
NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.

AUDIT REPORT

FOR THE YEAR ENDED DECEMBER 31, 2020

**NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
127 WEST 127TH STREET
NEW YORK, NEW YORK 10027
TEL (212) 665-2600**

**FINANCIAL STATEMENTS
DECEMBER 31, 2020
(With comparative figures for 2019)**

BUDGET PERIOD: JANUARY 1, 2020, TO DECEMBER 31, 2020

AUDIT PERIOD: - JANUARY 1, 2020, TO DECEMBER 31, 2020

STARTING DATE OF AUDIT: AUGUST 4, 2021

ENDING DATE OF AUDIT: MARCH 2, 2022

**ALLAN S. JOSEPH
CERTIFIED PUBLIC ACCOUNTANTS
5 HANOVER SQUARE, SUITE 1902
NEW YORK, NY 10004**

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.

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(With comparative figures for 2019)

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NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.

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INDEPENDENT AUDITOR'S REPORT ON FINANCIAL STATEMENTS

Board of Directors
Northern Manhattan Perinatal Partnership, Inc.
127 West 127th Street
New York, New York 10027

Attention: Board of Directors,

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Northern Manhattan Perinatal Partnership, Inc., which comprise the consolidated Statement of Financial Position as of December 31, 2019, and 2020 and the related consolidated Statements of Activities, Functional Expenditures and Cash Flows for the year then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**INDEPENDENT AUDITOR'S REPORT ON FINANCIAL STATEMENTS
(CONTINUED)**

Opinions

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Northern Manhattan Perinatal Partnership, Inc. as of December 31, 2019, and 2020, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

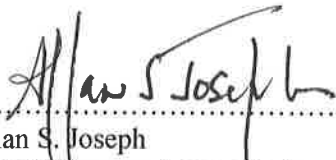
Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* is presented for purpose of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statement and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated March 2, 2022, on our consideration of Northern Manhattan Perinatal Partnership, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Northern Manhattan Perinatal Partnership, Inc.'s internal control over financial reporting and compliance.



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Allan S. Joseph
Certified Public Accountants
5 Hanover Square, Suite 1902
New York, New York, 10004
March 2, 2022

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
STATEMENT OF FINANCIAL POSITION
AS DECEMBER 31, 2020
(WITH COMPARATIVE TOTALS FOR 2019)

ASSETS

	<u>2020</u>	<u>2019</u>
CURRENT ASSETS		
Cash and Cash Equivalents (Note 2)	\$ 140,820	\$ 428,300
Grants Receivable (Note 3)	<u>1,752,983</u>	<u>1,115,505</u>
Total Current Assets	\$ 1,893,803	\$ 1,543,805
Property and Equipment - Net (Note 4)	4,701	17,796
TOTAL ASSETS	<u>\$ 1,898,504</u>	<u>\$ 1,561,601</u>

LIABILITIES AND NET ASSETS

LIABILITIES

Accounts Payable and Accrued Expenses (Note 5)	\$ 1,158,109	\$ 847,560
Unrecouped Advances (Note 6)	989,651	1,023,733
Due to NYC - ACS (Note 7)	59,087	59,087
TOTAL LIABILITIES	<u>\$ 2,206,847</u>	<u>\$ 1,930,380</u>
Net Assets (Note 9)	(308,343)	(368,779)
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 1,898,504</u>	<u>\$ 1,561,601</u>

ALLAN S. JOSEPH, CPA
THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THE FINANCIAL STATEMENTS.

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
STATEMENT OF ACTIVITIES
FOR YEAR ENDED DECEMBER 31, 2020
(WITH COMPARATIVE TOTALS FOR 2019)

	UNRESTRICTED	TEMPORARILY RESTRICTED	2020	2019
<u>SUPPORT AND REVENUES</u>				
Grants and Contract Services:				
Government	\$ -	\$ 5,291,435	\$ 5,291,435	\$ 5,038,525
Other	-	11,478	11,478	417,482
Contributions:				
In-Kind	80,590		80,590	358,321
Other	97,937		97,937	56,118
	178,527	5,302,913	5,481,440	5,870,446
Net Assets released from restrictions	5,302,913	(5,302,913)	-	-
TOTAL REVENUE	\$ 5,481,440	\$ -	\$ 5,481,440	\$ 5,870,446
<u>EXPENSES:</u>				
Program Services:				
Northern Manhattan (EL)	\$ 2,338,245	\$ -	\$ 2,338,245	\$ 2,827,891
Northern Manhattan DOE UPK	374,086		374,086	166,192
Greater Harlem Healthy Start (HS)	1,068,296	-	1,068,296	1,129,613
Maternal Infant Community Health Collaborative (MICHC)	477,860	-	477,860	436,230
Healthy Families Central Harlem for Healthy Families of NY (Baby Steps)	558,726	-	558,726	668,006
Maternal Intentions (Merck)	-	-	-	-
Other Programs	437,829	-	437,829	431,466
Total Program Services	\$ 5,255,042	\$ -	\$ 5,255,042	\$ 5,659,398
Management and General	165,962	-	165,962	158,349
TOTAL EXPENSES	\$ 5,421,004	\$ -	\$ 5,421,004	\$ 5,817,747
Changes in Net Assets (before Non-operating Revenues)	\$ 60,436	\$ -	\$ 60,436	\$ 52,699
Non-operating Revenues:				
Special Events	\$ -	\$ -	\$ -	\$ -
Less: Direct Cost to Donor	-	-	-	-
Net Special Events Revenue	\$ -	\$ -	\$ -	\$ -
Interest and Other Income	-	-	-	121,751
TOTAL NON-OPERATING REVENUES	\$ -	\$ -	\$ -	\$ 121,751
Changes in Net Assets	\$ 60,436	\$ -	\$ 60,436	\$ 52,699
Net Assets, Beginning of Year	(368,779)	-	(368,779)	(453,904)
Prior Period Adjustments	-	-	-	32,426
NET ASSETS, END OF YEAR	\$ (308,343)	\$ -	\$ (308,343)	\$ (368,779)

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
STATEMENT OF CASH FLOWS
FOR YEAR ENDED DECEMBER 31, 2020
(WITH COMPARATIVE TOTALS FOR 2019)

	<u>2020</u>	<u>2019</u>
Cash Flows from Operation Activities:		
Change in Net Assets	\$ 60,436	\$ 52,699
Adjustments to Prior Years Net Assets	\$ -	\$ 32,426
Depreciation and Amortization	\$ 13,095	28,534
Decrease (Increase) in Assets:		
Contracts and Grants Receivable	\$ (637,478)	\$ (4,187)
Other Receivable	-	397
Security Deposits	-	15,407
Prepaid Insurance	-	6,818
Increase (Decrease) in Liabilities:		
Accounts Payable and Accrued Expenses	310,549	620,509
Unrecouped Advances	(34,082)	(446,311)
Net Cash Provided from Operating Activities	<u>\$ (287,480)</u>	<u>\$ 306,292</u>
Cash Flows from Investing Activities:		
Purchase/Sale of Fixed Assets	\$ -	\$ -
Cash Flows from Financing Activities:		
Bank Borrowings	\$ -	\$ -
Net Increase (Decrease) in Cash and Cash Equivalents	<u>\$ (287,480)</u>	<u>\$ 306,292</u>
Cash and Cash Equivalents, Beginning of Year	428,300	122,008
Cash and Cash Equivalents, End of Year	<u><u>\$ 140,820</u></u>	<u><u>\$ 428,300</u></u>

ALLAN S. JOSEPH, CPA
THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THE FINANCIAL STATEMENTS.

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020
(WITH COMPARATIVE TOTALS FOR 2019)

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Background

Northern Manhattan Perinatal Partnership, Inc. (the Organization) is a not-for-profit entity incorporated in the State of New York. It is a collaboration of community-based organizations, workers and residents, which was established for the primary goal of reducing infant mortality in Northern Manhattan.

The Organization focuses on strategies that ensure the health and well-being of low-income women of child-bearing age and their families in Central Harlem, East Harlem, West Harlem and Washington Heights. Its activities are substantially funded by government grants and contracts.

B. Basis of Accounting

All public support and revenue are considered to be available for unrestricted use unless specifically restricted by the donor. The financial statements of Northern Manhattan Perinatal Partnership, Inc. have been prepared on the accrual basis. In the statement of financial position, assets and liabilities are presented in order of liquidity or conversion to cash and their maturity resulting in the use of cash, respectively.

C. Financial Statement Presentation

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("US GAAP"), which requires the Organization to report information regarding its financial position and activities according to the following net asset classifications:

Net Assets without donor restrictions: - Net assets available for use in general operations and not subject to donor (or certain grantor) restrictions.

Net Assets with donor restrictions – The Organization reports contributions restricted by donor as increases in net assets without donor restrictions if the restrictions expire (that is, when stipulated time restrictions end or purpose is accomplished) in the reporting period in which the revenue is recognized. All other donor restricted contributions are reported as increases in net assets with donor restrictions, depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020
(WITH COMPARATIVE TOTALS FOR 2019)

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Change in Accounting Principle

During the year ended December 31, 2020, Northern Manhattan Perinatal Partnership, Inc. adopted Accounting Standards Update (ASU) 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. A summary of the changes is as follows

Statement of Financial Position

- The statement of financial position distinguishes between two new classes of net assets – those with donor-imposed restrictions and those without. This is a change from the previously required three classes of net assets – unrestricted, temporarily restricted and permanently restricted.

Notes to the Financial Statements

- Enhanced quantitative and qualitative disclosures provide additional information useful in assessing liquidity and cash flows available to meet operating expenses for one year from the date of the statement of financial position.

This change had no impact on previously reported total change in net assets.

Future Changes in Accounting Principles

Not-for-Profit Accounting Standard for Grants and Contributions

On June 21, 2018, the Financial Accounting Standards Board (FASB) issued ASU 2018-08. This standard clarifies existing guidance on determining whether a transaction with a resource provider, e.g., the receipt of funds under a government grant or contract, is a contribution or an exchange transaction. The guidance requires all organizations to evaluate whether the resource provider is receiving commensurate value in transfer of assets transaction, and whether contributions are conditional or unconditional.

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020
(WITH COMPARATIVE TOTALS FOR 2019)

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Future Changes in Accounting Principles (continued)

Not-for-Profit Accounting Standard for Grants and Contributions (Continued)

If commensurate value is received by the resource provider, the transaction would be accounted for as an exchange transaction by applying Topic 606, *revenue from Contract with Customers*, or other topics. The standard clarifies that a resource provider is not synonymous with the general public. Indirect benefit received by the public as a result of the assets transferred is not equivalent to commensurate value received by the resource provider. If commensurate value is not received by the resource provider, i.e., the transaction is nonexchange, the recipient organization would record the transaction as a contribution under Topic 958 and determine whether the contribution is conditional or unconditional.

FASB expects that the new standard could result in more grant and contracts being accounted for as contributions (often conditional contributions) than under current generally accepted accounting principles. Because of this, it believes the clarifying guidance about whether a contribution is conditional or unconditional, which affects the timing of revenue recognition, is important. Both the recipient and resource provider would equally apply the guidance.

The standard will be effective for reporting periods beginning on or after December 15, 2020. Northern Manhattan Perinatal Partnership, Inc. is evaluating the impact the standard will have on the financial statements.

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020
(WITH COMPARATIVE TOTALS FOR 2019)

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Future Changes in Accounting Principles (continued)

Accounting for Leases

FASB amended its standard related to the accounting for leases. Under the new standard, lessees will not be required to recognize substantially all leases on the balance sheet as both a right-or-use asset and a liability. The standard has two types of leases for income statement recognition purposes: operating leases and finance leases. Operating leases will result in the recognition of a single lease expense on a straight-line- basis over the lease term similar to the treatment for operating lease under existing standards. Finance lease will result in an accelerated expense similar to the accounting for capital leases under existing standards. The determination of lease classification as operating, or finance will be done in a manner similar to existing standards. The new standard also contains amended guidance regarding the identification of embedded leases in servicer contracts and the identification of lease and non-lease components in an arrangement. The new standard is effective for annual periods beginning after December 15, 2020, and any interim period thereafter. Northern Manhattan Perinatal Partnership, Inc. is evaluating the impact the standard will have on the financial statements.

D. Cash and Cash Equivalents

Northern Manhattan Perinatal Partnership, Inc considers all liquid debt instruments purchased with an original maturity of three months or less to be cash equivalents.

E. Government Contracts

Revenue from government contracts is recognized when reimbursable expenses are incurred under the terms of the contracts. Contract payments in excess of or less than qualified expenses are accounted for as due to/due from government agencies or contracts receivable respectively.

F. Third Party Reimbursement and Revenue Recognition

Northern Manhattan Perinatal Partnership, Inc receives substantially all its revenue for services provided to approved clients from third-party reimbursement agencies, primarily the U.S. Department of Health and Human Services. These revenues are based on predetermined rates based on cost reimbursement principles and are subject to audit and retroactive adjustment by the respective third-party fiscal intermediary. The revenue for prior years earned as a result of these retroactive rate adjustments is recorded during the year the rates are finalized.

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020
(WITH COMPARATIVE TOTALS FOR 2019)

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

G. Restricted Funds

Northern Manhattan Perinatal Partnership, Inc records a provision for doubtful accounts for specific accounts receivable which are considered uncollectible by management.

H. Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of activities, which all expenses incurred within the year. Accordingly, certain costs have been allocated programs and supporting services benefited. Such allocations are determined by management on an equitable basis.

I. Income Taxes

Northern Manhattan Perinatal Partnership, Inc was incorporated in the State of New York and is exempt from Federal and state income taxes under Section 501 (c) (3) of the Internal Revenue Code and, therefore, had made no provision for income taxes in accompanying financial statements. In addition, Northern Manhattan Perinatal Partnership, Inc has been determined by the Internal Revenue Service not to be a "private foundation" within the meaning of Section 509(a) of the Internal Revenue Code. There was no unrelated business income for 2020.

J. Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

K. Concentration of Credit Risk

Financial instruments which potentially subject Northern Manhattan Perinatal Partnership, Inc to concentration of credit risk consist primarily of cash and cash equivalents in excess of FDIC insurance limits. At various times during the year, Northern Manhattan Perinatal Partnership, Inc may have cash deposits at financial institutions in excess of FDIC insurance limits. These financial institutions have strong credit rating and management believes that credit risk related to these accounts is minimal.

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020
(WITH COMPARATIVE TOTALS FOR 2019)

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

L. Comparative Financial Information

The financial statements included certain prior year summarized comparative information. With respect to the statement of activities, the prior year information is presented in total, not by net asset class. With respect to the statement to functional expenses, the prior year expenses are presented by expense classification in total rather than functional category. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Northern Manhattan Perinatal Partnership, Inc's financial statements for the year ended December 31, 2020, from which the summarized information was derived.

M. Fair Value Measurements

The Organization reports a fair value measurement for all applicable assets and liabilities.

N. Property and Equipment

Property and equipment are carried at cost net of accumulated depreciation. Depreciation is computed using the straight-line method over the estimated useful lives of the assets. Purchases of property and equipment covered by government funding are charged to expenditures as incurred and are not capitalized over the useful life of the asset.

O. Vacation and Sick Leave

a. Vacation Leave

Eligible full-time regular employees accrue one and two-thirds (1 & 2/3) vacation days per month for a maximum of 20 days' vacation days per year. Eligible part-time regular employees accrue paid annual vacation on a pro-rata basis.

Eligible full-time regular employees can carry over unused days from past years, up to a total calendar year of five (5) vacation says. Eligible part-time regular employees can carry over unused vacation days from past years, up to a total number in any calendar year of three (3) vacation days. Except in the final year of a funded program, vacation chargeable to the program must be used before the end of the contract year.

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020
(WITH COMPARATIVE TOTALS FOR 2019)

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

O. Vacation and Sick Leave (continued)

b. Sick Leave

All Eligible full-time regular employees are entitled to 12 working days of paid sick leave per full year of employment, except that a maximum of only two (2) days of paid accrued sick leave may be taken during the first three (3) months of employment. All eligible part-time regular employees accrue paid sick leave on a pro-rata basis, except that a maximum of only two (2) days of paid accrued sick leave may be taken during the first three (3) months of employment.

Up to five (5) days of unused paid sick leave may be carried over to the following year. Unused sick leave is not convertible into vacation leave. At termination of employment there is not cash payment or credit for unused paid sick leave.

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020
(WITH COMPARATIVE TOTALS FOR 2019)

NOTE 2: CASH AND CASH EQUIVALENTS

\$140,820 represents Cash and Cash Equivalents as on December 31, 2020.

CURRENT YEAR PROGRAM

	<u>BALANCE</u>
J. P MORGAN CHASE	
Northeast Market	
P.O. Box 260180	
Baton Rouge, LA 70826-0180	
Checking – Main xxx2405	\$ 33,462
Checking - Payroll xxx3165	5,586
Checking – Board xxx8320	4,766
Checking - Head Start xxx1165	9,541
Checking – Baby Steps xxx1965	152
Checking – CHW xxx7965	67,265
Checking – Network xxx8765	0
Checking – ACS Preventative xxx0065	4,391
Checking – Healthy Start xxx2397	2,070
Checking – CACFP xxx8365	<u>11,487</u>
TOTAL CASH IN BANK	\$ <u>138,720</u>
 PETTY CASH	
Petty Cash – ADM	\$ 500
Petty Cash – Head Start	400
Petty Cash – HFCH/HFNY Baby Steps	300
Petty Cash – MICHC	300
Petty Cash – IMRI	300
Petty Cash – Healthy Start	<u>300</u>
TOTAL PETTY CASH	\$ <u>2,100</u>
 TOTAL CASH AND CASH EQUIVALENTS	 \$ <u>140,820</u>

Bank Charges of \$5,959 are included in the expense category “Support and Other Costs”.

There were no checks outstanding for a period of six months or longer.

The Agency maintains its Cash in Bank at financial institutions, which limit their maximum FDIC insurance coverage to \$250,000. Should the financial institutions fail the Agency will be at risk of losing amounts in excess of the respective FDIC coverage.

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020
(WITH COMPARATIVE TOTALS FOR 2019)

NOTE 3: GRANTS RECEIVABLE

\$ 1,743,557 represents funds receivable from funding sources as of December 31, 2020.

<u>GRANTOR / PROGRAM</u>	<u>2020</u>	<u>2019</u>
DOE Early Learn	\$ 1,055,741	\$ 351,277
Child and Adult Care Food Program	0	10,553
Healthy Start	0	356,198
Maternal Infant Community Health Collaborative	200,772	102,656
Baby Steps	290,159	147,490
Maternal Intentions for CHW Expansion	0	38,756
Universal Pre-K	35,271	32,001
NY Presbyterian	77,061	44,104
Skate	37,573	19,594
General Fund	46,980	12,876
TOTAL GRANTS RECEIVABLE	\$ <u>1,743,557</u>	\$ <u>1,115,505</u>

The Organization subsequently received the receivables listed above.

NOTE 4: PROPERTY AND EQUIPMENT

\$4,701 represents Property and Equipment net of Accumulated Depreciation at December 31, 2020.

NOTE 5: ACCOUNTS PAYABLE AND ACCRUED EXPENSES

\$ 1,158,109 represents Accounts Payable and Accrued Expenses as of December 31, 2020.

NOTE 6: UNRECOUPED ADVANCES

\$ 989,651 represents Unrecouped Advances as of December 31, 2020:

<u>GRANTOR / PROGRAM</u>	<u>2020</u>	<u>2019</u>
NYC-DOE	\$ 717,599	688,781
MERCK	108,317	108,317
Maternal Intentions for CHW Expansion	37	47,275
Maternal Infant Community Health Collaborative	39,044	117,131
NYP Impact	62,425	0
General Fund	62,229	62,229
TOTAL UNRECOUPED ADVANCES	\$ <u>989,651</u>	\$ <u>1,023,733</u>

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020
(WITH COMPARATIVE TOTALS FOR 2019)

NOTE 7: DUE TO NYC-ACS

\$59,087 represents Due to Government Agencies as of December 31, 2020:

NOTE 8: LINE OF CREDIT

The Agency has a Line of Credit with J.P. Morgan Chase, N.A., for \$150,000, at an interest rate of 4.00% per annum.

The Line of Credit Expense (Interest Expense) for the year ended December 31, 2020, is \$1,958.

NOTE 9: NET ASSETS

\$ (308,343) represents Net Assets (Loss) as of December 31, 2020:

Net Assets, Beginning of Year	\$ (368,779)
Prior Period Adjustment	0
Net Assets, Restated	\$ (368,779)
	0
Change in Net Assets	60,436
NET ASSETS (LOSS), END OF YEAR	\$ (308,343)

NOTE 10: GOVERNMENT GRANTS

\$5,291,435 represents Government Grants as of December 31, 2020:

GRANTOR / PROGRAM

Department of Education Early Learn	\$ 2,510,534
Greater Harlem Healthy Start	1,066,014
Maternal Infant Community Health Collaborative (MICHC)	517,351
Healthy Families Central Harlem - HFNY (Baby Steps)	546,515
Child and Adult Care Food Program	68,546
Department of Education Universal Pre-K	170,136
Maternal Intentions for CHW Expansion	157,616
Skate	254,723
TOTAL GOVERNMENT GRANTS	\$ 5,291,435

NOTE 11: IN-KIND CONTRIBUTIONS

In-Kind Contributions amounted to \$80,590 in 2020 and \$358,321 in 2019. These contributions were recorded at their estimated fair market value at the time of donation.

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020
(WITH COMPARATIVE TOTALS FOR 2019)

NOTE 12: LEASE COMMITMENTS

The Organization is committed under various space and equipment operating leases expiring in various years through 2032.

At December 31, 2020, the minimum future rental payments under non-cancelable operating leases are as follows:

<u>Year</u>	<u>Amount</u>
2021	192,836
2022	206,475
2023	206,475
2024	206,475
2025	206,475
2026 to 2032	1,445,325

The agency entered into a lease agreement with North Presbyterian Church for a term of Twenty-five (25) to commence on February 1, 2007 and end January 31, 2032, for lease of space at 525, 529-531 West 155th Street, New York, NY 10032 for approximately 16,888.46 square feet of indoor space for its Head Start program at an annual rent of \$158,776 adjusted periodically based on cost of living adjustment factor.

Rent Expense, including In-kind Rent, amounted to \$382,164 in 2020 and \$386,857 in 2019.

NOTE 13: CONTINGENCIES

The Organization is subject to audits from the funding entities that support its various programs. Accordingly, reported grant revenues are subject to adjustments for various disallowed costs, if any, based upon the results of these audits.

NOTE 14: RELATED PARTIES

The agency has indicated to us that there were no transactions with persons who are related to individuals (Employees) involved in the program.

NOTE 15: SUBSEQUENT EVENTS

Northern Manhattan Perinatal Partnership, Inc. evaluated events occurring after the date of the financial statements to consider whether or not the impact of such events needs to be reflected or disclosed in the financial statement. Such evaluation is performed through the date the financial statements are available for issuance, which is March 2, 2022. The Corporation concluded that no additional disclosures are required.

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
STATEMENT OF FUNCTIONAL EXPENSES
FOR YEAR ENDED DECEMBER 31, 2020
(WITH COMPARATIVE TOTALS FOR 2019)

PROGRAM NAME	NORTHERN MANHATTAN (EL)	NORTHERN MANHATTAN (DOE UPK)	GREATER HARLEM HEALTHY START (HS)	MATERNAL INFANT COMMUNITY HEALTH COLLABORATIVE (MICHC)	HEALTHY FAMILIES CENTRAL HARLEM FOR HEALTHY FAMILIES OF NEW YORK (BABY STEPS)	OTHER PROGRAMS	TOTAL	GENERAL & ADMINISTRATIVE	2020		2019	
									SUPPORTING SERVICES	TOTAL PROGRAM & SUPPORTING SERVICES	SUPPORTING SERVICES	TOTAL PROGRAM & SUPPORTING SERVICES
Salaries	\$ 1,385,522	\$ 285,828	\$ 593,914	\$ 291,967	\$ 347,614	\$ 290,509	\$ 3,195,354	\$ 52,097	\$ 3,247,451	\$ 3,077,730	\$ 57,509	\$ 3,135,239
Salaries In-Kind	47,817	-	-	-	9,692	-	57,509	-	57,509	255,986	-	255,986
Payroll Taxes and Fringe Benefits	317,168	51,238	208,142	102,189	121,695	94,246	894,678	6,204	900,882	1,001,983	900,882	1,001,983
Payroll Taxes and Fringe Benefits In-Kind	18,169	-	-	-	3,392	-	21,561	-	21,561	95,571	21,561	95,571
Rent	179,542	11,998	109,539	37,033	34,751	9,301	382,164	-	382,164	386,857	382,164	386,857
Rent In-Kind	-	-	-	-	-	-	-	-	-	-	-	-
Contracts & Consultants	78,569	6,314	98,640	20,400	3,900	16,705	224,528	23,204	247,732	272,447	247,732	272,447
Contracts & Consultants In-Kind	1,520	-	-	-	-	-	1,520	-	1,520	5,170	1,520	5,170
Client Incentives	-	270	15,370	-	4,252	7,166	27,058	675	27,733	-	27,733	-
Supplies	62,147	7,682	8,386	1,848	2,828	2,725	85,616	76	85,692	127,825	85,692	127,825
Supplies In-Kind	-	-	-	-	-	-	-	-	-	1,594	-	1,594
Food and Non Food Supplies	59,759	-	-	-	-	-	59,759	-	59,759	139,167	59,759	139,167
Equipment Repair and Maintenance	78,185	969	4,538	207	6,012	9,517	99,448	3,100	102,548	70,159	102,548	70,159
Telephone	22,757	2,034	11,064	9,548	7,442	2,887	55,732	-	55,732	69,363	55,732	69,363
Travel and Transportation	2,709	301	1,320	2,823	2,962	456	10,571	129	10,700	42,661	10,700	42,661
Professional Fees	17,226	-	7,000	4,685	1,671	1,671	30,582	16,415	46,997	650	46,997	650
Insurance	5,064	2,300	2,454	3,500	6,197	1,411	17,061	43,190	60,251	81,352	60,251	81,352
Printing	341	580	-	851	3,147	-	8,784	1,330	10,114	26,513	10,114	26,513
Utilities	20,021	2,121	-	-	-	-	22,142	-	22,142	26,671	22,142	26,671
Interest Expense	-	-	-	-	-	-	-	-	-	-	-	-
Depreciation	-	-	-	-	-	-	-	13,095	13,095	28,536	13,095	28,536
Payroll Processing Fee	11,691	564	-	-	-	-	12,255	-	12,255	28,957	12,255	28,957
Staff Training	23,046	1,675	947	317	526	121	26,632	224	26,856	19,820	26,856	19,820
Temporary Services	-	-	2,118	-	-	-	2,118	1,000	3,118	4,636	3,118	4,636
Recruitment	-	-	40	1,082	505	425	2,052	333	2,385	7,180	2,385	7,180
Postage	808	212	1,025	200	508	689	3,442	70	3,512	2,734	3,512	2,734
Publications	-	-	-	-	-	-	-	-	-	-	-	-
Other Program Expenses	6,184	-	3,779	1,210	3,303	-	14,476	4,820	19,296	44,185	19,296	44,185
TOTAL EXPENSES	\$ 2,338,245	\$ 374,086	\$ 1,068,296	\$ 477,860	\$ 558,736	\$ 437,829	\$ 5,255,042	\$ 165,962	\$ 5,421,004	\$ 5,817,747	\$ 5,421,004	\$ 5,817,747

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THE FINANCIAL STATEMENTS

ALLAN S. JOSEPH, CPA

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
 SCHEDULE OF FEDERAL AWARDS
 YEAR ENDED DECEMBER 31, 2020

Federal Grantor/Pass-Through Grantor/program Title	Federal CFDA Number	Grant Number	Grant Period	Grant Amount	Total Expenditures	
					Total Grant	Federal Portion
U.S. Department of Health and Human Services/ New York City Administration for Children Services/Head Start/Early Learn.	93.600	20131406975-EL	7/01/19 - 6/30/20	2,064,519	2,378,904	1,965,232
		20131406975-EL	7/01/20 - 6/30/21	2,077,185		
				4,141,704		
U.S. Department of Agriculture Food and Nutrition Service New York State Department of Health Child and Adult Care Food Program	10.558	4427	10/1/19 - 9/30/20	194,000	68,546	68,546
			10/1/20 - 9/30/21	194,000		
				388,000		
U.S. Department of Health and Human Services/ Health Resources and Services Administration Healthy Start	93.926	2 H49MC001341900	4/01/19 - 3/31/20	1,070,000	1,068,296	1,068,296
		6 H49MC001341903	4/01/19 - 3/31/20	22,899		
		6 H49MC001341904	4/01/19 - 3/31/20	139,491		
		5 H49MC001342000	4/01/20 - 3/31/21	1,122,899		
		5 H49MC001342001	4/01/20 - 3/31/21	22,899		
			2,378,188			
U.S. Department of Health and Human Services/ New York State Department of Health/ Maternal Infant Community Health Collaborative	93.778	C-028967	10/1/19 -09/30/20	468,524	477,860	238,930
		C-34821GG	10/1/20 -09/30/21	683,410		
				1,151,934		
Total Expenditures of Federal Awards					8,059,826	3,993,606
						3,341,004

ALLAN S. JOSEPH, CPA
 THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THE FINANCIAL STATEMENTS.

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED DECEMBER 31, 2020

NOTE 1: BASIS OF PRESENTATION:

The accompanying Schedules of Expenditures of Federal Awards includes the federal award activity of Northern Manhattan Perinatal Partnership, Inc. under programs of the Federal Government for the year ended December 31, 2020. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of Northern Manhattan Perinatal Partnership, Inc, it is not intended to and does not present the financial position, change in net assets or cash flows for Northern Manhattan Perinatal Partnership, Inc.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance; wherein certain types of expenditures are not allowable are limited as to reimbursement. Negative amounts are shown on the schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years.

NOTE 3: SUBRECIPIENTS:

No amounts were provided to sub-recipients.

NOTE 4: INDIRECT COST RATE:

Northern Manhattan Perinatal Partnership, Inc. has elected to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

**NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
EXIT CONFERENCE
FOR THE YEAR ENDED DECEMBER 31, 2020**

EXIT CONFERENCE

The exit conference was held on March 2, 2022, at 127 West 127th Street, New York, New York 10027. The following persons were in attendance.

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.

Ms. Jimmie Brown	- Board of Directors – Acting Board Chair
Ms. Madeline Dorval-Moller	- Executive Director

ALLAN S. JOSEPH, CPA'S

Mr. Allan Joseph	- Proprietor
Mr. Clifton Hurst	- Audit Senior

RESULT OF CONFERENCE:

The audit report and schedules were discussed, and the Agency had no questions regarding the contents and therefore accepted the draft report as presented.

**REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE
AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN
ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS.**

Board of Directors
Northern Manhattan Perinatal Partnership, Inc.
127 West 127th Street
New York, NY 10027

Attention: Board of Directors,

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to the financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the Northern Manhattan Perinatal Partnership, Inc., which comprise the consolidated statement of financial position as of December 31, 2019 and 2020, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated March 2, 2022.

INTERNAL CONTROL OVER FINANCIAL REPORTING

In planning and performing our audit of the financial statements, we considered Northern Manhattan Perinatal Partnership, Inc.'s internal control over financial reporting to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Northern Manhattan Perinatal Partnership, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of Northern Manhattan Perinatal Partnership, Inc.'s internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented or detected and corrected on a timely basis. A *significant deficiency* or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over that might be significant deficiencies or material weaknesses. Giving these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

**REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE
AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN
ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS.
(CONTINUED)**

COMPLIANCE AND OTHER MATTERS

As part of obtaining reasonable assurance about whether Northern Manhattan Perinatal Partnership, Inc.'s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

PURPOSE OF THIS REPORT

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing and not to provide an opinion on the effectiveness of the Northern Manhattan Perinatal Partnership, Inc.'s internal control or on compliance. This report is an integral part of an audit performed in accordance with government Auditing Standards in considering the Northern Manhattan Perinatal Partnership, Inc.'s internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



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Allan S. Joseph
Certified Public Accountants
5 Hanover Square, Suite 1902
New York, New York, 10004
March 2, 2022

REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM; REPORT ON INTERNAL CONTROL OVER COMPLIANCE; AND REPORT ON THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS REQUIRED BY THE UNIFORM GUIDANCE.

Board of Directors
Northern Manhattan Perinatal Partnership, Inc.
127 West 127th Street
New York, NY 10027

Attention: Board of Directors,

REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM

We have audited Northern Manhattan Perinatal Partnership Inc.'s compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of Northern Manhattan Perinatal Partnership Inc.'s major federal programs for the year ended December 31, 2020. Northern Manhattan Perinatal Partnership Inc.'s major federal programs are identified in the summary of auditors' results section of the accompanying Schedule of Findings and Questioned Costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of Northern Manhattan Perinatal Partnership, Inc.'s major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Northern Manhattan Perinatal Partnership, Inc.'s compliance with those requirements and performing such other procedures, as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Northern Manhattan Perinatal Partnership, Inc.'s compliance.

REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM; REPORT ON INTERNAL CONTROL OVER COMPLIANCE; AND REPORT ON THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS REQUIRED BY THE UNIFORM GUIDANCE.
(CONTINUED)

Opinion on Each Major Federal Program

In our opinion, Northern Manhattan Perinatal Partnership, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2020.

REPORT ON INTERNAL CONTROL OVER COMPLIANCE

Management of Northern Manhattan Perinatal Partnership, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Northern Manhattan Perinatal Partnership, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test an report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Northern Manhattan Perinatal Partnership, Inc.'s internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis.

A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis.

A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

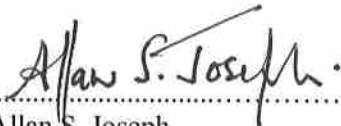
Our consideration of internal control over compliance was for the limited purpose described in the paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the result of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

**REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM; REPORT ON
INTERNAL CONTROL OVER COMPLIANCE; AND REPORT ON THE SCHEDULE OF
EXPENDITURES OF FEDERAL AWARDS REQUIRED BY THE UNIFORM GUIDANCE.
(CONTINUED)**

**REPORT ON SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS REQUIRED BY THE
UNIFORM GUIDANCE**

We have audited the financial statements of Northern Manhattan Perinatal Partnership, Inc. as of and for the year ended December 31, 2020, and have issued our report thereon dated March 2, 2022, which contained an unmodified opinion on those financial statements. Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by The Uniform Guidance and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the financial statements as a whole.



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Allan S. Joseph
Certified Public Accountants
5 Hanover Square, Suite 1902
New York, New York, 10004
March 2, 2022

**NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED DECEMBER 31, 2020**

SECTION I: SUMMARY OF AUDITOR'S RESULTS

Financial Statements

TYPE OF AUDITOR'S REPORT ISSUED: Unqualified

INTERNAL CONTROL OVER FINANCIAL REPORTING:

Material weakness (es) identified? No

Significant Deficiency (ies) identified? No

Noncompliance material to financial statements noted? No

FEDERAL AWARDS

INTERNAL CONTROL OVER MAJOR PROGRAMS:

Material weakness (es) identified? No

Significant Deficiency (ies) identified? No

Type of auditor's report issued on compliance for Major Programs: Unqualified

Any audit findings disclosed that are required to be reported
in accordance with 2 CFR 200.516 (a)? No

IDENTIFICATION OF MAJOR PROGRAMS:

CFDA NUMBER(S)	NAME OF FEDERAL PROGRAM OR CLUSTER
93.600	Head Start
93.926	Healthy Start

Dollar threshold used to distinguish between Type A and Type B programs: \$750,000.

Auditee qualified as a low risk Auditee? Yes

**NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED DECEMBER 31, 2020**

SECTION II – FINANCIAL STATEMENT FINDINGS

MATERIAL WEAKNESSES:

None

SIGNIFICANT DEFICIENCIES:

None

NON-COMPLIANCE MATERIAL TO FINANCIAL STATEMENTS:

None

SECTION III – FEDERAL AWARDS AND QUESTIONED COSTS

MATERIAL WEAKNESSES:

None

SIGNIFICANT DEFICIENCIES:

None

QUESTIONED COSTS:

None

**NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
SCHEDULE OF PRIOR YEARS FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED DECEMBER 31, 2020**

SECTION I: SUMMARY OF AUDITOR'S RESULTS

Financial Statements

TYPE OF AUDITOR'S REPORT ISSUED: Unqualified.

INTERNAL CONTROL OVER FINANCIAL REPORTING:

Material weakness (es) identified? No.

Reportable condition(s) identified not considered material weaknesses? No.

Noncompliance material to financial statements noted? No.

FEDERAL AWARDS

INTERNAL CONTROL OVER MAJOR PROGRAMS:

Material weakness (es) identified? No

Reportable condition(s) identified not considered material weaknesses? No

Type of auditor's report issued on compliance for Major Programs: Unqualified

Any audit findings disclosed that are required to be reported
in accordance with 2 CFR 200.516 (a)? No

IDENTIFICATION OF MAJOR PROGRAMS:

**NAME OF FEDERAL PROGRAM OR
CLUSTER**

93.600	Early Learn
93.926	Healthy Start

Dollar threshold used to distinguish between Type A and Type B programs: \$ 750,000.

Auditee qualified as a low-risk Auditee? Yes

**NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
SCHEDULE OF PRIOR YEAR FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED DECEMBER 31, 2020**

Allan S. Joseph, Certified Public Accountants, performed the prior year's audit, and contained the following findings:

SECTION II – FINANCIAL STATEMENT FINDINGS

REPORTABLE CONDITIONS:

None

MATERIAL WEAKNESSES:

None

INSTANCES OF NON-COMPLIANCE:

None

SECTION III – FEDERAL AWARDS AND QUESTIONED COSTS

REPORTABLE CONDITIONS:

None

MATERIAL WEAKNESSES:

None

INSTANCES OF NON-COMPLIANCE:

None

QUESTIONED COSTS:

None

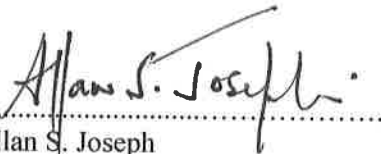
**INDEPENDENT AUDITOR'S REPORT
AND
SUPPLEMENTARY SCHEDULES REQUIRED BY
THE NEW YORK CITY DEPARTMENT OF EDUCATION**

**INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTARY SCHEDULES REQUIRED BY
THE NEW YORK CITY DEPARTMENT OF EDUCATION**

Board of Directors
Northern Manhattan Perinatal Partnership, Inc.
127 West 127th Street
New York, NY 10027

Attention: Board of Directors,

We have audited the financial statements of Northern Manhattan Perinatal Partnership Inc. as part of and for the year ended December 31, 2020, and have issued our report thereon dated March 2, 2022, which contained an unmodified opinion on those financial statements. Our audit was conducted for the purpose of forming an opinion on those financial statements as a whole. The accompanying supplementary schedules required by the New York City Department of Education, (NYC-DOE) are presented for the purpose of complying with the reporting requirements of NYC-DOE and are not a requires part of the financial statements. Such information is the responsibility of management. We did not subject the schedules to the auditing procedures applied in the auditing of the financial statements. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these supplementary schedules.



Allan S. Joseph
Certified Public Accountants
5 Hanover Square, Suite 1902
New York, New York, 10004
March 2, 2022

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
 STATEMENT OF REVENUES AND EXPENDITURES
 DECE FUNDED - EARLY LEARN
 FOR THE YEAR ENDED JUNE 30, 2020

BUDGET CATEGORIES	DOE FUNDED											
	Budget		Early Learn								Variance	Questioned Cost
	Early Learn	Child Care	Child Care UPK	FCCN	CDBG	Head Start	Head Start UPK	CTL	Total Early Learn (A)			
Revenue:												
Early Learn revenue	\$ 2,575,933	\$ -	\$ -	\$ -	\$ -	\$ 2,121,274	\$ 454,660	\$ -	\$ -	\$ 2,575,933	\$ -	\$ -
Other revenue (disability, interest, etc.)	-	-	-	-	-	-	-	-	-	-	-	-
Teacher's incentive fund	-	-	-	-	-	-	-	-	-	-	-	-
HRA Voucher	-	-	-	-	-	-	-	-	-	-	-	-
CACFP	-	-	-	-	-	-	-	-	-	-	-	-
Parent Fees	-	-	-	-	-	-	-	-	-	-	-	-
In-kind contribution	-	-	-	-	-	-	-	-	-	-	-	-
Sponsor's contribution	-	-	-	-	-	-	-	-	-	-	-	-
Other funding source revenue ¹	-	-	-	-	-	-	-	-	-	-	-	-
Total Revenue	\$ 2,575,933	\$ -	\$ -	\$ -	\$ -	\$ 2,121,274	\$ 454,660	\$ -	\$ -	\$ 2,575,933	\$ -	\$ -
Expenditures												
Personnel cost												
Salaries	\$ 1,456,830	\$ -	\$ -	\$ -	\$ -	\$ 1,189,705	\$ 267,125	\$ -	\$ -	\$ 1,456,830	\$ -	\$ -
Salaries - COLA	43,201	-	-	-	-	43,201	-	-	-	43,201	-	-
Teacher's Incentive	-	-	-	-	-	-	-	-	-	-	-	-
Accrued Vacation	23,257	-	-	-	-	23,257	-	-	-	23,257	-	-
FICA	110,743	-	-	-	-	89,400	21,343	-	-	110,743	-	-
FICA - COLA	13,553	-	-	-	-	13,553	-	-	-	13,553	-	-
FICA - Teacher's Incentive	-	-	-	-	-	-	-	-	-	-	-	-
FICA - Accrued Vacation	7,516	-	-	-	-	7,516	-	-	-	7,516	-	-
Workers compensation	74,004	-	-	-	-	60,648	13,356	-	-	74,004	-	-
Unemployment insurance	29,602	-	-	-	-	24,259	5,343	-	-	29,602	-	-
Pension	118,555	-	-	-	-	97,158	21,397	-	-	118,555	-	-
Welfare fund	-	-	-	-	-	-	-	-	-	-	-	-
Health Insurance	192,411	-	-	-	-	157,685	34,726	-	-	192,411	-	-
Substitutes	4,000	-	-	-	-	3,278	722	-	-	4,000	-	-
Total personnel cost	\$ 2,073,673	\$ -	\$ -	\$ -	\$ -	\$ 1,709,660	\$ 364,012	\$ -	\$ -	\$ 2,073,673	\$ -	\$ -
Facilities cost												
Rent	\$ 153,813	\$ -	\$ -	\$ -	\$ -	\$ 126,053	\$ 27,760	\$ -	\$ -	\$ 153,813	\$ -	\$ -
Property Taxes	-	-	-	-	-	-	-	-	-	-	-	-
Water and sewer	-	-	-	-	-	-	-	-	-	-	-	-
Licensing and permits	4,300	-	-	-	-	3,524	776	-	-	4,300	-	-
Insurance	25,000	-	-	-	-	20,488	4,512	-	-	25,000	-	-
Custodial services	-	-	-	-	-	-	-	-	-	-	-	-
Alarm	1,912	-	-	-	-	1,567	345	-	-	1,912	-	-
Telecommunications	16,000	-	-	-	-	13,112	2,888	-	-	16,000	-	-
Utilities	35,000	-	-	-	-	28,683	6,317	-	-	35,000	-	-
Maintenance and repairs	15,000	-	-	-	-	12,293	2,707	-	-	15,000	-	-
Capital expenditures and renovations	-	-	-	-	-	-	-	-	-	-	-	-
Other facilities costs	8,800	-	-	-	-	7,211	1,589	-	-	8,800	-	-
Total facilities cost	\$ 259,825	\$ -	\$ -	\$ -	\$ -	\$ 212,932	\$ 46,893	\$ -	\$ -	\$ 259,825	\$ -	\$ -
Family Child Care Stipend	-	-	-	-	-	-	-	-	-	-	-	-
Other than personnel services (OTPS)												
Supplies	\$ 68,625	\$ -	\$ -	\$ -	\$ -	\$ 55,347	\$ 13,279	\$ -	\$ -	\$ 68,625	\$ -	\$ -
Equipment over \$5,000 - Head Start	-	-	-	-	-	-	-	-	-	-	-	-
Equipment over \$5,000 - Child Care	-	-	-	-	-	-	-	-	-	-	-	-
Postage	1,000	-	-	-	-	820	180	-	-	1,000	-	-
Advertising	1,500	-	-	-	-	1,229	271	-	-	1,500	-	-
Instructional Field Trips	-	-	-	-	-	-	-	-	-	-	-	-
Training/Staff Development	18,000	-	-	-	-	14,751	3,249	-	-	18,000	-	-
Transportation	-	-	-	-	-	-	-	-	-	-	-	-
Food - CACFP	-	-	-	-	-	-	-	-	-	-	-	-
Non-food related cost - CACFP	-	-	-	-	-	-	-	-	-	-	-	-
Audit	16,000	-	-	-	-	13,112	2,888	-	-	16,000	-	-
Parent Services	4,950	-	-	-	-	4,950	-	-	-	4,950	-	-
Consultant - programmatic	84,453	-	-	-	-	69,211	15,242	-	-	84,453	-	-
Consultant - administrative	21,756	-	-	-	-	17,829	3,927	-	-	21,756	-	-
Indirect cost - Head Start	-	-	-	-	-	-	-	-	-	-	-	-
Other OTPS	26,152	-	-	-	-	21,432	4,720	-	-	26,152	-	-
Total OTPS	\$ 242,436	\$ -	\$ -	\$ -	\$ -	\$ 198,682	\$ 43,755	\$ -	\$ -	\$ 242,436	\$ -	\$ -
TOTAL EARLYLEARN COST	\$ 2,575,933	\$ -	\$ -	\$ -	\$ -	\$ 2,121,274	\$ 454,660	\$ -	\$ -	\$ 2,575,933	\$ -	\$ -
Excess (deficiency) of revenue over (under) expenditures	\$ 0	\$ -	\$ -	\$ -	\$ -	\$ 0	\$ -	\$ -	\$ -	\$ 0	\$ -	\$ -

See accompanying notes to financial statements.

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
 STATEMENT OF REVENUES AND EXPENDITURES
 DECE FUNDED - OTHER THAN EARLY LEARN
 FOR THE YEAR ENDED JUNE 30, 2020

BUDGET CATEGORIES	Other Than Early Learn					[A+B] Total DECE Funded (C)
	DECE CC UPK Enhancement	DECE HS UPK Enhancement	Health & Safety	Other Funding use for Early Learn	Total Other Than Early Learn (B)	
Revenue:						
Early Learn revenue	\$ -	\$ 120,020	\$ -	\$ -	\$ 120,020	\$ 2,695,953
Other revenue (disability, interest, etc.)	-	-	-	-	-	-
Teacher's incentive fund	-	-	-	-	-	-
HRA Voucher	-	-	-	-	-	-
CACFP	-	-	-	194,000	194,000	194,000
Parent Fees	-	-	-	-	-	-
In-kind contribution	-	-	-	534,079	534,079	534,079
Sponsor's contribution	-	-	-	-	-	-
Other funding source revenue ¹	-	-	-	-	-	-
Total Revenue	\$ -	\$ 120,020	\$ -	\$ 728,079	\$ 848,099	\$ 3,424,032
Expenditures						
Personnel cost						
Salaries	\$ -	\$ 54,135	\$ -	\$ 327,260	\$ 381,395	\$ 1,838,225
Salaries - COLA	-	-	-	-	-	43,201
Teacher's Incentive	-	-	-	-	-	-
Accrued Vacation	-	-	-	-	-	23,257
FICA	-	4,201	-	200,579	204,779	315,523
FICA - COLA	-	-	-	-	-	13,553
FICA - Teacher's Incentive	-	-	-	-	-	-
FICA - Accrued Vacation	-	-	-	-	-	7,516
Workers compensation	-	526	-	-	526	74,530
Unemployment insurance	-	526	-	-	526	30,127
Pension	-	10,515	-	-	10,515	129,070
Welfare fund	-	-	-	-	-	-
Health Insurance	-	-	-	-	-	192,411
Substitutes	-	10,140	-	-	10,140	14,140
Total personnel cost	\$ -	\$ 80,042	\$ -	\$ 527,839	\$ 607,880	\$ 2,681,553
Facilities cost						
Rent	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 153,813
Property Taxes	-	-	-	-	-	-
Water and sewer	-	-	-	-	-	-
Licensing and permits	-	-	-	-	-	4,300
Insurance	-	-	-	-	-	25,000
Custodial services	-	-	-	-	-	-
Alarm	-	-	-	-	-	1,912
Telecommunications	-	-	-	-	-	16,000
Utilities	-	-	-	-	-	35,000
Maintenance and repairs	-	-	-	-	-	15,000
Capital expenditures and renovations	-	-	-	-	-	-
Other facilities costs	-	-	-	-	-	8,800
Total facilities cost	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 259,824.5
Family Child Care Stipend	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other than personnel services (OTPS)						
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 68,625
Equipment over \$5,000 - Head Start	-	-	-	-	-	-
Equipment over \$5,000 - Child Care	-	-	-	-	-	-
Postage	-	-	-	-	-	1,000
Advertising	-	-	-	-	-	1,500
Instructional Field Trips	-	-	-	-	-	-
Training/Staff Development	-	-	-	-	-	18,000
Transportation	-	-	-	-	-	-
Food - CACFP	-	-	-	180,000	180,000	180,000
Non-food related cost - CACFP	-	-	-	14,000	14,000	14,000
Audit	-	-	-	-	-	16,000
Parent Services	-	-	-	-	-	4,950
Consultant - programmatic	-	39,978	-	6,240	46,218	130,671
Consultant - administrative	-	-	-	-	-	21,756
Indirect cost - Head Start	-	-	-	-	-	-
Other OTPS	-	-	-	-	-	26,152
Total OTPS	\$ -	\$ 39,978	\$ -	\$ 200,240	\$ 240,218	\$ 482,655
TOTAL EARLYLEARN COST	\$ -	\$ 120,020	\$ -	\$ 728,079	\$ 848,099	\$ 3,424,032
Excess (deficiency) of revenue over (under) expenditures	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0

See accompanying notes to financial statements.

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
 STATEMENT OF REVENUES AND EXPENDITURES
 NOT DOE FUNDED
 FOR THE YEAR ENDED JUNE 30, 2020

BUDGET CATEGORIES	NOT DOE FUNDED				
	Actual				
	CACFP	Cash Contribution (Head Start)	In-kind Contribution (Head Start)	Sponsor's Contribution (Other than Head Start)	Other Funding Source
Revenue:					
Early Learn revenue	\$ -	\$ -	\$ -	\$ -	\$ -
Other revenue (disability, interest, etc.)	-	-	-	-	-
Teacher's incentive fund	-	-	-	-	-
HRA Voucher	-	-	-	-	-
CACFP	59,120	-	-	-	-
Parent Fees	-	-	-	-	-
In-kind contribution	-	-	80,590	-	-
Sponsor's contribution	-	-	-	-	-
Other funding source revenue ¹	-	-	-	-	-
Total Revenue	\$ 59,120	\$ -	\$ 80,590	\$ -	\$ -
Expenditures					
Personnel cost					
Salaries	\$ -	\$ -	\$ 57,509	\$ -	\$ -
Salaries - COLA	-	-	-	-	-
Teacher's Incentive	-	-	-	-	-
Accrued Vacation	-	-	-	-	-
FICA	-	-	21,561	-	-
FICA - COLA	-	-	-	-	-
FICA - Teacher's Incentive	-	-	-	-	-
FICA - Accrued Vacation	-	-	-	-	-
Workers compensation	-	-	-	-	-
Unemployment insurance	-	-	-	-	-
Pension	-	-	-	-	-
Welfare fund	-	-	-	-	-
Health Insurance	-	-	-	-	-
Substitutes	-	-	-	-	-
Total personnel cost	\$ -	\$ -	\$ 79,070	\$ -	\$ -
Facilities cost					
Rent	\$ -	\$ -	\$ -	\$ -	\$ -
Property Taxes	-	-	-	-	-
Water and sewer	-	-	-	-	-
Licensing and permits	-	-	-	-	-
Insurance	-	-	-	-	-
Custodial services	-	-	-	-	-
Alarm	-	-	-	-	-
Telecommunications	-	-	-	-	-
Utilities	-	-	-	-	-
Maintenance and repairs	-	-	-	-	-
Capital expenditures and renovations	-	-	-	-	-
Other facilities costs	-	-	-	-	-
Total facilities cost	\$ -	\$ -	\$ -	\$ -	\$ -
Family Child Care Stipend	\$ -	\$ -	\$ -	\$ -	\$ -
Other than personnel services (OTPS)					
Supplies	-	-	-	-	-
Equipment over \$5,000 - Head Start	-	-	-	-	-
Equipment over \$5,000 - Child Care	-	-	-	-	-
Postage	-	-	-	-	-
Advertising	-	-	-	-	-
Instructional Field Trips	-	-	-	-	-
Training/Staff Development	-	-	-	-	-
Transportation	-	-	-	-	-
Food - CACFP	53,288	-	-	-	-
Non-food related cost - CACFP	6,471	-	-	-	-
Audit	-	-	-	-	-
Parent Services	-	-	-	-	-
Consultant - programmatic	-	-	1,520	-	-
Consultant - administrative	-	-	-	-	-
Indirect cost - Head Start	-	-	-	-	-
Other OTPS	-	-	-	-	-
Total OTPS	\$ 59,759	\$ -	\$ 1,520	\$ -	\$ -
TOTAL EARLYLEARN COST	\$ 59,759	\$ -	\$ 80,590	\$ -	\$ -
Excess (deficiency) of revenue over (under) expenditures	\$ (639)	\$ -	\$ -	\$ -	\$ -

See accompanying notes to financial statements.

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
STATEMENT OF HEAD START EXPENSES BY PROGRAM YEAR
FOR THE YEAR ENDED 30, 2020

<u>Category</u>	<u>Program Year 06</u> <u>7/1/19-1/31/20</u>	<u>Program Year 07</u> <u>2/1/20-6/30/20</u>	<u>Total Head Start Expenses</u>
Personnel and fringe cost			
Salaries	\$ 707,421	\$ 548,742	\$ 1,256,163
FICA	52,435	58,033	110,469
Unemployment insurance	9,370	14,890	24,259
Pension	42,544	54,614	97,158
Welfare fund	-	-	-
Health insurance	92,180	65,505	157,685
Worker's compensation	25,630	35,018	60,648
Substitute staff	-	-	-
Total personnel and fringe cost	\$ 929,580	\$ 776,802	\$ 1,706,382
Facilities cost			
Rent (Delegate Agency Administered Costs)	\$ 73,546.97	\$ 55,812.35	\$ 129,359.32
Property taxes	-	-	-
Water/sewer	-	-	-
Utilities (Delegate Agency Administered Costs)	11,282	7,518	18,800
Insurance	20,488	-	20,488
Telecommunications	6,042	5,529	11,570
Maintenance and repairs	12,082	37,635	49,717
Other facilities cost	10,192	2,730	12,922
Total facilities cost	\$ 133,632	\$ 109,225	\$ 242,857
Other than personnel services (OTPS)			
Supplies	\$ 37,364	\$ 27,047	\$ 64,411
Equipment over \$5,000	-	-	-
Training	5,044	252	5,297
Parent services/family involvement	192	-	192
Programmatic consultants	22,933	4,602	27,535
Administrative consultants	6,410	7,615	14,025
Transportation	-	-	-
Audit	5,855	5,591	11,446
Food (not funded by CACFP)	-	-	-
Other OTPS	9,999	4,485	14,485
Total OTPS	\$ 87,798	\$ 49,593	\$ 137,391
Indirect cost	-	-	-
Total Expenses	\$ 1,151,010	\$ 935,621	\$ 2,086,631
Health and Safety	-	-	-
Less: Program Income	-	-	-
Total Head Start Funded Expenses	\$ 1,151,010	\$ 935,621	\$ 2,086,631
Non-Federal Share (NFS) Expenses			
Head Start UPK	\$ 237,073	\$ 163,419	\$ 400,491
DOE HS UPK Enhancement	21,485	14,123	35,608
Cash Contributions - Head Start	-	-	-
In-kind Contributions - Head Start	152,450	141,198	293,648
Total NFS Expenses	\$ 411,007	\$ 318,740	\$ 729,748
Total Head Start Program Expenses	\$ 1,562,017	\$ 1,254,361	\$ 2,816,378
NFS Program Percentage	26.3%	25.4%	25.9%
Administrative Expenses			
Personnel and fringe cost	\$ 149,783	\$ 98,859	\$ 248,642
Facilities cost	6,443.50	4,820.18	11,263.69
OTPS	11,649.72	10,741.89	22,391.61
Indirect cost	-	-	-
NFS expenses	-	-	-
Total Administrative Expenses	\$ 167,876	\$ 114,421	\$ 282,297
Total Head Start Program Expenses	\$ 1,562,017	\$ 1,254,361	\$ 2,816,378
Administrative Expense Percentage	10.7%	9.1%	10.0%
Special Reporting:			
CACFP Funded Expenses	\$ 76,618	\$ 24,455	\$ 101,074

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
STATEMENT OF NON-FEDERAL SHARE EXPENSES BY PROGRAM YEAR - HEAD START
FOR THE YEAR ENDED JUNE 30, 2020

Category	EIS UPK			DOE ES UPK Enhancement			Cash Contributions - Head Start			In-kind Contributions - Head Start		
	Program Year 05 7/1/19-1/31/20	Program Year 06 2/1/20-6/30/20	Total	Program Year 05 7/1/19-1/31/20	Program Year 06 2/1/20-6/30/20	Total	Program Year 05 7/1/19-1/31/20	Program Year 06 2/1/20-6/30/20	Total	Program Year 05 7/1/19-1/31/20	Program Year 06 2/1/20-6/30/20	Total
	Personnel and fringe cost											
Salaries	144,722	106,217	250,939	11,545	13,049	24,595	-	-	-	108,944	10,189	119,133
FICA	11,614	8,487	20,101	917	1,043	1,959	-	-	-	40,776	39,041	79,817
Unemployment insurance	3,484	1,529	5,013	15	37	51	-	-	-	-	-	-
Pension	7,956	3,342	11,297	-	-	-	-	-	-	-	-	-
Maternity fund	16,933	7,428	24,360	508	-	508	-	-	-	-	-	-
Health insurance	3,826	-	3,826	-	-	-	-	-	-	-	-	-
Workers compensation	-	-	-	-	-	-	-	-	-	-	-	-
Student staff	-	-	-	-	-	-	-	-	-	-	-	-
Total personnel and fringe cost	188,554	127,003	315,557	12,985	14,129	27,114	-	-	-	149,720	140,939	290,658
Facilities cost												
Rent (Delegate Agency Administered Costs)	16,177	12,276	28,454	-	-	-	-	-	-	-	-	-
Property taxes	-	-	-	-	-	-	-	-	-	-	-	-
Water/sewer	-	-	-	-	-	-	-	-	-	-	-	-
Utilities (Delegate Agency Administered Costs)	2,449	1,654	4,103	-	-	-	-	-	-	-	-	-
Insurance	4,312	1,066	5,378	-	-	-	-	-	-	-	-	-
Telephone	820	-	820	-	-	-	-	-	-	-	-	-
Maintenance and repairs	2,335	8,260	10,595	-	-	-	-	-	-	-	-	-
Other facilities cost	1,879	312	2,191	-	-	-	-	-	-	-	-	-
Total facilities cost	28,373	23,508	51,881	-	-	-	-	-	-	-	-	-
Other than personnel services (OTPS)												
Supplies	8,242	5,646	13,888	-	-	-	-	-	-	-	-	-
Equipment over \$5,000	904	56	959	-	-	-	-	-	-	-	-	-
Training	-	-	-	-	-	-	-	-	-	-	-	-
Parent services/family involvement	4,356	904	5,260	8,500	-	8,500	-	-	-	2,730	260	2,990
Programmatic consultants	1,971	1,674	3,645	-	-	-	-	-	-	-	-	-
Administrative consultants	1,290	3,264	4,554	-	-	-	-	-	-	-	-	-
Audit	3,403	1,365	4,768	-	-	-	-	-	-	-	-	-
Food (not funded by CACFP)	-	-	-	-	-	-	-	-	-	-	-	-
Other OTPS	30,166	12,908	43,074	8,500	-	8,500	-	-	-	2,730	260	2,990
Total OTPS	56,332	23,783	80,115	17,000	-	17,000	-	-	-	5,460	520	5,980
Indirect cost												
Total Expenses	237,072	163,419	400,491	21,485	14,129	35,614	-	-	-	152,450	141,199	293,648
Breakdown by funding source:												
State	-	-	-	-	-	-	-	-	-	-	-	-
City	-	-	-	-	-	-	-	-	-	-	-	-
Private/Third-Party	-	-	-	-	-	-	-	-	-	-	-	-
Delegate Agency	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
SCHEDULE OF EQUIPMENT INVENTORY
JUNE 30, 2020

Current Year Purchases (with total acquisition cost per unit of at least \$5,000 or above and purchased between 7/1/19 to 6/30/20):

Description	Quantity	Serial # or Asset Tag #	Date Purchased or Acquired	Date Sold or Disposed	Funding Source (either GP or ACQ)	Acquisition cost allocated to Child Care	Acquisition cost allocated to Head Start	Acquisition cost allocated to Health & Safety	Acquisition cost allocated to Sandy Relief	Total Cost
						\$ -	\$ -	\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -	\$ -	\$ -

Grand Total \$ _____ -

Prior Years Purchases (with total acquisition cost per unit of at least \$5,000 or above and purchased between 7/1/12 to 6/30/19):

Description	Quantity	Serial # or Asset Tag #	Date Purchased or Acquired	Date Sold or Disposed	Funding Source (either GP or ACQ)	Acquisition cost allocated to Child Care	Acquisition cost allocated to Head Start	Acquisition cost allocated to Health & Safety	Acquisition cost allocated to Sandy Relief	Total Cost
						\$ -	\$ -	\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -	\$ -	\$ -

Grand Total \$ _____ -

Note:

The schedule must only disclose equipment with acquisition cost per unit of at least \$5,000 or above.

GP - item which is Federally-owned property

ACQ - item acquired with awards funds

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
 SCHEDULE OF QUANTITATIVE PROGRAM RESULTS
 FOR THE YEAR ENDED JUNE 30, 2020

ENROLLMENT

1	Contracted slots per site	
	a) Name of sites	165
	b)	-
	c)	-
	d)	-
	Total	<u>165</u>
2	Number of classrooms per site	
	a)	9
	b)	-
	c)	-
	d)	-
	Total	<u>9</u>
3	Number of children enrolled by site	
	a)	142
	b)	-
	c)	-
	d)	-
	Total	<u>142</u>
4	Number of children in attendance by site	
	a)	120
	b)	-
	c)	-
	d)	-
	Total	<u>120</u>
5	The average attendance for contract by site (#4 divided by #3)	
	a)	85%
	b)	
	c)	
	d)	
	Total Average	<u>85%</u>

COST

1	Total expense for the contract. (Total EL expense in Schedule 1-A)	\$ 2,575,933
2	Total expense by site	
	a)	\$ 2,575,933
	b)	-
	c)	-
	d)	-
	Total	<u>\$ 2,575,933</u>
3	Average cost slots (Total expenses/Total attendance by sites)	21,466.11
4	Average cost per site/Total cost per site/Attendance by site	
	a)	\$ 21,466
	b)	
	c)	
	d)	
	Total	<u>\$ 21,466</u>

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
 SCHEDULE OF DUE TO OR DUE FROM DOE
 FOR THE YEAR ENDED JUNE 30, 2020

Due To or Due From DECE at 6/30/2019		\$	505,228
Cash received/advances from DECE			2,398,704
Plus other funds collected:			
Parent Fees			-
Other revenue (disability, interest, etc.)			-
Total funds available		\$	<u>2,903,932</u>
Less claimable expenditures:			
Expenditures	\$	(3,424,032)	
Less: Accrued Vacation		23,257	
Less: FICA - Accrued Vacation		7,516	
Less: Questioned Costs			\$ <u>(3,393,259)</u>
Due To or Due From DECE at 6/30/2020		\$	<u>(489,327)</u>

Note: Claimable expenditures should be reported net of Accrued Vacation, FICA - Accrued Vacation (charged to DECE Funded Programs) and Questioned Costs.

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
 SCHEDULE OF ACCRUED VACATION
 FOR THE YEAR ENDED JUNE 30, 2020

Schedule of Unused Earned Vacation and Sick Leave charged to DOE Funded Programs:

Payroll Date	Employee # or position	Accrued Vacation	FICA - Accrued Vacation	Total as at 6/30/2019
	ASSISTANT TEACHER	\$ 1,400	\$ 112	\$ 1,512
	ASSISTANT TEACHER	926	74	1,000
	ASSISTANT TEACHER	1,194	95	1,289
	ASSISTANT TEACHER	1,688	135	1,823
	ASSISTANT TEACHER	780	62	843
	ASSISTANT TEACHER	999	80	1,079
	ASSISTANT TEACHER	1,932	154	2,087
	ASSISTANT TEACHER	1,465	117	1,582
	ASSISTANT TEACHER	853	68	921
	BOOKKEEPER	2,052	164	2,215
	COOK	1,661	133	1,793
	COOK	1,496	119	1,615
	CUSTODIAN	1,204	96	1,300
	CUSTODIAN	1,664	133	1,797
	CUSTODIAN	914	73	987
	DIRECTOR	5,987	478	6,466
	DIRECTOR ASSISTANT	2,561	205	2,766
	DIRECTOR EDUCATION	3,624	290	3,913
	FAMILY ASSISTANT	1,994	159	2,154
	FAMILY ASSISTANT	1,415	113	1,528
	FAMILY ASSISTANT	1,280	102	1,382
	FAMILY ASSISTANT	1,067	85	1,152
	SECRETARY	176	14	190
	SECRETARY	880	70	950
	SOCIAL WORKER	2,491	199	2,690
	TEACHER	1,628	130	1,758
	TEACHER	2,564	205	2,769
	TEACHER	1,591	127	1,718
	TEACHER	1,965	157	2,122
	TEACHER	1,973	158	2,131
	TEACHER	3,045	243	3,288
	TEACHER	1,861	149	2,010
	TEACHER AIDE	825	66	891
	TEACHER AIDE	576	46	622
		\$ 57,729	\$ 4,613	

Total Accrued Vacation and FICA - Accrued Vacation \$ 62,341

Note: The total Accrued Vacation and FICA - Accrued Vacation charged to DOE Funded Programs must agree per the Schedule 1A - Statements of Revenues and Expenditures: DOE Funded - Early Learn.

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
 SCHEDULE OF PAY PARITY
 FOR THE YEAR ENDED JUNE 30, 2020

Titles of staff who received ratification bonuses	Number of staff			
Head Teachers	9			
Assistant Teachers	9			
Teacher Aides	3			
Family Assistants	6			
Cook	4			
Custodians	3			
Secretaries	2			
Bookkeeper	1			
Directors	2			
Assistant director	1			
Executive director	1			
CFO	1			
HR	1			
Titles of staff who received salary increases	Number of staff			
Title 1	#			
Title 2	#			
Title 3	#			
Title 4	#			
Title 5	#			
etc.	#			
Total amount paid out in ratification bonuses for eligible staff				
\$56,753.91				
Total amount paid out in salary increases for eligible staff				
####				

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2020

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Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01/01 / **2020** and Ending (mm/dd/yyyy) 12/31/2020

Check if Applicable: <input type="checkbox"/> Address Change	Name of Organization: NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.	Employer Identification Number (EIN): 13-3782555
<input type="checkbox"/> Name Change	Mailing Address: 127 WEST 127th STREET, 3rd FLOOR	NY Registration Number: 06-13-39
<input type="checkbox"/> Initial Filing	City / State / Zip: New York, NY 10027	Telephone: (212) 665-2600
<input type="checkbox"/> Final Filing	Website:	Email:
<input type="checkbox"/> Amended Filing		
<input type="checkbox"/> Reg ID Pending		

Check your organization's registration category: 7A only EPTL only DUAL (7A & EPTL) EXEMPT*
Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatures.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer:

[Signature]
Signature

Print Name and Title

Date

[Signature] *1/28/22*

Chief Financial Officer or Treasurer:

[Signature]
Signature

Print Name and Title

Date

[Signature] *1/28/22*

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

Yes No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:

7A filing fee: \$ 25

EPTL filing fee: \$ 25

Total fee: \$ 50

Make a single check or money order payable to:
"Department of Law"

CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
 - Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
 - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
 - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
 If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
 All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
 Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.
 If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:
- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
 Audit Report if you received total revenue and support greater than \$750,000
 No Review Report or Audit Report is required because total revenue and support is less than \$250,000
 We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
 \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
 \$25, if the NET WORTH is less than \$50,000
 \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
 \$1,500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
 Charities Bureau Registration Section
 28 Liberty Street
 New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
 Call: (212) 416-8401
 Email: Charities.Bureau@ag.ny.gov

CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers
www.CharitiesNYS.com

2020

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If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

Definitions

A **Professional Fund Raiser (PFR)**, in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4). A **Fund Raising Counsel (FRC)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

Professional fund raising does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

1. Organization Information

Name of Organization: NY Registration Number:

2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

Fund Raising Professional type:

Professional Fund Raiser

Fund Raising Counsel

Commercial Co-Venturer

Name of FRP: NY Registration Number:

Mailing Address: Telephone:

City / State / Zip:

3. Contract Information

Contract Start Date: Contract End Date:

4. Description of Services

Services provided by FRP:

5. Description of Compensation

Compensation arrangement with FRP:

Amount Paid to FRP:

6. Commercial Co-Venturer (CCV) Report

Yes No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

2020

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If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.	06-13-39

2. Government Grants

Name of Government Agency	Amount of Grant
1. NORTHERN MANHATTAN HEAD START & PRE-K	2,378,904
2. GREATER HARLEM HEALTHY START	1,066,014
3. MATERNAL INFANT COMMUNITY HEALTH COLLABORATIVE	483,009
4. HEALTHY FAMILIES CENTRAL HARLEM (BABY STEPS)	546,515
5. CHILD AND ADULT CARE FOOD PROGRAM	68,546
6. DEPARTMENT OF EDUCATION UNIVERSAL PRE-K	170,136
7. NYP OERKPTTR	131,630
8. CHW	157,616
9. NYP IMPACT	34,342
10. SKATE	254,723
11.	
12.	
13.	
14.	
15.	
Total Government Grants:	5,291,435

Return of Organization Exempt From Income Tax

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Header section A-K: A For the 2020 calendar year, or tax year beginning and ending; B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Name and address of principal officer; G Gross receipts; H(a) Is this a group return for subordinates?; H(b) Are all subordinates included?; H(c) Group exemption number; I Tax-exempt status; J Website; K Form of organization; L Year of information; M State of legal domicile; N Y

Part I Summary

Table with 22 rows: 1 Briefly describe the organization's mission or most significant activities; 2-6 Activities & Governance; 7a-b Net unrelated business taxable income; 8-19 Revenue; 20-22 Expenses. Includes a 'Signature Block' section at the bottom.

Part II Signature Block

Signature and information section: Signature of officer; Signature of preparer; Date; Preparer's signature; Date; Preparer's name; Firm's name; Firm's address; Firm's EIN; Phone no.; PTIN; Check self-employed; Firm's EIN; Phone no.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Reduction of infant mortality in Northern Manhattan

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 2,543,956 including grants of \$) (Revenue \$)

Head Start & Pre-K - This is a full day comprehensive childcare program located in Washington Heights serving NYC children in the ages of 3 to 5 years old in a center based setting.

4b (Code:) (Expenses \$ 1,129,613 including grants of \$) (Revenue \$)

Greater Harlem Healthy Start offers case management, health education and other services for pregnant and parenting women & men, as well as infants up to 2 years old.

4c (Code:) (Expenses \$ 668,006 including grants of \$) (Revenue \$)

BABY STEPS is a voluntary, primary prevention home visiting program that provides intensive home visiting services to new and expectant parents and their families who reside in Central Harlem.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 832,877 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 5,174,452

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete <i>Schedule A</i> .	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete <i>Schedule C, Part I</i> .		X
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 <i>Schedule C, Part II</i> .		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete <i>Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete <i>Schedule D, Part I</i> .		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete <i>Schedule D, Part II</i> .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete <i>Schedule D, Part III</i> .		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete <i>Schedule D, Part IV</i> .		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete <i>Schedule D, Part V</i> .		X
11 If the organization's answer to any of the following questions is "Yes," then complete <i>Schedule D, Parts VI, VII, VIII, IX, or X</i> as applicable.		X
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete <i>Schedule D, Part VI</i> .	X	
b Did the organization report an amount for investments—other securities—in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete <i>Schedule D, Part VII</i> .		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete <i>Schedule D, Part VIII</i> .		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete <i>Schedule D, Part IX</i> .		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete <i>Schedule D, Part X</i> .		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete <i>Schedule D, Part X</i> .		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete <i>Schedule D, Parts XI and XII</i> .		X
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 complete <i>Schedule D, Parts XI and XII</i> if optional.	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete <i>Schedule E</i> .	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete <i>Schedule F, Parts I and IV</i> .		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete <i>Schedule F, Parts II and IV</i> .		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete <i>Schedule F, Parts III and IV</i> .		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete <i>Schedule G, Part I</i> See instructions.		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete <i>Schedule G, Part II</i> .		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete <i>Schedule G, Part III</i> .		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete <i>Schedule H</i> .		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X
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 <i>Schedule I, Parts I and II</i> .		X

Part IV Checklist of Required Schedules (Continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS requirements regarding grants, compensation, tax-exempt bonds, and organizational structure.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1099 reporting, Form W-2G reporting, and backup withholding rules.

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b If "Yes," enter the name of the foreign country ▶		
5a See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		X
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7a If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7c If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
	13c	
c Enter the amount of reserves on hand		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 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	15	X
if "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
if "Yes," complete Form 4720, Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with 6 columns: Question, Yes, No. Rows 1a-9. Includes questions about voting members, officer/director/trustee relationships, and governance decisions.

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

Table with 16 rows (10a-16b) and 2 columns (Yes, No). Includes questions about local chapters, whistleblower policy, document retention, compensation, and joint venture arrangements.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CYNTHIA WILSON BOARD CHAIR	1.00 0.00	X		X						
(2) SYDNEY MOSHETTE JR. VICE CHAIR	1.00 0.00	X		X						
(3) JIMMIE BROWN SECRETARY	1.00 0.00	X		X						
(4) PAULA ODELLAS PERSONNEL	1.00 0.00	X		X						
(5) GLORIA BARCLAY MEMBER	1.00 0.00	X		X						
(6) JOHN BROWN MEMBER	1.00 0.00	X		X						
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal							0	0	0	0
c Total from continuation sheets to Part VII, Section A.							0	0	0	0
d Total (add lines 1b and 1c)							0	0	0	0

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**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

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**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	0			
	1b Membership dues	0			
	1c Fundraising events	0			
	1d Related organizations	0			
	1e Government grants (contributions)	5,291,435			
	1f All other contributions, gifts, grants, and similar amounts not included above	97,937			
	1g Noncash contributions included in lines 1a-1f	\$ 0			
	1g Total. Add lines 1a-1f	5,389,372			
	2a	Business Code	0		
	b		0		
c		0			
d		0			
e		0			
f	All other program service revenue	0			
g	Total. Add lines 2a-2f	0			
3	Investment income (including dividends, interest, and other similar amounts)	0			
4	Income from investment of tax-exempt bond proceeds	0			
5	Royalties	0			
Program Service Revenue	6a Gross rents				
	6b Less: rental expenses				
	6c Rental income or (loss)	0			
	d Net rental income or (loss)	0			
	7a Gross amount from sales of assets other than inventory				
	b Less: cost or other basis and sales expenses				
	7b Gain or (loss)	0			
	7c Net gain or (loss)	0			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 16). See Part IV, line 18	0			
	b Less: direct expenses	0			
c Net income or (loss) from fundraising events	0				
Other Revenue	9a Gross income from gaming activities. See Part IV, line 19	0			
	b Less: direct expenses	0			
	c Net income or (loss) from gaming activities	0			
	10a Gross sales of inventory, less returns and allowances	0			
	b Less: cost of goods sold	0			
	c Net income or (loss) from sales of inventory	0			
	11a Other	11,478	11,478		
	b		0		
	c		0		
	d All other revenue	0			
e Total. Add lines 11a-11d	11,478	11,478			
12	Total revenue. See instructions.	5,400,850	11,478	0	0
Miscellaneous Revenue					
11a	Other	11,478	11,478		
b		0			
c		0			
d	All other revenue	0			
e	Total. Add lines 11a-11d	11,478	11,478		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			0
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	3,247,451	3,195,354	52,097	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,090	41,090		
9 Other employee benefits	567,187	560,983	6,204	
10 Payroll taxes	292,605	292,605		
11 Fees for services (nonemployees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			0
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	382,164	382,164		
17 Travel	129		129	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials; conferences, conventions, and meetings	0			
19 Interest	0			
20 Payments to affiliates	0			
21 Depreciation, depletion, and amortization	13,095	0	13,095	0
22 Insurance	60,251	17,061	43,190	
23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONSULTANTS	247,732	224,528	23,204	
b SUPPLIES	85,692	85,616	76	
c FOOD & NON-FOOD	59,759	59,759		
d EQUIPMENT REPAIR & MAINT.	102,548	99,448	3,100	
e All other expenses	240,711	215,844	24,867	
25 Total functional expenses. Add lines 1 through 24e	5,340,414	5,174,452	165,962	0
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

	(A) Beginning of year	(B) End of year
Assets		
1 Cash—non-interest-bearing	428,300	140,820
2 Savings and temporary cash investments	0	0
3 Pledges and grants receivable, net	1,115,505	1,752,983
4 Accounts receivable, net	0	0
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	0
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	0
7 Notes and loans receivable, net	0	0
8 Inventories for sale or use	0	0
9 Prepaid expenses and deferred charges	0	0
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,433,036	
b Less: accumulated depreciation	1,428,335	4,701
11 Investments—publicly traded securities	17,796	17,796
12 Investments—other securities. See Part IV, line 11	0	0
13 Investments—program-related. See Part IV, line 11	0	0
14 Intangible assets	0	0
15 Other assets. See Part IV, line 11	0	0
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,561,601	1,898,504
17 Accounts payable and accrued expenses	847,560	1,158,109
18 Grants payable	0	0
19 Deferred revenue	0	0
20 Tax-exempt bond liabilities	0	0
21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	0
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	0
23 Secured mortgages and notes payable to unrelated third parties	0	0
24 Unsecured notes and loans payable to unrelated third parties	0	0
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	1,082,820	1,048,738
26 Total liabilities. Add lines 17 through 25	1,930,380	2,206,847
Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 29, 30, and 31.		
27 Net assets without donor restrictions		
28 Net assets with donor restrictions	-368,779	-308,343
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.		
29 Capital stock or trust principal, or current funds	0	0
30 Paid-in or capital surplus, or land, building, or equipment fund	0	0
31 Retained earnings, endowment, accumulated income, or other funds	0	0
32 Total net assets or fund balances	-368,779	-308,343
33 Total liabilities and net assets/fund balances	1,561,601	1,898,504
Liabilities		
Net Assets or Fund Balances		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	5,400,850
2	Total expenses (must equal Part IX, column (A), line 25)	5,340,414
3	Revenue less expenses. Subtract line 2 from line 1	60,436
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	-368,779
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	-308,343

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	X	

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number 13-3782555

Name(s) shown on return NORTHERN MANHATTAN PERINATAL PARTN 990

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for property details: 1 Maximum amount, 2 Total cost of section 179 property, 3 Threshold cost of section 179 property, 4 Reduction in limitation, 5 Dollar limitation for tax year.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost

Table with 13 rows for listed property: 7 Listed property, 8 Total elected cost, 9 Tentative deduction, 10 Carryover of disallowed deduction, 11 Business income limitation, 12 Section 179 expense deduction, 13 Carryover of disallowed deduction.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 4 rows for special depreciation allowance: 14 Special depreciation allowance, 15 Property subject to section 168(f)(1) election, 16 Other depreciation (including ACRS).

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for MACRS deductions: 17 MACRS deductions for assets placed in service in tax years beginning before 2020, 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

Table with 10 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, residential rental, and nonresidential real property.

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

Table with 4 rows for alternative depreciation system: 20 a Class life, b 12-year, c 30-year, d 40-year.

Part IV Summary (See instructions.)

Table with 3 rows for summary: 21 Listed property, 22 Total, 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

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

▶ **Attach to Form 990 or Form 990-EZ.**

Name of the organization

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.

Employer identification number

13-3782555

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations: _____
 - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total						0	0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,216,937	6,098,072	6,182,368	5,512,125	5,412,328	29,421,830
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	6,216,937	6,098,072	6,182,368	5,512,125	5,412,328	29,421,830
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						29,421,830

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	6,216,937	6,098,072	6,182,368	5,512,125	5,412,328	29,421,830
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 Total support. Add lines 7 through 10						29,421,830
12 Gross receipts from related activities, etc. (see instructions)						12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	100.00%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	100.00%
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	▶
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	▶
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	▶
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	▶

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
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.						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0
6 Total. Add lines 1 through 5.	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						0
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.						0
c Add lines 7a and 7b.	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)).	15	0.00%
16 Public support percentage from 2019 Schedule A, Part III, line 15.	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).	17	0.00%
18 Investment income percentage from 2019 Schedule A, Part III, line 17.	18	0.00%
19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.		▶
b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.		▶
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.		▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (Continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		11a
b A family member of a person described in line 11a above?		11b
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		11c

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		1
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		2

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		1

Section 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?		1
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		2
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		3

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI.	3a	
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 Part VI the role played by the organization in this regard.	3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3.	0	0
5	Depreciation and depletion		
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)		
7	Other expenses (see instructions)		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities		
b	Average monthly cash balances		
c	Fair market value of other non-exempt-use assets		
d	Total (add lines 1a, 1b, and 1c)	0	0
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets		
3	Subtract line 2 from line 1d.	0	0
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	0	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	0	0
6	Multiply line 5 by 0.035.	0	0
7	Recoveries of prior-year distributions	0	0
8	Minimum Asset Amount (add line 7 to line 6)	0	0
Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)		0
2	Enter 0.85 of line 1.		0
3	Minimum asset amount for prior year (from Section B, line 8, column A)		0
4	Enter greater of line 2 or line 3.		0
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		0
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions

	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Amounts paid to supported organizations to accomplish exempt purposes			
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of supported organizations			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9 Distributable amount for 2020 from Section C, line 6			0
10 Line 8 amount divided by line 9 amount			0.000

Section E - Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015	0		
b From 2016	0		
c From 2017	0		
d From 2018	0		
e From 2019	0		
f Total of lines 3a through 3e	0	0	0
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4 Distributions for 2020 from Section D, line 7:			
a Applied to underdistributions of prior years \$	0		
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.	0		0
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			0
7 Excess distributions carryover to 2021. Add lines 3j and 4c.		0	
8 Breakdown of line 7:			
a Excess from 2016	0		
b Excess from 2017	0		
c Excess from 2018	0		
d Excess from 2019	0		
e Excess from 2020	0		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.

Employer identification number

13-3782555

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows for Total number at end of year, Aggregate value of contributions, etc.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a through 2d.

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

Schedule D (Form 990) 2020

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back, Amount. Rows include Beginning balance, Additions during the year, Distributions during the year, Ending balance, and Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, and End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include Land, Buildings, Leasehold improvements, Equipment, and Other.

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) UNRECOUPED ADVANCES	989,651
(3) DUE TO ACS	59,087
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,048,738

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

Part XIII Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

SCHEDULE O
(Form 990 or 990-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.

Department of the Treasury
Internal Revenue Service

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.

Employer identification number

13-3782555

Form 990, Part III, Line 4d: Program Service Expenses: 436,230, Grants and allocations: 0.

Revenue: 0 The Maternal Infant Community Health Collaborative (MICHC) works to improve

maternal and infant health outcomes for low-income women and their families through our

CoMadres Community Health Worker Program and through partnerships with community health and

social service providers.

Form 990, Part III, Line 4d: Program Service Expenses: 159,238, Grants and allocations: 0.

Revenue: 0 CACFP provides nutritious meals for all of our children.

Form 990, Part III, Line 4d: Program Service Expenses: 166,192, Grants and allocations: 0.

Revenue: 0 Universal Pre-K Enhancement DOE

Form 990, Part III, Line 4d: Program Service Expenses: 71,217, Grants and allocations: 0.

Revenue: 0 Other

Form 990, Part VI, Section B, Line 11B: A copy of the Form 990 is provided to each board

member for their approval and review before the Form 990 is filed.

Form 990, Part VI, Section B, Line 12C: Board members and senior staff are required to annually

disclose any interest that could give rise to a conflict of interest as well as to promptly

update any disclosures previously made.

Form 990, Part VI, Section B, Line 15A: The compensation package of top management staff must

be pre-approved by the Board of Directors who review comparable industry data in evaluating the

reasonableness of such compensation packages.

Form 990, Part VI, Line 19: The Form 990, Char500 and audited financial statements are made

available to the general public upon request.

Name of the organization

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.

Employer identification number

13-3782555

Area with horizontal dashed lines for providing details.

Return of Organization Exempt From Income Tax

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.
 Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 127 WEST 127th STREET, 3rd FLOOR

City or town State ZIP code
 New York NY 10027

Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number 13-3782555

E Telephone number (212) 665-2600

G Gross receipts \$ 5,400,850

F Name and address of principal officer:
 Cynthia Wilson 23 Hampton Place, Brooklyn, NY 11213

I Tax-exempt status: 501(c)(3) 501(c) () 4947(a)(1) or 527

J Website: NMPPCARES.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1994 **M State of legal domicile:** NY

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

H(c) Group exemption number ▶

Part I Summary
 Briefly describe the organization's mission or most significant activities: Reduction of infant mortality in Northern Manhattan

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3

4 Number of independent voting members of the governing body (Part VI, line 1b) 6

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 6

6 Total number of volunteers (estimate if necessary) 81

7a Total unrelated business revenue from Part VIII, column (C), line 12 0

7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,456,007	5,389,372
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	56,118	11,478
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,512,125	5,400,850
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
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,079,713	4,148,333
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,379,713	1,192,081
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,459,426	5,340,414
19 Revenue less expenses. Subtract line 18 from line 12	52,699	60,436
20 Total assets (Part X, line 16)	1,561,601	1,898,504
21 Total liabilities (Part X, line 26)	1,930,380	2,206,847
22 Net assets or fund balances. Subtract line 21 from line 20	-368,779	-308,343

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

Sign Here
 Signature of officer: ALLAN JOSEPH CPAS
 Type or print name and title: Executive Director
 Date: 3/22/22

Paid Preparer Use Only
 Preparer's name: Franklin Hurst
 Preparer's signature: Franklin Hurst
 Date: 3/21/2022
 Check if self-employed
 PTIN: P01055911
 Firm's name: ALLAN JOSEPH, CPAS
 Firm's EIN: 13-3879779
 Firm's address: 5 HANOVER SQUARE, STE. 1902, NEW YORK, NY 10004
 Phone no.: 212-766-0797

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 (2020)**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Reduction of infant mortality in Northern Manhattan

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 2,543,956 including grants of \$) (Revenue \$)

Head Start & Pre-K - This is a full day comprehensive childcare program located in Washington Heights serving NYC children in the ages of 3 to 5 years old in a center based setting

4b (Code:) (Expenses \$ 1,129,613 including grants of \$) (Revenue \$)

Greater Harlem Healthy Start offers case management, health education and other services for pregnant and parenting women & men, as well as infants up to 2 years old.

4c (Code:) (Expenses \$ 668,006 including grants of \$) (Revenue \$)

BABY STEPS is a voluntary, primary prevention home visiting program that provides intensive home visiting services to new and expectant parents and their families who reside in Central Harlem.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 832,877 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 5,174,452

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
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		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		
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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions.		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X
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		X

Part IV Checklist of Required Schedules (continued)

	Yes	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.		X
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? If "Yes," complete Schedule J.		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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.		X
25b 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.		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		X
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.		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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.		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		11
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		0
2 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

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

Table with 16 main rows (2a-16) and sub-rows (a-h). Columns include question text, 2a, 2b, 2c, 3a, 3b, 4a, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16, Yes, No. Contains various tax compliance questions and their corresponding 'Yes'/'No' responses.

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

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

Section A. Governing Body and Management

Table with 2 columns: Question (1a-9), Yes/No columns. Questions cover voting members, officer roles, management duties, and governance decisions.

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

Table with 2 columns: Question (10a-16b), Yes/No columns. Questions cover local chapters, exempt purposes, conflict of interest, whistleblower policy, document retention, compensation, and joint venture arrangements.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed.
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

Diomedes Cairasco
127 West 127th Street, 3rd Floor, New York, NY 10027
212-665-2600

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) CYNTHIA WILSON BOARD CHAIR	1.00 0.00	X		X					
(2) SYDNEY MOSHETTE JR. VICE CHAIR	1.00 0.00	X		X					
(3) JIMMIE BROWN SECRETARY	1.00 0.00	X		X					
(4) PAULA ODELLAS PERSONNEL	1.00 0.00	X		X					
(5) GLORIA BARCLAY MEMBER	1.00 0.00	X							
(6) JOHN BROWN MEMBER	1.00 0.00	X							
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) _____	_____									
(16) _____	_____									
(17) _____	_____									
(18) _____	_____									
(19) _____	_____									
(20) _____	_____									
(21) _____	_____									
(22) _____	_____									
(23) _____	_____									
(24) _____	_____									
(25) _____	_____									
1b Subtotal							0	0	0	0
c Total from continuation sheets to Part VII, Section A.							0	0	0	0
d Total (add lines 1b and 1c).							0	0	0	0
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 former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
_____	_____	0
_____	_____	0
_____	_____	0
_____	_____	0
_____	_____	0

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**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	0				
	1b Membership dues	0				
	1c Fundraising events	0				
	1d Related organizations	0				
	1e Government grants (contributions)	5,291,435				
	1f All other contributions, gifts, grants, and similar amounts not included above	97,937				
	1g Noncash contributions included in lines 1a-1f	0				
	1g \$					
	h Total. Add lines 1a-1f	5,389,372				
	Business Code					
	2a		0			
b		0				
c		0				
d		0				
e		0				
f		0				
g	All other program service revenue	0				
g Total. Add lines 2a-2f		0				
3	Investment income (including dividends, interest, and other similar amounts)	0				
4	Income from investment of tax-exempt bond proceeds	0				
5	Royalties	0				
Program Service Revenue	6a Gross rents					
	6b Less: rental expenses					
	6c Rental income or (loss)	0				
	d Net rental income or (loss)	0				
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)	0				
	d Net gain or (loss)	0				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	0				
	b Less: direct expenses	0				
	c Net income or (loss) from fundraising events	0				
9a Gross income from gaming activities. See Part IV, line 19	0					
b Less: direct expenses	0					
c Net income or (loss) from gaming activities	0					
10a Gross sales of inventory, less returns and allowances	0					
b Less: cost of goods sold	0					
c Net income or (loss) from sales of inventory	0					
Business Code						
11a Other		11,478	11,478			
b		0				
c		0				
d All other revenue		0				
e Total. Add lines 11a-11d		11,478				
12 Total revenue. See instructions.		5,400,850	11,478	0	0	
Miscellaneous Revenue	11a Other	11,478	11,478			
	b	0				
	c	0				
	d All other revenue	0				
	e Total. Add lines 11a-11d	11,478				

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0		0	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	3,247,451	3,195,354	52,097	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,090	41,090		
9 Other employee benefits	567,187	560,983	6,204	
10 Payroll taxes	292,605	292,605		
11 Fees for services (nonemployees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0		0	
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	382,164	382,164		
17 Travel	129		129	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	13,095	0	13,095	0
23 Insurance	60,251	17,061	43,190	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONSULTANTS	247,732	224,528	23,204	
b SUPPLIES	85,692	85,616	76	
c FOOD & NON-FOOD	59,759	59,759		
d EQUIPMENT REPAIR & MAINT.	102,548	99,448	3,100	
e All other expenses	240,711	215,844	24,867	
25 Total functional expenses. Add lines 1 through 24e	5,340,414	5,174,452	165,962	0
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	5,400,850
2	Total expenses (must equal Part IX, column (A), line 25)	5,340,414
3	Revenue less expenses. Subtract line 2 from line 1	60,436
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	-368,779
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	-308,343

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	X	
	X	

**Depreciation and Amortization
(Including Information on Listed Property)**

Department of the Treasury
Internal Revenue Service (832)

Attachment
Sequence No. **179**

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

Name(s) shown on return
NORTHERN MANHATTAN PERINATAL PARTN 990

13-3782555

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
1	Maximum amount (see instructions)		1
2	Total cost of section 179 property placed in service (see instructions)		2
3	Threshold cost of section 179 property before reduction in limitation (see instructions)		3
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-		4
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions		5
6			0
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8
9	Tentative deduction. Enter the smaller of line 5 or line 8		9
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562.		10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions.		11
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11		12
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	▶ 13	0

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.		14
15	Property subject to section 168(f)(1) election.		15
16	Other depreciation (including ACRS)		16

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020		17	13,095
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>		

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
i	Nonresidential real property			27.5 yrs.	MM	S/L	
				39 yrs.	MM	S/L	
					MM	S/L	

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20 a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28		21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions		22	13,095
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23		

For Paperwork Reduction Act Notice, see separate instructions.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(e)(1) nonexempt charitable trust.

2020

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name of the organization

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

Employer identification number

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.

13-3782555

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

- a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
- b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
- c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations 0

g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total						0	0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,216,937	6,098,072	6,182,368	5,512,125	5,412,328	29,421,830
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	6,216,937	6,098,072	6,182,368	5,512,125	5,412,328	29,421,830
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						29,421,830

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	6,216,937	6,098,072	6,182,368	5,512,125	5,412,328	29,421,830
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 Total support. Add lines 7 through 10						29,421,830

12 Gross receipts from related activities, etc. (see instructions)

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	100.00%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	100.00%
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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.						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0
6 Total. Add lines 1 through 5.	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						0
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.						0
c Add lines 7a and 7b.	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)).	15	0.00%
16 Public support percentage from 2019 Schedule A, Part III, line 15.	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).	17	0.00%
18 Investment income percentage from 2019 Schedule A, Part III, line 17.	18	0.00%
19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.	<input type="checkbox"/>	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
- b A family member of a person described in line 11a above?
- c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

	Yes	No
2a		
2b		
3a		
3b		

- 2 Activities Test. Answer lines 2a and 2b below.
- 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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI.
- 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 Part VI the role played by the organization in this regard.

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

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

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3.	4	0
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	0

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	0
e Discount claimed for blockage or other factors (explain in detail in Part VI):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d.	3	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0
6 Multiply line 5 by 0.035.	6	0
7 Recoveries of prior-year distributions	7	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0

Section C - Distributable Amount

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

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

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	0
10 Line 8 amount divided by line 9 amount	0.000

Section E - Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015	0		
b From 2016	0		
c From 2017	0		
d From 2018	0		
e From 2019	0		
f Total of lines 3a through 3e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2020 distributable amount			0
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		0	
4 Distributions for 2020 from Section D, line 7:			
a Applied to underdistributions of prior years	\$ 0		
b Applied to 2020 distributable amount			0
c Remainder. Subtract lines 4a and 4b from line 4.		0	
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			0
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.		0	0
8 Breakdown of line 7:			
a Excess from 2016	0		
b Excess from 2017	0		
c Excess from 2018	0		
d Excess from 2019	0		
e Excess from 2020	0		

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.)

Area with horizontal dashed lines for supplemental information.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

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

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

Name of the organization

Employer identification number

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.

13-3782555

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply):
 Preservation of land for public use (for example, recreation or education) Preservation of a historically 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- 4 Number of states where property subject to conservation easement is located ▶
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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Schedule D (Form 990) 2020

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 6 columns: Description, 1c, 1d, 1e, 1f, Amount. Rows include Beginning balance, Additions during the year, Distributions during the year, and Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds.

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

Table with 6 columns: Description, (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, and End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment
b Permanent endowment
c Term endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include Land, Buildings, Leasehold improvements, Equipment, and Other.

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0	

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	0

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) UNRECOUPED ADVANCES	989,651
(3) DUE TO ACS	59,087
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,048,738

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

Part XIII Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.