DLN: 93493318152279 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization NEWBURGH ARMORY UNITY CENTER INC D Employer identification number B Check if applicable ☐ Address change 27-4649035 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 321 SOUTH WILLIAM STREET ☐ Amended return ☐ Application pending (845) 245-4035 City or town, state or province, country, and ZIP or foreign postal code NEWBURGH, NY 12550 G Gross receipts \$ 1.412.044 Name and address of principal officer H(a) Is this a group return for WILLIAM KAPLAN ☐Yes **☑**No subordinates? 321 SOUTH WILLIAM STREET H(b) Are all subordinates NEWBURGH, NY 12550 ☐ Yes ☐No included? Tax-exempt status ☐ 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW NEWBURGHARMORY ORG L Year of formation 2011 M State of legal domicile NY K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities NEWBURGH ARMORY UNITY CENTER (NAUC) WAS FORMED TO MANAGE THE NEWBURGH ARMORY AND TO CREATE COLLABORATIVE RELATIONSHIPS AMONG NOT-FOR-PROFIT ORGANIZATIONS TO COLLECTIVELY INCREASE CAPACITY FOR PROGRAMMING AIMED PRIMARILY AT INNER CITY YOUTH AND FAMILIES PROGRAMS AT THE NAUC FOCUS ON ATHLETICS, EDUCATION, AND THE ADVANCEMENT OF BUSINESS FOR THE BENEFIT OF THE PEOPLE OF THE CITY OF NEWBURGH AND STUDENTS OF THE NEWBURGH ENLARGED CITY Activities & Governance SCHOOL DISTRICT Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 22 Number of independent voting members of the governing body (Part VI, line 1b) 4 19 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 6 525 Total number of volunteers (estimate if necessary) . . . Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 7b 0 Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 780,452 1,159,039 8 Contributions and grants (Part VIII, line 1h) . Program service revenue (Part VIII, line 2g) . 214,074 237,588 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 17,350 38,931 1,035,390 1,412,044 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . 0 0 235,828 318,267 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶37,379 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 731,152 1,031,131 966,980 1,349,398 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 68.410 62,646 d Balances Beginning of Current Year End of Year 3,893,975 4,229,271 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 811,730 1,084,380 22 Net assets or fund balances Subtract line 21 from line 20 3,082,245 3,144,891 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-11-14 Date Signature of officer Sign Here WILLIAM KAPLAN CHAIRMAN Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check  $\square$  if 2019-11-11 P00543209 Paid self-employed ► PKF O'CONNOR DAVIES LLP Firm's EIN > 27-1728945 Preparer **Use Only** Firm's address ► 500 MAMARONECK AVENUE Phone no (914) 381-8900 HARRISON, NY 105281633 May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes □ No For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018) Cat No 11282Y

Form	990 (2018)					Page <b>2</b>
Pa	rt III Staten	nent of Program Sei	vice Accomplis	hments		
	Check ıf	Schedule O contains a re	esponse or note to a	any line in this Part III		🗹
1		the organization's missi				
RELA INNE	TIONSHIPS AMO R CITY YOUTH AI	NG NOT-FOR-PROFIT ÓR ND FAMILIES PROGRAM	GANIZATIONS TO C S AT THE NAUC FOO	COLLECTIVELY INCREA CUS ON ATHLETICS, EI	H ARMORY AND TO CREATE COLLAN SE CAPACITY FOR PROGRAMMING A DUCATION, AND THE ADVANCEMEN GH ENLARGED CITY SCHOOL DISTI	AIMED PRIMARILY AT IT OF BUSINESS FOR THE
2	Did the organiz	ation undertake any sign	ıfıcant program ser	vices during the year w	hich were not listed on	
	the prior Form	990 or 990-EZ?				☐ Yes ☑ No
	If "Yes," describ	oe these new services on	Schedule O			
3	Did the organiz	ation cease conducting, o	or make significant	changes in how it cond	ucts, any program	
		e these changes on Sch				☐ Yes ☑ No
4	Describe the or Section 501(c)(	ganızatıon's program ser	vice accomplishmer zations are required	to report the amount	largest program services, as meas of grants and allocations to others,	ured by expenses the total
4a	(Code	) (Expenses \$	1,041,250	including grants of \$	) (Revenue \$	214,074 )
	See Additional Da		. ,	3 3		, ,
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program	services (Describe in Sci	nedule O )			
	(Expenses \$	•	including grants of	\$	) (Revenue \$	)
4e	• •	ı service expenses ▶	1,041,2	·	• • •	·

Par	tiV Checklist of Required Schedules			rage <b>J</b>
Pai	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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🥞	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😼	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
-			Form CO	0 (2019)

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Pa	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	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), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  $\,$  .

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Part V

Yes

Yes

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No

38

49

0

1a

10a

10b

11a

11b

12b

13b

13c

12a

13a

14a

14b

15

No

No

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Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

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

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

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

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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Par	8a, 8b, or 10	Management, and Disclosure For each "Yes" response to lines 2 below, describe the circumstances, processes, or changes in Schedule O contains a response or note to any line in this Part VI	lule O		o" resp	onse to	lines
Se	ction A. Governi	ig Body and Management					
4 -	F-4 44		ı	1		Yes	No
1a	Enter the number o	voting members of the governing body at the end of the tax year	1a	22	2		
	body, or if the gove	differences in voting rights among members of the governing ning body delegated broad authority to an executive committee or xplain in Schedule O					
b	,	voting members included in line 1a, above, who are independent	1b	22	,		
2	Did any officer, dire	tor, trustee, or key employee have a family relationship or a busine tee, or key employee?			2	Yes	
3	Did the organization	delegate control over management duties customarily performed by or trustees, or key employees to a management company or other			3		No
4	4		No				
5	<del>-</del>	make any significant changes to its governing documents since the become aware during the year of a significant diversion of the orga	•		5		No
6	Did the organization	have members or stockholders?			6		No
7a	Did the organization members of the gov	have members, stockholders, or other persons who had the power erning body?	to eled	ct or appoint one or more	7a		No
b		decisions of the organization reserved to (or subject to approval by he governing body?	) mem	bers, stockholders, or	<b>7</b> b		No
8	Did the organization the following	contemporaneously document the meetings held or written actions	under	taken during the year by			
а	The governing body				8a	Yes	
Ь	Each committee wit	authority to act on behalf of the governing body?			<b>8</b> b	Yes	
9		director, trustee, or key employee listed in Part VII, Section A, who g address? If "Yes," provide the names and addresses in Schedule (		t be reached at the	9		No
Se	ction B. Policies	This Section B requests information about policies not requ	ııred l	by the Internal Revenu	e Cod	e.)	ı
						Yes	No
0a	Did the organization	have local chapters, branches, or affiliates?			10a		No
b		anization have written policies and procedures governing the activiti ure their operations are consistent with the organization's exempt p			10b		
.1a	Has the organization form?	provided a complete copy of this Form 990 to all members of its go	vernir •	ng body before filing the	11a		No
b	Describe in Schedul	O the process, if any, used by the organization to review this Form	990				
2a	Did the organization	have a written conflict of interest policy? If "No," go to line 13 .			12a	Yes	
b	Were officers, direct	ors, or trustees, and key employees required to disclose annually in	terests	s that could give rise to	12b	Yes	
С	Did the organization Schedule O how this	regularly and consistently monitor and enforce compliance with the was done	policy •	r? If "Yes," describe in	12c	Yes	
3	Did the organization	have a written whistleblower policy?			13		No
4	Did the organization	have a written document retention and destruction policy? $\ . \ .$			14		No
.5		letermining compensation of the following persons include a review ity data, and contemporaneous substantiation of the deliberation an					
а	The organization's (	EO, Executive Director, or top management official			15a		No
b	Other officers or ke	employees of the organization			15b		No
	If "Yes" to line 15a	r 15b, describe the process in Schedule O (see instructions)					
.6a		invest in, contribute assets to, or participate in a joint venture or si the year?	mılar a	arrangement with a	16a		No
b	in joint venture arra	anization follow a written policy or procedure requiring the organizat ngements under applicable federal tax law, and take steps to safegu o such arrangements?	ard th				
_	<u> </u>		•		16b		
	ction C. Disclosu						
.7	List the States with	which a copy of this Form 990 is required to be filed▶ NY					
.8	Section 6104 required only) available for p	es an organization to make its Form 1023 (or 1024-A if applicable), ublic inspection Indicate how you made these available Check all th	990, a nat ap	nd 990-T (501(c)(3)s ply			
	Own website	🗹 Another's website 🗹 Upon request 🔲 Other (explain in S	chedul	le O)			
.9	Describe in Schedul	e O whether (and if so, how) the organization made its governing do statements available to the public during the tax year		•			
20	State the name, ad	ress, and telephone number of the person who possesses the organ	izatior	n's books and records			

(A)

Part VII

year

(F)

(E)

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Compensation of Officers, Di and Independent Contractors	y Employees, High	nest Compensated Employe

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
  - List all of the organization's former officers, key employees, or 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

(C)

(D)

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

(B)

Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation organization (Wanv hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Individual trustee or director Highest compensated employee Former organizations <u>.6</u> related MISC) Institutional Trustee below dotted employee organizations line) See Additional Data Table

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Part VII Section A. Officers, Direct	tors, Trustees	, Key I	Empl	loye	es,	and I	High	nest Compensate	d Employees (cor	ntinued)
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than c	ne bo	n (do not check more le box, unless person th an officer and a lirector/trustee) Report comper comper the an officer and a lirector/trustee) reganization				(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										

	T. T	istee		กรณะป		
See Additional Data Table						

1b Sub-Total						

1b Sub-Total										
						<u> </u>				

1b Sub-Total												
c Total from continuation sheets to Part VII, Section A ▶												
d Total (add lines 1b and 1c)						<b>&gt;</b>		0		0	0	

1b Sub-Total											
c Total from continuation sheets to Part VII, Section A ▶											
d Total (add lines 1b and 1c)						<b>&gt;</b>		0		0 0	

1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)						•		0	0	0

1b Sub-Total			 ٠.	<b>&gt;</b>				
c Total from continuation sheets to Pa	rt VII <b>, Section</b>	Α		▶ [				
d Total (add lines 1b and 1c)				•		0	0	0

1b	1b Sub-Total										
С	c Total from continuation sheets to Part VII, Section A ▶										
d	Total (add lines 1b and 1c)						▶		0	0	0
2	2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0										

			Yes	No	
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the				

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	No

	line 1a. If res, complete Schedule 5 for such marvidual	3	l	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	_		No

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization? If "Yes," complete Schedule J for such person		5	No				
Se	Section B. Independent Contractors							
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year							
	(A) (B)							

S	ection B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year						
	(A) Name and business address	(B) Description of services	(C) Compensation				

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2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

1,159,039

93.766

61,008

31,900

27,400

93.766

61,008

31,900

27,400

1.005.000

129,039

Business Code

900099

900099

900099

900099

214,074

(II) Personal

(II) Other

1e

1f

4,946

e Government grants (contributions)

All other contributions, gifts, grants, and similar amounts not included

g Noncash contributions included

h Total. Add lines 1a-1f . . .

f All other program service revenue

3 Investment income (including dividends, interest, and other

(ı) Real

(ı) Securities

4 Income from investment of tax-exempt bond proceeds

**gTotal.** Add lines 2a-2f . . .

sımılar amounts) . . . .

**d** Net rental income or (loss) .

ın lınes 1a - 1f \$

2a ARMORY RENTAL

d EVENTS RENTAL

6a Gross rents

**b** Less rental expenses

c Rental income or

7a Gross amount from sales of assets other than inventory

**b** Less cost or other basis and sales expenses C Gain or (loss)

**d** Net gain or (loss) .

See Part IV, line 18 **b** Less direct expenses .

(not including \$

Other Revenue

8a Gross income from fundraising events

contributions reported on line 1c)

9a Gross income from gaming activities See Part IV, line 19 . .

**b** Less direct expenses . . .

**10a**Gross sales of inventory, less returns and allowances .

**b** Less cost of goods sold . .

11a EVENT PARKING INCOME

**b** VENDING COMMISSIONS

c MISCELLANEOUS

d All other revenue . e Total. Add lines 11a-11d .

12 Total revenue. See Instructions . .

 $\boldsymbol{c}$  Net income or (loss) from fundraising events  $% \boldsymbol{c}$  .

c Net income or (loss) from gaming activities

c Net income or (loss) from sales of inventory . Miscellaneous Revenue

b

Business Code

900099

900099

900099

30.435

7,117

1,379

38,931

214,074

1,412,044

**b** INDOOR FIELD RENTAL

c NAUC SOCCER PROGRAM

Program Service Revenue

Part IX Statement of Functional Expenses				Page <b>1</b> 0
Section 501(c)(3) and 501(c)(4) organizations must complete all co	-	·	olete column (A)	🗸
Check if Schedule O contains a response or note to any  Do not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D)
7b, 8b, 9b, and 10b of Part VIII.  1 Grants and other assistance to domestic organizations and	Total expenses	expenses	general expenses	Fundraisingexpenses
domestic governments See Part IV, line 21  2 Grants and other assistance to domestic individuals See				
Part IV, line 22  3 Grants and other assistance to foreign organizations, foreign				
governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	291,092	212,497	52,397	26,198
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
<b>10</b> Payroll taxes	27,175	20,054	4,953	2,168
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	8,486	494	3,722	4,27
<del>_</del>	7,001	407	3,070	3,52
c Accounting	7,001	407	3,070	5,52
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	187,872	160,846	26,566	46
12 Advertising and promotion	6,024	1,335	4,665	2
L3 Office expenses	141,305	115,463	25,117	72
14 Information technology	4,738	251	4,487	
15 Royalties				
<b>16</b> Occupancy	129,179	103,343	25,836	
17 Travel		•	·	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	35,213		35,213	
21 Payments to affiliates	33,213		35,213	
22 Depreciation, depletion, and amortization	313,733	250,986	62,747	
· · · · · · · · · · · · · · · · · · ·	313,733		6,590	
23 Insurance	32,932	26,362	0,590	
a BAD DEBT EXPENSE	96,600	96,600		
<b>b</b> REPAIRS AND MAINTENANCE	53,233	42,588	10,645	
c GARDEN EXPENSES	9,825	9,825		
d ADMINISTRATIVE FEES	4,970	199	4,761	1
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,349,398	1,041,250	270,769	37,37
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	· ·		· · ·	· · · · · · · · · · · · · · · · · · ·
Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)				

Page **11** 

4.229.271 296,796

29,898

750,000

4,229,271

Form **990** (2018)

20

21

22

23

34

6,885

650,000

3,893,975

Form 990 (2018)

20

21

34

Liabilities

Tax-exempt bond liabilities .

persons Complete Part II of Schedule L .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Total liabilities and net assets/fund balances

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

		ericek ii Sericadie o contains a response or not	c to an	y mic michio i anciza i i			—
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			215,553	1	60,181
	2	Savings and temporary cash investments .		[		2	
	3	Pledges and grants receivable, net		214,945	3	798,400	
	4	Accounts receivable, net	11,460	4	3,979		
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	ployees Complete		5		
S	6	Loans and other receivables from other disquality section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations. Part II of Schedule L		6			
ssets	7	Notes and loans receivable, net				7	
S	8	Inventories for sale or use		. [		8	
7	9	Prepaid expenses and deferred charges			149	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	4,676,913			
	b	Less accumulated depreciation	10b	1,310,202	3,451,868	<b>10</b> c	3,366,711
	11	Investments—publicly traded securities .		11			
	12	Investments—other securities See Part IV, line		12			
	13	Investments—program-related See Part IV, line			13		
	14	Intangible assets		14			

10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	4,676,913			
b	Less accumulated depreciation	<b>10</b> b	1,310,202	3,451,868	<b>10</b> c	
11	Investments—publicly traded securities .				11	
12	Investments—other securities See Part IV, line	11 .			12	
13	Investments—program-related See Part IV, line	tments—program-related See Part IV, line 11				
14	Intangible assets	Intangible assets				
15	Other assets See Part IV, line 11				15	
16	Total assets.Add lines 1 through 15 (must equa	al line	34)	3,893,975	16	
17	Accounts payable and accrued expenses			143,845	17	
18	Grants payable				18	
19	Deferred revenue				19	

	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	11,000	25	7,686
	26	Total liabilities.Add lines 17 through 25	811,730	26	1,084,380
Balances	27	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets	2,882,955	27	3,043,368
3a k	28	Temporarily restricted net assets	199,290	28	101,523
	29	Permanently restricted net assets		29	
-und		Organizations that do not follow SFAS 117 (ASC 958),			
sori	30	check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
sets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ass	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	3,082,245	33	3,144,891
Z	24	Total liabilities and not associa/fund balances	3 803 075	2/	4 229 271

Form	990 (2018)				Page <b>12</b>
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>'</u>	,412,044
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	,349,398
3	Revenue less expenses Subtract line 2 from line 1	3			62,646
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	,082,245
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		3	,144,891
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	3a		No

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2018)

3b

#### Additional Data

Software ID:

**Software Version:** 

EIN: 27-4649035

Name: NEWBURGH ARMORY UNITY CENTER INC

Form 990 (2018)

#### Form 990, Part III, Line 4a:

SATURDAY MORNING ENRICHMENT PROGRAMING SINCE APRIL 2016. THE NAUC LENDING LIBRARY HAS EXPANDED BY MORE THAN 2,000 BOOKS AND FACILITATED 13,300 LITERACY EXCHANGES WITH PROGRAM PARTICIPANTS. THE SATURDAY MORNING ENRICHMENT PROGRAM (SMEP) HOSTED THREE BOOK DRIVES IN ASSOCIATION WITH THE NEWBURGH TEACHERS' ASSOCIATION OVER THE SAME TIME PERIOD, MORE THAN 40 CHILDREN HAVE GRADUATED FROM THE LITERACY EFFICACY ADVOCACY PROGRAMS (LEAP) DURING 6 WEEK SESSIONS HELD IN THE FALL AND SUMMER SEASONS 90% OF PARENT/CARETAKERS WHO TOOK AN END OF LEAP SURVEY REPORTED IMPROVEMENT IN THEIR CHILDREN'S LITERACY SKILLS, AN INCREASE IN TIME SPENT AT HOME READING, AND AN INCREASE IN CONFIDENCE IN THEIR CHILD'S READING ABILITY PARENT/CARETAKER INVOLVEMENT IN PROGRAM ACTIVITIES HAS STEADILY INCREASED DURING THIS REPORTING PERIOD GRADUATIONS HELD AT THE END OF EACH LEAP SESSION HAD 100% PARENT/CARETAKER ATTENDANCE MORE THAN 75% OF LEAP PARENT/CARETAKER'S TOOK PART IN 1 1 PRE-AND POST-PROGRAM CONSULTATIONS WITH THE PROGRAM DIRECTOR REGARDING THEIR CHILD'S LITERACY DEVELOPMENT. THE SMEP HAS AN AVERAGE PARENT/CARETAKER ATTENDANCE OF 350 EACH SATURDAY MORNING, WHICH IS RECORDED THROUGH MANDATORY SIGN-IN SHEETS COMPLETED UPON ENTRY TO THE FACILITY. THE SMEP HAS ADMINISTERED THREE PROGRAM-WIDE SURVEYS IN WHICH CARETAKERS OF PROGRAM PARTICIPANTS IDENTIFIED THEIR CHILDREN'S CURRENT CLASSES, WHAT THEY LIKED ABOUT EACH CLASS. WHAT THEY WOULD CHANGE. AND NEW CLASSES THEY WISHED TO SEE ADDED. ALL PARENT SURVEYS WERE ADMINISTERED IN SPANISH AND ENGLISH. THE DATA OBTAINED VIA PARENT SURVEYS WAS COMPILED AND REVIEWED BY THE NAUC EDUCATION COMMITTEE AND THE BOARD OF DIRECTORS. TWO FOCUS GROUPS WERE HELD IN APRIL AND MAY OF 2018, WHICH WAS COMPRISED OF THE CARETAKERS OF NAUC PROGRAM PARTICIPANTS DURING EACH FOCUS GROUP PARTICIPANTS PROVIDED VALUABLE INSIGHTS REGARDING THEIR EXPERIENCES IN THE PROGRAM AND THE IMPACT IT HAS HAD ON THEIR CHILDREN REGISTRATION DATES AND CHANGES IN PROGRAM POLICIES ARE NOW COMMUNICATED ON AN APPROPRIATE TIMELINE WITH USE OF SOCIAL MEDIA, EMAIL, PHONE, AND DISTRIBUTED PAMPHLETS IN ORDER TO CONTINUE TO MEASURE THE GROWTH OF LEAP PROGRAMMING AND THE MISSION TO SUPPORT EARLY CHILDHOOD LITERACY PROGRAMMING AT THE NAUC. THE NAUC EDUCATION COMMITTEE HAS SET A GOAL TO INCORPORATE CHANGES DETAILED BELOW BY THE FALL OF 2018 REAL WORLD LITERACY AND EDUCATIONAL ENRICHMENT FOR THE 21ST CENTURY PROGRAM THE REAL WORLD LITERACY AND EDUCATIONAL ENRICHMENT FOR THE 21ST CENTURY PROGRAM (RWLEECP) HAS EXPANDED ON ITS CORE MISSION TO PROVIDE THE CHILDREN AND FAMILIES OF THE NECSD WITH HIGH-OUALITY ACADEMIC ENRICHMENT, STEM AND EARLY CHILDHOOD LITERACY PROGRAMMING. THE PROGRAM HAD A MEASURABLE AND SIGNIFICANT IMPACT ON THE POPULATION IT HAS AIMED TO SERVE AS WELL AS THE BROADER COMMUNITY YOUTH ENROLLED IN THE PROGRAM HAS INCREASED BY 57% EACH SATURDAY MORNING. MORE THAN 220 ADULT CAREGIVERS THAT ACCOMPANY PARTICIPANTS MEASURED BY SIGN-IN SHEETS AT THE ENTRANCE OF THE BUILDING PARTICIPANT ATTENDANCE IN EACH CLASS IS NOW MEASURED THROUGH AN ELECTRONIC SYSTEM INDICATING THAT OVER 90% OF PARTICIPANTS ATTENDED OVER 70% OF CLASSES EACH SESSION CARETAKERS HAVE REPORTED AN OBSERVED MEASURABLE IMPACT ON THEIR CHILDREN SINCE ENROLLING IN THE PROGRAM VIA SURVEYS THAT HAVE BEEN ADMINISTERED SINCE 2016 EARLY LITERACY LEAP TUTORING AND INTEGRATION WITH SATURDAY PROGRAMMING THE MSMC COLLABORATIVE FOR EQUITY IN LITERACY LEARNING PROPOSES TO WORK WITH THE NECSD TO RECRUIT THIS FALL'S FIRST AND SECOND GRADE LEARNERS WHO ARE BEHIND BENCHMARKS IN READING TO ATTEND THE MONDAY-WEDNESDAY LEAP TUTORING PROGRAM, WITH AN ADDED REQUIREMENT TO RECEIVE HOUR 1 1 SUPPORT ON SATURDAY (8 30-9 00) ALSO, PARENTS/CAREGIVERS WILL BE REQUIRED TO REGISTER THEIR CHILD FOR AT LEAST ONE ADDITIONAL SATURDAY CLASS AT THE 9 AM SESSION. THE HOUR INDIVIDUALIZED SUPPORT WILL COMPLEMENT THE GRADUATE TEACHER 1 1 INSTRUCTION CONDUCTED DURING THE WEEK AND WILL PROVIDE VALUABLE EXPERIENCE FOR OUR MSMC UNDERGRADUATE TEACHER CANDIDATES THIS INTERVENTION ALIGNS WITH NECSD'S GOAL TO HAVE 100% OF THEIR SECOND GRADE COMPLETERS TO BE ON LEVEL BY 2021

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	l	a dır	ecto	r/tr	ustee	)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations	
WILLIAM KAPLAN CHAIRMAN	30 00	×		x				0	0	0	
JAMES O'DONNELL VICE CHAIRMAN	1 50	×		х				0	0	0	
RUSSELL VERNON TREASURER	1 50	×		х				0	0	0	
JOAN KAPLAN	1 50										

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TREASURER
JOAN KAPLAN
SECRETARY
PHILIP HOWARD
BOARD MEMBER

WILBUR HIGGINS

**BOARD MEMBER** 

JAMES RAIMOS

BOARD MEMBER

BOARD MEMBER

MARCO ORTEGA

BOARD MEMBER

BOARD MEMBER

STEVEN NEUHAUS

**REV NELSON MCALLISTER** 

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

THOMAS D WEDDELL CPA

BOARD MEMBER

**BOARD MEMBER** 

BOARD MEMBER

GABRIELLE HILL

BOARD MEMBER

BOARD MEMBER

**BOARD MEMBER** 

JAMES SMITH

ANDREW KOMONCHAK

JASON ADSIT

JOE DONATO

......

	any hours					ustee)		organization	organizations	from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ROBERTO PADILLA BOARD MEMBER	1 50	×						0	0	0	,
MARTIN MILANO BOARD MEMBER	1 50	×						0	0	0	,
HARROLD RAYFORD BOARD MEMBER	1 50	×						0	0	0	)

BOARD MEMBER		X			0	0
HARROLD RAYFORD	1 50				0	0
BOARD MEMBER		^			٥	0
JUSTIN RIDER	1 50	×			0	0
BOARD MEMBER		^				0
THOMAS D WEDDELL CDA	1 50					

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer from the from related week (list compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

MELODY GREGORY

MICHAEL ROSENBERG

BENDETTO PAPALEO

DAVID RIDER

......

......

BOARD MEMBER THRU DECEMBER 2018

	any hours	and	a dır	ecto	r/tr	ustee	)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
AMY ANDERSON-WINCHELL BOARD MEMBER	1 50	×						0	0	0	
KRISTINE YOUNG BOARD MEMBER	1 50	×						0	0	0	
JOHNATHAN LAMB	1 50										

BOARD MEMBER		_ ^			U	0	
KRISTINE YOUNG	1 50	×			0	0	
BOARD MEMBER					9	3	
JOHNATHAN LAMB	1 50	×			0	0	
BOARD MEMBER THRU DECEMBER 2018		^				•	
DAVID KENNETT	1 50	l					

JOHNATHAN LAMB BOARD MEMBER THRU DECEMBER 2018	1 50	x			0	0	0
DAVID KENNETT BOARD MEMBER THRU DECEMBER 2018	1 50	×			0	0	0
MICHAEL CIARAVINO	1 50						

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BOARD MEMBER THRU DECEMBER 2018									J	
DAVID KENNETT	1 50	V							0	
BOARD MEMBER THRU DECEMBER 2018		_ ^						0	U	
MICHAEL CIARAVINO	1 50	×						0	0	
BOARD MEMBER THRU DECEMBER 2018		^						ĺ		

   X	l			l	l	1 0	0	0	
 ,,									
*						0	U	0	
V									
1 50	1 50 X 0	1 50 X 0 0	150 X 0 0 0 0 0 150 X						

MICHAEL CIARAVINO	1 50	×			0	O	0
BOARD MEMBER THRU DECEMBER 2018		.,			_		
NANCY PROYECT	1 50	×			0	0	0
BOARD MEMBER THRU DECEMBER 2018					_		

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SCHEDUL Form 990 oi 90EZ)			Public lete if the o	a section	2018 Open to Public			
epartment of the T	PET 102	n	► Go to	www.irs.gov/Forms	990 for the late	est information	Employer identific	Inspection
ame of the o EWBURGH ARMO	RY UNITY CE	NTER INC						ation number
Part I R	eason foi	· Public Ch	arity Stat	<b>us</b> (All organization	s must comple	ete this part.) S	27-4649035 See instructions.	
ne organizatio	n ıs not a p	rıvate founda	ation because	e it is (For lines 1 thro	ugh 12, check o	nly one box )		
1	hurch, con	vention of ch	urches, or as	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2	school desci	ibed in <b>sect</b>	ion 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
B	nospital or a	cooperative	hospital ser	vice organization desci	rıbed ın <b>section</b>	170(b)(1)(A)(	iii).	
na	me, city, ar	d state		ed in conjunction with	·			·
	-	on operated f <b>).</b> (Complete		t of a college or univei	rsity owned or o	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
. •		• • •	•	governmental unit de	scribed in <b>secti</b>	on 170(b)(1)(A	()(v).	
			ally receives i <b>).</b> (Complete	a substantial part of it Part II )	s support from a	a governmental u	ınıt or from the gener	al public described ii
B	community	trust describ	ed ın <b>sectio</b> ı	170(b)(1)(A)(vi)	(Complete Part I	Π)		
				escribed in <b>170(b)(1)</b> ee instructions Enter				lege or university or
fro inv	m activities estment in	related to it come and un	s exempt fur related busir	(1) more than 331/3% actions—subject to cert less taxable income (le amplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
				d exclusively to test for	r public safety S	See section 509	(a)(4).	
mo	re publicly	supported or	ganızatıons (	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See section 509(a	
Ty org	<b>pe I.</b> A sup ganization(s	porting orga ) the power	nızatıon oper	ated, supervised, or co	ontrolled by its s	supported organiz	zation(s), typically by	
ma	nagement	of the suppo		ervised or controlled in ation vested in the san and C.				
	•	•	_	supporting organization ions) You must com	•	•	, -	ated with, its
l ☐ <b>Ty</b>	pe III non	-functional tegrated Th	l <b>y integrate</b> e organizatio	d. A supporting organi n generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orgai	
Ch	eck this box	c if the organ	nızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
_	-	Type III nor supported o		integrated supporting	organization			
				pported organization(			() A	() A
	e of suppor anization	ted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)
					Yes	No		
tal								
	. Reductio	n Act Notice	e, see the Ti	l nstructions for	<u> </u>	5F !	 Schedule A (Form 9	90 or 990-F7) 201

(b)(1)(A)(ix)

organization

ightharpoons

Schedule A (Form 990 or 990-EZ) 2018

Page 2

	(Complete only if you ch						under Part
	III. If the organization fa	uls to qualify unc	ler the tests liste	ed below, please	complete Part	III.)	
S	Section A. Public Support						
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in)	` '	. ,	` '			
L	Gifts, grants, contributions, and membership fees received (Do not	1,286,639	1,007,014	332,519	780,452	1,159,039	4,565,663
	include any "unusual grant ")	1,200,033	1,007,014	332,313	700,432	1,135,035	4,303,003
,	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						
4	<b>Total.</b> Add lines 1 through 3	1,286,639	1,007,014	332,519	780,452	1,159,039	4,565,663
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						667,017
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
ς.	Public support. Subtract line 5 from						
•	line 4						3,898,646
S	Section B. Total Support						
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	` ,	` '		``	` '	
7	Amounts from line 4	1,286,639	1,007,014	332,519	780,452	1,159,039	4,565,663
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on Other income Do not include gain						
LO	or loss from the sale of capital		3,140	3,109	17,350	38,931	62,530
	assets (Explain in Part VI )		3,140	3,103	17,550	30,331	02,550
L1							
	10						4,628,193
L2	Gross receipts from related activities,	etc (see instruction	ns)			12	1,231,199
L3	First five years. If the Form 990 is fo	r the organization's	first, second, thir	d, fourth, or fifth	tax year as a secti	on 501(c)(3) orga	nization,
	check this box and <b>stop here</b>					▶ □	
S	Section C. Computation of Public						
	Public support percentage for 2018 (lir			lumn (f))		14	84 240 %
	Public support percentage for 2017 Sci					15	80 400 %
	33 1/3% support test—2018. If the			n line 13, and line	14 is 33 1/3% or		
	and <b>stop here.</b> The organization quali				_,, <del>_</del> ,	,	▶ ☑
L	33 1/3% support test—2017. If the				nd line 15 is 33 1/3	% or more, check	
-	box and <b>stop here.</b> The organization	-		·		, cdik	▶ □
	10%-facts-and-circumstances test	quaiiiies as a publi	cry supported orga	nnzation	13 162 or 16h	and line 14	► ⊔
L/a	is 10% or more, and if the organization						
	in Part VI how the organization meets						

b 10%-facts-and-circumstances test-2017. 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.

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.	)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
36	ection B. Total Support  Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and <b>stop here</b>	,	, ,	, ,	,	( ), ( )	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,	••	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

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

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5	
Pa	rt IV Supporting Organizations (continued)				
			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the				
	governing body of a supported organization?	11a			
b	A family member of a person described in (a) above?	11b			
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c			
S	ection B. Type I Supporting Organizations				
			Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting				
	organization				
S	ection C. Type II Supporting Organizations				
			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of				
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1			
_	<u> </u>				
	ection D. All Type III Supporting Organizations		Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140	
		1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)				
		2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3			
S	ection E. Type III Functionally-Integrated Supporting Organizations		l		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)			
	The organization satisfied the Activities Test Complete line 2 below	•			
	b				
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)		
2	Activities Test Answer (a) and (b) below.	į	Yes	No	
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a			
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement				
,		2b			
3	Parent of Supported Organizations Answer (a) and (b) below.	_			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a			
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3h			

Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) <b>See</b> instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E				
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1			
a	Average monthly value of securities	1a			
b	Average monthly cash balances	<b>1</b> b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)				
2	Acquisition indebtedness applicable to non-exempt use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
	Section C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
				1	

4

Schedule A (Form 990 or 990-F7) 2018

Enter greater of line 2 or line 3

Schedule A (Form 990 or 990-EZ) (2018)

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

Schedule A (	Form 990 or 990-EZ) 2	Schedule A (Form 990 or 990-EZ) 2018 Page <b>8</b>				
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)					
	Facts And Circumstances Test					
990 Sched	990 Schedule A, Supplemental Information					
Ret	Return Reference Explanation					
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME  VENDING COMMISSIONS - 2015 AMOUNT \$ 2,860 2016 AMOUNT \$ 3,109 2017 AMOUNT \$ 350 2018 AMOUNT \$ 7,117 GARDEN REVENUE - 2015 AMOUNT \$ 280 2017 AMOUNT \$ 500 EVENT PARKING INCOME - 2017 AMOUNT \$ 16,500 2018 AMOUNT \$ 30,435 MISCELLANEOUS - 2018 AMOUNT \$ 1,379						

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D** 

(Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

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

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

DLN: 93493318152279 OMB No 1545-0047

Open to Public Inspection

	ME OF THE OFGANIZATION NBURGH ARMORY UNITY CENTER INC				Emplo	oyer identification number
					1	49035
Pa	Organizations Maintaining Donor Advi				or Acco	unts.
	Complete if the organization answered "Ye	·		ised funds	,	b)Funds and other accounts
1	Total number at end of year	(4) 20110	uuv	isca ranas		by and and other decounts
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisor	re in writing that th	0.355	ets held in donor a	lyiced fu	nds are the
	organization's property, subject to the organization's ex	clusive legal contro	ין			☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?					
Pa	rt II Conservation Easements. Complete if the	ne organization a	nswe	red "Yes" on Fori	n 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the orga	nızatıon (check all t	hat a	pply)		
	$\square$ Preservation of land for public use (e g , recreation	n or education)		Preservation of an	historic	ally important land area
	Protection of natural habitat			Preservation of a	certified	historic structure
	☐ Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservat	ion co	ontribution in the fo	rm of a c	
а	Total number of conservation easements				2a	Held at the End of the Year
a b	Total acreage restricted by conservation easements				2b	
C	Number of conservation easements on a certified histori	c structure included	Lin (:	a)	2c	
d	Number of conservation easements included in (c) acqu		•	•	2d	
	structure listed in the National Register					
3	Number of conservation easements modified, transferre tax year ▶	ed, released, exting	uishe	d, or terminated by	the orga	inization during the
4	Number of states where property subject to conservation	n easement is loca	ted 🕨			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		ng, II	nspection, handling	of violati	ons,
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of v	olatic	ns, and enforcing c	onservat	
7	Amount of expenses incurred in monitoring, inspecting,  \$ \\$	handling of violation	ns, a	nd enforcing conser	vation e	asements during the year
8	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)$ ?	above satisfy the i	equir	ements of section 1	70(h)(4)	(B)(I)
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
Pai	<b>Triange of the Organizations Maintaining Collections</b> Complete if the organization answered "Yes				er Sim	ilar Assets.
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, e	ducat	ion, or research in		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
(	(i) Revenue included on Form 990, Part VIII, line 1					▶\$
C	ii)Assets ıncluded ın Form 990, Part X					<b>▶</b> \$
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS				ıncıal gaı	' <u> </u>
а	Revenue included on Form 990, Part VIII, line 1	,	٠ .			<b>▶</b> \$
b	Assets included in Form 990, Part X					<b>&gt;</b> \$
For	Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.		Cat No.	52283D	Schedule D (Form 990) 20:

Par	t III	Organizations Maintaining Co	llections of Art, F	listori	ical T	reası	ures, or Other	Similar As	sets (	continued)	
3		the organization's acquisition, accession (check all that apply)	on, and other records,	check	any of	the fo	ollowing that are a	a significant u	se of it	s collection	
а		Public exhibition		d		Loan	or exchange pro	grams			
b		Scholarly research		е		Othe	r				
c		Preservation for future generations									
4		Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII									
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Pa	Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes V No										
ь	If "Ye	es," explain the arrangement in Part XII	I and complete the fo	llowing	table			A	mount		
c		nning balance	·				1c				
d	Addıtı	ions during the year					1d				
е	Dıstrı	butions during the year					1e				
f	Endın	ng balance					1f				
<b>2</b> a	Dıd th	he organization include an amount on F	orm 990, Part X, line	21, for	escrow	or cu	ıstodıal account lı	abılıty?	✓ Y,	es 🗆 No	
b	If "Ye	es," explain the arrangement in Part XII	I Check here if the ex	kplanat	ion has	been	provided in Part	XIII	<b>✓</b>		
Pa	rt V	Endowment Funds. Complete									
			(a)Current year	<b>(b)</b> P	rıor yea	r	(c)Two years back	(d)Three yea	rs back	(e)Four years b	ack_
<b>1</b> a	Beginn	ing of year balance				_					
b	Contrib	outions									
С	Net inv	estment earnings, gains, and losses									
d	Grants	or scholarships									
е		expenditures for facilities ograms									
f	Admını	strative expenses									
g	End of	year balance									
2 a		de the estimated percentage of the curid designated or quasi-endowment	rent year end balance	(line 1	g, colu	mn (a	)) held as				
ь	Perm	anent endowment 🕨									
С	Temp	oorarily restricted endowment >									
	The p	percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
3a	organ	here endowment funds not in the posse	ssion of the organizat	ion tha	t are h	eld ar	nd administered fo	or the	_		lo
		nrelated organizations			•					a(i)	
ь		elated organizations es" on 3a(ii), are the related organization	ns listed as required o	on Sche	 edule R	· ·				a(ii) 3b	
4	Descr	ribe in Part XIII the intended uses of the	e organization's endov	vment	funds						
Pa	rt VI	Land, Buildings, and Equipme								_	
	Descri	Complete if the organization ans uption of property (a) Cost or or (investm	ther basis (b) Cost							ne 10. (d) Book value	
	Land										
		gs									
		nold improvements			4.40	00,112		1,183,158		3.21	6,954
		nent				56,316		122,849			13,467
	Other					10,485		4,195			6,290
		lines 1a through 1e (Column (d) must o	l equal Form 990, Part .	X, colui				<b>→</b>		3.36	66,711

Part VII Investments—Other Securities. Complete if the o See Form 990, Part X, line 12.	organization a	inswered "Yes	s" on Form 990, Pa	rt IV, line 11b.
(a) Description of security or category (including name of security)	(b Boo val	ok	(c) Method of vo	
(1) Financial derivatives				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on Form	n 990, Part I'	V, line 11c. Se	ee Form 990, Part )	K, line 13.
(a) Description of investment	(b) Book va	alue	(c) Method of va Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Ye.	s' on Form 990	). Part IV. line 1	l 1d See Form 990. Pa	art X. line 15
(a) Description				(b) Book value
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )				
Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.			Part IV, line 11e or	11f.
1. (a) Description of liability (1) Federal income taxes		b) Book value		
CAPITAL LEASE OBLIGATION		7	,686	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )  2. Liability for uncertain tax positions In Part XIII, provide the text of the	▶   e footnote to th		,686 s financial statements	that reports the
organization's liability for uncertain tax positions in Fart XIII, provide the text of the				_

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Page 4

1,349,398

1.349.398

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Other (Describe in Part XIII ) . . . . . .

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b** . . . . . . . . . . . . . . . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Add lines 2a through 2d . . . .

Part XI

d

3 4

5

Part XIII

See Additional Data Table

Return Reference

# Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 1,349,398

2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a 2b 2c c

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

2d

4a

4b

Explanation

2e

3

4c

5

Schedule D (Form 990) 2018		
Part XIII Supplemental Info	mation (continued)	
Return Reference	Explanation	

Schedule D (Form 990) 2018

### **Additional Data**

Software Version: **EIN:** 27-4649035

Name: NEWBURGH ARMORY UNITY CENTER INC.

Supplemental	<b>Informati</b>

ion Return Reference Explanation

PART IV, LINE 2B

THE NAUC RENTS OUT CERTAIN SPACE TO UNRELATED ORGANIZATIONS AND INDIVIDUALS INCLUDING THE

Software ID:

INDOOR GYMNASIUM, INDOOR SOCCER FIELDS, CLASS ROOMS, AND THE GROUNDS OUTSIDE FOR PUBLIC AN D PRIVATE RECREATIONAL AND YOUTH DEVELOPMENT. THE ESCROW ACCOUNT LIABILITY REFLECTS THE RE NT DEPOSITS HELD FOR THOSE WHO RENT OUT THIS SPACE FOR THEIR USE

Supplemental Information					
Return Reference	Explanation				
PART X, LINE 2	THE NAUC RECOGNIZES THE EFFECTS OF INCOME TAX POSITIONS ONLY WHEN THEY ARE MORE LIKELY THA N NOT TO BE SUSTAINED MANAGEMENT HAS DETERMINED THAT THE NAUC HAD NO UNCERTAIN TAX POSITI ONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION AND/OR DISCLOSURE THE NAUC IS NO LONGER SUBJECT TO EXAMINATIONS BY APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO DECEMBER 31, 2015				

efile GRAPH	IC print -	DO NOT PROCESS	As Filed Data -		DLN:	93493318152279	
COLLEBIU						OMB No 1545-0047	
SCHEDUL (Form 990 or EZ)		Supplemental Information to Form 990 or 990-EZ  Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.			ons on	2018	
Department of the T	reasury	<b>▶</b> Go to <u>v</u>	► Attach to Form www.irs.qov/Form99		Open to Public Inspection		
Name Betherofganization NEWBURGH ARMORY UNITY CENTER INC					Employer identi 27-4649035	fication number	
990 Schedul	e O, Supp	lemental Informatio	n				
Return Reference				Explanation			
FORM 990, PART VI, SECTION A, LINE 2							

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	PRIOR TO FILING, MANAGEMENT REVIEWED THE 990 AFTER THE FILING WITH THE IRS, THE BOARD RECEIVED THE
PART VI,	FORM 990 FOR THEIR REVIEW
SECTION B,	
LINE 11B	

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	1 DUTY TO DISCLOSE - IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN I NTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OP PORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE BOARD OR EXECUTIVE COMMITTEE 2 RECUSAL O F SELF - ANY DIRECTOR MAY RECUSE HIMSELF OR HERSELF AT ANY TIME FROM INVOLVEMENT IN ANY DE CISION OR DISCUSSION IN WHICH THE DIRECTOR BELIEVES HE OR SHE HAS OR MAY HAVE A CONFLICT O F INTEREST, WITHOUT GOING THROUGH THE PROCESS FOR DETERMINING WHETHER A CONFLICT OF INTERE ST EXISTS 3 DETERMINING WHETHER A CONFLICT OF INTERES STEXISTS - AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PE RSON, HE/SHE SHALL LEAVE THE BOARD OR EXECUTIVE COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR EXECUTIVE COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS 4 PROCEDURES FOR ADDRESSIN G THE CONFLICT OF INTEREST A AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR EXECUTIVE COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING D URING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POS SIBLE CONFLICT OF INTEREST B THE CHAIRPERSON OF THE BOARD OR EXECUTIVE COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT C AFTER EXERCISING DUE DILIGENCE, THE BOARD OR EXECUTIVE COMMITTEE SHALL DETERMINE WHETHER NAUC CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST D IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REA SONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST. THE BOARD OR EXECUTIVE COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTEREST. THE BOARD OR EXECUTIVE COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTEREST

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990,	THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECT
PART VI,	ION 6104 OF THE INTERNAL REVENUE CODE THE RETURN IS POSTED ON GUIDESTAR ORG AND OTHER SIM
SECTION C,	ILAR TYPES OF WEBSITES IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY
LINE 19	, ARTICLES OF INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST AT 321 SOU
	TH WILLIAM STREET, NEWBURGH, NY 12550 OR BY CALLING THE ORGANIZATION DIRECTLY AT (845)24
	5-4035

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990,	CONTRACTED LABOR PROGRAM SERVICE EXPENSES 132,913 MANAGEMENT AND GENERAL EXPENSES 19,582
PART IX,	FUNDRAISING EXPENSES 0 TOTAL EXPENSES 152,495 SECURITY PROGRAM SERVICE EXPENSES 24,08
LINE 11G	4 MANAGEMENT AND GENERAL EXPENSES 6,021 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 30,105 P
	AYROLL PROCESSING FEES PROGRAM SERVICE EXPENSES 3,849 MANAGEMENT AND GENERAL EXPENSES 96
	3 FLINDRAISING EXPENSES 460 TOTAL EXPENSES 5 272

Explanation