other similar assets held for public exhibition, ed	•	oblic service, provide, in Part Aiv, the text of
	the footnote to its financial statements that describes these i		
ь	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, or	r research in furtherance of public servic	e, provide the following amounts relating to
	these items:		. .
	(i) Revenues included in 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 treat		al gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		> \$

832051 12-23-08 Schedule D (Form 990) 2008

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

Part VI	Investments - Other Securities.	See Form 990, Part X, line 12.		
	(a) Description of security or category (including name of security)	(b) Book value	• •	of valuation: year market value
Financial of	derivatives and other financial products			
	ld equity interests			
Other				
				<u> </u>
		 		
				
		 		
				
				
Total /Cal	(h) should soupl Form 000. Part V. col (P) line 12.)		······································	
Part VI	(b) should equal Form 990, Part X, col (B) line 12) Investments - Program Related.	See Form 990 Part X line 13		
I CHE WE		1	(c) Method	of valuation:
	(a) Description of investment type	(b) Book value		year market value
			······································	
	(b) should equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X, li			(b) Book value
DEMER		a) Description		8,242,793.
BENEF	<u>ICIAL INTEREST IN PERPE</u> SE REIMBURSEMENT FROM N			393,126.
	SE REIMBURSEMENT FROM N EST RECEIVABLE	I TIMES INC	<u> </u>	241,846.
THIER	EST RECEIVABLE			241/010
· 				
				
Total. (Co	lumn (b) should equal Form 990, Part X, col (B) line 15)		▶ 8,877,765.
Part X	Other Liabilities. See Form 990, Part	X, line 25.		<u> </u>
	(a) Description of liability	(b)	Amount	
Federal inc	come taxes			
T A-1 (**	() - () -) (top 05)		
i otal. (Co	lumn (b) should equal Form 990, Part X, col (B	ine 25)	L	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 832053 12-23-08

Sch	dule D (Form 990) 2008 THE NEW YORK TIMES NEEDIEST	CAS	SES FU	JND	13-	6066063	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to	Finan	cial Stat	ements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		12,558	,304.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		14,171,	,777.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		<1,613	,473.
4	Net unrealized gains (losses) on investments			4		<5,127	<u>,473.</u>
5	Donated services and use of facilities			5			
6	Investment expenses .			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV)		•	8		<4,505,	
9	Total adjustments (net). Add lines 4-8			9		<9,632,	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		5	10		<11,246,	<u>,101.</u>
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	nts Wi	ith Keve	nue per F	<u> {etur</u>		000
1	Total revenue, gains, and other support per audited financial statements				1	3,202,	,083.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 _ 1	√ 5 12	7 472			
a	Net unrealized gains on investments	2a	73,12	7,473. 6,407.			
ь	Donated services and use of facilities	2b	21	0,407.	4		
c	Recoveries of prior year grants	2c	<1 50	5,155.			
d	Other (Describe in Part XIV)	2d	<u> </u>	, 133 .	1	-0 256	221
_	Add lines 2a through 2d	-	•	•	2e	<9,356, 12,558,	
3	Subtract line 2e from line 1				3	12,330,	, 304.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	 -		-		
b	Other (Describe in Part XIV)	4b	-				0.
C E	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)				4c	12,558,	
5 ₽aı	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expe	nses ner			, 304.
1	Total expenses and losses per audited financial statements	,,,,,,	THIT EXPO	mood per	1	14,448,	184.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				·		
a	Donated services and use of facilities	2a	27	6,407.			
b	Prior year adjustments	2b		· · · · · · · · · · · · · · · · · · ·	1		
C	Losses reported on Form 990, Part IX, line 25	2c			1		
d	Other (Describe in Part XIV)	2d			1		
е	Add lines 2a through 2d				2e	276,	407.
3	Subtract line 2e from line 1				3	14,171,	
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	4a					
b	Other (Describe in Part XIV)	4b]		
c	Add lines 4a and 4b			•	4c		0.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	· · · · · ·			5	14,171,	777.
Par	t XIV Supplemental Information						
Com	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	, lines 1a	a and 4; Pa	art IV, lines 1	b and	2b; Part V, line	4; Part
	rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.						
PAF	TT V, LINE 4: INVESTMENT INCOME FROM ENDOWM	ENT	FUNDS	IS US	ED	BY THE	
000	THE DESCRIPTION OF THE PROPERTY AND ADDRESS OF THE PROPERTY OF	WODE	, a.m.,				
ORG	SANIZATION TO FUND VARIOUS AGENCIES IN NEW	YORK	CITY	•		 -	
							
PAR	T XI, LINE 8, AND PART XII, LINE 2D: \$-4,5	05.1	55 RE	PRESEN	тs	A DECREA	SE
	112					II DEGREE	
IN	VALUE OF BENEFICIAL INTEREST IN PERPETUAL	TRUS	STS.				
					-		
						_	_
							
					C-L-	tula D /Farm Of	2000 /00

CHEDULE 1		,					OMB No 1545-0047	_
orm 990)		Grants and Governn	Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	to Organizations uals in the U.S.			2008	·
epartment of the Treasury	▼ Comp	▶ Complete if the organization	n answered "Yes,	" on Form 990, Pa	ganization answered "Yes," on Form 990, Part IV, lines 21 or 22.		Open to Public	^
temai Revenue Service			► Attach to Form 990.	n 990.			Inspection	٠
lame of the organization THE NEW Y	YORK TIMES	NEEDIEST	CASES FUND				Employer identification number $13-6066063$	ber 33
Part! General Information on Grants and Assistance	ind Assistance							
1 Does the organization maintain records to substantiate the amount of	to substantiate th		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
criteria used to award the grants or assistance?	stance?	to con out out one	soft of the state	**************************************			X Yes	ž
Part I Mile organization is procedures for monitoring the use of grant formed states. Part II Grants and Other Assistance to Governments and Organizations in the United States Complete if the proportion answered "Ves" on Form 900 Dart IV line 21 for any	Governments an	d Organizations in the	United States C.	omplete if the ords	V" berewede doltezio	'es" on Form 990 Part	W line 21 for any	
י	\$5,000. Check thi	s box if no one recipien	t received more th	an \$5,000 Use Pa	rt IV and Schedule I-	es oli i Oliii 990, Fait 1 (Form 990) if addition	al space is needed	
t (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ROOKLYN BUREAU OF COMMUNITY							PROVIDING FINANCIAL	
BRVICE - 285 SCHEMERHORN STREET -							ASSISTANCE TO FAMILIES OR	, OR
ROOKLYN, NY 11217	11-1630780	501(C)(3)	780,350.	0			INDIVIDUALS IN NEED.	
~							PROVIDING FINANCIAL	
OF NEW YORK				•			ASSISTANCE TO FAMILIES	o K
TUKK, NI	#0770CC-CT	201(5)	, 40, 760				INDIVIDUALS IN NEED.	
ATHOLIC CHARITIES, DIOCESE OF ROOKLYN AND QUEENS - 191							PROVIDING FINANCIAL	
ORALEMON STREET - BROOKLYN, NY	_					-	ASSISTANCE TO FAMILIES OR	, OR
1201	11-1633548	501(C)(3)	568,979.	0			INDIVIDUALS IN NEED.	
IIY HARVEST							NEEDIEST SPECIAL FUND	
75 8TH AVENUE, 4TH FLOOR							EMERGENCY SAFETY NET	
IEW YORK, NY 10018	13-3170676	501(C)(3)	300,000.	0.			INITIATIVE.	
I TYMEALS - ON - WHEELS							NEEDIEST SPECIAL FUND	
155 LEXINGTON AVENUE							EMERGENCY SAFETY NET	
IEW YORK, NY 10017	13-3634381	501(C)(3)	100,000.	0			INITIATIVE.	
OMMINITY SERVICE SOCIETY OF NEW							PROVIDING PINANCIAL	
ORK - 105 EAST 22ND STREET - NEW							ASSISTANCE TO FAMILIES	S OR
ORK, NY 10010	13-5562202	501(C)(3)	1,075,642.	0.			INDIVIDUALS IN NEED.	
2 Enter total number of section 501(c)(3) and government organizations	and government o	rganizations	,				•	21.
3 Enter total number of other organizations	SI		•				A	0
HA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice	see the Instructions	for Form 990.				Schedule (Form 990) 2008	2008

Schedule I (Form 990) 2008 (f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. WHICH LEGAL SERVICES NYC AND THE LEGAL AID SOCIETY WILL OPERATE JOINTLY. AND 2: ALL PRINCIPAL GRANT RECIPIENTS PERIODICALLY SAFETY NET INITIATIVE. NYC ECONOMIC CRISIS LEGAL ASSISTANCE PROJECT, OF GRANT OR ASSISTANCE: NEEDIEST SPECIAL FUND EMERGENCY REPORT TO THE NEEDIEST CASES FUND REGARDING USE OF THE GRANT FUNDS, SCHOLARSHIP RECIPIENTS ARE REQUIRED TO PROVIDE SCHOOL TRANSCRIPTS. (d) Amount of non-cash assistance ORGANIZATION OR GOVERNMENT: LEGAL SERVICES NYC 570,906. 000 09 (c) Amount of cash grant 20 92 (b) Number of recipients COLUMN (H): (a) Type of grant or assistance LINE PART I, LINE (H) PURPOSE ĭ TEACHER AWARDS SCHEDULE SCHOLARSHIPS NAME OF PART II, 832102 12-18-08

Page 2

13-6066063

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

Use Schedule I-1 (Form 990) if additional space is needed.

Schedule I (Form 990) 2008

Part III

THE NEW YORK TIMES NEEDIEST CASES FUND

Department of the Treasury Intemal Revenue Service SCHEDULE 1-1 (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

Open to Public OMB No 1545-0047 Inspection

ASSISTANCE TO FAMILIES OR CAMPAIGN - THE FUNDS WILL MINSURED RESPONDERS WHO INITIATIVE, NYC ECONOMIC CRISIS LEGAL ASSISTANCE 9/11 NEEDIEST MEDICAL NEEDIEST SPECIAL FUND NEEDIEST SPECIAL FUND NEEDIEST SPECIAL FUND NEEDIEST SPECIAL FUND NEEDIEST SPECIAL FUND NEEDIEST SPECIAL FUND EMERGENCY SAFETY NET EMERGENCY SAFETY NET EMERGENCY SAFETY NET EMERGENCY SAFETY NET EMERGENCY SAFETY NET (h) Purpose of grant or assistance EMERGENCY SAFETY NET INDIVIDUALS IN NEED. PROVIDING FINANCIAL Employer identification number 13-6066063 R USED TO TREAT INITIATIVE. INITIATIVE. INITIATIVE INITIATIVE INITIATIVE (g) Description of non-cash assistance (book, FMV, appraisal, other) (f) Method of Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II) valuation ö ö ö Ö Ö 0 Ö (e) Amount of non-cash assistance THE NEW YORK TIMES NEEDIEST CASES FUND 1,019,835. 100,000 20,000 30,000 250,000 867,655 400,000 (d) Amount of cash grant 10,000 (c) IRC Code section if applicable 501(C)(3) 13-2600199 501(C)(3) 501(C)(3) 501(C)(3) 13-2946970 | 501(C)(3) 501(C)(3) 13-5562220 |501(C)(3) 501(C)(3) 13-3179546 22-2470885 13-1656612 13-3916182 13-3234451 (b) EIN PEDERATION OF PROTESTANT WELFARE AGENCIES, INC. - 281 PARK AVENUE 2 LAFAYETTE STREET, 3RD FLOOR CORNWALL ON HUDSON, NY 12520 (a) Name and address of organization or government FOOD BANK FOR NEW YORK CITY SOUTH - NEW YORK, NY 10010 FOOD BANK OF HUDSON VALLEY ONE GUSTAVE L. LEVY PLACE 39 BROADWAY, 10TH FLOOR 350 BROADWAY, 6TH FLOOR CROSSROADS FOOD PANTRY 329 WEST 42ND STREET MOUNT SINAI HOSPITAL PROJECT HOSPITALITY Name of the organization NEW YORK, NY 10036 LEGAL SERVICES NYC NEW YORK, NY 10029 NEW YORK, NY 10006 NEW YORK, NY 10013 NEW YORK, NY 10302 NEW YORK, NY 10007 195 HUDSON STREET 100 PARK AVE SAFE HORIZON Part

² Enter total number of Section 501(c)(3) and government organizations

³ Enter total number of other organizations

SCHEDULE 1-1 (Form 990)
Department of the Tressury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008
Open to Public
Inspection

Chen to P Inspect Coper to P Inspect Employer identification number

13-6066063 THE NEW YORK TIMES NEEDIEST CASES FUND Name of the organization

ASSISTANCE TO FAMILIES OR ASSISTANCE TO FAMILIES OR INITIATIVE, NYC ECONOMIC CRISIS LEGAL ASSISTANCE CAREGIVERS OF VERTERANS INITIATIVE, SUPPORT TO NEEDIEST SPECIAL FUND NEEDIEST SPECIAL FUND NEEDIEST SPECIAL FUND NEEDIEST SPECIAL FUND EMERGENCY SAFETY NET EMERGENCY SAFETY NET (h) Purpose of grant or assistance EMERGENCY SAFETY NET EMERGENCY SAFETY NET INDIVIDUALS IN NEED. INDIVIDUALS IN NEED. PROVIDING FINANCIAL PROVIDING FINANCIAL CONNECTION PROGRAM. SUMMER JOB/CITY NITIATIVE. INITIATIVE. (g) Description of non-cash assistance appraisal, other) (f) Method of valuation (book, FMV, Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) ö ö ö °. ö 0 ö (e) Amount of non-cash assistance 250,000. 3,500,000 1,572,770 30 000 1,479,203, 10,000 (d) Amount of cash grant 220,000 (c) IRC Code section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 13-4004600 13-3507988 13-5562265 13-4077996 13-5562191 51-0172429 13-3193119 (p) EIN CENTERS - 144 WEST 12TH STREET SAINT VINCENT CATHOLIC MEDICAL THE FOOD BANK FOR WESTCHESTER THE AFTER-SCHOOL CORPORATION UJA - FEDERATION OF NEW YORK (a) Name and address of organization or government 1440 BROADWAY - 16TH FLOOR THE CHILDREN'S AID SOCIETY 1406 WALL STREET STATION 358 SAW MILL RIVER ROAD SANCTUARY FOR FAMILIES THE LEGAL AID SOCIETY 130 EAST 59TH STREET 105 EAST 22ND STREET NEW YORK, NY 10268 NEW YORK, NY 10018 NEW YORK, NY 10010 MILLWOOD, NY 10546 NEW YORK, NY 10038 NEW YORK, NY 10022 NEW YORK, NY 10011 199 WATER STREET Parti

² Enter total number of Section 501(c)(3) and government organizations

Enter total number of other organizations

Schedule I (Form 990) 2008 THE NEW YORK TIMES NEEDIEST CASES FUND 13-6066063 Page 2 Part IV Supplemental Information
THIS GRANT IS TO HELP DEPLOY ADDITIONAL PARALEGALS WHO, WORKING UNDER
ATTORNEY SUPERVISION, CAN HELP ADDITIONAL NEW YORKERS.
NAME OF ORGANIZATION OR GOVERNMENT: MOUNT SINAI HOSPITAL
(H) PURPOSE OF GRANT OR ASSISTANCE: 9/11 NEEDIEST MEDICAL CAMPAIGN - THE
FUNDS WILL BE USED TO TREAT UNINSURED RESPONDERS WHO PERFORMED SEPT. 11
RESCUE, RECOVERY AND CLEANUP WORK.
NAME OF ORGANIZATION OR GOVERNMENT:
SAINT VINCENT CATHOLIC MEDICAL CENTERS
(H) PURPOSE OF GRANT OR ASSISTANCE: NEEDIEST SPECIAL FUND EMERGENCY
SAFETY NET INITIATIVE. SUPPORT TO CAREGIVERS OF VERTERANS SUFFERING FROM
TBI (TRAUMATIC BRAIN INJURY).
NAME OF ORGANIZATION OR GOVERNMENT: THE LEGAL AID SOCIETY
(H) PURPOSE OF GRANT OR ASSISTANCE: NEEDIEST SPECIAL FUND EMERGENCY
SAFETY NET INITIATIVE. NYC ECONOMIC CRISIS LEGAL ASSISTANCE PROJECT,
WHICH THE SOCIETY AND LEGAL SERVICES NYC WILL OPERATE JOINTLY. THIS GRANT
IS TO HELP DEPLOY ADDITIONAL PARALEGALS WHO, WORKING UNDER ATTORNEY
SUPERVISION, CAN HELP ADDITIONAL NEW YORKERS.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

Name of the organization

. . . .

THE NEW YORK TIMES NEEDIEST CASES FUND

Employer identification number 13-6066063

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FUNDING. THOSE NON-PROFIT ORGANIZATIONS AND THEIR EXEMPT PURPOSES ARE
LISTED ON PAGE 2, PART III, LINE 4 (ITEMS A - D) AS PART OF THE
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
COMMUNITY SERVICE SOCIETY OF NEW YORK:
PROVIDES ASSISTANCE AND SOCIAL SERVICES TO THE NEEDY IN NYC.
EXPENSES \$ 1075642. INCLUDING GRANTS OF \$ 1075642. REVENUE \$ 0.
BELOW ARE LISTED PARTICIPATING SOCIAL WELFARE AGENCIES THAT SERVE
PEOPLE OF ALL AGES AND BACKGROUND IN EVERY BOROUGH:
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF NY - \$897,647
CATHOLIC CHARITIES, DIOCESE OF BROOKLYN & QUEENS - \$568,979
FEDERATION OF PROTESTANT WELFARE AGENCIES - \$867,655
BROOKLYN BUREAU OF COMMUNITY SERVICE - \$780,350
EDUCATION: SCHOLARSHIPS - \$630,906
9/11 NEEDIEST MEDICAL CAMPAIGN - THE NEW YORK TIMES NEEDIEST CASES FUND
HAS LAUNCHED THIS SPECIAL CAMPAIGN TO TREAT UNINSURED RESPONDERS WHO
PERFORMED SEPTEMBER 11 RESCUE, RECOVERY AND CLEANUP WORK \$1,019,835
SPECIAL FUND EMERGENCY SAFETY NET INITIATIVE - \$1,720,000

GRANT EXPENSES - 4,510

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 832211 12-18-08

Schedule O (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

THE NEW YORK TIMES NEEDIEST CASES FUND	13-6066063
EXPENSES \$ 6489882. INCLUDING GRANTS OF \$ 6485371. RE	VENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 2: THE CHAIRMAN OF THE	BOARD OF
DIRECTORS, LYNN G. DOLNICK, IS A SIBLING OF MICHAEL GOLDE	N, A DIRECTOR AND
A SENIOR VICE PRESIDENT.	
L. DOLNICK, M. GOLDEN, J. ROBINSON, D. TOBEN, R. BENTEN,	K. RICHIERI, L.
EMHOFF, J. FOLLO ARE OFFICERS AND DIRECTORS OF THE NEW YO	RK TIMES COMPANY,
WHICH EMPLOYS R. SHORT. THEREFORE, THEY HAVE A BUSINESS	RELATIONSHIP.
FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMI	TTEES OF THE
ORGANIZATION'S BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION A, LINE 10: J. H. COHN LLP PRE	PARES THE TAX
RETURN BASED ON AUDITED FINANCIAL STATEMENTS AND INFORMAT	ION PROVIDED FROM
MANAGEMENT. THE RETURN IS THEN REVIEWED BY AN INDEPENDENT	ATTORNEY AND AN
OFFICER. AFTER SUCH REVIEW THE RETURN IS PROVIDED TO THE	BOARD.
FORM 990, PART VI, SECTION B, LINE 12C: THE NEW YORK TIME	S NEEDIEST CASES'
CONFLICTS POLICY IS DISTRIBUTED TO OFFICERS AND DIRECTORS	ANNUALLY ALONG
WITH A QUESTIONNAIRE THAT ASKS OFFICERS AND DIRECTORS TO	DISCLOSE
INFORMATION REGARDING ACTUAL OR POTENTIAL CONFLICTS. THE	SE QUESTIONNAIRES
ARE COLLECTED AND REVIEWED ANNUALLY TO ENSURE COMPLIANCE	WITH THE CONFLICTS
POLICY. THE POLICY ITSELF ALSO REQUIRES ANY DIRECTOR OR	OFFICER TO
DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICT. INTERESTED DI	RECTORS AND
OFFICERS ARE DISCULLIFIED FROM PARTICIPATING IN DECISIONS	CONCERNING ANY

832211 12-18-08

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

Schedule O (Form 990) 2008

SCHEDULE O (Form 990)

. . .

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

1 4 1 4

Name of the organization THE NEW YORK TIMES NEEDIEST CASES FUND	Employer identification number 13-6066063
TRANSACTIONS IN WHICH THEY HAVE AN INTEREST.	
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQ	UEST
FORM 990, PART VI, LINE 15A & B:	
THE ORGANIZATION DOES NOT HAVE EMPLOYEES OF ITS OWN AND D	OOES NOT
COMPENSATE ITS OFFICERS AND DIRECTORS.	
·	
	
	
	-

SCHEDULE R

OMB No 1545-0047 Open to Public Inspection

Schedule R (Form 990) 2008 Employer identification number 13-6066063 Direct controlling Direct controlling entity entity Ē 4 / Z Public charity status (if section End-of-year assets Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. 501(c)(3)) Œ Œ 7 **Exempt Code** Total Income section 501(C)(3) <u>e</u> 9 Related Organizations and Unrelated Partnerships Legal domicile (state or Legal domicile (state or foreign country) foreign country) <u>©</u> ▶ See separate instructions. DELAWARE THE NEW YORK TIMES NEEDIEST CASES FUND LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Primary activity Primary activity <u>@</u> NOT-FOR-PROFIT Identification of Related Tax-Exempt Organizations 13-6066955, 620 8TH AVENUE, NEW YORK, NY THE NEW YORK TIMES COMPANY FOUNDATION Identification of Disregarded Entities Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service (Form 990) Part II Part 10018

Page 2

Schedule R (Form 990) 2008 THE NEW YORK TIMES NEEDIEST CASES FUND

Part III Identification of Related Organizations Taxable as a Partnership

Name, address, and EIN Prma of related organization	Primary activity	ollolar of least						=	2
		(state or foreign country)	entity	redominant income (related, investment, unrelated)	Share of total Income	Share of end-of-year assets	Disproportionate altocations?	Disproportion- ate allocations? Code V-UBI amount in box n and allocations? 20 of Schedule A-1 (Form 1065)	General or managing partner?
	-								
		_		•					
									<u> </u>
								•	
									_
	-	-							
!									
								i	-
								-	-
			•						
									<u>.</u>

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A)	(B)	0	(Q)	(E)	(4)	(5)	£
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Shar II	Share of end-of-year assets	Percentage ownership
THE NEW YORK TIMES COMPANY - 13-1102020							
620 8TH AVENUE							
NEW YORK, NY 10018	PUBLISHING	DE	N/A	C CORP	N/A	N/A	N/A
					-		
832162 12-23-08	30	C				Schedule R (Form 990) 2008	m 990) 2008

THE NEW YORK TIMES NEEDIEST CASES FUND Schedule R (Form 990) 2008

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a X
b Gift, grant, or capital contribution to other organization(s)		tb X
c Gift, grant, or capital contribution from other organization(s)		1c X
d Loans or loan guarantees to or for other organization(s)		X bt
e Loans or loan guarantees by other organization(s)		at ×
f Sale of assets to other organization(s)		1t
g Purchase of assets from other organization(s)		1g X
h Exchange of assets	:	1h X
i Lease of facilities, equipment, or other assets to other organization(s)		1i X
j Lease of facilities, equipment, or other assets from other organization(s)		1 _i
		1k X
I Performance of services or membership or fundraising solicitations by other organization(s)	•	11 X
m Sharing of facilities, equipment, mailing lists, or other assets .		1m X
n Sharing of paid employees		1n X
 Neimbursement paid to other organization for expenses 	•	۷ 0L
p Reimbursement paid by other organization for expenses		1p X
 q Other transfer of cash or property to other organization(s) r Other transfer of cash or property from other organization(s) 		19 x
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ansaction thresholds.	
	ą	Q
Name of other organization(s)	Transaction type (a-r)	Amount involved
(1)	, wheelf	
(3)		
(4)		
(5)		
(0) 8723167 12-22-08	Sched	Schedule R (Form 990) 2008
	i : : •	

Page 4

Schedule R (Form 990) 2008 THE NEW YORK TIMES NEEDIEST CASES FUND

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	sion for certain investment partners	ships.					
(A)	(8)	0	<u>e</u>	Œ	Œ	(5)	Œ
Name, address, and EIN of entity	Primary activity	eg ge	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate allocations?	Code V-UBI amount in box 20	General or managing partner?
		country)	Yes No		Yes No	(Form 1065)	
			-				
							+
							-
							_
					-		

Schedule R (Form 990) 2008

Form 8868 (Rev. April 2009) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

-	 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.						
Do n	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously to	iled Fo	orm 8868.				
Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed).						
A cor Part I	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and cor only	nplete	▶□				
	ner corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a income tax returns.	n exter	nsion of time				
noted (not a you n	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensi below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron utomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consts submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic films.gov/efile and click on e-file for Charities & Nonprofits.	ically i	f (1) you want the additional ated Form 990-T. Instead,				
Type print	or Name of Exempt Organization	Emp	loyer identification number				
P	THE NEW YORK TIMES NEEDIEST CASES FUND	1	3-6066063				
File by the due date for fling your return See Instructions Number, street, and room or suite no. If a P.O. box, see Instructions. 620 8TH AVENUE City, town or post office, state, and ZIP code. For a foreign address, see Instructions. NEW YORK, NY 10018							
							Check type of return to be filed (file a separate application for each return):
X Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870							
	MS. KAREN MARCHIONE books are in the care of 101 WEST MAIN STREET, SUITE 2000 - NORT		LK, VA 23510				
	ephone No. ► 757-628-2044 FAX No. ► 757-628-2007						
	he organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If it is for part of the group, check this box and attach a list with the names and EINs of all	is is fo					
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto OCTOBER 15, 2009, to file the exempt organization return for the organization named a		The extension				
	is for the organization's return for: ▶ calendar year or ▶ X tax year beginning MAR 1, 2008 , and ending FEB 28, 2009						
	If this tax year is for less than 12 months, check reason: Initial return Final return		— · Change in accounting period				
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
	nonrefundable credits. See instructions.	3a_	\$				
	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made, include any prior year overpayment allowed as a credit.	3ь	 s				
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	3.5					
	See Instructions.	3с	\$ N/A				
Cauti	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-	EO for payment instructions.				

LHA

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

Form	3868'(Rev 4-2009)				Page 2
• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and ch	eck this bo	x		ightharpoons
Note.	Only complete Part II if you have already been granted an automatic 3-month extension on a previous			868.	
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).					
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).					
Туре	or Name of Exempt Organization			oyer identificat	tion number
print	THE NEW YORK TIMES NEEDIEST CASES FUND		1	<u>3–606606</u>	3
File by extends due dat filing the	Number, street, and from or suite no. If a P.O. box, see instructions.	For IRS use only			
return :	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.			,	
Check type of return to be filed (File a separate application for each return): X Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870 Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069					
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.					
MS. KAREN MARCHIONE • The books are in the care of 101 WEST MAIN STREET, SUITE 2000 - NORTHFOLK, VA 23510					
Telephone No. ► 757-628-2044 FAX No. ► 757-628-2007					
• If the organization does not have an office or place of business in the United States, check this box					
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this					
box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. 4 I request an additional 3-month extension of time until JANUARY 15, 2010.					
4 5		and ending FEB 28, 2009 .			
6	· · · · · · · · · · · · · · · · · · ·	al return Change in accounting period			
7	state in detail why you need the extension				
	ADDITIONAL INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE				
	RETURN HAS YET NOT BEEN RECEIVED BY THE TAXPAYER.		$\overline{}$		
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less an nonrefundable credits. See instructions.	ıy	8a	\$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estirm	nated	7 7		
_	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid				
	previously with Form 8868.			\$	
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, de				27 / 2
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See in	structions.	8c	\$	N/A
Signature and Verification					
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that can authorized to prepare this form					
Signat	ure Title Title Court		Date		7
	() /			Form 886	8 (Rev. 4-2009)