

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ST JOHN'S UNIVERSITY Marillac 308 8000 Utopia Pkwy Jamaica, NY 11439	11-1630830	501(C)(3)	25,000				In memory
ST JUDE CHILDREN'S14 Penn Plaza 1615 New York, NY 10122	62-0646012	501(C)(3)	10,000				General support

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SUSSMAN FAMILY FUND633 Third Ave 28th Fl New York, NY 10017	76-0569093	501(C)(3)	25,000				General support
THE ALS ASSOCIATION42 Broadway New York, NY 10004	26-0877270	501(C)(3)	11,000				General support

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THE AMERICAN RED CROSSNational Headquarters Washington, DC 20013	53-0196605	501(C)(3)	362,500				General support
THE BOOMER ESIASON FOUNDATION483 10th Ave 300 New York, NY 10018	11-3142753	501(C)(3)	27,727				General support

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THE BRONX CENTER FOR SCIENCE1363 Fulton Ave Bronx, NY 10456	13-6400434	501(C)(3)	10,000				General support
THE CHILDREN'S HEALTH FUN215 West 125th St 301 New York, NY 10027	13-3468427	501(C)(3)	20,000				General support

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THE JORGE POSADA FOUNDATION123 SE 3rd Ave Miami,FL 33131	13-1740431	501(C)(3)	25,000				General support
THE METROPOLITAN MUSEUM1000 Fifth Avenue New York,NY 10028	13-1624086	501(C)(3)	20,000				General support

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THE NEW YORK PUBLIC LIBRARY 5th 42nd Streets New York, NY 10018	13-1887440	501(C)(3)	50,000				General support
THE SALVATION ARMYWorld Service Office baltimore, NY 212630728	13-5562351	501(C)(3)	372,500				General support

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THE YOGI BERRA MUSEUM8 Quarry Road Little Falls, NJ 07424	22-3548871	501(C)(3)	25,000				General support
TOURETTE SYNDROME ASSOCIATION50 Division St 205 Sommerville, NJ 08876	52-1624871	501(C)(3)	27,727				General support

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TUESDAY'S CHILDREN390 Plandome Road 217 Manhasset, NJ 11030	52-2347446	501(C)(3)	10,000				General support
TURN 2 FOUNDATION INC 215 Park Ave South New York, NY 10003	13-3079387	501(C)(3)	50,000				General support

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UJA FEDERATION OF NEW YORK130 E 59th St New York, NY 10022	11-7079092	501(C)(3)	35,000				General support
UNITED CEREBRAL PALSY80 Maiden Lane New York, NY 10038	13-5654532	501(C)(3)	6,000				General support

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UNITED NEGRO COLLEGE FUND8260 Willow Oaks Corp Dr Fairfax, VA 22031	27-0670928	501(C)(3)	10,000				General support
UNITY NEIGHBORHOOD CENTER821-7 East 233rd Street Bronx, NY 10466	13-4085654	501(C)(3)	10,000				General support

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UPCI160 Delaware Ave Buffalo, NY 14202	23-2919472	501(C)(3)	6,000				General support
USO OF METROPOLITAN NEW YORK625 8th Ave New York, NY 10018	13-2500122	501(C)(3)	35,000				General support

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WHEDCo50 E 168th St Bronx, NY 10452	11-3099604	501(C)(3)	7,500				General support
WHEELCHAIR SPORTS FEDERATION6454 82nd Street Middle Village, NY 11379	26-0601491	501(C)(3)	27,000				General support

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WISH UPON A HERO 1640 Nixon Dr 336 Moorestown,NJ 08057	22-3976768	501(C)(3)	10,000				General support
WOUNDED WARRIOR FOUNDATION 370 7th Ave Suite 1802 New York, NY 10001	20-2370934	501(C)(3)	50,000				General support

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 to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
NEW YORK YANKEES FOUNDATION INC**Employer identification number**

13-6089577

Identifier	Return Reference	Explanation
form 990, part vi, section B, line 11B	ORGANIZATION'S PROCESS FOR REVIEWING FORM 990	THE OFFICERS ARE PROVIDED A COPY OF THE TAX RETURN PRIOR TO SIGNING
Form 990, part vi, section c, line 19	Documents, policy and financial statements	AVAILABLE TO THE PUBLIC UPON REQUEST
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME jennifer steinbrenner sw indal TITLE PRESIDENT/ DIRECTOR HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME HAROLD Z STEINBRENNER TITLE DIRECTOR HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME HENRY G STEINBRENNER TITLE DIRECTOR HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DERRICK BAIO TITLE DIRECTOR HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ANTHONY BRUNO TITLE DIRECTOR HOURS 1

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NEW YORK YANKEES FOUNDATION INC

Employer identification number
13-6089577

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) new york yankees tampa foundation 1 steinbrenner dr tampa, FL 33614 59-3205804	FOUNDATION	FL	501(C)(3)	PUBLIC	NA		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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